

4022



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. H023 Name Francis Byrns Corps R.C.

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

1. What is your name? ..... 1. Francis Byrns
2. What is your full Address? ..... } 15 Flavin St. St. Johns.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 years 7 Months
5. What is your Trade or Calling? ..... 5. Ship Carpenter
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, Francis Byrns 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.

9-29-10-17 Francis Byrns SIGNATURE OF RECRUIT.  
R. H. [Signature] Signature of Witness.

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

I, Francis Byrns 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. Johns on this 27th day of Oct. 1917

Signature of Attesting Officer [Signature]

### †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 compiled with. I accordingly approve, and appoint him to the 7th

If enlisted by special authority, such will be attached to the original attestation.

Date Oct. 27th 1917 }  
Place St. Johns } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name J. Francis Byrne  
 Apparent age 19 years 7 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion 3-7 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin J. Francis Byrne  
15 Flavin St. St. Johns | Relationship Father  
 Particulars as to Marriage \_\_\_\_\_

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-10-17</u>									
Joined at <u>St. John's</u> on <u>October 29-17</u>									
									<u>Lance Corp. 8-12-17</u>
									<u>Corporal 13-5-18</u>
									<u>Serjt. 3-8-18</u>
									<u>Serjt. Company 12-2-19</u>
<u>Discharged July 29 1919</u>									
<u>Embarked St. John's St. Missinatie 11 17</u>									
<u>Admitted Alexandra Hospital Boston from Cambridge Bourne's Portsmouth 10 18</u>									
<u>to Newfoundland for demobilization 24-6-19. Arrived Nfld. 1-7-19.</u>									
<b>NO ACTIVE SERVICE</b>									
<u>Demobilization St. John's 29-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-7-19 [date of discharge] 1 years 276 days  
 " " Pensions " " " " " " " " " " " "





C.R. 4022

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 29th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date

29-7-19.

4022, Sgt. F. Byrne.



C.R. 4022

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, July 3rd 1919.

4022 Sgt. F. Byrne.

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

C.R. 4022

Extract from Daily Orders part II, Depot  
Winchester dated (?) sent by Lieut. Col.,  
B. J. BARTON, D. S. O. Officer Commanding  
2nd., Battalion. FEB 12 1919

The W/m Actg. Sergt. to be Sergt. substantive.

2022 A/Sergt. Byrne.



C.R. 4022

Nov. 14th 18

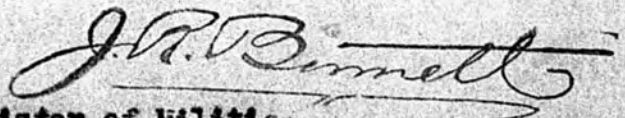
Mr. James Byrne,  
15 Flavin Street

Dear Mr. Byrn:-

I regret to inform you that a report has been received from the Record Office of the Royal Newfoundland Regiment, London to the effect that your son, No. 4022, Sergt. F. Byrne was admitted to Alexandria Hospital, Cosham, England, on October 14th, from Cambridge Barracks, Portsmouth suffering from scabies. This information has been received by mail which accounts for the delay in reporting same to you.

Should any further information be received concerning him, you will at once be notified of same.

Yours faithfully,



Minister of Militia.



C.R. 4022

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated July 8th 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by O.C. Discharge Depot with effect from  
following date 15-7-19.

4022, Sgt. F. Byrne.

C.R. 4022

Extract from Daily Orders Part 11 BY Lt. Col. Barton,  
D.S.O. Commanding 2nd Bn. Royal Nfld Regt. dated 2-8-18.

---

The Following to be Acting Sergeants:-todate from 3-8-18.

4022 Bpl. Byrne, F.

C.R.

4022  
~~4000~~

Extract from Daily Orders Part 2, by Lt. Col. R. A. Berners, D.S.O.  
13-5-18.

The undermentioned to be Acting Corporal

~~4000~~ L/Cpl. Byrne.

