



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4672 Name James Finn Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>James Finn</u> |
| 2. What is your full Address? | 2. <u>Could's Rd
Pray Bulls Road</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>25</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Farmer</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, James G. [Signature] 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.

James G. [Signature] SIGNATURE OF RECRUIT.

James Finn 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 Pray Bulls on this 24th day of April 1918.

Signature of Attesting Officer James [Signature]

† 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 1918

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)

No Report 1915-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Finn
 Apparent age _____ years _____ months. Height feet 6 $\frac{3}{4}$ 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 Mary Finn Gould
May Falls Rd | 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
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STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>24-4-18</u>									
Joined <u>1st Bn's</u> on <u>April 24-18</u> <u>and discharged July 19</u>									
<u>Reported for duty 16-5-18</u>									
<u>Employed at the St. Louis Hotel to Halifax NS 23-7-18.</u>									
<u>Embarked for U.K. 23-11-18, disembarked for 28-11-18</u>									
<u>joined 20 BCo. 25th Bred Batta. 5-1-19</u>									
<u>transferred from Rader 23-4-19. Arrived Newcastle 23-4-19</u>									
<u>to 1st B Coy for demobilization 23-5-19</u>									
<u>Arrived at hospital 11-6-19</u>									
<u>Demobilization at 1st B Coy 9-7-19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 9-7-1919 (date of discharge) 1 years 55 days

Pensions

J. Finne

CR

4672

~~LRD~~

C.R. 4672

Extract from Daily Orders Part II Royal Newfoundland
Regiment, Depot St. John's, dated 12-7-19.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
⁹
~~22~~-7-19

4672, Pte. J. Finn.

C.R. 4672

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.
St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has
been APPROVED BY G.O. Discharge Depot with effect from 16-6-19.

4672 Pte, Jas. Finn.

C.R. 4672

Extract from Daily Orders Part 11 Unit The Royal NZLD, Regt.
St. John's, June 14, 1919.

4672 Pte/ Jas. Finn.

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R. 4672

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Reuen Camps #2/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4672 Pte. J. Finn

C.R. 4672

Extract from Nominal Roll of draft No . 56, from the
2nd., Battalion, Winchester to the 1 st., Battalion
of the Regiment B? E? F? Embarked Southampton 23/11/18.

#4672 Pte. J. Finn.

C.R. 4672

Extract from Daily Orders part 11, from Unit The Royal H.A.S.
Reg. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.A.S.
"Columbella" July 25, 1918.

#4672 Pte. James Fynn.

GR

4672

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 1st, 1918.

#4672 Pte. J. Finn,

Tot report 24/4/18 extended to 15/5/18.

C.R. 4672

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated April 25, 1918.

#4672 Pte. Finn James.

Attested for General Service with the Royal Nfld. Regt.
from 24/4/18.

Medical Report on an Invalid.

Station Hazley DownDate 30/4/19.

1. Unit Royal Newfoundland.
2. Regimental No. 4672.
3. Rank Pte
4. Name Finn J.
5. Age last birthday 26.
6. Enlisted { on 15-4-18
at St John's
7. Former Trade } Farmer
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).

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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
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).
- (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.

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.

He complains of no 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

W.R.S.

Major J. Jones

Officer in medical charge of case.

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

Station *Hazley Down.*

Date *30/4/19*

Officer in charge of Hospital.

*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.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James ~~John~~ Sinn, Regl. No. 4692

hereby agree, until further notification by me, and in similar official form to make an Allotment of Five Dollars and 00 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 July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>46256</u>	<u>Wife</u>	<u>Mrs. Maudree Gould</u> <u>Mary Sinn</u> <u>Sinn</u>	<u>Goat's Bay</u> <u>Bull Road</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

(Sig.) [Signature]
Officer Commanding
Company

(Sig.) James ~~John~~ Sinn
(Rank) Pte



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Brown Private, Regt. No. 4692
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Five Dollars and Eight 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 July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4658	Wife	Mrs. Manjee Gould	Bay Buck Road Inn	50
Total Allotment, \$				50

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.) J. Brown

 Officer Commanding

 Company

 _____ 1918

(Sig.) James Gould

 (Rank) Pte

ND *c*
No. 19841/634

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Newfoundland Regt.
B. E. F.

