



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *5032* Name *James Byrne Corp* *R.C.*

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

- |                                                                                                                                    |                               |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <i>James Byrne</i>         |
| 2. What is your full Address? .....                                                                                                | 2. <i>St. John's, N.S.</i>    |
| 3. Are you a British Subject? .....                                                                                                | 3. <i>Yes</i>                 |
| 4. What is your age? .....                                                                                                         | 4. <i>36</i> Years Months     |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <i>Fireman</i>             |
| 6. Are you Married? .....                                                                                                          | 6. <i>No</i>                  |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } .....                           | 7. <i>No</i>                  |
| 8. Are you willing to be vaccinated or re-vaccinated? .....                                                                        | 8. <i>Yes</i>                 |
| 9. Are you willing to be enlisted for General Service? .....                                                                       | 9. <i>Yes</i>                 |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>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. <i>Yes</i>                |

I, *James 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.

..... SIGNATURE OF RECRUIT.

*J. W. Pittman* Signature of Witness.

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

I, *James 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 *14* day of *May* 191*5*.

Signature of Attesting Officer *C. Brooks*

### †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 that .....

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

Date ..... 191*5*

Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ H. re 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 James Byrne  
 Apparent age 30 years \_\_\_\_\_ months. Height 5 feet 5 3/4 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 4 1/4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Byrne Fortune St. N.D.P. | Relationship Brother

### 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 living the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pensions _____ [ " " ] _____ [ " " ] _____ [ " " ] _____ [ " " ]									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5032 Name James Byrne R.C.

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

- |                                                                                                                                    |                                   |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>James Byrne</u>             |
| 2. What is your full Address? .....                                                                                                | 2. <u>St. John's St. N.S. 13.</u> |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>yes</u>                     |
| 4. What is your age? .....                                                                                                         | 4. <u>36</u> Years .. Months      |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>lumberman</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 ..<br>Corps ..           |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                    |

I, James 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.

James Byrne SIGNATURE OF RECRUIT.  
James Pittman Signature of Witness.

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

I, James 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 answered, as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .. on this 14 day of May 1918

Signature of Attesting Officer A. Dinkshier

### †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 ..

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

Date .. 1918 ..  
Place .. .. } 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.

5032

Name James Byrne  
 Apparent Age 30 years 0 months. Height 5 feet 5 3/4 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Byrne Fortune St N.D.B. | Relationship Brother

#### 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 L'epot	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>15-5-18</u>									
Joined at <u>St Johns</u> on <u>May 15-1918</u>									
<u>(Discharged St Johns Jan 10/1919)</u>									
<u>Admitted Barracks Hospital 14-7-18</u>									
<u>Discharged from Barracks Hospital 10-7-18</u>									
<u>Special duty Home defence League 10-9-18</u>									
<u>Returned to Headquarters (St J)</u> <u>10-11-1918</u>									
<u>Demobilization St. Johns 9-1-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-1-1919 (date of discharge) 240 days  
 Pension " " " " " " " "

C.R. 5032

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated Nov. 23rd 1918.

5032 Pte. G. Byrne

Discharged from Barracks Hosp. 22/11/18.

C.R. 5032

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

The undernoted man discharges on Demobilisation has been approved  
by C.G. Discharge Depot from noted date. He is removed from Depot  
Strength and transferred to Discharge Depot pending confirmation  
by Officer i/c Records.

5032 Pte. Jas. Byrne.

18-12-18.

C.R. 5032

Extract of Daily Orders Part II, dated Jan.10th 1919

DEMOBILIZATION.

The discharge of the under noted has been approved by  
the Officer i/c Records on noted date.

5032 Pte. Jas. Byrne

Discharged 9-1-19

C.R. 5032

Extract from PRELIMINARY REPORT from the DIRECTOR of MEDICAL SERVICES to C.C. Report, dated Dec. 9th. 1918.

At a Medical Board held on FRIDAY AFTERNOON December 6th. 1918, the following was a finding:-

5032 Pte. J. Byrne

Recommendation of Discharge - Unfit for General Service.



C.R. 5032

Extract from Daily Orders Part 11 Unit The Royal Hfld.  
Regt., Sept. 10th, 1918.

THE UNDERNOTED NON/COMMISSIONED OFFICER AND MEN PROCEEDED ON  
SPECIAL DUTY TO CAPE RACE. 10-9-18.

5032 Pte. J. Byrne.

C.P. 5032

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, Sept. Nov. 20th, 1918.

5032 Pte. G. Byrne.

Admitted to Barracks Hospital 18-11-18.

MM.

C.R. 5032

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, dated Aug.22,1918.

5032 Pte. J. Byrne,

Stealing a Cap badge the property of another Soldier.  
Awarded 168 hours detention, from 21-8-18.

C.R. 5032

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 5th, 1918.

#5032 Pte. J. Byrne.

Admitted to Barracks Hospital 5-7-18

C.R. 5032

Extract from Daily Orders part 11, Depot  
St. John's dated Nov. 11th., 1918.

---

The undermentioned returned from Cape May and reported  
at Headquarters 10/11/18.

5032 pte. J. Byrne.

BC.

C.R. 5032

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, dated August 17th, 1918.

5032 Pte. J. Byrne,

Returned from leave and reported at headquarters for duty  
11-8-18.

Extracet from Daily Orders par 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 16th, 1918.

#5032 Pte. J. Byrne.

to report 1.6.18.

Byrne, Jas.

5032

Ray Sept.



January 9th., 1919

#5032 Pte. James Byrne,  
Fortune Harbor,  
Twillingate.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 355."

Yours faithfully,

Captain.  
Paymaster & O.i/c Records

Enc' 1 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5032 Rank 1/c Name James Byrne  
 Intended place of residence Souture St. Lewis
2. Occupation Lumberman  
 Classification of soldier P Medical Category F
3. The above named man is discharged in consequence of demobilization
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place DEC 11 1918  
 Date DEC 11 1918 J. Bowley Capt.  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date St. Johns  
Dec 11<sup>th</sup> 1918 James Byrne  
 Signature of soldier  
C. D. Dicks M. A. P.  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date St. Johns  
11-12-18 James Byrne  
 Signature of soldier  
M. A. P.  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 15-5-18 No of days on Military  
 Discharged from service 13-12-18 plus 28 days Service 241

## 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  
DEC 13 1918 R. H. A. Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. Johns Nfld.  
January 10/1919 M. Bowley Capt.  
 Officer in Charge  
 The Royal Newfoundland Regiment
- Date 20/1/1919

17  
30  
31  
31  
31  
31  
31  
31  
31  
31  
31

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5037 Rank Plt Name Byrne James  
 Date of Enlistment 15.5.16 Address St. John's District St. John's  
 Occupation Labourer Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Goodly Disability Rating nil

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	2	do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 10/11/18

*W. H. Capl*  
C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*James 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.....

(b) Clothing Supplied.....

Date 11-12-18

*Joseph A. Knowlton*  
O i/c. Re-clothing.

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 196 R to his home  
at Antone St and Release Certificate No. 278 issued.

Date

11-12-18Archie Rapp  
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 10-1-19

Date

11-12-18Monley Capt.  
Depot Paymaster.

Discharge approved for

13 12 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.	B 268.	B 121.	N.F. Med.	D.F. 1.	1	
E 178.	W 3494.	B 122.	Board 1st.	" 2.	1	Form B
B 178a.	D 400A.	B 1915.	do 2nd.	" 3.	2	
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 12 18Archie Rapp  
Demobilization Officer.

## APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date

DEC 13 1918R.H.L. + Form  
O. C. Discharge Depot.

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

Date

Dec 13 1918.

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

## MEDICAL HISTORY

OF

Surname

*Byrne*

Christian Name

*James*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Fortune, St. John's*

County

*Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15	May		191
at	<i>St. John's</i>		at	
Declared Age	30	years		days
Trade or Occupation	<i>Lumberman</i>			
Height	5	feet		inches
Weight	133	lbs.		lbs
Chest Measure- ment { Girth when fully expanded	36	inches		inches
{ Range of Expansion	44	inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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>Liam O'Sullivan</i>			
(Rank)				
		<i>Major</i>		<i>Medical Officer.</i>
Enlisted	at	<i>St. John's</i>	at	
	on	15 day of May	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment		<i>The Royal 5032</i>		
Transferred to		<i>Nfld Regt</i>		
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



## Civil Re-establishment Committee.

I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Fishing

James Byrne

Signature of Man.

Charles Hall

Reg. No. 50 32

Signature of the Vocational Officer or his Representative.

Place

St Johns 2720

Date

11/12/18

191

E Coy.

Twillingate

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—

B C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date NOV 29 1918

Regimental No. 6032 X (5032)

Name Byron James Pte.

Address Fortune St.  
N. B. B.