4022



C.R. 4022

Extract from Nominal Roll of Sick and Wounded  
from the B. E. F., admitted Alexandra Hospital  
Cosham, 10/1/18.

4022 Sgt. F. Byrne.

R. Nfld., R.

Scabies.

C.R. 4022

Extract from ~~Submission~~ Nominal Roll, embarked St. John's for Overseas  
December 11th 1917.

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4022 L/C F. BYRNE.



4022

C.R.

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt., St. John's, Dec.8th, 1917.

4022 Pte. F. Byrne.

To be L/Corpl. from Dec.8th, 1917.



C.R. 4022

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Oct. 27th, 1917.

4022 Pte. E Byrne.

Appointed for General Service with the Nfld. Regt with effect  
from Oct. 27th, 1917.

Byrne, F.

C.R. 4022

P.V.R. 0





6309/477

135

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

0

Headquarters.

10

4028 L/Cpl F. Byrne

Advances made by Capt.  
J.J.O'Grady as per  
M.F.P.18, No.42,25/5/18 4 86

CS:R:RO  
24/4/18

4 86

24th April

8



047681

e



No. 9774/958

NEWFOUNDLAND CONTINGENT

N.F.P. /70.

From

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

To

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

Subject: 19th June 1918

28 JUN 1918 191

Subject: 4022, Cpl. F. Byrne,

With reference to the following telegram (5493) from the Hon. Minister of Militia, received

Pay to 4022 Byrne £5:0:0

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Karr*

LIEUT. COLONEL.

OFFICER COMMANDING 2<sup>ND</sup> BATTN  
2<sup>ND</sup> BRN ROYAL NEWFOUNDLAND REGIMENT

Received the sum of £5.0.0

Five pounds on account of cable remittance from Newfoundland.

F. Byrne

No. 4022 Rank Cpl.

Witness

V. McLaughlin 5261



No. 5415/803

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Mfld. Regt.  
Winchester

7th April 1919

April 8th 1919

4022 Sgt. Byrne F.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 122 )

Clark **LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commandg. 2nd Batt n.

"Pay to 4022 Sgt. Byrne F.  
£5. 0. 0.

Received the sum of Five pounds

Cheque £ 5. 0. 0 is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

\_\_\_\_\_ in respect of  
telegraphic remittance from the  
Minister of Militia.

M. Hunt  
Chief Paymaster & O.i/c Records.

F. Byrne  
No. 4022 Rank Sergeant  
Witness M. K. Keith

Byrne, J

#022

Hay Sept.

SEPARATION ALLOWANCE.

Claimant..... *Byrne Catherine (sister)*

On account of..... *Frank Byrne* No. *4022* Rank. *Sgt.*

Decision..... *Refused*

.....  
.....  
.....

Date..... *July 8 1919*  
*a. e. Niekman*  
*1st Regt. 1st Div. Col.*  
*Mr. Bowley Capt.*

Instructions.....  
.....  
.....

Allotment of *50<sup>¢</sup>* per day payable to *Catherine Byrne*  
*Sister* from *Nov 1<sup>st</sup> 17* to *will Current*.

Discontinued on account of

..... *C. B. Hefferton* .....

*4170*



15 Ylavin St

City

May 21, 1919

5153

Mr Howley.

I am writing you to ask you if you would let me know if I can get the separation allowance My brother went overseas in Dec. 19, 17 and he left me his allotment as I am the only one he has depending on him, My father has been Married the second time and his wife gets all of his wages and I have no call to any of it now so I am solely depending on brother as I am not capable of going to work and earning my own living, and there are debts my brother and myself were trying to pay when he was working and when he enlisted the allotment is not enough to pay them hoping I have not taken too much of your time and that you will let me know if I have done wrong or right in looking for this

I remain

4022 Frank Byrne  
 allotment 50% payable  
 Catherine Byrne

Catherine Byrne  
 15 Ylavin Street  
 City

(SISTER)

NEWFOUNDLAND CONTINGENT.

SEPARATION ALLOWANCE BRANCH  
(Information for Board of Review)

NOTICE.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. Each statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's Newfoundland.