5th December 1918

12-2-1919

Subject: 4672, Pte. J. Finn

ANSWER.

With reference to the following telegram (1080) from the Hon. Minister of Militia, received

4672 Pte J. Finn

Pay to 4672 Finn £3:5:9

This man wishes this amount retained to the credit of his account please

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

A. A. Munnell Maj.

Chief Paymaster & O. i/c Records.

19218/2154

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

25th November 8

4672, Pte. J. Finn

10030

Pay to 4672 Finn £3:5:9

£15:9

P.S.A.

J
Kinn, J

H 672

Hay sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4672 Rank Pte Name Imu Jas
 Intended place of residence Goulds
 2. Occupation Farmer
 Classification of soldier Medical Category

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 JUN 11 1919
 Date ST. JOHN'S *J. Mrs. Leat*
 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 11 1919
Pas J. King
 Signature of soldier
W. Leat
 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 JUN 11 1919
Jas Imu
 Signature of soldier
W. Leat
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No of days on Military
 Discharged from service JUN 15 1919 Plus 14 day Service 432

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S *R. H. Leat Major*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's *M. Bowley Capt*
 Officer in Charge
 The Royal Newfoundland Regiment
 Date July 9/1919

at 1109/2141

The Royal Nfld. Regiment

DEMOBILIZATION

No. *4677* Rank _____

Name *Jenn J* _____

Warned for demobilization on

JUN 1

July 9, 1919

#4672 Pte. James Finn,

Goulds,

City West.

Dear Sir :

Please find enclosed Discharge

Certificate No. 2841

Yours truly

Paymaster & O. i/c Records, Captain

Casualty Form Active Service

Regiment or Corps R. Newfoundland
 Rank Pte. Surname Finn Christian Name J.
 Religion R. Catholic Age on Enlistment 20 years — months
 Enlisted (a) 24/4/18 Terms of Service (a) Duration Service reckons from (a) 24/4/18
 Date of promotion to present rank — Date of appointment to lance rank —
 Extended () Re-engaged () Qualification (b) —
 Occupation Farmer or Corps Trade and Rate 1st Lt Signature of Officer M. Long

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.			
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, etc.

(17991.) Wt. W 1887 - P 1124, 1,000,000, 6/13, D & S, Form B/103, (E. 1256.)

Next of Kin: Mother: Mary Finn; Siblings: Prof. Belle, Prof. St. John; N. & L. D.

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 10.6.19

Regimental No 4672

Name Erin Jos Rank Pte

Address Goulds B.B. Road

Present Medical Category A1

Recommended for: — { (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board {

R.H. Daint
O.C. Discharge Depot.

H. Peterson
Senior Medical Officer

See Burden
M.O. Depot

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. 1918.

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, *James* *Frank*
3. Rank, *Plt* & Regt. No. *4672*
5. Address in full to which future payments of gratuity are to be forwarded, *Goulds, Ferry Land, District*
6. Date of enlistment in the Regiment, *Apr 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
8. Relationship of such dependents.
9. Address in full of such dependents.
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Apr. 1918 to June 11/19*
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?.....

19. Are you now serving in the Regt.?..... *No* If not give? - (a) date of discharge, *Jan. 11/19* (b) Reason for discharge, *Temporary 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....
France, Belgium + Germany - From Nov. 1918 to April 1919

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

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

Signature of Applicant:

his
James X Finn

Place of Residence:

Goulds, Perryman District

Declared before me at:

M. Johns, Nfld.

This

11th. day of *June* 19*.19...*

John W. McCarthy

Signature of Barrister of the
Supreme Court, Stipendiary Legis-
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
.....	<i>4 mos</i>	<i>280⁰⁰</i>
.....
.....
.....

Certified correct.

Paymaster

[Signature]

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4672 Rank Plt. Name James James
 Date of Enlistment 24-4-18 Address Goulds District St. John's
 Occupation Farmer Classification for Discharge Medical Category
 Recommendation S. M. B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	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 10-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

His Due Jas Max with to Seaboy

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

Date 11-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *P. 1772* to his home at *Gould* and Release Certificate No. *2614* issued.

Date

11-6-19

J.A. Lawless
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 *9-7-19*

Date

11-6-19

J. M. ...
Depot Paymaster.

Discharged approved for

15-6-19

Forwarded with following documents to O. C. Discharge Depot.

N.F. 136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

11-6-19

J.A. Lawless
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 15 1919

R.H. ...
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

Winn J.

Signature of Man.

J. H. Snowcroft

Signature of the Vocational Officer or his Representative.

Reg. No. 4672

Place

St Johns

Date

11-6-19

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

MEDICAL HISTORY

OR

Surname

Finn

Christian Name

James

Table I.—GENERAL TABLE

Birthplace:—Parish

St John's

County

Wex

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>24th</i> day of <i>April</i> 1918 at <i>St John's Wex</i>		on	day of 191
Declared Age	<i>25</i> years — days		years	days
Trade or Occupation	<i>Farmer</i>			
Height	<i>5</i> feet <i>6½</i> inches		feet	inches
Weight	<i>133</i> lbs.			lbs.
Chest Measurements	Girth when fully expanded... <i>36</i> inches			inches
	Range of Expansion... <i>3</i> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)	<i>Samuel Paterson</i>			
(Rank)	<i>Major</i>			
Enlisted	at <i>St John's Wex</i>		at	
	on <i>24th</i> day of <i>April</i> 1918		on	day of 191
Joined on Enlistment	Corps.	Regtl. No. <i>4672</i>	Corps.	Regtl. No.
Transferred to	<i>The Royal Wex Regt.</i>			
Became non-effective by	on		on	day of 191
(Signature)				
(Rank)				

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

Date	Brief Details, and Signature
24-4-18	Dues, 20
25-5-18	T.A.B.
17-5-18	Inoc 4P
25-5-18	" 4P
5-6-18	" 4P

It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as C for Discharge on Demobilisation. Medical category A I

10.6.19
Date of T.M.B.

J. H. M. H.
Captain
Abstract Account
Discharge Office

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Medical Report on an Invalid.Station Hayley Down Camp
Date 130 - 4 - 19

1. Unit Royal Newfold
2. Regimental No. 4672
3. Rank Pte
4. Name Finn J.
5. Age last birthday 26
6. Enlisted { on 19. 4. 18
at St John
7. Former Trade } Farmer
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).*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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

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).
(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.
- na

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.

No complains of no Disability

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

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

na

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

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

na

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

na

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?

na

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.

na

20. Do you recommend—

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

Repatriation

 Officer in medical charge of case
Major
L. A. King

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

Station *AD Camp*

 Officer in charge of Hospital.

Date *30 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.

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



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. & 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 *James Finn*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4672*

Intended address *St. John's*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Goulds, 20 4 Oct, 1883*

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)

James X Finn

Pte
(Rank)

Witness *St. JOHN'S*

Station

Date

10-6-18

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

Grand Falls

March 2nd
1918

Capt J M Hawley,

Dear Sir,-

With reference to your letter under date Feb. 22nd re Wm Beaton's Separation Allowance, I wish to remark that the Struchell was referred to one, at present, in Orphanages at St Johns, two girls at St Michael's, Convent Bellfleur, & one boy at Mount Basil. When Beaton enlisted in The Forestry Co. he made arrangements (so I understood from the heads of both orphanages) to have an allowance paid over to each according to agreement. I was under the impression that the money was being regularly collected by the nat guardians of his children. This in my opinion, would have been a better arrangement than to have the allowance come to Grand Falls to be immediately afterwards returned to St Johns.

However I am filling my end of the enclosed form & returning it herewith, & if Beaton would prefer to have the money paid directly over to me, I'll do as he wishes with it. altho I believe the other arrangement would be more

satisfactory to all concerned.

By the way he has another boy here about 15 years old whom he has practically thrown on the world. The boy is idle, at present, and cannot get work & Beaton knew this when he left Badger yesterday. I think he should be compelled to guarantee an amt. sufficient to pay that boy's board until he can find a means of supporting himself.

Would you kindly let me know when I am to receive an allotment made in my favour by Lance-Corp. S. P. Young who went from Detroit with the last draft. Shortly before going he wrote me to say that he had made a separation allowance to me of \$15⁰⁰ per month & I understood from him that I was to get the first lot at the end of Jan. I should be glad if you could give me any definite information on this matter.

Yours truly

Wm. D. Miller P.P.

1ST. NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

GUARDIAN.

NOTICE

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

This 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	Reg. No.
2.	Age of Soldier.	Married or single. <i>46 7/8</i>		
3.	Name in full of Guardian.	<i>Jr. M. Finn P.P.</i>		
4.	Address in full.	<i>Grand Falls</i>		
5.	By what authority are you acting as guardian? (If not verbal, enclose written document)			
6.	Name of Child(ren)	Age last Birthday.	Occupation	Married or Single.
	<i>William Beaton</i>	<i>11</i>		
	<i>Ellen</i>	<i>10</i>		
	<i>Margaret "</i>	<i>7</i>		
7.	Are all the above children in your care, and living with you? Explain fully. <i>all the above children are in orphanage Bellwoods & Grand Cashel</i>			
8.	Are any of the above children suffering from Mental or Physical incapacity? <i>No</i>			
9.	Give names of children of soldier not in your care.	Age last Birthday.	Occupation	Permanent Address.
	<i>Garthall Beaton</i>	<i>15</i>		<i>Grand Falls</i>

10. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.

No

11. Are you already in receipt of Separation Allowance from any source? If so, state amount.

No

12. Are you in receipt of Payment from any Patriotic Fund, if so, State amount?

No

13. Was the soldier, at the time of his enlistment, an employee of the Nfld. Government?

No

14. In what capacity and in what places?

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

No

16. From what date have you received allotment and state amount per month.

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

J. J. Finn, P.P.

Place of Residence

Grand Falls

Declared and subscribed before me at.....

this..... day of..... 19.....

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 local Patriotic Fund Committ, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct.

Signature of Clergyman.....
Signature of Member of Patriotic Fund Committee.....

.....

N.B. Birth certificates must accompany this Application, and will be returned after perusal.

ST. JOHN'S, June 12th /19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. J. Fynn

Billeting Soldiers as undermentioned

from June 1st /19 to June 15th /19

4672	Mr. J. Fynn	15 50
------	-------------	-------

ACCOUNT	<u>B. V. M.</u>
CELL NO.	<u>23315</u>
I. D. LEADER	<u>1 17 - 15</u>
PAY LEADER	<u>50</u>
Certified correct for <u>£ 15</u>	

J. A. Snowball
Billeting Officer.
J. Fynn. Per

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

James Finn

in respect of his service as No. 4672 Rank Pte.

Name J. Finn ~~Royal Nfld. Regt.~~
~~Inf. Forestry Coy~~

Receipt of the same should be acknowledged hereon.

Received British War Medal.

Signature James Finn

Date Jan 18 1922

Address Goreau

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Number of Sheet 526

Regiment of Royal Mees Fencible

Signature of O. C. Company Wm. Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
Joined	Date	Place and Date of Enlistment	Religion		
Joined	Date	Period of } with Colours / ⁷⁷ years. with Reserve / ³⁶ years.	Place of Birth		
Joined	Date		with Reserve / ³⁶ years.		

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
				Demobilized St John's	9	7	19		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4672 Rank Plt. Name James James
 Date of Enlistment 24-4-18 Address Goulds District St. John's
 Occupation Farmer Classification for Discharge Medical Category
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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 10-6-19 for H. M. W. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

*His x Julie
 Jas. Max. with G. Leaboy*

Date ~~10-6-19~~ 11-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied 1 pair shoes

Date 11-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 11-172 to his home at Worcester and Release Certificate No. 2614 issued.

Date 11-6-19

J.A. Snow
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 11-1-19

Date 11-1-19

J.M. Hunt
Depot Paymaster.

Discharge approved for 11-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L.	do 3rd	" 4
B 179a	D 400C	Form K.	do 4th	" 5
B 179b	B 103	ME 2.		" 6
B179c	B 120	M 93.		

2 Form. B

Date 11-6-19

J.A. Snow
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

Date JUN 15 1919

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

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

Date June 20 1919

J.M. Hunt
Depot Paymaster

Reg. No. *4672* Rank *Pfc* Name *Quinn, Jas*
Attested Address *Gardes* :
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Cossican* Cause *Discharge*

10-6-19
15-6-19

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION.