



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 1536

Name in full Leo Cleary Age 21  
 Address 13 New Gower St, St. John's.  
 Married  Single  Height 5ft 6 1/2 in Weight 150  
 Color Fair Hair Black Eyes grey / brown  
 Other distinguishing marks Scar first finger left hand.  
 Nearest relative Mother (Ellen)  
 Address 13 New Gower St.  
 Dependents \_\_\_\_\_  
 Occupation Railway Brahman Present Wage 745<sup>00</sup> per month  
 Previous service \_\_\_\_\_  
 Decorations \_\_\_\_\_  
 General Remarks \_\_\_\_\_  
 Date of Enlistment May 15<sup>th</sup> 1915

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

Leo Cleary

Declared before me this 15 day  
 of May 1915  
J. J. [Signature]  
 [Signature]

# DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1896

Name Leo Cleary  
 Apparent age 21 years        months. Height 5 feet 0 1/2 inches.  
 Chest measurement { Girth when fully expanded        inches.  
                             { Range of expansion        inches.  
 Distinctive marks Colors: Fresh, Hair: Black, Eyes: Gray Brown.  
 Other distinguishing marks: Scar first finger left hand.

### INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Ellen Cleary, 13 New Gower St., St. John's  
 | Relationship Mother.

#### Particulars as to Marriage.

<small>(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Signature of Officer verifying entry from certificate.</small>		
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>
		<small>(d)</small> Verified from certificate.

#### Particulars as to Children.

Christian Names	Date and Place of Birth	<small>(d)</small>
		Verified from certificate.

### STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 <u>May 15/15</u>									
Joined at <u>St. John's</u> on <u>May 15/15</u> <u>Embarked for U.K. 17/6/15.</u>									
<u>Relinquished unfit for further service at Depot, Aug. 15/3/16.</u>									
<u>Repatrolled Med. unfit 4/4/16</u>									
<u>Discharged St. John's Med. unfit 20/4/16.</u>									
Total Service forfeited as above ... ..									
Total Service towards Engagement to <u>30 4-16</u> (date of discharge) <u>      </u> years <u>351</u> days									
" " " Pension " " " " " " " " " " " "									

# DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1898

Name Leo Cleary

Apparent age 22 years \_\_\_\_\_ months. Height 5 feet 0 1/2 inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches,  
Range of expansion \_\_\_\_\_ inches.

Distinctive marks Complexion Fresh, Hairs Black, Eyes Gray Brown.

Other distinguishing marks: Scar first finger left hand.

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Ellen Cleary, 15 New Cover St., St. John's  
| 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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

### Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

## STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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>May 15/15</u>									
Joined at <u>St. John's</u> on <u>May 15/15</u>									
Total Service forfeited as above ... ..									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ ( " ) _____ " "									

Journal of the Board of Directors

of the [illegible] Company

[Faint, illegible text, likely the beginning of a meeting record]

[Faint, illegible text, possibly a date or location]

[Faint, illegible text, likely the main body of the meeting minutes]

[Faint, illegible text, likely the closing of the meeting record]



## Medical Report on an Invalid.

### NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) 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

*Dec. 15. 16.*

- |                                  |                                                        |
|----------------------------------|--------------------------------------------------------|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday.                                  |
| 2. Regimental No. <i>1536</i>    | 6. Enlisted on <i>15 May 1915</i>                      |
| 3. Rank.                         | at <i>St John's, Nfld.</i>                             |
| 4. Name. <i>Cleary, Leo.</i>     | 7. Former trade or occupation <i>Railway, Brickman</i> |

### 8. Disability

*First complaint of pain in back March 1915 while at home sent to St. John's Hospital, St. John's; then two weeks improved and his discharge from hospital to depot. There one week then reported to doctor as pain in back returned. Transferred home*

### 9. History

*Emergency*

10. What is his present condition? *Spinal Disease (tub)*

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

11. Was sanatorium operation advised and refused? *—*

12. Do you recommend discharge as permanently unfit? *Yes*

Signature *J. P. ...*

Rank or Qualification *—*

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

LEON GAYLOR JR  
ON BEHALF OF THE BOARD OF MEDICAL OFFICERS  
DEPARTMENT OF MEDICAL BOARD  
**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 *may* be considered as aggravated by:—  
~~due to~~
- (a) Service during this war.
  - (b) ~~Climate.~~
  - (c) ~~Ordinary Military Service.~~

Remarks if any:—

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—  
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:—

*Total for six months*

15. The refusal of operation ~~sanatorium~~ is:—
- (a) Reasonable.
  - (b) Unreasonable.

Remarks if any:—

16. We recommend discharge from ~~retention in~~ the Army

Remarks if any:—

Signatures.