1. Name in full of Soldier. Rank Regt. or Unit. Reg. No.  
*Frank Byrne. Sergt. Royal Wfld Regt. Regt. No 41022*

2. Age of Soldier Married or Single.  
*age 21. Single*

3. Name in full of sister of Age Occupation Permanent Add.  
*Catherine Byrne age 23. Home 15 Glavin St.*

4. Give name of Father and Mother Age Occupation Permanent Address  
*James and Annie Byrne. Customs Officer. 15 Glavin St.*

5. Names of other Brothers and Sisters. Address in Full Age Occupation Married or Single  
*Capt G. G. Byrne. and Gertrude Walsh. 115 Pleasant St. Marine*

6. State amount earned by you per month.  
*I do not earn anything. I receive no money from father through lack of education I cannot go to work.*

7. Are you a chronic invalid and incapacitated? State nature of ill. (Medical certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue.)  
*No.*

8. State amount and source of any other income.  
*I have no other income*

9. What is the value of your (A) real property (B) personal property.

10. Are you married?  
*No.*

11. State actual amount contributed by soldier during the year prior to enlistment.  
*there was no actual amount wanted. he would give it when I*

12. Was this amount contributed weekly or monthly.

13. Did this amount include payment of Brother's Board &c.?  
*No.*

14. State your brother's trade or occupation prior to enlistment.  
*he was in Bay of Islands fishing and he could have to stay, he was working 3 months in a cold storage prior enlist*

15. With whom are you residing at present?  
*My Father.*



- 16. State amount of his wages per week. 70 dollars a month
- 17. State name and address of his last employer.
- 18. State amount of support monthly from brother since enlistment. I thought this meant the allotment 15 dollars. I get nothing.
- 19. State amount of "Allotment" received by you from brother monthly. 15 dollars.
- 20. From what date have you received Allotment.
- 21. Actual amount contributed by other Brothers and Sisters. } Weekly Monthly.  
I do not get any money from either of them
- 22. If not receiving support from other brothers and sisters, state cause. My Sister is Married and My brother is living with My Aunt
- 23. Have you made previous claims for Separation Allowance, If not, why? Give particulars.
- 24. Was the soldier at the time of his enlistment an employee of the Nfld. Government? No
- 25. In what capacity and In what place. he was a pipe fitter at the Cold Storage Plant at Redd's
- 26. Is he in receipt of a salary as such while serving in the Nfld. Regiment, If so, how much. he does not receive a Salary
- 27. Are you already in receipt of Separation Allowance from any source? If so, how much? I have not received the Separation Allowance.
- 28. Are you in receipt of Payment from any Patriotic Fund, If so, how much? No.

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

Signature of Applicant... Catherine Byrne  
 Place and Residence... 15 H. Lavin Street St. John's, Nfld.  
 Declared and subscribed before me at... 3rd day of July 1919

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

This application must be signed by two responsible Parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct, and the Soldier above mentioned is the sole support of the applicant.

Signature of Clergyman.....  
 Signature of Member of Patriotic Committee..... George J. Cant



5665

15 Flavin Street,  
City.

Sir:

I beg to request that you be good enough to bring under the notice of the Separation Allowance Committee, the matter of the claim of my sister, Catherine Byrne, for a Separation Allowance. There are a few facts which I would like you to know in that connection:

My sister is called upon to pay her board at home, and, as she is not working, it naturally falls upon me to contribute that for her as was my custom prior to my enlistment in the Regiment.

When I enlisted, I made over my allotment to her, which served the same purpose as formerly: That, as you are now aware, ceases. She is now making the said claim in the hope that the Committee will see their way clear to allow her some amount to-wards the payment of her board.

Thanking you in anticipation of the kindness you will take in the matter, I am Sir,

Faithfully yours,

*J. H. Byrne.*

Sergeant, R. N. Regiment.

Lt. Col. W. F. Rendell,  
Chief Staff Officer,  
Militia Department,  
City.

July 19, 1919

Miss Catherine Byrne,  
#15 Flavin St.,  
City.

Dear Miss Byrne:-

Referring to your application for separation allowance, I have been directed to inform you that same cannot be granted, because you cannot for a moment acknowledge that while your father is living, and not incapacitated, you, his daughter, can be considered to be entirely dependent upon your brother.

Yours truly,

Captain & Paymaster.



1st Newfoundland Regiment  
HEADQUARTERS

St. John's, Newfoundland,

December 7th. 1917. 191

From O.C. Companies,  
Depot.

To paymaster and Officer i/c Records,  
Dept. of Militia.

Re Allotment of 4022 Pte. Frank Byrne.

Above mentioned man has made application to me to have his allotment K2961 in favour of his mother for the amount of 50cts. per day, cancelled from and including December 1st. 1917,. New allotment K4472 in favour of his sister, and for the same amount as substituted. I enclose herewith papers.

*W. J. G. Coy.*  
1st NEWFOUNDLAND REGIMENT,  
ST. JOHN'S, N.F.L.D.

*W. J. G. Coy.*



July 29th 1919.

#4022, Sgt. F. Byrne,  
15, Flavin Street,  
City.

Dear sir:

Enclosed please find Discharge Certificate # 3221.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4022 Rank Sgt Name Byrne, J.  
 Intended place of residence 157 Laurier St. St. John's.  
 2. Occupation Ship's Carpenter  
 Classification of soldier F Medical Category A.I.

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 4 1919 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 4 - 1919  
 Signature of soldier J. Byrne  
 Signature of witness J. H. Chancey

### 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 4 - 1919  
 Signature of soldier Byrne J.  
 Signature of witness J. H. Chancey

### STATEMENT OF SERVICE

7. Enlisted for service 27-10-17 No. of days on Military  
 Discharged from service 15-7-19 Plus 14 days Service 641

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S  
 Date JUL 15 1919  
 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 July 29/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

27 15 20 79/3221

5  
30  
31  
31  
28  
31  
20  
31  
20  
29  
6

# The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11. 7. 19*

Regimental No *4022*

Name *Byrne, Francis*

Rank *Sgt*

Address *15. Flavin St St. Johns*

Present Medical Category *A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R. H. Lait Major*  
O.C. Discharge Depot.

*S. Paterson*  
Senior Medical Officer

*Seeburd*  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4022 Rank Sergeant Name Byrnes J  
 Date of Enlistment 27-10-17 Address 15 Flaherty St District St John's  
 Occupation Ship Carpenter Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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	
B 179c	B 120	M 93		

Date 4-7-19 O. C. Discharge Depot. St John's

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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: None

Date 4-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home  
 at 15 Flourens St. H. H. H. and Release Certificate No. 3203 issued.

Date 4-7-19 *J. A. Snowball*  
 Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-7-19

Date 4-7-19 *J. A. Snowball*  
 Depot Paymaster.

Discharged approved for 15-7-19  
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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		

*form B*

Date 4-7-19 *J. A. Snowball*  
 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 15 1919 *R. H. Stait* MAJOR  
 O. C. Discharge Depot.

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

resume former Occupation.

*J. Bevan*

Signature of Man.

Reg. No. *4022*

*J. H. Snawbapt*

Signature of the Vocational Officer or his Representative.

Place *ST. JOHN'S*

Date *4-7-19* 191



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

# MEDICAL HISTORY

Surname B. Jones Christian Name Francis

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	27th day of Oct. 1917	St. John's	day of	191
Declared Age	19 years	7 Mos	years	days
Trade or Occupation	Ship Carpenter			
Height	5 feet	8 inches	feet	inches
Weight		153 lbs.		lbs.
Chest Measurement	Girth when fully expanded...		39 inches	
	Range of Expansion..		5 inches	
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	1 Scar.		
When Vaccinated				
Vision	R.E.—V=	6/6	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)	Lamm Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	27th day of Oct. 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Transferred to	1st Nfld Regt. 4022			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Byrne Francis*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4022*

