



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 35-13 Name John Conway Corps RC

Questions to be put to the Recruit before Enlistment.

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

I, John Conway 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.

John Conway SIGNATURE OF RECRUIT.

E5-3-17 Arthur Burgess Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Conway 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 5th day of March 1917

Mark Ayelet 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.....191.....
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.

Name John Conway
 Apparent age 29 years 4 months. Height 6 feet 1 1/2 inches
 Chest Measurement { Girth when fully expanded 40 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs James (Bridget) Conway
St Brutes RB | 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 at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pensions " _____ [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 35-13 Name John Conway Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>John Conway</u> |
| 2. What is your full Address? | 2. <u>St Brides St. B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>29</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, John Conway 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.

John Conway SIGNATURE OF RECRUIT.

E5-3-17 Ashburn Burgess Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Conway 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.

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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 5th day of March 1915

Signature of Attesting Officer Chas. Aye Cpt.

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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..... } 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).....

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Name John Conway
 Apparent age 29 years 4 months. Height 6 feet 1 1/2 inches
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INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs James (Bridget) Conway
St Brides RB | 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 <u>5-3-17</u>									
Joined at <u>St Brides</u> on <u>March 5th 17</u>									
<u>Discharged</u> <u>St Brides</u> <u>4/1/19</u>									
<u>Embarked St Brides train to Halifax N.S.</u> <u>4/17</u> <u>Embarked</u>									
<u>for B.C.S. 22-9-17. Joined unit on the field 12-10-17</u> <u>November 11-3-1918</u>									
<u>Admitted 87th St Brides 12th 18. Transfer to Canada 17-3-1918</u> <u>Station 3 L.S. 14th March 17th</u>									
<u>Transfer to St Brides to November 28-11-18</u> <u>I have furnished for demobilization 12-12-18</u>									
<u>Admitted Newfoundland 21-12-18</u>									
<u>Demobilized</u> <u>St Brides</u> <u>4/19/19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-2-1919 (date of discharge) 1 years 337 days
 " " " Pensions " [" "] " " "

C.R. 3513

Extract of Daily Orders Part II Royal Newfoundland Regiment,
G.H.Q. 3rd Echelon, da ed 23-3-18.

3513 Pte. J. Conway.

Invalided to England 17-3-18. Wound

3513

C.R.

Extract from Daily Order Part 11 Unit The Royal Hfld.
Regt. Station G.H.Q. 3rd Echelon 23-3-18.

3513 Pte. J. Conway

Invalided to Eng. 17 -3-18. Wound

C.R. 3513

Extract from Daily Orders part 11, Depot St. John's dated Feb. 5/1919.

The discharge of the undernoted on demobilization have been
CONFIRMED BY Officer i/c Records. 4-2-19.

3513 Pte. John Conway

C.R. 3513

Extract from Daily Orders part 11, Depot St. John's dated Jan. 24th. 1919.

The discharge of the units noted on demobilization have been APPROVED
by C. C. Discharge depot from noted date. 21-1-19.

#3513 Pte. J. Conway.

C.R. 3513

Extract from Medical Board held Jan. 14th, 1919.

3513 Pte. Conway, J.

Recommended ~~Discharge~~ Discharge as permanently Unfit.

C.R. 3573

Abstract from Daily Order: part 11, Depot St. John's dated Dec. 23rd. 18.

The undersigned returned from Overseas: and reported at depot 21-12-18.

3513 Pte. J. Conway.

C.R. 3513

Extract from Nominal Roll of repatriation draft from the
2nd., Battalion of the Royal Newfoundland Regiment per
S. S. CORSIKAN, which embarked at Tilbury Docks
1 /12/18.

#3513 Pte. J. Conway.

C.R. 3513

Extract of Daily Orders by Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies.

23-11-18

The following man who was attached temporarily to the
2nd Battn. Royal Nfld. Regt. is struck off the strength
from this date.

3513 Pte. J. Conway.

C.R. 3513

Extract from Order by Lt. Col. H.J. Barton, D.S.O.,
Commanding and Br., Royal Newfoundland Regiment,
dated 10/10/18.

The undermentioned will hold himself in readiness
to join the Newfoundland Forestry Corps on one
month's probation as from 11/16/18. Major J.W.
March, M.C., will conduct this party.

"B" Company.

3513 Pte. J. Conway.

C.R. 3573

Extract from Orders By Lt. Col. Baryon, Commanding the 2Bn.

Royal Field. Regt. 8-8-18.

The Following man having reported back from 1st Bn. as
posted to "H" Co. , from 8-8 18.

3513 Pte. Conway.

C.R. 3573

Extract from Casualties received from P. & R. Office London
dated 31-7-18

3513 Pte. Conway J.

The a/m ^{was} ~~were~~ discharged from the 3rd London General Hospital
on 30-7-18 and granted furlough to 8/8/18

Fit for duty. I

C.R. 3513
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **March. 20th, 1918.**

To Mrs. Bridget Conway, St. Brides, P.B.

Regret to inform you that Record Office, London,
officially reports **No. 3513, Private John Conway**
at Wandsworth suffering from G.S.W. left foot

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. B. Bennett

Acting Minister of Militia.

