



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4407 Name William Way Corp Met

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>William Way</u>                  |
| 2. What is your full Address? .....  | 2. <u>St. Alexander St. St. John's</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                          |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>—</u> Months     |
| 5. What is your Trade or Calling? .....  | 5. <u>Clerk</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, William Way 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.

William Way SIGNATURE OF RECRUIT.  
J. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Way 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 by the said recruit. He made and signed the declaration and took the oath before me at St. John's on this 11th day of April 1915.

Signature of Attesting Officer J. James

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

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

Date.....1915

Place.....

Signature of Approving Officer J. James

† 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).....

Apperline 16-4-18

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Ray  
 Apparent age ..... years ..... months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Annice Ray of Alexander  
St. Stephens | Relationship Sister  
 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>11-4-1918</u>									<u>Lance Cpl 9/8.</u>
Joined at <u>St. Stephens</u> on <u>April 11<sup>th</sup> 1918</u>									
<u>Exceeded a year June 29/19</u>									
<u>Embarked St. Stephens train to Helms Mt.</u>					<u>11-6-1918</u>				
<u>to the foundry for demobilization</u>					<u>22-5-1919.</u>				
<u>Arrived the foundry on</u>					<u>11-6-1919</u>				
<u>to active service</u>									
<u>Demobilization St. Stephens</u>					<u>29<sup>th</sup> 1919</u>				

Total Service forfeited as above.....

Total Service towards Engagement to 29-6-1919 (date of discharge) 1 years 80 days

Pensions " " " " " " " "

C.R. 4407

Extract from Daily Orders Part 11 Unit The Royal Rifles.

Regt. St. John's, June 29-6-19.

30-6-19

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

4407 L/Cpl. Wm. Day.

**C.R.** 4407

**Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, June 14th, 1919.**

**The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Dept with effect from 24-6-19.**

4407 L/Cpl. Wm. Day.

C.R. 4407

Extract from Daily Orders Part A1 Depot, St. John's,

Date 13/6/19.

4407, L/C. Wm. Day.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

CR. 4407

Extract from telegram from ~~W.L.~~ to Syn. dated May 17th. 1919.

Have 4407 L/C. W. Day repatriated Corsican Draft Stop.

C.R. 4407

Extract from Orders, Part 11, by Lt. Col., B.J. Barton, D.S.O.,  
Commanding 2nd Bn. Royal Newfoundland Regiment, dated 9/9/18.

The following to be Lance Corporal :

4407 Pte. W. Day.



C.R. 4407

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

4407 Pte W. Day.

Embarked for Overseas with draft 11-6118.



Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 12, 1918.

#4407 Pte. W. Day.

Attested for Service with the Royal <sup>Nfld.</sup> Regt.  
to report 16/4/18.

W Day

C.R.

4407

~~FRD~~

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

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

1. Unit and Corps. *Royal Artillery*
2. Regtl. No. *4407* 3. Rank. *R/serp*
4. Name *Day* *William*  
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Reserv*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

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

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

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

15. What is his present condition ?

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

*The Complaints of us disability*

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Rehabilitation*

*O.P. Premier - Capt. Rome*

Station *Hazeley Down*

Medical Officer in charge of case.

Date *11/1/19*

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





FORM K

N<sup>o</sup> 4205

A



### 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, William Day, Regl. No. 4407

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> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins 1st June 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2972	Wife	Miss Annie Day	52 Alexander Street St. John's	
Total Allotment, \$				<u>60<sup>cs</sup></u>

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.) James Sec  
Officer Commanding  
a. Company  
1st June  
May 23<sup>rd</sup> 1918.

(S) W. Day  
(Rank) Pte

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~full text~~/extract from MINISTER OF MILITIA,

No. \_\_\_\_\_ Dated <sup>18</sup> 5 / <sup>19</sup> 193 ( ), received <sup>18</sup> 5 / <sup>19</sup>

Decoded by J.T. Checked by R.A.P.

Branch Records Acted upon (Initial) \_\_\_\_\_

Acknowledged per No. \_\_\_\_\_ Dated / /

Have-4407-L.C.-Day-repatriated-Corsican-Draft-fullstop-



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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year,  
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4407	Pte	Day W.	\$250	Wm Day

Date

July 1/18

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

Wm Day

Day, D<sup>ce</sup>

4407

Ray Sept.

4407

Wm Day

at Waverly

Only support of  
Annie Day, a  
delicate girl  
unable to work.

— sister

Allotment \$18.<sup>00</sup>

121 Cornwall St

to Mrs Pottle



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 29, 1919

Miss Annie Day,  
#121 Cornwall Avenue,  
City

Dear Miss Day:-

Referring to your application  
for Separation Allowance, I have been directed  
to inform you that same cannot be granted you.

Yours truly

Paymaster & Officer i/c Records

Captain,

*For reconsideration*  
*P.T.O. R*



DEPARTMENT OF MILITIA

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*For reconsideration*  
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SEPARATION ALLOWANCE.

Claimant... *Day, Annie (sister)*  
On account of... *Wm. Day* No. *4407* Rank... *Pte*

Decision... *Refused Reconsidered and*  
*to claim. approved 2/6/19.*  
*[Signature]*

*[Signature]*  
*W. R. [Signature] Lt Col*  
*M. Howley, Capt.*

Date... *10/5/19*

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

Allotment of *60¢* per day payable to *Annie Day*  
his *sister* from *1/6/19* to *present* current  
Discontinued on account of

.....  
*L. [Signature]*

*29-6-19*

Lives with Mr. Tom. Pottle - friend.  
since July 18.  
No relations whatever

Ill since Oct. '18  
Confined to bed 3 weeks (30/5/19)

Brother still sewing  
Living with him & keeping house for  
him prior to enlistment.

Could not live on allot. alone &  
keep house going so went with  
Pottles.



SEPARATION ALLOWANCE.

Claimant... *Day, Annie (sister)* .....

On account of *Wm. Day* ..... No. *4407*. Rank. *Pte* .....

Decision... *Refused* *Reconsidered and*  
*to claim. approved 2/16/19* ..... *[Signature]*  
.....  
..... *[Signature]*

*[Signature]*  
*Actg. W. R. Rendell Lt. Col.*  
*M. Howley, Capt.*

Date... *10/5/19* .....

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

Allotment of *60¢* per day payable to *Annie Day*  
his *sister* from *1/6/19* to *Pres Current*  
Discontinued on account of

..... *L. R. [Signature]* .....

*29-6-19*

(SISTER)

NEWFOUNDLAND CONTINGENT.

SEPARATION ALLOWANCE BRANCH  
(Information for Board of Review)

NOTICE.

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

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

1. Name in full of Soldier, Rank, Regiment or Unit, Service No.  
*William Day, Lt. R.A. Reg, 4407*

2. Age of Soldier, Married or Single.  
*20, Single*

3. Name in full of sister of Soldier, Age, Occupation, Permanent Address.  
*Auntie Day, 23, None, 121 Cornwall Ave*

4. Give name of Mother, Age, Occupation, Permanent Address.  
*Elizabeth Day, Dead*

5. Names of other Brothers and Sisters, Address in Full, Occupation, Married or Single.  
*Beatrice Day, 121 Cornwall Ave, 17, Kitchen, Single*

6. State amount earned by you per month.  
*Nothing*

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

8. State amount and source of any other income.  
*None*

9. What is the value of your (A) real property, (B) personal property.  
*No value*

10. Are you married?  
*No*

11. State actual amount contributed by soldier during the year prior to enlistment.  
*\$60 per month*

12. Was this amount contributed weekly or monthly.  
*Monthly*

13. Did this amount include payment of Brother's Board &c.?  
*Yes*

14. State your brother's trade or occupation prior to enlistment.  
*General Post Office*

15. With whom are you residing at present?  
*Live with Mrs Victoria Potter, 124 Cornwall Ave*

16. State amount of his wages per week. *\$6 per month*
17. State name and address of his last employer. *Ufld Government*
18. State amount of support monthly from brother since enlistment. *\$18 per month*
19. State amount of "Alloctrent" received by you from brother monthly. *\$18 per month*
20. From what date have you received Allowance. *July 7/18*
21. Actual amount contributed by other Brothers and Sisters. } *Weekly* Monthly. *No thing*
22. If not receiving support from other brothers and sisters, state cause. *Beatrice earns enough for herself only*
23. Have you made previous claims for Separation Allowance, if not, why? Give particulars. *Yes.*
24. Was the soldier, at the time of his enlistment an employee of the Ufld. Government? *Yes*
25. In what capacity and in what place. *Stamper, General Post Office*
26. Is he in receipt of a salary as such while serving in the Ufld. Regiment, if so, how much. *No*
27. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*
28. Are you in receipt of Payment from any Patriotic Fund, if so, how much? *No*

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

Signature of Applicant... *Annie Day*

Place and Residence... *121, Colwood Ave, N. York*

Declared and subscribed before me at... *N. York, Ufld.*

this... *1st*... day of... *April*... 19... *19*

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

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 inquiry, the above statements are correct, and the Soldier above mentioned is the sole support of the applicant.

Signature of Clergyman... *W. P. Burger*

Signature of Member of Patriotic Fund Committee... *John C. Ham*



MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed ) *4407  
Caldwell's Regt*
2. Name and age of said soldier's father or other relative. ) *Annie Day, 24*
3. Is said father or other relative a chronic invalid and totally incapacitated. ) *Partially*
4. Of what nature is disability ? ) *Chronic Bronchitis*
5. From what date has this total incapacity been existent ? )
6. How long is total incapacity likely to continue and what will be the effect on earning power. )
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. ) *50% Since Oct 1918.*
8. Are you the regular attending physician ? ) *Yes.*
9. Relationship to soldier of applicant ? ) *Sister*

I certify that the above statements are correct.

.....*St. Louis*.....Place,

.....*May 6 '19*.....Date.

.....*Clara Knapperson*.....  
Physician.

May 29, 1919

Miss Annie Day,  
#121 Cornwall Avenue,  
City

Dear Miss Day:-

Referring to your application  
for Separation Allowance, I have been directed  
to inform you that same cannot be granted you.

Yours truly

Paymaster & Officer i/c Records      Captain,

August 23, 1919

Mrs. Annie Day,  
#121 Cornwall Avenue,  
City.

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 ninety-nine dollars and thirty-three cents (\$499.33) in payment of same.

Yours truly,

Captain & Paymaster.

June 29, 1919

#4407 1/Corpl. William Way,  
#11 Cornwall Avenue,  
City

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2413.

Yours truly

Capt.,  
Paymaster & Officer, c Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4407 Rank Pvt Name Day, Wm.  
 Intended place of residence 11 Cornwall Ave St Johns  
 2. Occupation Clerk  
 Classification of soldier E Medical Category AI

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

### Eligible for War Service Gratuity

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

Place St. John's  
 Date ST. JOHN'S JUN 10 1919 *Jr* 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 JUN 10 1919  
 Signature of soldier William Day  
 Signature of witness W. J. Leatroy

### 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 JUN 10 1919  
 Signature of soldier William Day  
 Signature of witness W. J. Leatroy

### STATEMENT OF SERVICE

7. Enlisted for service 11-4-18 No of days on Military Service 445  
 Discharged from service JUN 25 1919 Plus 14 days

### 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 JUN 15 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St. John's, Nfld JUNE 29 1919  
 Date JUNE 29 1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*29/6/2029 2413*

# The Royal Newfoundland Regiment

Class for Demobilization:—

*G.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *9.6.19*

Regimental No. *4407*

Name *Ray Wm*

Rank

Address *120 Cornwall Avenue*

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

*R.H. East Capt*

O.C. Discharge Depot.

Members of Board

*P. O'Brien*

Senior Medical Officer

*Geo Burden*

M. O. Depot



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

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

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

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

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

Name in full *William Day*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4407*

Intended address *120 Cornwall Av., St John's*

Height on discharge *5* Feet *11*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *—*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *St John's, July 2<sup>nd</sup>, 1898*

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)

*William Day*

*L/Cpl.*  
(Rank)

Station *ST. JOHN'S.*

Date *9-6-19*

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

Station

Date



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4110 Rank Sgt Name Ray Williams  
 Date of Enlistment 11-11-18 Address 11 St. John's Lane District St. John's  
 Occupation Clerk Classification for Discharge E7 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 9-6-19

H. W. St.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

William Ray  
 Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied \_\_\_\_\_

Date 10-6-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at Cornwall Hall Ave and Release Certificate No. 2558 issued.

Date 10-6-19  
*J.A. Snow Capt*  
 Demobilization Officer

4. Pay and Allowances.

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

Date 10-6-19  
*J.A. Snow Capt*  
 Depot Paymaster.

Discharge approved for. 15-6-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B3

Date 10-6-19  
*J.A. Snow Capt*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date \_\_\_\_\_  
*R.H. Sait Capt.*  
 O. C. Discharge Depot.

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

Date \_\_\_\_\_

## Civil Re-establishment Committee



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

*To resume former occupation*

*William Day*

Signature of Man.

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

*J. D. Howliff*

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date *10-6-14* 191\_\_\_\_\_

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

# MEDICAL HISTORY

Surname Ray OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	11 <sup>th</sup> day of April 1918	St. Johns	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	Clerk			
Height	5 feet 3 inches		feet	inches
Weight	121 lbs.			lbs.
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	11 <sup>th</sup> day of April 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal Nfld Regt	Corps.	
	Regtl. No.	4407	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland Regt.* 7. Former Trade or Occupation } *Clerk*
2. Regtl. No. *4407* 3. Rank. *Lt Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Day, William* (Surname) (Christian Names) (a) Former Regts. or Corps with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

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

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

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

*He complains of no Disability*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—  
(a) Discharge as permanently unfit?  
(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Reputation*

*W. S. Proctor. Capt. R.M.C.*

Medical Officer in charge of case.

Station *Hayley Down* .. .. .

Date *11/4/19* .. .. .

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

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

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

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*W. S. Proctor. Capt. R.M.C.*

Medical Officer in charge of case.

Station *Hayley Down* .. .. .

Date *11/4/19* .. .. .

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

*The Royal Nfld. Regiment*

DEMOBILIZATION

No. *4407* Rank .....

Name *Bay N.* .....

Warned for demobilization on

JUN 10 1919



✓  
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..... *William* ..... Surname..... *Kay* .....
3. Rank..... *L Corporal* ..... 4. Regtl. No. .... *4407* .....
5. Address in full to which future payments of gratuity are to be forwarded... *120 Curwae Avenue St. J.* .....
6. Date of enlistment in the Regiment..... *April 11<sup>th</sup> 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not applicable*
8. Relationship of such dependents..... *Do* .....
9. Address in full of such dependents..... *Do* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Fourteen months and thirteen days* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.  
..... *Not applicable* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....  
*\$55.89 Clothing Etc* .....

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 R.C.S.?..... *no* ... If not give? - (a) date of discharge..... *June 2/19* (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....  
*England* .....

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.





FIRST NEWFOUNDLAND REGIMENT  
Information for Board of ReviewNOTICE:

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  
Dept. of Militia,  
St. John's.

1. Name in full of soldier. Rank. Reg't or Unit. Regt. no.  
*William Day, Private Royal N.F. Regt. 44107.*
2. Age of soldier. married or single.  
*20 years. Single*
3. Name in full of sister of soldier. Age. Occupation. Permanent address.  
*Annie Day 23. ——— 52 Alexander St.*
4. Give name of father and mother.. Age. Occupation. Permanent address.  
*John + Elizabeth 25 + 26. Both Dead.*
5. Names of your other brothers & sisters. Address in full. Age. Occupation. Married or single.  
*Beatrice 22 Alexander St. Knitting needles, Single*  
*Allotted commencing June 1918.*
6. State amount earned by you per monthn. *I do not work.*
7. Are you a chronic invalid and incapacitated State nature of malady. (Medical Certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue.)
8. State amount and source of any other income
9. What is the value of your (a) real property (b) personal property
10. Are you married.
11. State actual amount contributed by soldier during the year prior to enlistment. *\$43<sup>00</sup> per month*
12. was this amount contributed weekly or monthly. *monthly*
13. Did this amount include payment of brother's board &c. *yes.*

14. state your brother's trade or occupation prior to enlistment.

*General Post Office*

15. With whom are you residing at present.

*live at 32 Alexander St.*

16. State amount of his wages per week.

*\$43<sup>00</sup>/<sub>100</sub> per month*

17. State name and address of his last employer.

*A.M. Postmaster general*

18. State amount of support monthly from brother since enlistment

*\$18<sup>00</sup>/<sub>100</sub> per month*

19. State amount of allotment received by you from brother monthly.

*\$18<sup>00</sup>/<sub>100</sub> per month*

20. From what date have you received allotment

*July 8/18.*

21. Actual amount contributed by other brothers and sisters) Weekly monthly.

*Nothing.*

22. If not receiving support from other brothers and sisters, state cause

*She gets \$3<sup>00</sup>/<sub>100</sub> per week*

23. have you made previous claims for separation Allowance. If not, why? Give particulars.

*No,*

24. was the soldier at the time of his enlistment an employee of the Ufld. Government?

*No,*

25. In what capacity and in what place?

*\_\_\_\_\_*

26. Is he in the receipt of a salary as such, while serving in the 1st. Nfld. Regt. If so, how much?

*\_\_\_\_\_*

27. Are you already in receipt of Separation Allowance from any source, If so, how much?

*No,*

28. Are you in receipt of payment from any Patriotic Fund, If so, how much?

*No,*

29. 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.....

Place of residence.....

*52 Alexander Street, St. Johns, N.F.*

Declared and subscribed before me at *St. Johns*

*Annie Day*

*Newfoundland*



this 9th day of July 1918

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

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

Signature of Clergyman... Harry Rayle..... Methodist Clergyman  
Signature of Member of Patriotic Committee. J. Brown

Investigate

REPRODUCED FROM THE NATIONAL ARCHIVES

No 4205



1ST. NEWFOUNDLAND REGIMENT

**ALLOTMENTS**

I, William Day, Regl. No. 4407  
 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> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Allotment begins 1st June 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3972	Sister	Miss Annie Day	52 Alexander Street, St John's	
Total Allotment, \$				604

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

Sig.) James Grant  
 Officer Commanding

St John's  
may 23<sup>rd</sup> 1918

(Sig.) Wm Day  
 (Rank) Pte

March 25, 1919

Miss Annie Day,  
C/o Mrs. T. Pottle,  
121, Cornwall Ave.

Dear Madam:

I enclose form of claim for Separation Allowance on account of #4407 William Day, which kindly have completed before a ~~MR~~ Barrister, and return to this Department, so that your claim may be considered.

Yours truly,

Lieut.  
For Paymaster

ST. JOHN'S, June 10<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To L/c. W. Day

Billeting Soldiers as undermentioned

from June 6<sup>th</sup> /19 to June 15<sup>th</sup> /19

4402 - L/c. W. Day      9 40

B.M.  
22210      Geo

Certified correct for

9 40

W. J. Day

Billeting Officer.

R.J.

L/c. W. Day



OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

William Day

in respect of his service as No. 4407 Rank Pte.

Name W. Day Royal Nfld. Regt.  
and Forestry Corp.

Receipt of the same should be acknowledged hereon.

Received Oct 17 1921

Signature Wm Day

Date Oct 17/21

Address General Post Office

[P.T.O.]





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 411107 Rank Sgt Name Day, William  
 Date of Enlistment 11-11-18 Address 11 Conroyville District St. John's  
 Occupation Clerk Classification for Discharge 1 Medical Category 1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 163	ME 2		" 6
B 179c	B 20	M 93		

Date 9-6-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*William Day*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied \_\_\_\_\_

*W. B. Bushnell*

Date 19-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home at Corwall Hill Ave and Release Certificate No. 2558 issued.

Date 10-6-19 ..... J.A. Snow Capt  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-6-19

Date 10-1-19 ..... J.A. Snow Capt  
Depot Paymaster.

Discharge approved for 13-6-19 .....

Forwarded with following documents to O.C Discharge Depot.

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

Date 10-6-19 ..... J.A. Snow Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 1 1919 ..... R.H. [Signature]  
O. C. Discharge Depot.

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

Date June 19/19 ..... J.A. Snow Capt  
Officer in Records

Reg. No. *4407* Rank *LC* Name *Bay. Wm.*  
Attested ..... Address *14 Alexander St*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *1.6.19.*  
Returned on S.S. *Consular* Cause *Discharge*

*9-6-19*  
*15-6-19.*

**PASSED TO DEMOBILIZATION OFFICE**  
**DISCHARGE APPROVED ON DEMOBILIZATION**