Intended address *15 Flavin St,*

Height on discharge *5* Feet *11"*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Brown*

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

Figure on discharge *766*

Christian name of Father *James*

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St John's, 22. 3, 1899.*

Nature and locality of civil employment required

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

(Soldier's signature in full)

*F. Byrne*

(Rank) *Sergt*

Station



Date

*JUL 4 1919*

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

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

Station

Date



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Ship's Carpenter*
2. Regtl. No. *4022* 3. Rank... *Serge* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Byrne* *Francis* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *21*
6. Posted for duty on..... at.....  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

*No complaint of no disability*

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.)

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 invalidated at Foreign Stations.

*Repatriation*

*W. E. Procunier. Capt Name*  
Medical Officer in charge of case.

Station *Hazeley Down*

Date *7/4/19*

\* 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 .

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *4022* 3. Rank... *Sergeant*
4. Name *Byrne, Francis*.....  
(Surname) (Christian Names)
5. Age last birthday..... *21*.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation *Ship Carpenter*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.
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 (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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



14. State whether the disabilities are
- |   | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war .. .. .                           | ✓                   |                   |
| (ii.) Previous active service.. .. .                                  | ✓                   |                   |
| (iii.) Climate in pre-war service .. .. .                             | ✓                   |                   |
| (iv.) Ordinary military service before the war .. .. .                | ✓                   |                   |
| (v.) Serious negligence or misconduct on the }<br>man's part. .. .. . | ✓                   |                   |

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

15. What is his present condition ?

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

*He complains of no Disability*

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

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*

Station *Lozeley Down* .. .. .

Date *14/19* .. .. .

*W. Proemier. Capt Ramo*

Medical Officer in charge of case.

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

From. Ophthalmic Surgeon, Central Military Hospital

WINCHESTER.

To. Medical Officer in Charge, 2<sup>nd</sup> B. Field Regt

sent 13/10 191

"REPORT OF VISION".

No. 4022 Pte Steady

Has ...	V.A.	R.E. <u>6/10 Pt</u>	With correcting	R.E. <u>6/12 Pt</u>
		L.E. <u>6/10 Pt</u>	lenses	L.E. <u>6/12 Pt</u>

*planes ordered.*  
*Slight hypermetropia astig E*

Chamberlain

Capt. R.A.M.C.  
Ophthalmic Surgeon.

Note..... This report should be attached to this man's  
Medical History Sheet for future reference  
please.....

✓

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 20th, 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..... *Francis M.* ..... 2. Surname..... *Byrne* .....

3. Rank..... *Sergeant* ..... 4. Regt. No..... *4022* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *15 Flavin Street, City,* .....

6. Date of enlistment in the Regiment..... *October 15/17* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

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

9. Address in full of such dependents..... *not applicable* .....

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

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

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Twenty one months* .....



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. *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no*

19. Are you now serving in the Regt.? *no* If not give:- (a) date of discharge..... (b) Reason for discharge.....

*Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

*Scotland and England — Physicist  
Instructor — Drill Instructor*

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.....

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: - *J. H. Byrd.*  
 Place of Residence: *15 Florin Street. City*  
 Declared before me at: *In Johns nfd*  
 This *4<sup>th</sup>* day of *July* 19*19*.....

*John M. Carthy*  
*JM*

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>4 mos</i>	<i>28.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	<i>2</i>













4022 Byrne

P.M.

Please make two pay

W.S.G.

4/7/19

B.F.H.  
A.C.S.

St. John's, Dec 17/17  
(Date)

1st Newfoundland Regiment  
BILLETING ACCOUNT

To Mr. S. Bayne

15 Blawie St

Billeting soldiers as undermentioned

from Dec 7<sup>th</sup> to Dec 11<sup>th</sup>/17

4022 S/Cpl. S. Byrne

4 days 1 meal

3.90

ACCOUNT	B. F. Messing
CH. NO.	2289
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
Certified correct for \$ 3.90	

W. M. Mitchell

*[Signature]*

Billeting Officer

*[Signature]*

ST. JOHN'S, JUL 4-1919

# Royal Newfoundland Regiment.

Billeting Account,

To Serjt F. Byrne

Billeting Soldiers as undermentioned

from July 1/19 to July 15/19

4022 Serjt F. Byrne 15. 10

ACCOUNT	<u>157m</u>
CH. NO.	<u>2289</u>
IND. LEDGER	INITIALS <u>EW</u>
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 15.50

J. A. Howland  
Billeting Officer.

Oct 22



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$140<sup>00</sup>/<sub>100</sub>

July 14 19 19

Received from the First Newfoundland Regiment

the sum of one hundred & forty Dollars.

on account of Pay. *W.S.G.*  
~~balance~~

*F. Byron*

Regtl. No. 4022 Rank *Sgt.*

*F.C.S.*

Ch. No. 2311	Initials <i>F.S.</i>
Pay Ledger 39	Initials <i>W</i>
Gen. Ledger	Initials

No. 4022

Rank

*Adj X*

Name

*F Byrne*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

Aug 9 19 19

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W.S.L.  
balance

Ch. No. 4648	Initials. E.W.
Pay Ledger 39	Initials. W.S.L.
Gen. Ledger.....	Initials.....

Regtl. No. A.C.R. Rank.....



No. 4022

Rank *Pl*

Name *J Byrne*

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

~~November 22,~~ 1921.

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

is/are forwarded herewith to

Frank Byrne.

in respect of his service as No. 4022. Rank A/Sergt.

Name Frank Byrne.

Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Medal

Signature J. H. Byrne

Date Nov 21/21

Address 47 Kings Rd.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Number of Sheet one

Regiment of 1<sup>st</sup> Newfoundland

Signature of O. C. Company W. J. J. J.

Regimental No. and Name	
No.	<u>4022 Byrne Francis</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<u>19 years 7 months</u>
Place and Date of Enlistment	<u>St. John's</u>
Period of	with Colours <u>276</u> years.
	with Reserve <u>365</u> years.

Trade	
Trade	<u>Ship Carpenter</u>
Religion	<u>R.C.</u>
Place of Birth	<u>St. John's</u>

Good Conduct Badges, Service pay or proficiency pay  
Promoted Lance Corp 8-2-17.  
" Act. Corporal. 13-5-18.  
" " Sergeant 2-8-18

*[Handwritten initials and signatures]*

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Demobilized St. John's, 29/19</u>									
To be carried over									

Army Form B. 121

44022.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 44022 Rank Sergeant Name Byronne F.  
 Date of Enlistment 27-10-17 Address 15 Fleming St. District St. John's  
 Occupation Ship Carpenter Classification for Discharge H1 Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11-7-19 L O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Byronne F.*

Particulars passed to Vocational Officer for information and action.

Date 11-7-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied \_\_\_\_\_

Date 4-7-19 O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at 15 Flamingo Ave and Release Certificate No. 3203 issued.

Date 4-7-19 *J.A. Snowball*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-7-19

Date 4-7-19 *J.A. Snowball*  
Depot Paymaster.

Discharge approved for 15-7-19  
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		

*from B*

Date 4-7-19 *J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

*R.H. Sait MAJOR*

Date JUL 15 1919 *R.H. Sait*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 21 1919 *[Signature]*



Reg. No. 4047 Rank. Sgt Name. Byrne J.

Attested ..... Address. 11 3/4 Laven St

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas. Jul. 1. 1919.....

Returned on S S. Cassandra Cause. Discharge

4.7 19 PASSED TO DEMOBILIZATION OFFICER

5.7 19 . DISCHARGE APPROVED ON DEMOBILISATION.

4022

CITY OF ST. JOHN'S



OFFICE OF THE CITY CLERK  
ST. JOHN'S, NEWFOUNDLAND

September 17, 1932.