FOR TYPEWRITER

C.R. 3513

Extract from Casualties received from Bay Hospital of the
London, dated March 19th, 1918.

#3513 Pte. J. Conway.

Gunshot wound Left Foot.

Admitted 3rd Gen. Hosp. Wandsworth 17-3-18

C.R. 8573

Extract of Casualty List received from Pay and Record Office London
Date 21st. 1918.

3513 Pte. J. Conway,

Royal Nfld. Regt. GSW. L. Foot severe,.....Adm. 14th. Gen. H. Wims
-eux 15th. March 1918.

C.R. 3513

Extract from Nominal Roll of Draft No. 50, 60 Other Ranks
from 2/1st Battalion Newfoundland Regiment Barry N. B.
to 1/1st Newfoundland Regt. B. E. F.,
Embarked Southampton 22nd September 1917.

#3513 Pte. J. Conway.

C.R. 3513

Extract from Nominal Roll, embarked St. John's ~~port~~ 7/4/17 for Overseas

#3513 Pte. J. Conway

3513

C.R.

Extract from Daily Orders Part LI Unit The Royal Wfld.
Regt. St. John's, Mar. 5th, 1917.

3513 Pte. J. Conway.

Attached to the Strength from 5-3-17.

J. Conway

C.R. 3513

~~1890~~

Medical Report on an Invalid.

Station Hazeley Down Camp

Date 28.11.18

- | | |
|--|--|
| 1. Unit <u>Royal Newfoundland Regt</u> | 7. Former Trade }
or Occupation } |
| 2. Regimental No. <u>3513</u> | |
| 3. Rank <u>Plt.</u> | 7A. If with previous service in Army, state— |
| 4. Name <u>Conway</u> | (a) Former Unit; |
| 5. Age last birthday | (b) Regimental No.; |
| 6. Enlisted { on | (c) Date of Discharge; |
| at | (d) Cause of Discharge. |

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G. S. W. left foot.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability. Belgium
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Reported at Depot from Hock as
A category: shortly afterwards had
extensive inflammation around ankle - joint.
decatagorized 3rd 14. 3. 18
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). Wounded on active service
- (b) constitutional or hereditary, and not aggravated by service during the present war. na.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. na.

HAZELEY DOWN

13. What is his present condition?

*Inflammation, stiff great toe
walk on outer side of foot giving
rise to pes Cavus*

*Weight should be given in all cases when
it is likely to afford evidence of the
progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Reputation (1)

MC

Capt H. O. ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No 3513, Rank Pte. Name Loweay Unit ROYAL NEWFOUNDLAND REGT. who was repatriated
to Newfoundland on 11/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT

PERIOD:	PARTICULARS					PARTICULARS					CR.
	£	s	d	£	s	d	£	s	d		
From 23-11-18 To 20-12-18	Balance Dr. from <i>Previous Pay Bk.</i>					Balance Cr. from					
	Allotment 19 days @ 100					Pay 19 days @ \$ 100					119 00
	Cash Payments:					Field Allowance 19 days @ \$ 100					11 90
	1 st pay.					Other Allowances days @ \$					120 90 14 5 11
	2 nd "					Other Credits:					
	N.F.P. 54.					Copy sent to of tn 21303/210 RA 24/12-18					
	Other Debits:										
	B. Damage					Total Credits					14 5 11
	Misc Stopp.					Balance due to Paymaster					1 14 3
	Total Debits					Total Credits					
Balance due by Paymaster					Balance due to Paymaster					15 0 2	
										15 0 2	

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

HAZELEY DOWN CAMP
(Place)

191

(DATE)

Made up/checked in accordance with information received in the Pay & Record Office O.C. "F" Company.
and is therefore subject to amendment if and as may be found necessary. to 1/1

Pay & Record Office, London,

191

Chief Paymaster & Officer i/c Records.

23.7.18

To. Regtl. Paymaster.

58. Victoria St.

Please deliver me the
sum of "one pound ten shillings"
(£ 10.00)

I Oblige
No. 3513 Regtl. Paymaster
J. E. Conway

Grace Newbery
Nation

FILE BRANCH INITIALS
24/7/18

To Paymaster

1st Lt. Newfoundland R.

58 Victoria St

Please remit to Pte Conway.
No. 3513 the sum of £1
(one pound) on account of
any balance that may be
due to me

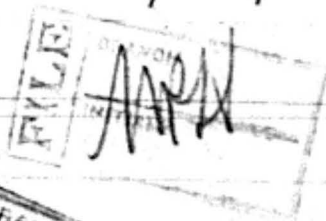
11-5-18

approved
J. C. [unclear]
Capt. [unclear]

No 3573 Pte Conway

O.K. £10.0 M.C.

~~11/8 Receipt no 7098~~



To Paymaster
1st Lt. Newfoundland Regt
58 Victoria St

Please remit to Pte Conway,
No 3513 the sum of \$1 (one pound)
on account of any balance
that may be due to me

6-5-18

OK ~~for~~
£1⁰⁰/₀
4⁵/₁₈

Rept No
6945

Approved
Capt. J. H. [unclear]

3RD LONDON GENERAL HOSPITAL
No. 4 - MAY 1918
KINGSWORTH S.W. 13.

FILE
DRAWN
INITIAL

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
6 MAY 1918
PAY & RECORD OFFICE

C. K. R. No 6559.

£ 1

To Paymaster



H. Newfoundland and West

Victoria St

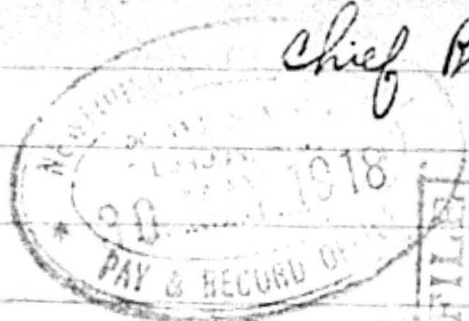
Pay to the order of P.O. Conway
No 3513. the sum of £1 (one pound)
on account of my balance
that may be due to me



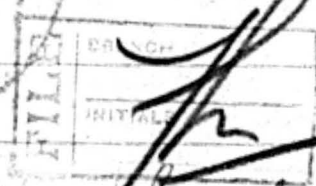
Approved
S. C. Hall
Capt. West

C. R.
13/4/18

BRANCH
INITIALS
[Signature]



Chief Pay Master & officer i/c Records
Ulughoundland Contingent
58 Victoria Street



Please remit to me the sum of £2.10^s. two pound
ten shillings on any account of my balance
which is due to me

3513 Pte John Conway
Barham Military
Hospital

J.H. 2-10-0 M.P.

approved 19⁵/₈ Decpt No 2446
Grace Newbery
Nation -


Chief Paymaster + officer i/c Record
Wfld Regt



58 Victoria St
London SW

Please remit to me the sum of £1
(one pound) on any account of
my balance which may be
due to me 3513 Pte of Conway
Barham Military Royal Wfld Regt
Hospital

20/6/18

Approved 

O.K. £1.00
20-6-18
Receipt No 7589

Grace

Newberry
Nation

No. 3513 Rank Plt Name Conway J

Pay	W.A.	Wks	Payroll
100	10		110
Less	Assignment		60
	Net Rate		50

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate: \$			£ s d			
						From	To								
Balance					Balance		21 12/17					5	9	11	✓
Acquittance Rolls		4	19	00	Pay @ Net Rate	22 12/17	30 7/18	221	50	110	50	22	14	20	✓
Hospital Advances		3	9	00	R. A.	30 7/18	8 8/18	10	2/1			1	0	10	
A.B. 64.															
P.&R.C. Payments		8	0	00											
A.B. 64 20 Grains				14 80											

29.4.11 ✓

~~16.15.8~~
17.2.8
C.A.
30/9/18

Pur. No 8359 Cash. 12 0 0

12.2.3
~~12.9.3~~

No. 3513

Name *Conway John*

Sq., Bty., or Company

C

Corps *2nd Newfoundland Regt*

Date of enlistment

5-3-17

G.C. Badges

Service or Proficiency Pay

Good.

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No. *1*

Signature O.C. Company, etc.

Robertson Capt

Character

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

Robertson

Army Form B. 199

3/18

Conway J.

3513

Ray Depts

July 18, 1919

#3512 Pte. Jesse Norman,
Port Union,
Catalina.

Dear Sir:

Referring to your application I enclose
cheque for seventy dollars (\$70.00), being amount of first
payment due you on account of the War Service Gratitude.

Yours truly

Ray aster & U.i/c rec rds
Captain.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Jesse* 2. Surname..... *Norman*
3. Rank..... *Pte* 4. Regt. No..... *3512*
5. Address in full to which future payments of gratuity are to be forwarded..... *Catalina, Port Union*
6. Date of enlistment in the Regiment..... *March 5/17*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
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 field, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in field or overseas..... *Two years*
- four months* 13.

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?

no

16. Have you, during the present war, served in the Imperial Forces?

no

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

no

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

no

19. Are you now serving in the Regt.? If not give - (a) date of discharge

no
July 3 / 19

(b) Reason for discharge
Demobilization

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

France + Belgium

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Jane Norman

Signature of Applicant:

Place of Residence:

Cubaera, Post known

Declared before me at:

St John used

This

7th

day of

June 1915...

John McLaughlin

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

POST DISCHARGE PAY.

Date paid

Paid
Soldier.

Paid
Dependent

War Service
Gratuity.

Net amount
due

Date paid	Paid Soldier.	Paid Dependent	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

Paymaster

BB/ME

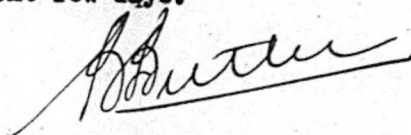
October 14. 1919.

To:- Captain Howley,
O. I. C. Pay and Records.

From:- Vocational Officer.

John. J. Conway -- St. Bride's

The man named in the margin has written us and we are passing on his letter to your Department for attention. We have written to the man telling him that you will reply to him direct within the course of the next few days.



Major,
For V. O.
Per. . .

St Bids

Oct 10/19

Vocational Officer
St John's

Dear Sir

my mother prewell
her papers for registration
allowance till then is correct
& send them back she received
for them to be signed by
Magistrate & Parish Priest.
There were also signed to
sent back to paymaster
but she never received no
reply to them I wrote to
him since to know if he
received them & I got no answer

I don't know the reason
why he failed to do so
I would like if you would
hunt him up for me
and let me know if she
getting it or not
I oblige
L.H. Brewster
John Conway

February 4 h., 1919

#3523 Pte. J. Conway,
#212 Gower St.,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 819."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 35.13 Rank Private Name Conway J
 Intended place of residence St. Brades (City address) St. John's (City)
 2. Occupation Fisherman
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION

ELIGIBLE for POST DISCHARGE PAY

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place St. John's Wiley Capt
 Commanding Discharge Depot

Date JAN 21 1919 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. *Subject to my Uncle's keeping of being adjusted*

Place and date ST. JOHN'S J. Conway
 Signature of soldier

21. 1. 19 C. B. Dicko Capt.
 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. JOHN'S J. Conway
 Signature of soldier

Jan 21st 1919 J. Harewood Lt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 5. 3. 19 No of days on Military
 Discharged from service 21-1-19 14 days Service 702 1402 days

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 Wiley Capt
 Officer Commanding Discharge Depot

Date JAN 21 1919 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St. John's. Nfld A. Howley Capt
 Officer in Charge

Date February 4/1919 The Royal Newfoundland Regiment

2239079/819

27
30
31
30
31
31
30
31
31
4
35

2495

DUPLICATE MAIL COPY

NEWFOUNDLAND CONTINGENT

N.F.P./54.

No. 71

To: The Hon. the Minister of Militia - MAI...
St. John's, Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on Account
Paymaster's Advances.



NOTE:- Charge under
Credit Debit Pay and Record Office London.

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT				
				£	s	d		
3513	Pte.	Conway	N.F.P/54 No 537 14/8d charged in "F" Co'y Pay Books twice in error.			14	8	
						14	8	

CHECKED
B.P.
19/2/19

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

19th February

for *F.H. Marshall*
Chief Paymaster & O.C. Records.

CERTIFIED that the above Stoppages/Credits have been made
in the Pay Book " " Co'y for Period / / to / /

Dated at _____

_____ 191

O.C. " " Company,
_____ Battalion.

ORIGINAL

2495

NEWFOUNDLAND CONTINGENT

N.F.P./84.

No. 71

To: The Hon. the Minister of Militia,
St. John's . Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on Account of
Paymaster's Advances.

NOTE:- Charge under Credit Debit Pay and Record Office London.

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT				
				£	s	d		
3513	Pte.	Conway	N.F.P/54 No 537 14/8d charged in "F" Cdy Pay Books twice in error.				14	8
			<i>OK</i> <i>WR</i>				14	8

CHECKED.
B.P.
19/2/19

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.
19th February 1919

F.H. Marshall
Chief Paymaster & O. i/c Records.

CERTIFIED that the above Stoppages/Credits have been made
in the Pay Book " " Coy for Period / / to / /
Dated at _____

191

O.C. " " Company,
Battalion.
Bat.

DUPLICATE ORIGINAL

2495

NEWFOUNDLAND CONTINGENT

N.F.P./54.

No. 71

To: The Hon. the Minister of Militia,

" " Company.

St. John's . Newfoundland.

MEMORANDUM OF STOPPAGES/CREDITS on Account of
Paymaster's Advances.

NOTE:- Charge under Column.
Credit Debit Pay and Record Office London.

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT				
				£	s	d		
3513	Pte.	Conway	N.F.P/54 No 537 14/8d charged in "F" Cdy Pay Books twice in error.			14		8
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> CHECKED. <i>S.P.</i> 19/2/19 </div>								14 8

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

19th February

1919

F. H. Marshall Call
Chief Paymaster & O. i/c Records.

CERTIFIED that the above Stoppages/Credits have been made
in the Pay Book " " Co'y for Period / / to / /

Dated at _____

191

O.C. " " Company,
Battalion.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3515 Rank Private Name Conway
 Date of Enlistment 5.5.17 Address St. Bridget's District Placentia
 Occupation Fisherman Classification for Discharge 3 Medical Category E
 Recommendation S.M.B. permanently unfit Disability Rating 20%
 Passed to Demobilization Officer with following documents:—

N.F. P 36 <u>1</u>	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	<u>5</u>
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 20-1-19 O. C. Discharge Depot W. H. C. Capt.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 20-1-19 W. H. C. Capt.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied Joseph A. Conway

Date 21-1-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home
 at *St. Andrews* and Release Certificate No. *903* issued.

Date *21-1-19*
CPDicks 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 *4-2-19*

Date *21-1-19*
W. H. W. Capt -
 Depot Paymaster.

Discharge approved for *21-1-18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36 <i>94</i>	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date *27-1-19*
CPDicks Capt
 Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 21 1919

Date
R. H. Sait Capt.
 O. C. Discharge Depot.

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

Date

Mr W. Donald Colman St.

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

MEDICAL HISTORY

Surname Conway OF Christian Name John



Table I.—GENERAL TABLE.

Birthplace:—Parish Parsons Cove County St. John's

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>5th</u> day of <u>March</u> 1917		on _____ day of _____ 191	
	at <u>St John's</u>		at _____	
Declared Age	<u>29</u> years <u>4</u> days		_____ years _____ days	
Trade or Occupation	<u>Fighterman</u>		_____	
Height	<u>6</u> feet <u>1 1/2</u> inches		_____ feet _____ inches	
Weight	<u>156</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>40</u> inches		_____ inches	
	Range of Expansion .. <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	_____		_____	
	Number ... <u>2 Scars</u>		_____	
When Vaccinated	<u>1912</u>		_____	
Vision	R.E.—V= <u>6/6</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>W. Linden</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at _____	
	on <u>5th</u> day of <u>March</u> 1917		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/1st Nfld</u>	<u>3513</u>	_____	_____
Transferred to	<u>Regt</u>		_____	
	<u>Royal Newfoundland</u>		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Station Hospital	17	4	17	24	4	17	Vaccination	7	Revised	<i>H. Schaffner</i> <i>in file</i>
8 th LONDON GENERAL HOSPITAL WANDSWORTH.	17	3	18	30	7	18	G.S.W. left foot, fracture of 1 st metatarsal bone.	135	Wound in France 11/3/18.	<i>W. R. R. R.</i> <i>Cap. R. R. R.</i>

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 take a course in motor
engine repairs.

J Conway

Signature of Man.

B Brutter

Reg. No.

3513

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

Jan 20

1919

Medical Report on an Invalid.

Station _____

Date _____

- | | |
|---|--|
| <p>1. Unit</p> <p>2. Regimental No. 3513</p> <p>3. Rank Pte</p> <p>4. Name CONWAY.</p> <p>5. Age last birthday</p> <p>6. Enlisted } on _____
at _____</p> | <p>7. Former Trade }
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|--|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G. S. W. ht. foot.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability. *Belgium*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Reported as DETA from H.A. on
A Category; shortly afterwards had extensive
inflammation around ankle joint—
Re-categorised G 14.9.16. HAZELEY DOWN CAMP.*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- Wounded on Active Service*
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Inflammation. Stiff great
toe. walks on ~~under~~^{outer}
side foot, giving rise
Pes Cavus.

13. What is his present condition?

Weight should be given in all cases when
it is likely to afford evidence of the
progress of the disability.

14. If the disability is an injury, was it
caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the
injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so,
what?

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

18. *In case of loss or decay of teeth.* Is the
loss of teeth the result of wounds,
injury or disease, directly* attributable
to active service?

19. Give particulars of any other disabilities
existing, but not in themselves sufficient
to cause invaliding, and state whether
they are attributable to or have been
aggravated by service during the present
war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation. (1)

W.M.S. / C.H.H. ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

*Painful under ball of big toe
Prevents him walking comfortably*

21. (a.) State whether the disability is clearly attributable to—
- (i.) Service during the present war;
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Yes

G. S. W.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

20% - 24 months

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station St. Johns

Date Jan 14/19

Approved

Station _____

Date _____



[Signature] President.

[Signature]
[Signature] Members.

[Signature]
Administrative Medical Officer. Major



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 *John Conway*
 Regiment from which discharged. *1st. Newfoundland*
 Regimental number *3513*
 Intended address *St Brides*
 Height on discharge *6* Feet *1*ⁱⁿ
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eye *Blue*
 Descriptive Marks *Scar left arm*
 Figure on discharge *Medium*
 Christian name of Father _____
 Christian name of Mother *Bridget*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth. *St Brides Nov 2nd 1888*
 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)

John Conway
 Station *St Johns* Date *Jan 13th 1919* (Rank) *Pte*

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

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

Station _____

Date _____

6547

St. Brides
Sep 18/19

J. M. Howley
Captain & paymaster
St. Johns

Dear Sir,

I got all my papers
signed for my separation Albr
ance & sent them on to you
& got them signed by Ship's Magr
trate & Parish Priest - but
have received no answer from
as yet. I would like to
know why you have failed
to answer but as I am entitled
to. Kindly let me know
by return mail if you received
the papers & oblige
your most respectfully
Barret Conway

3573. Ple Coaway.

Inflam. around ankle.

Supp St. Joe. Warts on

ext. side of foot.

Removed St (one). 14/9/18.

Wm
Carrere.

admitted 17 3 18

Only for use with Men returned from an Expeditionary Force
or from Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. _____ Date 30 July 1918

* (1) To the Officer i/c Records } 58 Victoria St
 * (2) The Officer Commanding } R. Hqd. Winchester
 * (3) The Paymaster } 58 Victoria St Station.

* Strike out that which is inapplicable.

Regimental No. 3513.

Rank and Name Plt Comdr J.

Regiment or Corps R. Hqd. Regt.

has been granted } 30 July to 8 Augt.
a furlough from }

His address while on leave will be } 58 Victoria St
 } S.W.

I consider he is fit for

* I. DUTY.

* ~~II. COMMAND DEPOT~~

* ~~III. EMPLOYMENT.~~

* Strike out that which is inapplicable.

Officer in charge _____ Hospital.

*g ch all
Capt and*

Registrar, R.A.M.C.F.