Present Medical Category F

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

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

Members of Board

J. Patterson  
Senior Medical Officer

Geo. Borden  
M. O. Depot





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

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

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

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

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

Name in full *Byron James*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5032*  
 Intended address *Fortune St*  
 Height on discharge *5' Feet 6"*  
 Color of hair on discharge *gray*  
 Complexion *Fair*  
 Color of eye *Blue*  
 Descriptive Marks *-*  
 Figure on discharge *Medium*  
 Christian name of Father *-*  
 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. *Fortune St 24 June. 1887*  
 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)

*James Byrne*

(Rank)

*Plt*

Station

*St John's*

Date

*5 Dec 1918*

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

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

Station

*St John's Nfld*

Date

*5 Dec 1918*



## Department of Militia, Newfoundland

### Medical Department

### Medical Report on an Invalid

#### NOTES:—

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

#### STATEMENT OF CASE

Station *St. John's*

Date *5<sup>th</sup> Dec 1916*

- Unit *Royal Newfoundland*
- Regimental No. *5032*
- Rank *Sergeant*
- Name *Boyd James*
- Age last birthday *31 year*
- Enlisted on *14 May 1916*  
at *St. John's*
- Former trade or occupation *Fisherman*
- Disability

*Debility*

#### 9. History

*Before enlisting had injury to left side & due to fall from horse 2 1/2 years afterwards to another injury to same side - comes against his will since - Has been on sick parade continually for several months*

10. What is his present condition?

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

General condition: good  
Otherwise than his condition  
in entering has no  
Complaints

Medical Report on an Inmate

11. Was sanatorium advised and refused?  
operation

12. Do you recommend discharge as permanently unfit?

Yes

STATEMENT OF CASE

Signature

*T. A. Brown*

Rank or Qualification

*Major*

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

## Opinion of the Medical Board

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

13. For pension purposes, the disability x cannot be considered as aggravated by:—  
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Yes*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? not
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? not  
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army unfit for general service  
Remarks if any:—

*unfit for general service*  
*R. H. Cass*

President

Signatures

*J. J. ...*  
*L. H. ...*

Place

Date

*S. Johns*  
*Dec 6/18*

APPROVED

Station

Date



*Clay Macpherson*  
Administrative Medical Officer *Major*

## ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

Headquarters May 15/19

1. Name *James Byrna* Age (a) Declared *30*  
(b) Apparent

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

What severe illnesses have you had? *none*

3. Height *5ft 5 3/4 in* Weight *133*  
4. Eyesight (a) Left *6/6* (b) Right *6/6*  
5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs *n*

Measurement

(a) Expiration *32*

(b) Inspiration *36 1/2*

7. Examination of Heart *n*

8. Examination of Urine *✓*

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? *no*

11. Name and address of next of kin

*brother John Fortune 44 N. D. St.*

REMARKS--

*A II*

*St. George's  
Archd. Galt*

FORM K

No. 4322



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, James Byrne, Regl. No. 5032

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4089	Brother	Samuel Byrne	Fortune Hill N.D.B.	
Total Allotment, \$				604

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. [Signature]  
 Officer Commanding  
[Signature]  
 Company  
May 29th 1918

[Signature]  
 (S )  
 (Rank) [Signature]

FORM K

No 4322



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

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Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4089	Brother	Samuel Byrne	Fortune Her M D B.	
Total Allotment, \$				609

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.) W. J. H. B.  
 Officer Commanding  
B. Company  
St John's  
May 29th 1918

James Byrne  
 (Sig.) \_\_\_\_\_  
 (Rank) Pte



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

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Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4089	Brother	Samuel Byrne	Fortune Her N D B.	
Total Allotment; £				609

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.) W. Mayb.  
 Officer Commanding  
B Company  
St John's  
May 29th 1918

James Byrne  
 (Sig.)  
 (Rank) Pte



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39

Number of Sheet 1

Regiment of Royal Newfound Land

Signature of O. C. Company C. B. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5632 Bynes Troop</u>	Age on	30 years	months	<u>Sumberman</u>	<u>Good Conduct</u>
Joined		Place and Date of Enlistment		Religion		
Joined		Date		K. C.		
Joined		Date		Place of Birth		
Joined		Date		<u>Portsmouth N.S.B.</u>		
		Period of				
		with Colours		1 <sup>st</sup> 10 years.		
		with Reserve		3 <sup>rd</sup> 5 years.		

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>Prison Rivik</u>	<u>20.8.18</u>	<u>Pte.</u>		<u>Stealing Corp Badge property of another soldier.</u>	<u>Pte. B. Jones</u>	<u>168 hours Detention</u>	<u>20.8.18</u>	<u>Capt. Tail. Y. G.</u>	<u>also</u>
				<u>Demobilized Soldier</u>	<u>9</u>	<u>1/19</u>			

To be carried over

Army Form B. 121.

11032

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5037 Rank Plt Name Byrne James  
 Date of Enlistment 15.5.18 Address Freshwater District St. John's  
 Occupation Labourer Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Fit for employment Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—  
H. 51-11

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

Date 10.12.18 W. C. Discharge Depot  
W. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

James 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. \$ 65.00  
 (b) ~~Clothing~~ Supplied Joseph A. Brown

Date 11-12-18 O.T.C. Re-clothing.

DEC 13 1918

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 196 R to his home at Porter St and Release Certificate No. 278 issued.

Date 11-12-18

Chadwick Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 10-1-19

Date 11-12-18

Worley Capt.  
Depot Paymaster.

Discharge approved for 13. 12. 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	✓ 14	N.F. Med.	D.F. 1	✓ 11	
F 178	W 3494	B 122	✓ 2	Board 1st	" 2	✓ 11	Return B
F 178a	D 400A	B 1915	✓ 2	do 2nd	" 3	✓ 2	
L 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	✓ 1	do 4th	" 5		✓
B 179b	B 100	Form E 2			" 6		
B 179c	B 120	M 93	✓ 14				

Date 11. 12. 18

Chadwick Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**DEC 13 1918**

Date .....

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

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

Date Dec 13/1918

W. Bowley Capt.  
O.C. Discharge Depot

## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. \_\_\_\_\_ Sent by \_\_\_\_\_ Rec'd by X \_\_\_\_\_ Check 6 \_\_\_\_\_No. 411  
15Place from Norris ArmTo Capt O'GradyC. P. B. Armoury.

JUN 6 - 1910

Am here Ill can't  
 get home please  
 grant five days  
 extension on leave  
 reply here.

Have Doctors  
 Certificate forwarded  
*[Signature]*

5032 Jas Byrne



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

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

Line No. 13 Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check \_\_\_\_\_

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

To \_\_\_\_\_

Fortune St 2

Capt & Grady



Did not go by Home  
feeling sick will go first  
Chance

5032 / Ste Jas. Byrne

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line 76 Sent by RD Rec'd by 13 Call

Place from Cape Ray II

To Capt Sait Depot



5032 ple J Byrne  
Rupture advise taking  
him to Channel for  
treatment

Cpl. E Keogh



To assist ad.

for necessary action of medical authorities  
think fit.

R. H. Sait Capt.

11/10/18

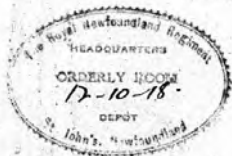
O. C. Sait St.

I have Doctor at Blanche examine  
Byrne and he will decide  
if treatment is needed here or  
whether he will be sent to St John  
Act according to his advice

a/a

12-10-18

Receipt



To be Noted  
OCT 1 1918

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

Spec

Place from



*Ed Coll*  
*Channel*  
*apt of Grady*

*ptle Burns Caperaay*  
 been here ill for few  
 days have advised Corp  
 Kough remain with him  
 few days improving

*W Grant*

*Recd by*

**To be Noted**  
**OCT 16 1918**

Postal Orders \_\_\_\_\_  
 Card Index \_\_\_\_\_  
 Remittance \_\_\_\_\_





Reg. No. 5032 Rank Pte. Name Byrne James  
 Attested 15-5-18 Address Fortune Str. N. S. B.  
 Allotment 604 Allottee Samuel Byrne (Brother)  
 Date of Allotment 1-6-18 Returned from Overseas  
 Embarked for Overseas Cause

Vacc 16 <sup>5</sup> / <sub>18</sub>	1 <sup>st</sup> Inc 13 <sup>6</sup> / <sub>18</sub>	2 <sup>nd</sup> 9-9-18	
A. Leave 1-6-18 to 10-6-18		Returned 10-8-18	
4-6-18 wired for extension, O. B. report, Forward			
Doctors certificate			
4-7-18 Admitted to Barracks Hoop.			
10-7-18 Discharged from		13 day off duty	
B. Leave 24-7-18 to 1-8-18		Returned 11-8-18	
20-8-18 Awarded 168 hours detention (10-9-18 Proceeded to Camp P-4			
12-10-18 reported sick at base camp (capture)			held 10-11-18

18-11-18 Admitted to Barracks Hosp.

22-11-18 Discharged from " "

10-12-18 Rec Discharge Unfit for General Service.

11-12-18.

**PASSED TO DEMOBILIZATION OFFICER**

13-12-18

**DISCHARGE APPROVED ON DEMOBILISATION.**