Dear Mr. Oke:

I shall be very much obliged if you can furnish me with the service record of Sergt. F. H. Byrne, who enlisted in the Royal Newfoundland Regiment I think in the fall of 1917. I am not at all sure of what is required, but I think the dates of enlistment and discharge would be sufficient. If these particulars can be obtained without putting you to too much trouble, I shall be very grateful.

Yours sincerely,

Margaret Ryall.



TO WHOM IT MAY CONCERN:

This is to certify that FRANCIS BYRNE of  
15, Flavin Street, St. John's, enlisted with  
the Royal Newfoundland Regiment at St. John's,  
on October 29th., 1917, and was discharged on  
demobilization on July 29th., 1919, after having  
served one year and two hundred and seventy six  
days.

  
SECRETARY.

CCO/BT:



September 20th.,  
1932

Miss Mary Ryall,  
C/O Office of The City Clerk,  
City.

Dear Miss Ryall:-

This will acknowledge your letter of September 17th., asking for a record of the Service of Sgt. F.H. Byrne.

I have looked up his Military Record, and enclosed herewith you will find a Certificate of same.

I trust this information is what Mr. Byrne requires.

Yours very truly,



Secretary.

CCO/ET:

a f p

1024 Huguenot Ave.,  
Huguenot Park, S. I. N. Y.,  
November 27th, 1932.

4022

Mr. C. C. Oke,  
Board of Pensions Commissioners,  
Militia Building,  
St. John's, Newfoundland.

Dear Sir:

Some weeks ago I sent you a communication containing queries regarding Sergt. Francis H. Byrne who I believe served in the Newfoundland Regiment during the World War. To date I have received no reply.

I am very anxious to help this young man and his family. Accordingly, I would esteem it a great favor if you would forward to me, in confidence, any data concerning him that would aid me in my efforts to be of assistance to him.

What Company did he serve with? How long was he an enlisted man? What was the date of his enlistment?

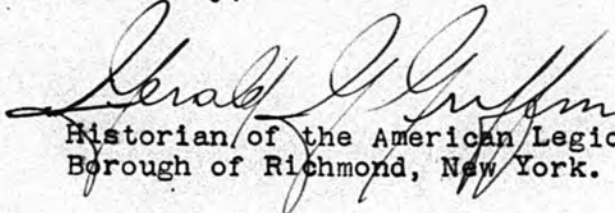
I understand he was honorably discharged. I therefore request that you send me an official transcript of that discharge. My efforts to aid this young man and his family must of necessity wait until I secure this paper.

Trusting you will give this matter your immediate attention and thanking you,

I am,

Yours truly,

G.G:W.J.R

  
Historian of the American Legion,  
Borough of Richmond, New York.

Cant work. The officials of  
the Pension Board of Canada  
Tells me. That my pension  
Cant be expedited until ye give  
me a final Board. Is the N.F.  
Board Under the same Rules as  
the Canadians. if so I would  
like to know what ye intend  
to do. Canadian Soldiers  
Wine get a pension. my wife  
dont. When I was up for  
my examination The doctor  
Ask me do my wife get a  
pension. I said no. That  
the only answer I could  
give them, please answer  
right away tell me of my  
pension. As I have to  
Report to the D.S.C.R.



Trusting to hear from  
you at earliest date

Oblige  
John Harris  
167 Strachan St-E  
Hamilton  
Ont

December 8th.,  
1932.

Gerald G. Griffen, Esq.,  
1024 Huguenot Avenue,  
Huguenot Park, S. E.,  
New York.

Dear Sir:-

This will acknowledge receipt of your letter of November 27th., regarding the case of Sgt. F.H. Byrne, ex-member of the Royal Newfoundland Regiment.

You refer to a letter you sent me some weeks ago and although I have looked carefully through this man's file I cannot find such a letter. I did receive a communication from Miss Ryall of the City Clerk's Office, this city, in which she asked for a Certificate such as that referred to in your letter, and on September 20th., I forwarded her a Certificate of Sgt. Byrne's Service. If this Certificate has not been received and you will let me know, I will be glad to forward you a copy of same.

Yours very truly,

  
Secretary.

CCO/BT: