



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5763 Name William J. Fagan, Corp Leige

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Wm. J. Fagan
- 2. What is your full Address? 2. 124 St. John's St.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 years Months
- 5. What is your Trade or Calling? 5. Farmer
- 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? 11. Yes

I, Wm. J. Fagan 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 by me to His Majesty King George the Fifth, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

Wm. J. Fagan SIGNATURE OF RECRUIT.

Wm. J. Fagan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm. J. Fagan 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 12th day of July 1918.

Ch. Dicks Lieut. 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 July 13/18
Place St. John's } 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

57.63

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

Name Wm. J. Tagon.

Apparent age 19 years months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Tagon,
307 Oak. St. | Relationship Son.

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>12-7-18</u>									
Joined at <u>St. Louis</u> on <u>July 12-1918</u>									
<u>Transferred August 1-1919</u>									
<u>Embarks St. Louis train to Halifax N.S. 22-9-18</u>									
<u>to Newfoundland for demobilization 24-6-19</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization St. Louis 1-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 1-8-1919 [date of discharge] 1 years 21 days

" " Pensions " " " " " " " " " " " "

C.R. 5763

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 5th, 1919.

5763 Pte. W. Fagan

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5763

Extract from Nominal Roll Entitled St. John's for Overseas,

Sept. 23, 1918. "F"

5763 Pte. Fagan William.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt, Sh. John's, dated July 13, 1918.

#5763 Pte. William J. Fagan.

Attested for General Service with the Royal Nfld. Regt.
July 12, 1918.

C.R. 5763

Extract from Daily Orders Part 11 Unit The Royal Hfld.
Regt. St. John's, dated August 15th, 1918.

5763 Pte. W. Fagan.

Marginally noted Man who was granted leave without pay
Have reported fro duty at Depot on 15-8-18.

C.R. 5763

Extract of Orders By MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5763 Pte. W. Fagen.

"A" Company.

C.R. 5763

Extract from Daily Orders part II, Unit the Royal Newfoundland
Regiment dated July 21st. 1919.

The discharge of the undernoted on deobalization has been
APPROVED by O. C. Discharge Depot on noted date.

#5763 Pte³ W. Fagen

C.R. 5763

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date

1-8-19.

5763, Pte. W. Fagen.

C.R. 5762

Extract from Orders by. Lieut. Col., B. J. BARTON, Commanding
2nd., Battalion of the Newfoundland Regiment dated November
10th., 1918.

The undermentioned will proceed to join the Newfoundland
forestry Corps, on Monday 18th November 1918.

#5762₄ Pte. W. Fagen.

W Fagan

C.R. 5763

~~11810~~
~~2"~~

No B421/1581

C/P B 100157

N.F.P. 719.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: ~~Officer Commanding,~~
~~2nd Batt. Ryl. Nfld. Regiment~~
Winchester. Hants.

6th June 1919

5763 Pte. W.J. Fagan

With reference to the following telegram from the Minister of Militia / / 19 (222):

"Pay to- 5763 W.J. Fagan
£ 2. 0. 0.

Cheque £ 2. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

W. J. Fagan
Chief Paymaster & O. i/c Records.

June 8th 1919.

Receipt hereunder.

W. J. Fagan
LIEUT. COLONEL,
COMMANDING OFFICER, 2nd BATT N. 2 ROYAL NEWFOUNDLAND REGT.

Received the sum of £2.0.0.

Two Pounds in respect of telegraphic remittance from the Minister of Militia.

W. J. Fagan
No. 5763 Rank Pte

Witness: H. White

Sagan, W

5763

Ray Dept.

August 1st 1919.

#5763, Pte. W. Fagan,
Foxtrap, Hr. Main.

Dear Sir:

Enclosed please find Discharge Certificate # 3462.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5763 Rank Plc Name Fagan W
 Intended place of residence Fochap - St John's

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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 JUL 18 1919

L. M. St. A.
 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, ST. JOHN'S

Date JUL 18 1919

W. X. Fagan
 Signature of soldier
James Newman
 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, ST. JOHN'S

Date JUL 18 1919

W. X. Fagan
 Signature of soldier
James Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 12-7-18 No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 388

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 20 1919

L. R. Cooper Capt
 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

Date August 1/1919

M. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

W. X. Fagan 5763

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No.

5763.

Name

Jagan. H. J.

Address

Loc Leap. H. Main

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

K. R. Cooper Capt.
O.C. Discharge Depot.

Members of Board

W. Robinson
Senior Medical Officer

L. W. Birken
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 543 Rank P14 Name J. J. J. J.
 Date of Enlistment 12.7.18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date July 18/19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

W. J. J. J.
mark

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 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2477 B to his home at 7104 Grand and Release Certificate No. 3717 issued [Signature]

Date 18-7-19
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 1-8-19

Date 18-7-19
Depot Paymaster.

Discharge approved for 20-7-19

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	
B 178	W 3494	B 122		Board 1st	" 2		
B 178a	D 400A	B 1915		do 2nd	" 3	2	Form B
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 18-7-19
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 JUL 20 1919
L. R. COOPER, 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.

Hagan W.

Signature of Man.

McLendon

Signature of the Vocational Officer or his Representative.

Reg. No. 6763

ST. JOHN'S.

Place

Date

18-7-19.

191

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

MEDICAL HISTORY

OF

Surname Jagan

Christian Name William J.

Table I.—GENERAL TABLE

Birthplace :—Parish

Yox Grap C.B. County Newfoundland

		SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>12</u> day of <u>July</u> 191 <u>8</u>	on	day of	191	
	at <u>St. John's</u>	at			
Declared Age	<u>19</u> years	days	years	days	
Trade or Occupation	<u>Yeoman</u>				
Height	<u>5</u> feet <u>5 1/2</u> inches		feet	inches	
Weight	<u>130</u> lbs.			lbs.	
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches	
	Range of Expansion	<u>3</u> inches		inches	
Physical Development					
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated					
Vision	R.E.—V=	<u>6/9</u>	R.E.—V=		
	L.E.—V=	<u>6/9</u>	L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects not sufficient to cause rejection	(b)		(b)		
Approved by (Signature)	<u>Laminos Pastern</u>				
(Rank)	<u>Major</u>	Medical Officer			Medical Officer
Enlisted	at <u>St. John's</u>	at			
	on <u>12</u> day of <u>July</u> 191 <u>8</u>	on	day of	191	
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.	
	<u>Royal Aps. Regiment.</u>	<u>5763</u>			
Transferred to					
Became non-effective by	on	day of	191	on	day of
(Signature)					
(Rank)					



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 Office 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 James Fagan*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5763*

Intended address *Fox Trap, N.S. Main*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *George*

Christian name of Mother *Rachel*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Fox Trap, March 2nd, 1899*

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 J. Fagan* *Pte*

ST. JOHN'S.

Witness *W. G. Underhay* (Rank)
Date *17-7-19*

Station

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 in Hospital.
Unit, or Command Depot.

Date

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* 7. Former Trade or Occupation } *Isleoman*
2. Regtl. No. *5763* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Jagan* *William J* (a) Former Regts. or Corps ;
(Surname) (Christian Names) 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
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

The Complaints for Disability

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.)

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?

Repatriation

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.

W.S. Proctor, Capt-Ram

Medical Officer in charge of case.

Station *Atzely Down*

Date *9/4/19*

* 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

August 2th 1919.

Mr. W. Fagan

Fox Trap, C.B.

Dear Sir:

Referring to your Application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Ser-
vice Gratuity.

Yours truly,

Captain & Paymaster.

RS/.

5469

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 2. Surname Fagan

3. Rank Pte 4. Regtl. No. 5763

5. Address in full to which future payments of gratuity are to be forwarded Fox Trap, C. B.

6. Date of enlistment in the Regiment July 17/18

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

8. Relationship of such dependents.....

9. Address in full of such dependents.....

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

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

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

From July 17/18 to July 17/19

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

.....
.....
.....
No.

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

.....
.....
.....

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

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

17. Are you entitled to receive, or have you received any Gratitude 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?

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

19. Are you now serving in the R.F.C.? If not give - (a) date of discharge. (b) Reason for discharge.

.....
.....
.....
Redepository *Reassignment*

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.

.....
.....
.....

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

.....
.....
.....
No.

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

his
William X. Fagan
Heath

Signature of Applicant:

Place of Residence:

Declared before me at:

This

19th day of July 1919
Fox Trap, L. B.
St. Johns, Nfld.

John McGearty

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

POST DISCHARGE PAY.				Net amount due
Date Paid	Paid Soldier.	Paid Dependents.	War Service Disability.	
.....
.....
.....
Certified correct.				Barrister



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Fagan, Regl. No. 5763

hereby agree, until further notification by me and in similar official form to make an Allotment of Sixty 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 August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4763	Father,	Pro. Fagan	Fort Camp C B	600
Total Allotment, \$				600

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.) H G James L Hunt
 Officer Commanding
R. Company

(Sig.) William Fagan
 (Rank) Pte.

July 15 1918

with 5718 R. Lippin

ACCOUNT	<i>Transportation</i>	
CH NO	<i>250</i>	INITIALS <i>JA.</i>
IND. LEDGER	<i>2</i>	INITIALS <i>[Signature]</i>
PAY LEDGER	<i>2</i>	INITIALS <i>[Signature]</i>
GEN LEDGER	<i>2</i>	INITIALS <i>[Signature]</i>

July 13th. 1918.

The Royal Newfoundland Regiment,

To 5763 Private W. J. Fagan.

1918-1919

ROYAL NEWFOUNDLAND REGIMENT,
 St. John's, Nfld.
Correct For Eighty Cents
P. B. Smith
 Assistant Director of Recruiting



To Passage from Monroe to St. John's while coming to enlist, 1918 \$0.80.

(As per voucher).

Oct. July 11/18
5763.

REID-NEWFOUNDLAND COMPANY.

m 463

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from

W. J. Hoyer

the sum of

Dollars

80

Cents, being the amount of

1st

Class Fare

From

Monrovia to Speer

and have issued him Ticket No.

91565

Form No.

130 B

Date

July 12 1918

~~Agent, Conductor or Purser~~

[Signature]

This form to be used when requested to give receipt for amount paid for tickets.

JUL 18 1919

ST. JOHN'S,

Royal Newfoundland Regiment.

Billeting Account,

To Pte W Lagan

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

5763 Pte W Lagan 16. 60

F. C. S.

B. M.

ACCOUNT	
CH. NO.	3358
INITIALS	<i>lew</i>
GEN. LEDGER	

Certified correct for \$ 16.60

M. Blouin
Billeting Officer.

W. Lagan

lets?

July 27. 18

Private W. J. Fagan,
No. 5763,
Princes Rink.

Dear Sir,-

I enclose herewith cheque for \$0.80 cents, being
the amount due you for passage from Mensee to St. John's.

Yours faithfully,

Capt. & Paymaster.

J/H.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

Sept 5th 1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of ~~services~~ of
the late No. 5763 Rank ~~7th~~
Name William Costello
Royal Newfoundland Regt.

Mrs Ann Costello

Mother Relationship

Address Cape Broyle



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company C. P. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>William Fagan</u>	Age on	<u>19</u> years <u> </u> months	<u>Farmer</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	} with Colours <u>21</u> years. } with Reserve <u>365</u> years.	<u>St John's</u> <u>12-7-18</u>	
Joined		Date			Place of Birth
Joined	Date			<u>Fox Trap</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>	<u>1/19</u>				

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

B 5763

DEMOBILIZATION OF

Reg. No. *5763* Rank *Plt* Name *Jagan W. ...*
 Date of Enlistment *12.7.18* Address *Lop ...* District *St. John's*
 Occupation *Fisherman* Classification for Discharge *6* Medical Category *A I*
 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 *July 18/19* O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William X. Jagan
mark

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 *[Signature]*

Date *18-7-19* O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2471A to his home at 7104 Inay and Release Certificate No. 3717 issued.

Date 18-7-19
.....
 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 1-8-19

Date 18-7-19
.....
 Depot Paymaster.

Discharge approved for 20-7-19
 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		

Date 18-7-19
.....
 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

L.R. COOPER, CAPT.

Date JUL 20 1919
.....
 O. C. Discharge Depot.

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

Date Aug 11/19
.....

C.R. 5763
Army Form B. 1923

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 New Forest Light* } Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *5763* 3. Rank. *Pvt* }
 4. Name *Lagan* } *William* }
 (Surname) } (Christian Names)
 5. Age last birthday... *20*.....
 6. Posted for duty on..... at.....

7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.

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 }
man's part. } | — | — |
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

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

15. What is his present condition?

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

See complainant's disability

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

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

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

Repatriation

W.E. Proctor *Capt*
Rance
Medical Officer in charge of case.

Station *Mageleydown*

Date *9.1.19*

* 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