



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 42184 Name James Harris Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Harris
2. What is your full Address? 2. 100 St. John's St. St. John's Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years Months
5. What is your Trade or Calling? 5. None
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 John P. Lee Corps R.C.
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, James Harris 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.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Harris 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..... on this 10th day of April 1915

Signature of Attesting Officer Thomas Lee

†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..... 1915

Place..... St. John's Nfld. Approving Officer. James Harris

† 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 James C. [unclear]

Apparent age years months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 34 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. [unclear]
[unclear] Road | Relationship [unclear]

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 Re-serve 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 " [" "] " " " " " " "

4483



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4187 Name Dennis Clancey Corp. R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Dennis Clancey</u> |
| 2. What is your full Address? | 2. <u>Newtown Road</u>
<u>St Johns.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>29</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Dennis Clancey 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.

Dennis Clancey SIGNATURE OF RECRUIT.

John P. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Dennis Clancey 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 repeated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 18th day of April 1915.

James Hunt Signature of Attesting Officer

†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.....1915

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. It corresponds with entries on the Medical History Sheet.

Name *Dennis Blaney*

Apparent age years months. Height feet *8* inches

Chest Measurement { Girth when fully expanded *37* inches
 Range of expansion *4* inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Mrs Allan Blaney*
Newtown Road | Relationship *Mother*

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	<i>Discharged June 29/19</i>	on	

Total Service forfeited as above.....

Total Service towards Engagement to [date of discharge] years dnys

" " Pensions " [" "] " "

Reg. No. HN 82 Rank Plt. Name Lawrey D

Attested 18. 4. 14 Address City

Allotment _____ Allotee _____

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas 11-6-18 Cause _____

Vacc 23rd Dec 1918. 1st Dec 1918. 2nd Dec 10th 1918. 5th Dec 17-5-18

A.S. 10-5-18 to 15-5-18

C.P 4482

Extract from Daily Orders Part 11 Unit the Royal MFLA.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 29-6-19.

4482 pte. Dennis Clancy.

C.R. 4482

**Extract from Daily Orders Part II Unit The Royal Wfld. Regt.
St. John's, June 19th, 1919.**

**The discharge of the undernoted on demobilisation has been
APPROVED by G.C. Discharge Depot with effect from 15-6-19.**

4482 Pte. D. Clancey.

C.R. 4482

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

Date June 18th 1919.

4482, Pte. D. Clancy.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

RE "Corsican"

C.R. 4 482

Extract from Daily Orders By Major M.S. Spillivan,
Commanding Newfoundland Forestry Companies 2-12-18.

The undermentioned having proceeded to Winchester
is struck off the Strength from this date.

4482 Pte. D. Clancey.

C.R. 4482.

Extract from Orders Part 11, by Lt. Col., E.J. Barton, D.S.O.,
Commanding 2nd Bn. Royal Newfoundland Regiment, dated 4/12/18.

The following having reported from the Newfoundland Forestry
Corps is taken on the strength and posted to "F" Company as
from 3/12/18:

4482 Pte. D. Clancy.

C.R. 4582

Extract of Telegram from Synoptical, London, dated November 28th 1918.

In answer your telegram Nov. 26th #4582 Dawe in France.

C.R. 4482

Extract of DAILY ORDERS BY MAJOR M.S. SULLIVAN.

COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

18/11/18.

The undermentioned having completed his trial with this
Unit is attached to the strength from ~~###~~ 25/10/18. and
posted to C Co'y:

#4482 Pte. D. Glancey.

C.R. 448X

Extract from Orders by Lt. Col., B.J. Barton, D.S.O., Commanding
2nd Bn. Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 12/9/18:-

4482 Pte. D. Clancey.

C.R. 4482

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's, dated June 14th 1918.

4482 Pte. D. Clancey.

Embarked for Overseas with Draft 11-6-18.



M.F.A.3

W.C.R. 4482

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

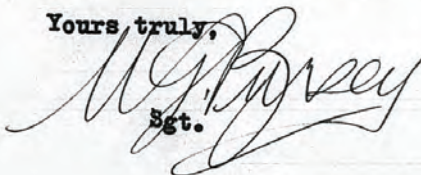
June 8th, 1918.

Lt. V. Warren,
Record Office,

Sir:-

You will kindly note for your necessary information please
that Mrs. Ellem Glancey, mother of ^{MA 82} ~~#5225~~ Pte Dennis Glancey has changed
her address from Newtown Road, City; to 31 Prospect Street, City.

Yours truly,


Sgt.

C.R. 4482

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 20, 1918.

#4482 Pte. D. Clancey.

Attested for General Service with the Royal Newfoundland
Regiment, from 18/4/18.

D Clancy

C.R.

4482

~~1116~~

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 T. I. R.* 7. Former Trade }
or Occupation }
2. Regtl. No. *4482* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Blancey Dennis*
(Surname) (Christian Names)
5. Age last birthday. *29*
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 man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *nil*

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.)

nil
No complaints of no durability

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
W.E. Proctor. Capt Home

Station .. *Hagley Station*
 Date .. *25-3-19.*

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

FORM K

Nº 3926 A



1ST. NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, Demus Clancy, Regl. No. 2482
hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Seventy 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 May 1, 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3827	Mother	Mrs. Allan Clancy	Newtown B5 St Johns	70
Total Allotment, \$				70

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

Sig.) [Signature]
Officer Commanding
Company
St Johns
April 30 1918

(Sig.) [Signature]
Rank [Signature]

OFFICE COPY

Newfoundland		22 5 19		Hfld. Forestry Ops		reparations		PERIOD: From	
Balance due to Paymaster		Total Credits		Balance due by Paymaster		Total Debits		To	
11		H. Coy 9/5/19	7	11	11	1.00	11 00		
		70¢	7	70	11		1 10		
17/5/19			10	0	11		12 10	2	9
		Other Credits:							
		Other Allowances						2	8
		Days @ \$							
		Other Allowances							
		Days @ \$							
		Balance in Hand	4	0			2 12	5	
			4	0			1 16	11	
		Balance in Hand	4	9	4		4	9	4

London 20 21
 The following is a statement of the balance on the 31st day of May 1919, as shown in the books of the Chief Paymaster & Co. Ltd. and is subject to the usual conditions of the contract.
 LONDON 20 21

4482 Pte Clancy D Hfld. Forestry Ops reparations

10/5/19
 17/5/19
 20/5/19

Chief Paymaster & Co. Ltd
 151

Amended account

LAST PAY CERTIFICATE

DUPLICATE N.F.P./9A.

to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./10, 20/5/17.

Att. No. **4482** Rank **Pte** Name **Clancey D** Unit **Nfld. Forestry Cps** who was **repatriated**
 Newfoundland on **22/ 5/ 19** Authority Cause

STATEMENT OF ACCOUNTS

CR.

PERIOD: From	To	PARTICULARS					PARTICULARS						
		£	s	d	£	s	d	£	s	d			
29/5/19		Balance Dr. from H. Coy 9/5/19		2	7	9	Balance Cr. from						
		Allotment 11 days @ .70¢	7	70	1	11	7	Pay 11 days @ \$ 1.00	11	00			
		Cash Payments:					Field Allow 11 days @ \$.10	1	10				
17/5/19					10	0	Other Allowes days @ \$	12	10	2	9	9	
		Other Debits					Other Credits:						
	10/5/19						Obs. H. Coy 9/5/19 Credit Ration Allowance			2		8	
		Total Debits		4	9	4	Total Credits			2	12	5	
		Balance due by Paymaster					Balance due to Paymaster			1	16	11	
				4	9	4				4	9	4	

I have carefully examined this Statement of Accounts and find it to be a correct extract from the Pay Book of

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is hereby acknowledged in accordance with instructions received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London.

C.O. Company,
 London 20 5 19

Chief Paymaster & O. i/c records.

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

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

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4482	Pte	Clancey, D	\$3.50	D. Clancey

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

D. Clancey

Clancey, D

4482

Hay Dept.

June 29, 1919

#4482 Pte. Dennis Clancey.

New Town Road,

City.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2461.

Yours truly

Captain,
Paymaster & O.i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4482 Rank Pte Name Clancey D
 Intended place of residence New Town Road St Johns
 2. Occupation Labourer
 Classification of soldier A Medical Category PT

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 Johns
 Date JUN 13 1919 for W. H. Lewis
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

ST. JOHN'S

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 JUN 13 1919

D. X. Clancey Pte
 Signature of soldier

ST. JOHN'S

J. A. Marshall
 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 JUN 13 1919

Thomas Clancey
 Signature of soldier

ST. JOHN'S

W. J. Colby
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-4-18 No of days on Military
 Discharged from service 15-6-19 Plus 14 days Service 438

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

R. H. Lewis
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns, Nfld
 Date June 29/1919

M. Howley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

2452079/2461

The Royal Newfoundland Regiment

Class for Demobilization: 2

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12.6.19

Regimental No 4482

Name Clancey Dennis Rank Pte

Address 31^o Prospect St.

Present Medical Category A-1

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

Richd. East Capt!
O.C. Discharge Depot.

J. Adams
Senior Medical Officer

J. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 446-1 Rank Plt Name Clancy, D
 Date of Enlistment 18.4.18 Address Sydney District Sydney
 Occupation Labourer Classification for Discharge 6 Medical Category AI
 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 list	" 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 108	ME 2		" 6
B 179c	B 120	M 03		

Date 12.6.19 for Miss H. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

James H. Clancy
man
101 W. Preston

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 _____

W. H. Clancy

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at New Town Rd and Release Certificate No. 2723 issued.

Date 13-6-19 *J. A. Snow Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 24-6-19

Date 13-6-19 *H. W. [Signature]*
Depot Paymaster.

Discharged approved for 13-6-19

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		

Date 13-6-19 *J. A. Snow Capt.*
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 JUN 15 1919 *R. H. [Signature]*
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:

To resume former occupation

Blancey D

Signature of Man.

J. P. Crawford
Signature of the Vocational Officer or his Representative.

Reg. No. *44825*

Place *St Johns*

Date *13-6-19*

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

MEDICAL HISTORY

Surname Blancey OF Christian Name Denis

Table I.—GENERAL TABLE.

Birthplace:—Parish St John County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	18 th day of April 1918	St John		
Declared Age	29 years	— days	years	days
Trade or Occupation	Labourer			
Height	5 feet 8 inches		feet	inches
Weight	145 lbs.		lbs.	
Chest Measurement	Girth when fully expanded...	37 inches		inches
	Range of Expansion...	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	9 years ago 12 cases			
When Vaccinated				
Vision	R. E.—V=	6/10	R. E.—V=	
	L. E.—V=	6/10	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	[Signature]			
(Rank)				
Enlisted	at	St John	at	
	on	18 th day of April 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal Wfl Regt	Corps.	
	Regtl. No.	4482	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

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

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

Signature of Medical Officer

L. S. Mivian

CAPT. R.A.M.C.

Discharged to duty.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
23.4.14 3.5.18 } 10-5-18 } 17-5-18 }	Vac. 10 T.A.B. 1P do. 1P T.A.B. 1P
	V.A.R. 6 " " 24. slight Hypermetropia. Double Glaucoma unimpaired. Chronic Rhinitis and Pharyngitis. Robert Lockhart Capt. M.R.C.S. (L.S.) Boarded at Highley Down Camp. 57 (no) in account of vision.
9/5/18.	

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>4</u> for Discharge on Demobilisation. Medical category <u>1</u>					
			12.6.19 Date of T.M.B.		

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. 4482 }
 3. Rank..... Plat. }
 4. Name Clancey }
 (Surname) Dennis }
 (Christian Names)
 5. Age last birthday..... 29 }
 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.
 (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
 (b) Where (if any)
 (c) Opinion of Court

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. nil

12. Place of origin of disability. nil

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

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

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.)

Complains of no 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 invalided at Foreign Stations.

Repatriation

W. S. Procter, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazeley Down*

Date *26-3-19*

* 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



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

Denis Clancey

Regiment from which discharged

Royal Newfoundland

Regimental number

4482

Intended address

Newtown Road St John's

Height on discharge

5 Feet *10*

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

Fall.

Christian name of Father

—

Christian name of Mother

Ellen

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 — 1891

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)

Denis Clancey

Denis Clancey

Pl.

(Rank)

Station

St John's

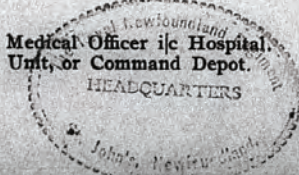
Date

11-6-19.

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

Station

Date



The Royal Nfld. Regiment

DEMOBILIZATION

No. *4487* Rank

Name *Chancey L*

Warned for demobilization on

JUN 13 1919

BOARD

JIMMAMAH

to be rendered for all moneys on discharge transferred to other Units, or on return to Newfoundland in accordance with C.S./19, 23/5/17.

Pol No. 4482 Rank Pte Name Glancey, D Unit Nfld. Forestry Cps who was repatriated
Newfoundland on 22 / 5 / 19 Authority _____ Cause _____

STATEMENT OF ACCOUNT

PERIOD: FROM	PARTICULARS	DEBITS			CREDITS			CR.	
		£	s	d	£	s	d		
20/5/19	Balance Dr. from H.Coy 9/5/19		2	7	9	Balance Cr. from			
	Allowment 11 days @ .70¢	7	70	1	11	7	Pay 11 days @ \$1.00	11	00
17/5/19	Cash Payments:					Field Allow 11 days @ \$.10	1	10	
	Other Debits				10	10	0	12	10
10/5/19 TO	Other Credits:					Other Allow days @ \$			2 9 9
	Obs. H.Coy 9/5/19 Credit Ration Allowance								2 8
	Total Debits		4	9	4	Total Credits		2	12 5
	Balance due by Paymaster					Balance due to Paymaster		1	16 11
			4	9	4			4	9 4

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book for

101

due and corrected in accordance with information received in the Pay & Record Office and a certificate signed by amendment if and as may be found necessary.

Pay & Record Office, London.

101

G.O. Company.
 London 20/5/19

Chief Paymaster & G. I/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 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 *Denis* 2. Surname *Blancey*

3. Rank *Plt.* 4. Regtl. No. *4482*

5. Address in full to which future payments of gratuity are to be forwarded *Newtown Rd. St. John's Nfld.*

6. Date of enlistment in the Regiment *Apr. 18/18*

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

9. Address in full of such dependents

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *from Apr. 18/18 to June 13/19*

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

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

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

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

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

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?.....

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

19. Are you now serving in the Rest?..... If not give:- (a) date of discharge..... *No*

17/1/19 (b) Reason for discharge..... *Temporary Delegation*

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....

..... *No.*

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

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

his

Signature of Applicant:

Dennis X Clacey
Mark
Newtown Rd. St. Johns.

Place of Residence:

St. Johns, U.S.A.

Declared before me at:

13th day of June 1919...

This

13th

day of

John McCarty

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	Soldier	or Dependant	War Service Gratuity.	
.....
.....
.....
Certified correct.				Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheets *only*
W. J. Mansfield

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years - months	<i>Sabotier</i>	
<i>4482 D. Cloucy</i>		Place and Date of Enlistment	<i>St. Johns 18.4.18</i>	Religion	
Joined	Date	Period of	with Colours <i>73</i> years. with Reserve <i>36.5</i> years.	<i>R.C.</i>	
Joined	Date			Place of Birth	
Joined	Date			<i>St. Johns</i>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
<i>Hazley D.C.</i>	<i>4.8.18</i>	<i>Pvt</i>		<i>Refusing to obey an order L/C. B. Flynn</i>		<i>14 days C. B.</i>	<i>9.8.18</i>	<i>Bapt Emerson</i>	<i>[Signature]</i>
				<i>Demobilized St. Johns</i>			<i>29/19</i>		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4486 Rank Private Name Clancy P
 Date of Enlistment 18.4.18 Address Sydney District Sydney
 Occupation Laborer Classification for Discharge E Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	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 108	ME 2		" 6
B 179c	B 120	M 93		

Date 12.6.19 for Miss H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

James H. Clancy
Mar
101 W Kelvin

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 *Amelouster*

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at New Louisa Rd. Stephen and Release Certificate No. 2723 issued.

Date 13-6-19 *J. A. Shaw 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 24-6-19

Date 13-6-19 *J. A. Shaw Capt.*
Depot Paymaster.

Discharge approved for 13-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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 13-6-19 *J. A. Shaw Capt.*
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

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

Received the above noted documents from O. C. Discharge Depot.
Date June 24/19 *J. A. Shaw Capt.*
W. J. Richards

Reg. No. *4762* Rank *PL6* Name *Maury A.*
Attested Address *31. Prospect St.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Rossian* Cause *Discharge.*

12.1.19. PASSED TO DEMOBILIZATION OFFICERS
15.6.19. DISCHARGE APPROVED ON DEMOBILISATION.