*H.S. Grant*

President

*L.P. Peters*

*Richard J. Dant*

Place

*St. Louis*

Date

*Dec 15<sup>th</sup> 1916*

APPROVED

Station

Date

Administrative Medical Officer.

## NEWFOUNDLAND.

REPORT OF MEDICAL BOARD  
ON SOLDIER OR NAVAL RESERVIST RETURNED  
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date JULY 5th., 1917.  
No. 1536 Age Height  
Rank PRIVATE Complexion  
Name CLEARY, LEO Eyes Hair  
Unit 1ST NFLD. REGT.  
Address 18 NEW GOWER STREET Former Trade RAILWAY  
BRAKESMAN  
Enlisted at ST. JOHN'S NFLD. on MAY 15th., 1915.  
Disease or disability SPINAL TROUBLE  
Present condition *somewhat improved*

Estimated disability *total for three months leave*

Recommendation of Medical Board

Class

Members of Board

*W. Paterson major*  
*Wm. J. Lat*  
*John W. Duncan*

Approving Medical Officer.

*Clay Macpherson, major*





18 New Lower St.

FOR MEDICAL BOARD.

Pte. Leo Cleary, home here some months and already the subject of some correspondence, claims through his mother that he is suffering from an injury in his back which will seriously incapacitate him and possibly require an operation. Is being treated by Dr. Scully. He is unable to work and it is suggested that we should furnish him with some financial help and also have him boarded, so that his actual condition may be determined and remedial measures taken.

Seey Pau<sup>3</sup> & D Bd

A Board is being held ~~there~~  
on Friday at 8 p.m. Please send  
his papers to me to-morrow

Clayton Macpherson  
Majors



over.

D. M. S. NEWFOUNDLAND.

D.M.S.

Dec. 14. 16.

Herewith.

a. 7. B. 178 FOR MEDICAL BOARD

a. 7. B. 121.

Report from Gen. Surgeon

M. Bowley  
O.C. Records

O.C. Records

Has this man been discharged?

If so can you let me have his discharge papers?

Cluny Macpherson  
Major

D. M. S. NEWFOUNDLAND.



No more papers

D.M.S.

Discharged April 30<sup>th</sup> 1916. Nothing except attached forms available. M. Bowley  
O.C. Records.

COPY.

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

# MEDICAL HISTORY

Surname Cleary. OF Christian Name Leo.

Table I.—GENERAL TABLE.

Birthplace:—Parish	St. John's.	County	N.F.L.D.	
Examined ...	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on 14th day of May. 1915		on day of 191	
Declared age ...	at St. John's.		at	
	21 years days		years days	
Trade or occupation ...	Railway Brakesman.			
Height...	5 feet	6 1/2 inches	feet	inches
Weight ...	150 lbs.		lbs.	
Chest (Girth when fully expanded)	37 inches		inches	
	Range of expansion ... 4 inches		inches	
Physical development ...				
Vaccination marks {	Right	Left	Right	Left
	Arm ...	1		
When vaccinated ...	1914			
Vision ...	R.E.—V.= 6/9		R.E.—V.=	
	L.E.—V.= 6/9		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)	(Sd.) Fred W. Burden.			
(Rank)	Lieut., Medical Officer.			
Enlisted ...	at St. John's.		at	
	on 15th day of May 1915		on day of 191	
Joined on enlistment ...	Corps	Regtl. No.	Corps	Regtl. No.
	1st N.F.L.D.	1536		
Transferred to ...				
Became non-effective by ...	on day of 191		on day of 191	
(Signature)				
(Rank)				

**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
May 20.	First Inoculation 500 Million
June 7.	Second " 1000 "
March 15th. 1916.	General Debility unlikely to be fit for Foreign Service. (Sd.) M.J. Murray Capt., R.A.M.C.

**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
St. John's, N.P.L.D.					

General Hospital,

St. John's,

October 26th, 1916.

7  
Hon. J. R. Bennett,  
Colonial Secretary.

Sir,

Your letter dated October 24th with enclosures to hand, with reference to Private Leo Cleary.

He was admitted to the Hospital on May 15th 1916, giving a history of muscular injury to the right hip. He was given medical and electrical treatment, and was discharged improved on May 25th,

He was again admitted on July 4th. On admission he said the hip was still giving him trouble, but nothing could be found causing the pain by either Dr. Keegan or Dr. Fraser. Shortly after being admitted the second time, he developed Diphtheria and was sent to the Fever Hospital. As he did not return here, we know nothing further about him.

The letter written re R.N.R. John Flynn was answered some time ago by Dr. Keegan.

I am, yours truly,

(Sgd) C.V.Smith.M.D.

C.R. 1536

**Extract from list of men discharged from the Royal Newfoundland  
Regiment on various dates;**

#1536 Pte. Leo. Cleary, discharged Apr. 30th 1916, Medically  
unfit.

RECORDED & INDEXED

C.R. 1536

The following Man Returning by Scandinavian Mar. 31, 1916

1536 Blsary.

C.R. 1536

Extract from Nominal Roll embarked St. John's for Overseas, per  
S.S. "Calgerian" June, 1916, "P"

1536 Pte. Cleary Leo.



C.R. 1536

Leo Cleary was attested for General service  
with the NEWFOUNDLAND REGIMENT on May.15th,1915....  
Regimental No 1536 was allotted to Pte. Leo Cleary

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

R. D. Clearing

C.R.

1836

P. R. O.

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

COPY SENT TO  
Adjutant's Dep. Quartermaster  
Letter Memorandum  
Dated MAR 31 1916

**MEDICAL HISTORY**



Surname O'Leary Christian Name John

Table 1.—GENERAL TABLE.

Birthplace:—Parish St. Johni County W. F. L. D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on <u>14<sup>th</sup></u>	day of <u>May</u>	on	day of
	at <u>St. Johni</u>		at	
Declared Age	<u>21</u> years	days	years	days
Trade or Occupation	<u>Railway Brakes man</u>			
Height	<u>5</u> feet	<u>6 1/2</u> inches	feet	inches
Weight		<u>150</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches			inches
	Range of expansion... <u>4</u> inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		<u>1</u>		
When Vaccinated	<u>1914</u>			
Vision	R. E.—V=	<u>6/9</u>	R. E.—V=	
	L. E.—V=	<u>6/6</u>	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)	<u>Geo. W. Byden</u>			
(Rank)	<u>Lieut</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johni</u>		at	
	on <u>15<sup>th</sup></u>	day of <u>May</u>	on	day of
		191 <u>5</u>		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st W. F. L. D.</u>	<u>1536</u>		
Transferred to				
Became non-effective by				
	on	day of	on	day of
(Signature)		191		191
(Rank)				

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
May 20	First Inoculation 500 million
Jan 27	second " 1000 "
15th March 16	General Debility unlikely to be fit for foreign service.
	Infirmity Capt R. W. E.

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
St. Johns N. F. Co					

PAY LIST.

to 30th March

1916. Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **2/1st Newfoundland..**

No. **1586** Rank **Private..** Name **L. Cleary**

Died (a) at on the of 191

Deserted at **Embarked s.s. Scandinavian** on the **4th** of **April** **1916**

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,  
Battery or Company.

**STATEMENT OF ACCOUNT.**

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay			
	191				days at from to			
	"				Messing allowance days at			
	"				from to			
	"				Clothing and kit allowance .....			
	Consolidated stoppage .....				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
	Balance due by the Paymaster				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	£				Deferred Pay or Gratuity.....			
					Balance due to the Paymaster.....			
					£			

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the Public and Contingent

Dated at this

day of 31 AUG 1916 1916

PAYMASTER'S OFFICE Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

73

129

PAY LIST.

to



191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2/1 Newfoundland Regt*  
 No. *1536* Rank *Private* Name *Dean, L*  
 Died<sup>(a)</sup> at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .

I Certify to the correctness of above in every particular.

*Chas. Cope Capt.*

{ Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....		10	0	Balance Cr. last month .....			
	Cash issues (Date of each issue to be stated)				Pay 13 days at <i>100</i> from <i>28/3</i> to <i>30/3</i>	2	13	5
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>March 191</i>				days at _____ from _____ to _____			
	<i>March 25/16</i>	10	0	0	<i>Field Messing allowance 13 days at 10</i>			
	<i>March 31/16</i>		6	9	from <i>18/3</i> to <i>30/3</i> .....			54
			1	6	9	Clothing and kit allowance .....		
	<i>allowment - 13 days</i>				Amount produced by the sale of Necessaries			
	Consolidated stoppage <i>1.1.100</i>	1	12	9	Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity .....			
	Balance due by the Paymaster				Balance due to the Paymaster .....			
		£	218	9		£	218	9

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>.

Dated at this \_\_\_\_\_ day of \_\_\_\_\_ 191 .



191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Leo Cleary, Regl. No 1536  
 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. :

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7	Mother	Ellen Cleary	13 New Government St Johns	60
6				
6				
		Comencing June 12 <sup>th</sup>		
			Total Allotment, \$	60

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.) .....

Officer Commanding  
Company

(Sig.) Leo Cleary

(Rank) Pte

June 9  
St Johns 1916

Chary, L.

1536

Pay sept



## Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>1536</u>	Army Rank <u>Private</u>
Name <u>Leo Cleary</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>First Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>30th April 1916</u>	
Place of discharge <u>St. John's, Nfld</u>	
1. <u>Description at the time of discharge.</u>	
Age _____ years _____ months Height _____ feet _____ inches Chest measure { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence { _____ (To be given as fully as practicable.)	Descriptive marks.          
2. The above-named man is discharged in consequence of <u>unlikely to be fit for foreign service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— _____ _____	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2068 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *21 Newfoundland Regt*  
 No. *1536* Rank *Private* Name *Deary L*  
 Died<sup>(a)</sup> at \_\_\_\_\_ on the \_\_\_\_\_ of 191 .  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of 191 .

I Certify to the correctness of above in every particular.

*Chas. Aye Capt.* { Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....		10	0	Balance Cr. last month .....			
	Cash issues (Date of each issue to be stated)				Pay 13 days at <i>100</i> from <i>18/3</i> to <i>30/3</i>	2	13	5
	£ s. d.				Proficiency, Service or good conduct pay			
	191 <i>March 25/16</i>	10	0	0	days at _____ from _____ to _____			
	<i>April 3/16</i>		6	9	Messing allowance 13 days at <i>104</i>			
					from <i>28/3</i> to <i>30/3</i> .....			5 4
		1	6	9	Clothing and kit allowance .....			
	<i>allowment 13 days</i>				Amount produced by the sale of Necessaries			
	Consolidated stoppage .....	1	12	0	Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including			
					interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity .....			
	Balance due by the Paymaster				Balance due to the Paymaster .....			
		£	2	18 9		£	2	18 9

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>.

Dated at \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 191 . Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

Leo Casey

Board Sep 15<sup>th</sup>

Gives 40% three months

we take this to replace  
board of July - & allow

40% from July 11. Consequently  
payments cease Oct 11. But  
he is not due for re-board  
until Dec. 15<sup>th</sup>.

**PAY LIST.**

to 30th March 1916. Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 2/1st Newfoundland  
 No. 1536 Rank Private Name L. Cleary  
 Died (a) at on the of 191 .  
 Embarked s.s. Scandinavian on the 4th of April 1916  
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	191				Proficiency, Service or good conduct pay			
	"				days at from to			
	"				Messing allowance days at			
	"				from to			
	Consolidated stoppage .....				Clothing and kit allowance .....			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£				£		

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ is correctly charged to the Public AND CONTINGENT

Dated at this day of 1916



J.H. Marshall 2nd Lt  
 PAYMASTER & OFF. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... *Leo* ..... 2. Surname... *Cleary* .....

3. Rank... *Pte.* ..... 4. Regt. No. *1236* .....

5. Address in full to which future payments of gratuity are to ~~far~~ be forwarded... *13 New Gower St. St. Johns.* .....

6. Date of enlistment in the Regiment... *May 15<sup>th</sup> 1915* .....

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

... *Mrs. C. Cleary* .....

8. Relationship of such dependents..... *Mother* .....

9. Address in full of such dependent... *13 New Gower St. St. Johns.* .....

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 Nfld. If so, give dates, and particulars of such service... *Spent 1 month in Nfld. 10 Months*

*in Scotland. Left Nfld. 20<sup>th</sup> June 1916 for Scotland*  
*Left Scotland 29<sup>th</sup> March 1916 for Nfld.* .....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *12 Months* .....

*Discharge  
Apr 80  
1916*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *No.*

*joined firstly on said date.*

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. *Post discharge pay received by me. \$ 54.50. and my mother none.*

*paid to me by J. M. Howley, Paymaster.*

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

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *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? *Not applicable*

19. Are you now serving in the Regt.? *No.* If not give: - (a) Date of discharge *Apr 30. 1916.* (b) Reason for discharge. *Disability*

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.

Signature of Applicant: *Leo. Cleary.*  
 Place of Residence: *12 New Gower St. St Johns.*  
 Declared before me at: *St Johns*  
 This *21<sup>st</sup>* day of *May* 19*19*

Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

*W. E. Snowden*  
*Barrister*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>Nil</i>	.....
Certified Correct.			Paymaster.	