Four copies to be made, and one copy sent to each Officer mentioned above and the copy filed in the office. 3rd London General Hospital,

In the case of men of the Royal Flying Corps, Royal Engineers, or the Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... *J. M.* 2. Surname... *Conroy*

3. Rank... *Private* 4. Regtl. No... *3513*

5. Address in full to which future payments of gratuity are to be forwarded... *St. Brades*

6. Date of enlistment in the Regiment... *March 2, 1917*

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

Mother Bridget Conroy

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

9. Address in full of such dependent... *St. Brades*

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

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

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *About 12.75*

1. 1/2

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?

no

16. Have you, during the present war, served in the Imperial Forces...

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.

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?

19. Are you now serving in the Res? *no*... If not give - (a) Date of discharge. *Jan'y 12, 1919.* (b) Reason for discharge.

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.

Cambrai! Passchendaele

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant:

John Conway

Place of Residence:

St. Paul, Minn.

Declared before me at:

This

9th

day of

April

1919.....

W. C. M.

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

POST DISCHARGE PAY.

Date paid Paid Paid
Soldier. Dependent.

War Service
Gratuity

Net amount
due

4 mos

280.00

Certified correct.

Registrar

LAST PAY CERTIFICATE

ORIGINAL.

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

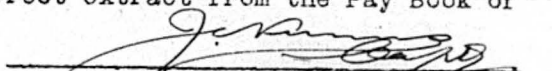
Regtl No. 3513, Rank Pte. Name Conway Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18. Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d		PARTICULARS	\$	¢	£	s	d
PERIOD: From 25-11-18 To 26-12-18 CHECKED: <u>E.P.</u> 12/18	Balance Dr. from Previous Pay Bk			1	16	8		Balance Cr. from					
	Allotment 19 days @ 600	111	40	2	6	11		Pay 19 days @ \$100	119	00			
	Cash Payments:							Field Allow 19 days @ \$10/100	11	90			
	1st Pay.				10	0		Other Allowces days @ \$	120	90	1	4	5 11
	2nd "				10	0		Other Credits:					
	N.F.P. 54.				14	8							
	Other Debits:												
	B. Damages.					6							
	Miss. Stopp.				1	5							
		Total Debits			15	0	2		Total Credits			14	5
	Balance due by Paymaster							Balance due to Paymaster			1	14	3
				15	0	2					15	0	2

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

HAZELEY DOWN CAMP. DEC 11 1918 191
(Place) (Date)


 O.C. "F." Company.
London to 19/12/18

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
Dec. 19th. 1918

Chief Paymaster & Officer i/c Records.

N^o 3391



H 1st. NEWFOUNDLAND REGIMENT *4*

ALLOTMENTS

I, *John Conway*, Regl. No. *3373* 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 ^{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 *April 1st*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3527</i>	<i>Mother</i>	<i>Mrs James (Bridget) Conway</i>	<i>St Brides RB</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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.) *Mark R. Ayer* Lt. Col.
 Officer Commanding
St Johns
 Company
6-3-17 191

(Sig.) *John Conway*
 (Rank) *Private*

The Presbytery

ST. BRIDE'S. P.B.

.....August 18th.....1919.....191

This is to Certify that, Alexander Conway, son of Bridget and the late James Conway, was married to Mary Ann White, October 12th. 1917, according to the Rite of the Catholic Church.

Francis J. Ryan
Parish Priest

Mar. Reg. Page 25.

St. Bride's, P. B.

August 18th. 1919.

Captain Jas. M. Howley,
Department of Militia,
St. John's.

Dear Sir,

In reply to your letter of July
18th. I beg to say that my son AMBROSE CONWAY served in the Canadian
Regiment. four years.

The Rosell mentioned in my ap-
plication is a daughter. She is married.

I have pleasure in enclosing a
copy of the extract from the marriage register, giving the date of
ALEXANDER CONWAY'S marriage.

Trusting this is the information sought,

Yours respectfully.

(Mrs.) *Budget Conway*

SEPARATION ALLOWANCE.

Claimant... *Conway Bridget (mother widow)*
On account of *John S. Conway* No. *3513* Rank *Pte*

Decision... *Approved*

Date... *Sep. 12/1919.*
A. E. Neumann M. J. M.
W. F. Rendell Lieut. Col.
M. Dowley Maj.

Instructions.....

Allotment of *60[¢]* per day payable to *Mrs James Conway*
his *Mother* from *April 1st 1917* to *Feb 4th 1919*.
Discontinued on account of *being discharged*

Re C. B. Hefferton.

3291

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
John Thomas Conway *Pvt* *3513*
2. Age of soldier. *31 years* Married or Single. *Single*
3. Name in full of mother. Age. *64* Occupation. Permanent Address.
Bridget Conway *A Bride*
4. Give name of your husband. Age. *76* Occupation *fisherman* Where Employed. *at St Bricks*
5. If your husband is not supporting you state the reason. *Dead about 6 yrs*
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
7. If you are a widow, state date and place of death of your husband. *Died at St Bricks*
Jan 13/1913
8. Have you married again since death of above mentioned husband?
No
9. Names of your other children. Address in full. Age. Occupation Married or Single
Emerson Joseph single age 36
Devereux married Rosell married
Alexander married St Bricks
Joseph

10. State amount earned by (a) Yourself *Nil*
(b) Your husband *Nil*

11. State amount and source of any other income. *with interest*
Trustee 2.000

12. State value of real property belonging to you and your husband.
7 acres *\$50*

13. State value of personal property belonging to you and your husband. *Nil*

14. If husband is dead state value of real and personal property left by him. *about \$50*

15. Actual amount contributed by soldier during the year prior to enlistment. *about Twenty Dollars*

16. Was this amount contributed weekly or monthly. *yearly*

17. Did this amount include payment of son's board, etc. *no*

18. State your son's trade or occupation prior to enlistment. *fisherman*

19. State amount of his wages per week. *it would be yearly* *wages*

20. State name and address of his last employer. *St Brigid*
Mr William Conway

21. State amount of monthly support from son since enlistment. *J.P.* *18 mos.*

22. State amount of allotment received by you from son since enlistment. *\$2.10*

23. State from what date did you receive allotment? *may 1 1917*

24. Actual amount contributed by other children. *Nil* Weekly Monthly.

25. Are any of these children in the employ of you or your husband? *Nil*

*My next nearest only
My Boy I am living with
31-*

26. If not receiving support from other children, state cause. Explain fully.
my eldest de is away all the time

27. With whom are you residing at present?
with my son John Conway

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.
I did not know anything about it

29. Are you already in receipt of Separation Allowance from any source? If so, how much?
No

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.
No

31. Was the soldier at the time of his enlistment an employee of the H.M. Government.
No

32. In what capacity and in what place?
Inheritor at Bridel

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.
No

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

Signature of Applicant.....*H. Bridel Conway*

Place of Residence.....*St. Bridel St.*

Declared and subscribed before me at.....
this.....day of.....191

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.)

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

Signature of Clergyman.....

Signature of member of the Patriotic Fund Committee.

*Printed Name
H. Bridel Conway*

July 18, 1919

Mrs. Bridget Conway,

St. Brides.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly inform me if your son Ambrose offered for enlistment in the Royal Naval Reserve or the Royal Newfoundland Regiment, and if so what is the number of his Rejection Badge, if he has one.

Will you also kindly inform me if Rosdl is a son or daughter, if a son had he offered for enlistment, and if so what is the number of his Rejection Badge, if he has one.

Also kindly furnish me with a Marriage Certificate of a certified extract from your Parish Register, showing date of marriage of your son Alexander.

Yours truly.

Captain & Paymaster

Oct.14,1919

Mrs.Bridget Conway,
St.Brides,P.B.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been granted to you, and I enclose cheque for Four hundred and forty-two dollars and sixty seven cents (\$442.67) in payment of same.

Yours truly

Major
Paymaster.

St. John's,

JAN 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. J. Conway

Billeting Soldiers as undermentioned

from Jan 17th /19 to Jan 21st /19

Fred. A. Jones

3513 - Mr. J. Conway 4 40

Paid

John Conway

Jan 28/19

Certified correct for \$ 4.

REPORT	<u>8883</u>	INITIALS	<u>[Signature]</u>
DR. NO.		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
CASH LEDGER		INITIALS	

Joseph H. Snow
for Billeting Officer.

A-7



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

Jan 28th / 19

Mrs J. Holland

This man was discharged last week
and is going home tomorrow will you please
put this bill through for him

And oblige

R. Tilly

Post D. of Post Barron

21.1.19

Placentia

Leby's - to drum no 3513 Pte J. Conway
Placentia to St. John's \$16.00

TRANSIT	Trans
OH NO	10099
POST OFFICE	PLACENTIA
POST OFFICE	ST. JOHN'S
POST OFFICE	ST. JOHN'S
POST OFFICE	ST. JOHN'S

W.P.H.

Captain

Correct for \$16.00

Essex

Capt

12.2.19

A.C.

Demobilization Officer
Discharge Depot-Newfoundland

March 7, 1919

James Barron,
PLACENTIA.
Nfld.

J.C.B.

Dear Sir:

I enclose cheque for
\$16 being amount due you for driving Pte.J.
Conway to St.Brides.

Yours truly,

Capt.
Paymaster.

C.R. 3513

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

DATE... *Mar. 11/3/19*
PLACE... *St. Brides*

NO. *3513* NAME... *John Conway*

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL-1914-1919.

C.R. 3513

I certify that I have received a issue of 2 inches
of Riband of British War Medal 1914-1919

Name..... *John Conway*

(Date)..... *Mar: 1st / 3 / 19*

(Place)..... *St Brides*

Receipt of the same should be acknowledged hereon.

Received Victory & British War Medal
3513

Signature John Conway

Date Oct 1st / 9. / 21.

Address St. Brides P. Bay

[P.T.O.]

Receipt for Army Book 64

No. 3573 Name .. Conway J.

To Certify that I have received the AB 64 of the above
named soldier.

Date .. Aug 6th / 18 / 20 Name .. John Conway
Place .. St. Brides

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

W

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st New Foundland

Number Sheet Just

Signature of O. C. Company Thos. H. Ayre Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No. <u>3513</u>	<u>Romney, John</u>		Age on <u>29</u> years <u>4</u> months	<u>Fisherman</u>	
Joined _____ Date _____			Place and Date of Enlistment } <u>St. John's N.F.</u>	Religion	
Joined _____ Date _____	Period of { with Colours <u>337</u> years. with Reserve <u>365</u> years.	Place of Birth	<u>R.C.</u>		
Joined _____ Date _____					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's 4 ²/₁₉</u>					
				To be carried over					

Army Form B. 121.

The Royal Newfoundland Regiment

D 3513

DEMobilIZATION OF

Reg. No. 3513 Rank *Plt.* Name *Conway*Date of Enlistment *5.3.17* Address *St. Bridget* District *St. John's*Occupation *Fisherman* Classification for Discharge *B* Medical Category *E*Recommendation S.M.B. *permanent unfit* Disability Rating *20% notes*

Passed to Demobilization Officer with following documents:—

N.F. P. 304	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date *20-1-19**M. J. Cupp*
O/C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am *not* in a position to resume civilian occupation.Particulars passed to Vocational Officer for information and action *J. Conway*Date *20-1-19*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *\$60.00*(b) Clothing Supplied *Joseph A. Conway*Date *21-1-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. me to his home.
 at St. Louis and Release Certificate No. 903 issued.
 Date 21-1-19
Stacy
Reilly
 O. B. Dricks 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 4-2-19
 Date 21-1-19
Business Pay etc to be adjusted -
 Depot Paymaster. *W. H. M. Capt.*

Discharge approved for 21-1-18

Forwarded with following documents to O.C Discharge Depot.

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

511 mb

Date 22-1-19
 O. B. Dricks Capt.
 Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 21 1919

R. H. J. Capt.

Date
 O. C. Discharge Depot.

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

Date Jan 25 1919
B. W. ...
S. ...

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3513 Rank Private Name Cowway J
 Former Occupation Fisherman Address St Brides District Placentia
 Class B Medical Category C Disability Rating 20% 6 Mts
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as..... His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 20-1-19 G. L. Barky C. B. Dicks Capt
 District Officer Demobilization Officer
 To be forwarded Orderly Room in Duplicate



NEWFOUNDLAND POSTAL TELEGRAPHS

No. _____

Received OP By _____

Sent out for delivery LP By _____

No. 1 Place from _____ No. of Words 12

To Capt B. D. Butler



Owing to bad weather
 and road impossible
 to travel within few
 days 3573 Jell John Conway

depart before 15th

Reg. No. 3513 Rank Plt Name Conway J
Attested Address St Bride
Allotment Allottee
Date of Allotment Returned from Overseas 21-12-18
Embarked for Overseas Cause Discharge

Leave from 21-12-18 to 6-1-19
Extended to 15-1-19.

14-1-19 Rec Dis Permanently Unfit

21-1-19 PASSED ON DEMOBILIZATION

21-1-19 DISCHARGE APPROVED ON DEMOBILIZATION

Medical Report on an Invalid.Station Hazley-Dow-Camp.

Date _____

1. Unit **Royal Newfoundland.**
2. Regimental No. **3513.**
3. Rank **Pte .**
4. Name **Conway**
5. Age last birthday _____
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ _____
7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***G.S.W. LEFT FOOT.**Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. _____
10. Place of origin of disability. **Belgium**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **Reported at Depot from hospital as A category Shortly afterwards had extensive inflammation around ankle joint. De-categorised. Bi. 14/9/18.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **Wounded on Active Service.**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **N.A.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **N.A.**

13. What is his present condition? **Inflammation. Stiff great toe, walks on outer side of foot, giving rise Pes Cavus.**

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—
- (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
15. Was a Court of Inquiry held on the injury?
- If so—(a) When?
- (b) Where?
 - (c) Opinion?
16. Was an operation performed? If so, what?
17. If not, was an operation advised and declined?
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—
- (a) Discharge as permanently unfit, or
 - (b) Change to England?

Repatriation (1)

J. ST. P. KNIGHT, CAPT. Nfld. REGT.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease. **Painful under ball of big toe, Prevents him walking comfortably.**

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war; **Yes.**
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

G.S.W.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

20% 6 months

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or **Yes.**
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

N.S. Fraser. President.

Station ST. JOHN'S.

Arch C. Tait.

Date Jan 14th 1919.

L. Paterson. Major. Members.

Date _____

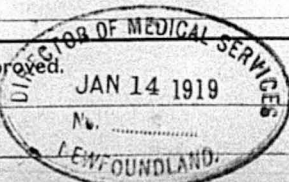
Approved. JAN 14 1919

(Sgd.) Cluny Macpherson. Major.

Station _____

Administrative Medical Officer.

Date _____



COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3513 Rank Pte Name Conway, J.
 Intended place of residence 312 Gower Street (St Brides, P.B.)

2. Occupation Fisherman
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMobilization
ELIGIBLE for POST DISCHARGE PAY

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S (sd) C. C. Duley, Capt.
 Date Jan. 21, 1919 for 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. JOHN'S (sgnd) J. Conway
 Signature of soldier
21-1-19 " C. B. Dicks, Capt.
 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. JOHN'S (sgnd) J. Conway
 Signature of soldier
21-1-19 " J. Daymond, Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 5-3-17 No of days on Military
 Discharged from service 21-1-19 plus 14 days Service 702

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S (sgnd) C. C. Duley, Capt.
 for Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
 Date Jan. 21, 1919

CONFIRMATION OF DISCHARGE

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

Place ST. JOHN'S Officer i/c Records
 Date Jan. 21, 1919 The Royal Newfoundland Regiment