



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 2007 Name Clarence Foley Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. _____
2. What is your full Address? } 2. Clarence Foley
St. John's
3. Are you a British Subject? 3. _____
4. What is your Age? 4. 25 Years 6 Months.
5. What is your Trade or Calling? 5. Barber
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. _____
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. Yes { 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, Clarence Foley 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.

_____ SIGNATURE OF RECRUIT.

_____ Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Clarence Foley 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 _____

on this 1st day of December 1915 at St. John's _____
_____ Deputy of the 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 _____ 1915 _____
Place _____ } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
† Here insert the "Corps" for which the Recruit has been enlisted.

* If so, the 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) _____

**FIRST NEWFOUNDLAND REGIMENT.****ATTESTATION OF**No. 2007 Name Clarence Foley Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Clarence Foley
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. yes
4. What is your Age? 4. 25 Years 6 Months.
5. What is your Trade or Calling? 5. Bookbinder
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, Clarence Foley 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.

SIGNATURE OF RECRUIT.

8 Dec. 1st. 1915

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Clarence Foley 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, 1st Dec on this 1st day of December 1915.

Signature of the Attesting Officer. Clarence H. O'Connell

† Certificate of Approving Officer.

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

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

Date 191

Place _____

Approving Officer.

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† Here, insert the "Corps" for which the Recruit has been enlisted.

* If so, the Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz.— (Name) _____ re-enlisted in the (Regiment) _____ on the (Date) _____

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name Clarence Foley
 Age 25 years 6 months. Height 5 feet 9 1/4 inches.
 Measurement { Girth when fully expanded 42 inches.
 Range of expansion 38 inches.
 Marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs May Foley, Whitbourne
 Relationship Mother

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>1-12-15</u>									
Joined at <u>St John's</u> on <u>December 1/15</u>									
<u>Embarked St John's S.S. Scotland for Uthmaniyah 25th 16</u>									<u>Embarked for B.S.F. 9th 16</u> <u>Inland unit 21-7-16</u> <u>Decombed 12-10-16</u> <u>Admitted 38 C.O.s</u> <u>9th S.W. Hosp 12-10-16</u> <u>Invalidd to England 25-10-16</u> <u>Admitted 3 Low Hon Hosp</u> <u>17-10-16</u> <u>Transferred to Home</u> <u>Military Hosp. Woolley 18.7.17</u> <u>Further they attempted to get</u> <u>20-10-17</u> <u>to Newfoundland</u> <u>for discharge 19-1-18</u> <u>Arrived Newfoundland 10-2-18</u>
<u>Discharged Medically Unfit 1-3-18</u>									
Total Service forfeited as above									

Total Service towards Engagement to 1-3-18 (date of discharge) 2 years 91 days
 " " " Pension " " " " " " " " " " " "



SERIAL NUMBER 2007

COMPANY A

THE
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions.

For the duration of the present war, or until my
discharge.

Subject to the Army Act, The King's Regulations,
and to such ordinances as may apply or, ~~be made~~
to apply to the British Regular Army.



Subject to the Newfoundland Volunteer Act,

5 George V.

Chapter IV.

Signed Chermon Roy

Witness Wm. Churchill

Dated at St. John's, Nfld.

June 30th 1916.

Foley, C.

2007

Pay Dept

C.R. 2007

Extract from Nominal Roll of Mfld. Regt. Craft No.8.
Embarked Southampton, 9-5-16. from 2nd Bn. Depot to
1st Bn. B.M.F.

2007 Pte. G. Foley.

COPY.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. G. Hinch & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (1454) W5997/M2589 250m 7/17a 63 56

Forms
 B. 121.
 41.

Regiment of 2nd Pt Newfoundland Regt.

Number of Sheet 1
 Signature of O. C. Company W Rendell Capt
Condy H Coy

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. <u>2507</u>	<u>Foley C</u>	Age on <u>25</u> years <u>6</u> months		<u>Drakester</u>	
Joined _____	Date _____	Place and Date of Enlistment <u>Whites Ptld</u>		Religion <u>AC</u>	
Joined _____	Date _____	Period of <u>with Colours 2 9/1 years.</u> <u>with Reserve 3 3/4 years.</u>		Place of Birth <u>Whithorn Ptld</u>	



Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Newton-on-Ayre</u>	<u>12/5/16</u>	<u>Pte</u>	<u>1</u>	<u>Drunken & Disorderly</u>	<u>Capt P. Ellis</u> <u>Pte F. Fowlow</u>	<u>Admonished</u>	<u>12/5/16</u>	<u>Lieut G W Dyer</u>	<u>None</u>
<u>Newton-on-Ayre</u>	<u>13/5/16</u>	<u>"</u>		<u>Absent from Tattoo for until 1045pm</u>	<u>Capt P. Ellis</u>	<u>7 days CB</u>	<u>17/5/16</u>	<u>Major W F Rendell</u>	<u>Imprisoned 10 days pay 1/2</u>
<u>"</u>	<u>6/6/16</u>	<u>B</u>		<u>"Drunken on parade 9.30pm</u> <u>"Urinating in public place</u>	<u>Sgt Gullage</u> <u>Sgt Jenett</u>	<u>48 hrs detention</u>	<u>8/6/16</u>	<u>Major W F Rendell</u>	<u>with</u>
				<u>Medically Unfit</u>	<u>1. 3/16</u>				

To be carried over

Army Form B. 121.

- C.R. 2007

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

2007 Pte. W. Foley

Discharged 1 - 3 - 18, Medically unfit

CR 2007

Extract of Daily Order: part 11, from Unit Royal Nfl .
Regiment Headquarters, St. John's. March 4, 1918.

#2007 Pte. C. Foley.

Having been found Medically U-fit is struck off the
strength with effect from 1/3/18.

C.R. 2007

Extract of Daily Orderd part 11, from Unit The Royal
Newfoundland Regiment, Headquarters, dated Feb 13/18

The following man returned from Overseas and is
attached to Headquarters with effect from February
13th, 1916.

2007, Private C. Foley

1. **FOUNDLAND POSTAL TELEGRAPHS.****Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

21st October, 1916.

To

Mrs. Mary Foley,

Whitbourne.

Record Office London today advises No. 2007 Private
Clarence Foley at Wandsworth.

COLONIAL SECRETARY.

C.R. 2007

Extract from Casualties received from P.&R.office, London.
Oct. 31, 1916.

Admitted to Wandsworth: 27&28;

2007 Foley.

Gunshot wound Right thigh.

C.R. 2007

Extract of Casualty received from Pay & Record
Office, London, dated October 30, 1916.

#2007 Pte. C. Foley. ✓

Gunshot wound right thigh severe.

Admitted 3rd London General Hospital, Wandsworth, S.W.
27/10/16.

C.R. 2007

Extract of Casualties received from Pay & Record
Office, London, dated October 30, 1916.

#2007 Pte. C.J. Foley. ✓

Wounded 18/10/16 and reported by O.C.Bn, 16/10/16.

C.R. 2007.

Extract from Casualties received from Pay & Record Office,
London, Oct. 30, 1916.

Adm. 3rd ^ULondon, Gen. Hos. Wandsworth. 27/10/16.

2007 Pte. Foley, C.

1st Newfoundland, G.S.W. Thigh sev.

C.R. 2007

Extract from Casualties received from P.&R. Office, London,
Oct. 24th, 1916.

St. John Ambulance Brigade Hospital, Etaples.

Gunshot wound: both thighs severe.

2007 Foley.

COPY OF TELEGRAM.

Dated
24th October, 1916.

To **Mrs. Mary Foley,**
Whitbourne,

Regret to inform you that the Record Office,
No. 2007 Private Clarence Foley
London, officially reports
at St. John Hospital Staples October fourteenth Gunshot
Wound both Thighs Severe.

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

J. R. BENNETT,

Colonial Secretary.

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 2007

AUSTRALIAN IMPERIAL FORCE.

LIST No.H.A.3641.

218	Pte. Evans J.	19th Batt.A.I.F.	V.D.V.S.	Adm.51 Gen.H.Etaples, 25th Oct.1916.
259	Tpr. Heathcote L.J.	13th Aus.L.Horse.	V.D.G.	do.
1499	Pte. King J.	3rd Batt.A.I.F.	N.Y.D.	do.
18	Sgt. Dobbie R.G.	1st Aus.Engrs.	V.D.G.	Adm.51 Gen.H.Etaples, 25th Oct.1916.
3707	Pte. Davies T.H.	8th Aus.Fld.Amb.	V.D.G.	do.
3771	" Bulliman F.W.H.	56th Aus.I.F.	Infl.Lymphatic.glands.Grip.Dis.to Base	Dep.ex 35 Gen.H.Calais, 26 Oct.16.
193	" Tilley J.J.	32nd do.	Faoriasis.	do.

NEW ZEALAND CONTINGENT.

LIST No.H.A.3641.

2/1041	Gnr. Magnusson G.D.	N.Z.F.A.11 Bty.	V.D.G.	Adm.51 Gen.H.Etaples, 25th Oct.1916.
8/3153	Spr. Mayhew O.J.W.	N.Z.Eng.3 Fld.Co.	Corrv.Lobar Pneumonia.	To Eng.ex 9 R.C.H. 26th Oct. 1916.

SOUTH AFRICAN RECORD OFFICE.

LIST No.H.A.3641.

5746	Pte. Vukmanovick	3rd S.Afr. C.Co.	GSW.L.Hand.	Trans.to 6 Con.Dep.Etaples, St.John Amb.Bde.
	V.S.			Hos.25th Oct.1916.
817	Gnr. O'Connor A.	S.Afr.Hy.Arty.	GSW.R.Thigh.	To Eng.ex St.Johns Amb.Bde.H.25th Oct.1916.
		73 Sge.Bty.		

NEW FOUNDLAND CONTINGENT.

LIST No.H.A.3641.

2007	Pte. Foley C.	1st Newfoundland.	GSW.Both Thighs.	To Eng.ex St.John Amb.Bde.H.25th Oct.1916.
		A.Co.		

MACHINE GUN CORPS RECORD OFFICE.

LIST No.H.A.3641.

37476	Pte. Shields J.	3rd Hants.attd.	L.Ing.Hernia.	To Eng.ex St.John.Amb.Bde.H.25th Oct.1916.
		M.G.C.56 Coy.		

PERTH RECORD OFFICE.

LIST No.H.A.3641.

25454	Q.M.S.Cameron, W.G.	7/Camerons.	V.D.G.	Adm 51 Gen.H.Etaples 25th Oct'16.
15751	Pte.Goulding, W.H.	11/A.& S.H.	V.D.G.	do.

HAMILTON RECORD OFFICE.

LIST No.H.A.3641.

17379	Pte.Wilson, G.	2/K.O.S.B.R.	V.D.S.	Adm 51 Gen.H.Etaples 25th Oct'16.
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C.R. 2007

Extract from Hospital Roll Discharged St. John's for Overseas,
Mar. 23, 1916. "H".

2007 Pte. G. Foley.

22007

March 1st, 1918.

The O. O.

Royal Newfoundland Regiment,

Headquarters.

Sir,-

The undermentioned men have been discharged on the dates given.

Kindly note and post in Daily Orders, Part II.

I have the honour to be,

Sir

Your obedient servant,

Signed, J.M. Howley,

Capt. & Paymaster &

Officer i/c Records.

JH.

No. 2266 Pte. Ryan, James.	Feb. 28th. 1918. Med. Unfit.	
No. 3522 Pte. Hewatt, A.J.	March. 1st. 1918. Med. Unfit.	
No. 1641 Pte. Bollett, W.A.	Do.	Do.
No. 2251 Pte. Hutchings, C.	Do.	Do.
No. 2007 Pte. Foley, C.	Do.	Do.
No. 1901 Pte. Feaney, B.	Do.	Do.
No. 1030 Pte. Judge, J.	Do.	Do.
No. 2687 Pte. Payne, A.	Do.	Do.

Feb. 18th., 8

From Asst. Adjutant,
Depot.

To Paymaster and Officer i/c Records,
Dept of Militia.

2007 Pte. C. Foley.

Above mentioned man was recommended for discharge as permanently unfit by Medical Board held on February 15th. 1918.

I am sending him herewith for your attention and necessary action, please.

C.R. 2007

Clarence Foley was attested for General
Service with the NEWFOUNDLAND REGIMENT ON Dec. 1st 1915.
Regimental No. 2007 was allotted to Pteg C. Foley.

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

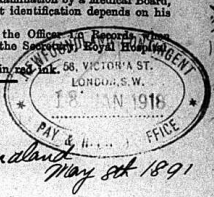
Descriptive Return of a Soldier discharged on account of Disability.

INSTRUCTIONS. This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is referred for the consideration of the Commissioners of Chelsea Hospital.

Statement should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming the declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The Return shall then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge, and returned to the Secretary, Royal Hospital, Chelsea, London, S.W.

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



A Name in full *Clarence Foley*
Regiment from which discharged *1st Newfoundland*
Regimental Number *2007*
Where born (Parish, Town and County), and when *Whitbourne Newfoundland*
Intended address *Whitbourne Newfoundland*
Height on discharge *5 Feet 11* Inches
Colour of Hair on discharge *Auburn* **Colour of Eyes** *Hazel*
Descriptive marks _____ **Complexion** *Fresh*
Figure on discharge *Medium*
Christian name of Father *Edward*
Christian name of Mother *Mary*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *Railway Employment Newfoundland*

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) *Clarence J. Foley* (Rank) *Plt*
Station *Grove Military Hospital* **Date** *Sept. 14.*
Footing Grove SW

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.

Grove Mil. Hospital *J. Will Brown* for Medical Officer i/c Hospital.
Station *Footing Grove SW* **Date** *Sept 14. 1917*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	
				Years	Days
				India	
				S. Africa	
Disallowed ...					
Service towards Pension ...					
Date inclusive to which pay has been issued	Sum due on account of advance of pension }				
Sums due on account of public debts ...					

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges **Medals**
Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2007 Foley B

(Substituting A.F. J. 1325). N.F.P./36.

2 Company. From 22-12-17 To 15-1-18 (Dates inclusive).

Embarked per S.S. _____

From Liverpool Date 19/1/18

DR. Classification (See Procedure).

Draft No. 56 CR.

Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d	Date	Pay Book Col.	PARTICULARS	Date	Days	£	s	d
	8	Forfeited Pay							1	Pay					
	9	Allotments	50	10	5	00			2	Field Allowance	10	28	28	00	
	10		30	18	15	40			3	Other " "					
11/12		Total Stoppages			10	40		2 2 9	4/5	Total @ 4.86 2/3			30	80	
13		Fines							6	Balance Credit Last Period					
14		Clothing & Necessaries							6a	OTHER CREDITS:					
15		Arms & Accoutrements								Ration Allice, / / - / /					
16		Barrack Damages						6							
17		Hospital Stoppages													
17a		Miscellaneous Stoppages						2 5							
19		Casual Payments													
20		1st Payment						17 6							
21		2nd "						17 6							
22		3rd "						17 6							
23		Final "						17 6							
24		Balance Debit Last Period						1 8 5							
28		" Due by Paymaster							27	Balance Due to Paymaster					
								6 6 7							6 6 7



This account is ^{checked} in accordance with information received at the Pay & Record Office to JAN 17 1918 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.
G.H. PLo
18-1-18

Hazeley Down Camp
17-1-18 191
Manchester

CERTIFIED CORRECT.

G. Lussac & Co.
O.S. "Z" Company.

Casualty Form—Active Service.

Regiment or Corps 1st Newfoundland Regt

Regimental No. 2007 Rank Pte Name Toley C

Enlisted (at) Dec 1/15 Terms of Service (a) Duration of War Service reckons from (a) _____

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____



CERTIFIED TRUE COPY

Date	From whom received	Report Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 21A, Army Form A. 85, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
			<u>Embarked Southampton</u>	<u>9/7/16</u>	
			<u>Disembarked Rouen</u>	<u>10/7/16</u>	
	<u>Unit</u>	<u>Joined Battalion</u>	<u>France</u>	<u>July 21/16</u>	
14/10/16	38th CCS				
<u>14/10/16</u>	<u>38th CCS</u>	<u>Ad G.S.W. Highs</u>	<u>France</u>	<u>13/10/16</u>	<u>ED 4523</u>
	<u>Adms B Coy</u>	<u>Do</u>	<u>Etaples</u>	<u>14/10/16</u>	<u>AD 3369</u>
	<u>A/S Asturias</u>	<u>In England</u>		<u>25/10/16</u>	<u>W 3083</u>
			<u>Ad</u>		
			<u>A. Stanwell</u>		<u>Lieut Colonel.</u>
			<u>Officer</u>		<u>1/4 Reg Light Sect.</u>
			<u>G.A.D.</u>		<u>3rd Echelon.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W (T) in substitution for a man fit for General Service.

CERTIFICATE
No. 2807

Rank Private

Name (surname first) Clarence J. Foley

Regiment 1st Newfoundland Regt.



1. State what special qualifications you have for employment in civil life.

Conductor on the Reid Newfoundland Co. Ry

2. State the name and address of your last, or any other employer before enlistment, etc. the nature of employment and how long you were employed?

Reid Newfoundland Company Railway.

Nine Years.

3. What is the nature and locality of the employment you desire?

Undecided
Whitbourne Newfoundland.

4. What is the name of your Approved Society?

No.

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date Sept 14

Signature Clarence J. Foley

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

No. 218

A REGISTERED POSTAL PACKET

Received from

Addressed—

Badg

Armine Foley

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office Stamp

Received a Registered Postal Packet addressed as above...

W. H. Brown

He

REGISTERED

NOV 29 1918

DUPLICATE ORIGINAL



N.F.C. 119

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No) 2007 (Rank) Pte (Name) Foley C. hereby apply for cancellation of Allotment made by me on N.F.P/11 No. 1921 dated March 27 1916 in favour of Mrs E Foley for \$ - cts 50 per diem.

Such cancellation to take effect on the 31st day of December 1917.

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at

Leiston Park School,

1917

✓ Approved

Pt C Foley

Allotter.

Approved and Witnessed:

[Signature]

O.C. "F." Company.

Noted 9/11/17

NOTED W.M. Martin Date 12/11/17

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/16.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Clarence* 2. Surname *Jolley*

3. Rank *Private* 4. Regt. No. *2007*

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded. *Whitbourne*

6. Date of enlistment in the Regiment. *December 1st 1915*

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

There was no Separation Allowance issued

8. Relationship of such dependents.

9. Address in full of such dependent.

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

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *No Applicant went Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *2 years and ninety one days*

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

only one enlistment

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.....

Applicant has received \$87.50 (as far as he can remember)

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

Yes

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

no

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

no

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

No

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

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

no

March 1st 1918

Wounds received in action in right and left leg

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.....

Served in front line from July to October 1916

Wounded on October 17th 1916

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.

E. Foley

Signature of Applicant:

Place of Residence:

Declared before me at:

This

28th day of *February* 1919

St Johns

Whitbourne

John A. Barrer

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

Barrister

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>19:12:18</i>	<i>100:10</i>		<i>5.65</i>	<i>350.00</i>
			<i>Less P.D.P.</i>	<i>100:10</i>
				<i>249.90</i>

Certified Correct.

Paymaster.

SEPARATION ALLOWANCE.

Claimant..... *Mary Doley* (*Mother*)

On account of *Joseph Doley* No. *2007* Rank *Pvt.*

Decision..... *Refused*
Frank granted exemption

Date..... *Dec 10/1919*
W. R. deell Lieut. Col.
M. Bowley Major

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

1921

Allotment of *50⁴* per day payable to *Mary Doley*
his *Mother* from *22/3/16* to *31/12/18*

Discontinued ~~on account of~~ & replaced by allot of *30⁴*
L. R. K. Staff Sgt

*This man reduced his allot in favour
of his Mother to 30⁴ per day from 1/1/18
to 28/2/18 Date of Discharge*

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

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 PAYMASTER"
Separation Allowance Branch)
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't or Unit. Reg't. No.

Belarence Joseph (Haley) Cpl 1st WFLD 2001

2. Age of soldier. Married or single.

Twenty eight Single

3. Name in full of mother. Age. Occupation. Permanent address.

Mary H. George (Haley) 61 Whitbourne

4. Give name of your husband. Age. Occupation. Where employed

Richard (Haley) 85

5. If your husband is not supporting you, state the reason. *Dead*

6. If your husband is a chronic invalid and totally incapacitated (State nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) *H*

7. If you are a widow, state date and place of death of your husband. *Husband died at Whitbourne March 12-1918*

8. Have you married again since death of above mentioned husband? *No*

9. Names of your other children. Address in full. Age. Occupation. Married or single
*Frank Patrick, George, Bride, Aggie
Lorraine, Mechanic, Bracklesome
single*

10. State amount earned by (a) Yourself *nothing*
(b) Your husband.

11. State amount and source of any other income.

12. State value of real property belonging to you and your husband, *none*

13. State value of personal property belonging to you and your husband. *none*

14. If husband is dead state value of real and personal property left by him. *none*

15. Actual amount contributed by soldier during the year prior to enlistment
Four hundred and forty dollar \$ 450.40

16. Was this amount contributed weekly or monthly. *on an average from \$ 50 per wk 35.15 40.00*

17. Did this amount include payment of son's board etc.

18. State your son's trade or occupation prior to enlistment. *no*
Railroad Conductor

19. State amount of his wages per week. *about \$ 16.00*

20. State name and address of his last employer.
Raid Newfoundland Land Company

21. State amount of monthly support from son since enlistment
fifteen dollars

22. State amount of allotment received by you from son since enlistment. *\$ 15.00 per month*

~~23. State amount of monthly support from son since enlistment.~~

23. State from what date did you receive allotment. *March 1916*

24. Actual amount contributed ^{\$ 10.00 weekly} by other children. monthly.

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

no

26. If not receiving support from other children, state cause. Explain fully.

27. With whom are you residing at present. *children*

+ Did not know of etc

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

no

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

no

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

no

31. Was the soldier at the time of his enlistment an employee of the Bfld. Government?

no

32. In what capacity and in what place.

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

no

34. 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..... *Mary Foley*

Place of residence..... *Whitehorn*

Declared and subscribed before me at..... *Whitehorn*

this..... *12th* day of..... *September* 1912

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace..... *J.P. Thompson*

This application must be signed by the 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 my knowledge and belief, after careful investigation, the above statements are correct and the soldier first above mentioned is the sole support of the applicant *John May*

Signature of Clergyman.....

John Reay, Mch. Minister

Signature of member of the Patriotic
Board Committee.

J. P. [unclear]

Oct. 18, 1919

Mrs. Mary G. Foley,
Whitbourne.

Dear Madam:-

With reference to your application for Separation Allowance, will you kindly give me the ages of your sons: Frank, Patrick and George, and also advise me if any of them offered for enlistment, and if so on what dates, and in what Forces.

Yours truly,

Maj r
Paymaster.

7048

Whitehouse

Oct 20, 1919

To Paymaster
Military Dept
St. John's

Dear Sir

Re your letter about my
son's age Patrick is 24 he is a veteran
of the first of July drive and enlisted Oct
1915 was badly wounded as the Dis Com
tee you sent my son Clarence enlisted in
1915 also was in the 19 of Oct drive
back in the newed force my son Frank
was exempted he is 22 & George was
too young he is now only 19. While the
two boys were overseas their father died.
Both were badly wounded & suffered since

I Remain yours Respectfully
(Mrs) Mary G. Dohy

(Clarence is 29 years of age.)

Dec. 19 1919

Mrs. Mary Foley,
Whitbourne.

Dear Madam:-

Referring to your application for Separation Allowance, I regret to have to inform you that Board of Review has decided that same cannot be granted to you, because your son Frank was granted "Exemption."

The Regulations provide that where there are three or more sons of Military Age, the Allowance will only be granted when the third enlists.

Yours truly,

Major

Paymaster.

H.F.P./54

No.416.

From Pay & Record Office,
London

To Minister of Militia,
St. John's, Nfld.

#2007 Pte.C.Foley

STP ON

H.F.P./54

Over credited Nation
Allowance as per claim 156
2.6d.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Clarence Folly*
aged *25 years* conducted at *C. L. B. Armoury*
Date: *November 30/15* Recruiting Officer:

NO OF TEST	FINDING
1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i> <i>scars</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>6-6 both</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>yes 2 scars left arm 5 years ago</i>
34	<i>5-9/4</i>
35	<i>180 lbs.</i>
36	<i>38-42</i>
37	<i>50 months</i>
38	<i>mother</i>
39	<i>mother & father</i>

2007

JH

Signature of Medical Examiner:.....

Geo. Loden
Lieut. Acso

March 1st, 1918.

Pte. C. Foley,
Whitbourne.

Dear Sir:-

I enclose herewith cheque for \$57.60, being the balance of pay due you at date of discharge, made up as follows:-

Bonus 1 week @ \$1.10 p.day	\$7.70
Subsistence Allow	6.
Civilian clothes	25.
Balance of pay	<u>18.90</u>
	<u>\$57.60</u>

I also enclose certificate of discharge, dated March 1st, 1918, together with special form, which kindly sign, and return.

Yours very truly,

Capt. & Paymaster

Enclosure.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 86 ⁰⁰/₁₀₀ ✓

Dec 19th 1918

Received from the First Newfoundland Regiment
the sum of Eighty Six ⁴⁰/₁₀₀ Dollars.
~~on account~~ of Pay. P.D.P. C. H. G.

Ch. No. 7165	Initials. Kew
Pay Ledger. 8.1	Initials. AWL
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

[Handwritten signature]

No. 2007.

Rank

PL

Name

Foley, C

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

Mar
~~Feb 28~~ 19 19

\$ 20⁰⁰/₁₀₀

Received from the First Newfoundland Regiment
the sum of Twenty Dollars.
on account of Pay. Clothing *B. Foley*
balance

Ch. No. 11811	Initials <i>EW</i>
Pay Ledger 81	Initials <i>JH</i>
Gen. Ledger	Initials

Regtl. No.

Rank

J. C. J.

No. 2007

Rank

OL

Name

Foley E

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$27.⁶⁰/₁₀₀

March 28 1918

Received from the First Newfoundland Regiment
the sum of Fifty Seven ⁶⁰/₁₀₀ Dollars.
on account of Pay when Discharged.
balance

Ch. No. 145	Initials EW.
Pay Ledger 63	Initials EW.
Gen. Ledger	Initials SRS

Regtl. No. [Signature] Rank

No. 2007 Rank. *Pte.*

Name *C. Raley*

Whitbourne

C. F. P. 1111

C.R. 2007

P. P. O.



Army Form B. 179.

Medical Report on an Invalid.

CERTIFIED TRUE COPY

Station Trouty Grove S.W.
Date 15.9.17.

1. Unit 1 Newfoundland Regt
2. Regimental No. 2007
3. Rank Platoon
4. Name Boley Clarence

5. Age last birthday 26
6. Enlisted { on 1.12.15
 { at St. John's Nfld
7. Former Trade or Occupation { Train Conductor

8. Disability.

Lame in left leg G.S.W.

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. 12.10.16

10. Place of origin of disability. Somme

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
6 had bleeding before passage
1 Operation Oct 14. Tubes in. (2) Operation, opened up tubes in
(3) May 30/17. Scar cut out, muscle & skin brought together
over gap.

COPY SENT TO
O.C. H.Q. :
ST. JOHNS, N.F.L.D.
N.F.P.38, No. 9587
DATED 18 JAN 1918

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

G.S.W.
Active Service

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.

Deep scar tissue adherent to Femur.

Much loss of power in left thigh - health good.
The patient cannot properly extend the knee joint.

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

Yes

No.

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

If so—(a) When?

(b) Where?

(c) Opinion?

No

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

Yes

(1) (2) (3)

Flaying in tube
Removal of scar etc.

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. Do you recommend

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

For discharge permanently unfit

E. J. Wilkinson

Officer in medical charge of case.

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

except

Station

Date

*Home Mil Hosp
Working Home Ltd*

15. 9. 17

E. W. Bondall

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.

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service

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

explosion of shell

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

No

22. Is the disability permanent?

Yes

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

1/2

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

Not applicable.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

*This man has been reclassified under Category III
Employments C-iii*

Signatures:—

George Mil. Hosp
Station *Torquay Home Sd.*
Date *15.9.17*

W. P. ... President.
M. A. ... Members.
J. D. ...

Approved.

Station _____
Date _____

Administrative Medical Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

V. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[6-6] W/3117/2124 1000m 6/15as 93 56

Forms
11. 121.
85.

Regiment of *21st Newfoundland Regiment*

Signature of O. C. Company

Number of Pages
W. Rendell Capt
Kendy Coy

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>Soley C.</i>	Age on	25 years 6 months	<i>Brakeman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours years		<i>Whitbourne, Nfld.</i>	
Joined	Date	with Reserve 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
<i>Newton-on-Avon</i>	<i>12/5/16</i>	<i>Pte.</i>	<i>1</i>	<i>Drunk & Disorderly</i>	<i>Capt. E. Ellis Pte. J. Towler</i>	<i>Admonished</i>	<i>13/5/16</i>	<i>Lieut. G. W. Coye</i>	<i>G. O. S.</i>
<i>Newton-on-Avon</i>	<i>13/5/16</i>			<i>Absent from kitchen until 10.45 p.m.</i>	<i>Capt. E. Ellis</i>	<i>7 days C. B.</i>	<i>17/5/16</i>	<i>Major B. F. Rendell</i>	<i>Inflicted 1 day's pay & G. O. S.</i>
"	<i>6.6.16</i>		<i>2</i>	<i>Drunk on parade 9.30 p.m. Sgt. Gullap Urinating in ablution place Sgt. Jerratt</i>	<i>Sgt. Gullap Sgt. Jerratt</i>	<i>48 hrs detention</i>	<i>8.6.16</i>	<i>Major W. F. Rendell</i>	<i>10th</i>
To be carried over									

COPY SENT TO
O. C. H. Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. *1046*
DATED **18 JAN 1918**

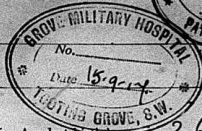
Army Form B. 121.

2/3

Medical Report on an Invalid.



Station



Date

1. Unit *1st Newfoundland A Coy.*
 2. Regimental No. *2004.*
 3. Rank *Pte*
 4. Name *Foley, Clarence.*

5. Age last birthday *26*
 6. Enlisted { on *Dec. 1. 1915*
 at *St Johns Newfoundland.*
 7. Former Trade } *Train Conductor.*
 or Occupation }

8. Disability.

Lame in left leg.
S.S.W.

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. *Oct 12. 1916*
10. Place of origin of disability. *Somme.*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

6 hrs bleeding before bandage. (1) operation Oct 14. Tubes in (2) operation. Spinal up tubes in. (3) May 30. 17. Scar cut out, muscle & skin brought together over sap. —

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38. No. *9587*
 DATED *18 JAN 1918*

12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

S.S.W.

Active Service

113. 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.

both scars to me - adjacent to femur -
much loss of power in left
thigh - health good

The patient cannot properly extend the knee
joint -

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?

Y. (1) & (2) flaps in tube
(3) Removal of scar tissue.

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. Do you recommend

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

Y. Discharge as permanently unfit

[Signature]

Officer in medical charge of case.

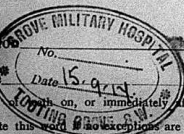
I have satisfied myself of the general accuracy of this report, and concur therewith, except

Station

Date

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

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



G. L. Fookall - Lt Col R.A.M.C.
Officer in charge of Hospital.

Opinion of the Medical Board.

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

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913.)
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.
20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
- active service.*
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?
- explosion of shell.*

21. Has the disability been aggravated by

- (a) Intemperance? *no*
- (b) Misconduct? *no.*
- (c) Any of the conditions mentioned in question 20, and if so, which? *no*

22. Is the disability permanent?

Yes

23. If not permanent, what is its probable minimum duration?

To be stated in months.

Is he fit for discharge from the service as an out-patient & will he require out-patient treatment on his discharge from hospital.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{2}{3}$, or total incapacity.

1/2

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

no.

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

not applicable.

26. Do the Board recommend

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

This man has been recommended under category IV Employment Cii

Signatures:—

Station No. _____

Date 15-9-14

Date _____

E. G. Fookall Lt. Col R.A.M.C. President.

Major R. F. M. C. (T)

J. D. Weston

Members.

Approved.

Station _____

Date _____

Administrative Medical Officer.

To be used only for Special Reserve Recruits, and for Special Regular Army.

MEDICAL HISTORY

OF

Surname Joley

Christian Name Charles



Table I.—GENERAL TABLE.

Birthplace:—Parish

County New Zealand

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>30</u> day of <u>Nov</u> 191 <u>6</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>St John N.Z.L.F.</u>		at _____	
Declared Age	<u>25</u> years		_____ years	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet	<u>9 1/2</u> inches	_____	_____
Weight	<u>150</u> lbs.		_____	_____
Chest Measurement	Girth when fully expanded... <u>42</u> inches		_____ inches	
	Range of expansion... <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>2</u>	_____	_____
When Vaccinated	<u>1910</u>		_____	
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>J. W. Bardey</u>		_____	
(Rank)	<u>Lieut</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at _____ on _____ day of _____ 191 <u>1</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st N.Z.L.F.</u>	<u>2007</u>	_____	_____
Transferred to	<u>1st New Zealand</u>		_____	
Became non-affective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Rank)	_____		_____	

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38, No. 9587
DATED 18 JAN 1918

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3RD LONDON GENERAL HOSPITAL WANDSWORTH.	26	7	16	28	11	16	G. S. W IX 1 severe.	126	wounded France. 14 July. Wound of leg below left knee severe hemorrhage. Removed 11 days. Staph. & P. solida at first then transparent. 21.6.16. dressing. Some scabs under anaesthetic 27.6.16. Casualty sent.	W. H. Knightly Capt R.A.M.C.
3RD LONDON GENERAL HOSPITAL WANDSWORTH.	24	10	16	18	4	19	G. S. W IX 1 severe both thighs	264	Wounded in France 12.10.16. Slipped in mud & burst L. femur open. X ray list. Small F. H. S. Bld scar cut out. Muscles under cut. To Grove M. H. Postings	G. C. Hall Capt R.A.M.C.
	18	7	14	19	9	14	do.	63.	Wound healed. Upper end of femur much atrophied to femur above joint loose & mid third limited movement of thigh as to flexion double. in leg to. CII	Chalworth MAJOR R.A.M.C. (T) REGISTRAR. GROVE MILITARY HOSPITAL, TOOTING GROVE, S.W.



Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination 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
January 27/16	1 st Inoculation } 200 ft.
February 9/16	2 nd
6 th 7-16	" Vaccination Completed Successful N.F.W.
6. 7. 16	Fit for foreign Service. N. F. W.
	Boarded. Reclus C III meloote mapelma

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St John de Leda	2/25/16	9/4/16			

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer in Charge when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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



A Name in full *Clarence Foley*
Regiment from which discharged *1st Buffs*
Regimental Number *2007*
Where born (Parish, Town and County), and when *Whitbourne, Kent*
Intended address *Whitbourne, Kent*
Height on discharge *5* Feet *11* Inches
Colour of Hair on discharge *Auburn* **Colour of Eyes** *Hazel*
Descriptive marks _____ **Complexion** *Foxy*
Figure on discharge *Medium*
Christian name of Father *Edward*
Christian name of Mother *Mary*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *Railway Employment, Kent*

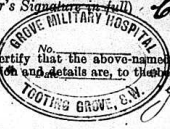
COPIES SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38, No. *0587*
 DATED *18 JAN 1918*

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) *Clarence J Foley*
 Station _____
 No. _____
 Date *14 Sep 17*

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 *100th Bde Hospital* Date *Sept 14. 17*
 Medical Officer in Charge Hospital.



B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		
Disallowed					
Service towards Pension					
Date inclusive to which pay has been issued			Sum due on account of advance of pension		
Sums due on account of public debts					

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 2007

Rank Private

Name (surname first) Chauncey J. Foley

Regiment 1st Newfoundland Regt.

1. State what special qualifications you have for employment in civil life.

Conductor on the Paid Newfoundland Co. Ry

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38, No. 2007
DATED 18 JAN 1918

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Paid Newfoundland Company Railway
Five years*

3. What is the nature and locality of the employment you desire?

*un. decided
Whitburn - Newfoundland.*

4. What is the name of your Approved Society? *No*

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date Sept 17

Signature Chauncey J. Foley

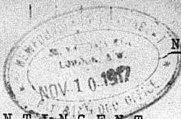
NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

No. 4164

ORIGINAL

N.F.P./11



NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 207 (Rank) Pte (Name) Foley C.
 hereby agree, until further notification by me, and in required form,
 to make an allotment of _____ dollars and 30¢ cents
 per diem, from my pay, to and for the benefit of the undermentioned
 Person and/or Persons. Such payments to be made on proof of identity
 of the Person and/or Persons concerned, viz:-

Whether Wife Child, other relative or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)	
			\$	¢
Mother	Mrs Edward Foley	Whitbourne		30

This Allotment to take effect from and including 1st January 1918

NOTE:- This Form must be completed and signed by the Soldier, counter-
 signed by the Officer Commanding his Company, and forwarded to the
 Paymaster in accordance with P. & R.O. C.L./10, 9/12/18.

(Sig.)

Officer Commanding
 " F " Company.

Dated at

Herbert Park School, Agri.
Nov 9 1917

Noted
 9/10/18
 W. J. J. J.
 5-6-0

(Sig.)

Allottee.

NOTED

 Date 12/17/17 P. J. J. Co. 7

ORIGINAL.

N.F.P./10.

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No) 2007 (Rank) Pte (Name) Foley C.

hereby apply for cancellation of Allotment made by me on N.F.P/11
No. 1921 dated March 27/1916 in favour of

Mrs C. Foley
for \$ — cts 50 per diem.

Such cancellation to take effect on the 31st day of
December 1917.

2. I agree to accept all risks and consequences of this applica-
tion failing to reach Headquarters, St. John's, in time to become
operative at above nominated cancelling date; and that in the
event of such non-delivery, and thereby the allotment continuing
to be paid to the Allottee, I also agree to such further stoppage
in the Pay Books as may be necessary, or otherwise to refund such
overpaid amount or amounts.

Dated at

Newton Park, Achare,
Qy 1.
Nov. 9. 1917

Pt. C. Foley
Allotter.

Approved and Witnessed:

C. H. ...
O.C. "F." Company.

Noted
globe
11/11/17
17 26

NOTED
W. Markin
Date 12/11/17 PAID Coy

To be made out in TRIPLICATE and delivered at the Pay & Record
Office not later than date of cancellation, in accordance with
P. & R.O. C.L./10, 9/12/16.

No. 2007 Rank 2nd Name Foley C.

Pay	F.A.	Weg	Total
1.00	10		1.10
Less: Allotment			50
Net Rate			.60

M. H. P. 1/53.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance							23 12 6 ✓
Acquittance Rolls					Pay. @ Net Rate							
Hospital Advances		3	9	0		9/6/7	19/9/7	103	.60	61	80	12 14 0 ✓
A.B. 34					Ration allowance							
P. & R.O. Payments		14	10	0	10 days @ 2/-							1 0 0 ✓
16-19-0												
<i>Recd. 4031 Cash</i>	<i>19-4-7</i>	<i>10</i>	<i>0</i>	<i>0</i>	<i>£20-7-6</i>							
<i>Recd. 4037 Cash</i>	<i>20/9/7</i>	<i>5</i>	<i>0</i>	<i>0</i>								
<i>Recd. 4043 Cash</i>	<i>22/9/7</i>	<i>5</i>	<i>0</i>	<i>0</i>								

37-6-6

CHECKED.

NEW FOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2007 Foley B

(Substituting A.F. J. 1325). N.F.P./33.

9 Company. From 22-12-17 To 18-1-18 (Dates inclusive).

Embarked per S.S. Lund

From Lund Date 19/1/18

DR. Classification (See Procedure).

Draft No. 56 CR.

Date	Pay Book Col.	PARTICULARS	Rate	Days	£	¢	£	s	d	Date	Pay Book Col.	PARTICULARS	Date	Days	£	¢	£	s	d
	8	Forfeited Pay									1	Pay	10	28	28	10			
	9	Allotments	50	10	5	00					2	Field Allowance	10	28	28	10			
	10		30	18	5	40					3	Other " "							
11/12		Total Stoppages			10	40	2	2	9	4/5	Total @ 4.86 2/3				30	80	6	6	7
13		Fines								6	Balance Credit Last Period								
14		Clothing & Necessaries								6a	<u>OTHER CREDITS:</u>								
15		Arms & Accoutrements									Ration Allice,	/	/	-	/	/			
16		Barrack Damages							6		=	days @	/						
17		hospital Stoppages																	
17a		Miscellaneous Stoppages					2	5											
19		Casual Payments																	
20		1st Payment						17	6										
21		2nd "						14	6										
22		3rd "						14	6										
23		Final "						14	6										
24		Balance Debit Last Period					1	8	5										
28		" Due by Paymaster									27	Balance Due to Paymaster							
							6	6	7										

CHECKED.
W.H. RAB
 19.1.18

Stapeley Down Camp
Winchester
 17-1-18 191

CERTIFIED CORRECT.

G. Lewis
 O.C. "9" Company.

B. E. France Sept 22 1916

Dear Sir

Please let me know if you received a Registered letter for me address to P.O. 6 J. Foley 2007 First Newfoundland Regt. it was sent from Newfoundland to me but did not receive it it would be address to Scotland Newton - or any. Kindly let me know if it came there and address it to 6 J. Foley 2007

B. E. France
attached to 177 Sunelling
Company

and oblige

to Foley

No need to
passing this
through
Office
26/9/16

POSTAGE	PAID
NO.	3565
DATE	25/9/16
RECEIVED	
BY	
FOR	
AT	

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 3980/394

From
PAY & RECORD OFFICE.
58, VICTORIA STREET,
LONDON, S.W.
27th September, 1916.

To
Officer Commanding,
2/1 Newfoundland Regiment,
Newton-on-Ayr,
Scotland.

HT/NW

SUBJECT: REGISTERED LETTER:
No. 2007, PTE. C.J. FOLEY.
Reference Nos.

REPLY
Dated 11th Oct 1916
Please return ORIGINAL and retain DUPLICATE.

Can you supply any information concerning references in attached letter 22/9/16 (3565) please?

From enquiries made at the G.P.O. it is found out that the letter in question (No 313) was forwarded to London on July 18/16

A. S. Munn Capt.,
Paymaster & O. 1/c Records.

P. Kinn Capt. H.Q.

COMMANDING OFFICER N.F.L.C. REG'T
NEWTON-ON-AYR, S.S.

RECORDED
INDEXED
FILED
Pay. No. 3795
Rec'd. OCT 19 1916
Acc'd.
...

2144

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 4278/442

From
 PAY & RECORD OFFICE.
 58, VICTORIA STREET,
 LONDON, S.W.
 14th October, 1916.

To Officer Commanding,
 2/1 Newfoundland Regt.,
 Newton-on-Ayr,
 Scotland.

HT/NW

SUBJECT: REGISTERED LETTER
 No.2007, PTE. C.J. FOLEY.
 Reference Nos. 3980/394, 27/9/16.

REPLY
 Dated ~~November~~ 8th/16 191

Reference your reply hereunder which states that the letter was forwarded to London 18/7/16- was it addressed to this office and was it re-registered?

Reference has been made to the P.O. here and they cannot trace it. If it was re-registered both the P.O. and this office should be able to do so. Meanwhile it is recommended by the P.O. here that you obtain from the P.O., Ayr, form A.R. which should be completed and passed on to the P.O., Ayr, for the purpose of further enquiry, please.

From further enquiries made from G.P.O. Ayr., it is found out that no record of the letter having been received can be found. It was a registered letter for 1768 Pte. T. Harvey which was re-directed on July 18/16 and not that of 2007 Pte. C.J. Foley

R. A. Munn Capt.,
 Paymaster & O. i/c Records.

P. Kane Capt.
 LT-COL.,
 COMMANDING, SCOTLAND FIELD REGT.,
 NEWTON-ON-AYR, N.B.

RECORDED OFFICE
 4278
 NOV - 9 1916
 FILE NO.

4747/167

Officer Commanding,
1/1st Newfoundland Regt.,
B. E. F.

HT/NW

10th November, 6.

No. 2007, PTE. C. FOLEY

Dec. 3rd, 1916.

This soldier has made enquiry with regard to a registered letter he expected would be addressed to Ayr, Scotland.

Copies of enquiries made by this office enclosed for transmission, please.

This letter arrived here 2 days ago and has been forwarded on under registered cover to you.

(Sgd) J.J.Edens,
2/Lt. & Actg. Adj.

3/12/16.

Capt.,
Paymaster & O. i/c Records.

Registered letter in question has
since been received by 2007 Foley.

Information received from 3rd Lt. G. St.
by Telephone

J. P. B.
25/6/17

Word 28

3378 U.K. RR

REQUEST FOR REMITTANCE.

Please remit to Self
at Tooting Grove
the sum of £ Five 2
My Active Service Pay Book forwarded herewith.



for HC Head Office
Case Name

Signature C. Foley
Rank 1st Lt

REGISTRAR. GROVE MILITARY HOSPITAL,
TOOTING GROVE, S.W.

Signature of O.C.

203

Handwritten signature

REQUEST FOR REMITTANCE.

Please remit to 20004 The Goleys Co.
at Grove Military Hospital, London
the sum of £200-0-0 (two)
My Active Service Pay Book forwarded herewith.



Signature C. J. Goleys
Regt. No 20004 Rank Private
Unit 1st Newfoundland Regt.

M. Woodroffe
Signature of O.C. Hospital MAJOR B.A.M.O. (T)
REGISTRAR, GROVE MILITARY HOSPITAL,
Hospital Stamp. TOOTING GROVE, S.W.

28

3714

REQUEST FOR REMITTANCE.

M. M. M.

Please remit to..... *Self*
at..... *Looking After Hospital*
the sum of £..... *2*.....

My Active Service Pay Book forwarded herewith.



Signature..... *B Foley*
Regt. No *2007*... Rank *Pt.*...
Unit..... *1st Lt. J. D. Regt.*.....

Signature of O.C. Hospital

M. M. M.
Hospital **REGISTRAR. GROVE MILITARY HOSPITAL,**
TOOTING GROVE, S.W.

MAJOR R.A.M.O. (T)

20.
REQUEST FOR REIMBURSEMENT.

Please remit to... *Self*
at..... *Soaring Hospital*
the sum of \$..... *Three*
My Active Service Pay Book forwarded herewith.



Signature... *C. Foley*

Reg. No. *2007* ... Rank... *Pl.*

Unit... *1st S.F.F.P.*

R. M. Vertel
Capt name
Signature of O.C. Hospital

ok 3-0-0
man

Paymaster & J. i/c records,
Newfoundland Contingent,
58, Victoria Street,
London, S. W.

no 42762

Please remit the sum of two pounds _____ shillings

to Mr C J Foley

on account of Pay & Allowances that may be due to me.

To be made payable to

O.C. 3rd London General
Hospital, Wandsworth.

regtl No. 2007 rank Private

Name C J Foley

Approved Wm J. Stone ⁸⁰⁹
Medical Officer i/c

_____ hospital.

REF. NO.	1101
REC'D.	MAR - 6 1917
ACK'D.	
ANS. DATED AT	Feb
FILE NO.	

(7)

H. J. Brown
Capt. R.A.M.C. (F)
1917
Registrar, R.A.M.C.T.,
3rd London General Hospital,
WANDSWORTH, S.W.



No. _____

Receipt No 39076

N.F.P./45.

NEWFOUNDLAND CONTINGENT



To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to _____

My Self

the sum of 3 *(three)* pounds _____ shillings, on
account of any balance that may be due to me.

Regtl. No. 2007 Rank PT

Name C Foley

Approved M. Maloche

Officer i/c,
MAJOR R.A.M.C. (T)

REGISTRAR, GROVE MILITARY HOSPITAL,
TOOTING GROVE, S.W. Hospital.

Dated at _____

Tooting Grove
aug 27 1917.

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to _____

Self

the sum of two 2 pounds _____ shillings, on
account of any balance that may be due to me.

Regtl. No 2007 Rank Pl-

Name G. Foley

Approved J. H. Brown
Officer i/c.,

Dated at _____

Looking Grove
Sept 11th

1917.

Looking Hospital.

*C. K. for £7
R. M. C.*

*ok
aw*

No.

867

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES

CABLEGRAM

Prefix _____		Code _____		At _____		FOR STAMPS	
WORDS		CHARGE		To _____			
				By _____			
				VIA ANGLO.		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.


To 19/9/17.

E. F. M. MISS BRIDE FOLEY,
WHITBOURNE (NEWFOUNDLAND).

OUT OF HOSPITAL CABLE ME FIVE POUNDS IMMEDIATELY THROUGH
MINISTER MILITIA.

2007 FOLEY.

Authorised:



**NOT TO BE
TELEGRAPHED.**

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address 88 Victoria Street S.W.1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

From Oi/c,
Grove Military Hospital,
Tooting Grove,
Tooting Craveny, S.W.



To Oi/c Records,

*Newfoundland Contingent
58, Victoria Street S.W.*

In accordance with Army Council Instruction 2069 of 1916, I beg to inform you that the undermentioned is likely to appear before a Medical Board at an early date for discharge from the Army.

2004. Pte Foley, Clarence. 1st Bn. A Coy.

M. L. L. L.
.....Major, R.A.M.C.
Registrar, for Oi/c



From Officer Commanding,
3rd, London General Hospital,
Wandsworth.

To Officer i/c Newfoundland Records,
58, Victoria Street,
S.W.

2007 Foley C. Newfoundland.

Will you please let me have Medical History Sheet in respect
of the above named, as this man is still a patient in this
Hospital. This Medical History was returned to you on 6-12-16.

H. Jagan

Capt. R.A.M.C.

REGIMENTAL RECORD OFFICE
NEWFOUNDLAND REGIMENT
1564
Registrar, R.A.M.C.,
3rd London General Hospital,
WANDSWORTH, S.W. APR - 3 1917

Wandsworth, S.W.
2-4-17.

REGIMENTAL RECORD OFFICE
NEWFOUNDLAND REGIMENT
1564
Registrar, R.A.M.C.,
3rd London General Hospital,
WANDSWORTH, S.W. APR - 3 1917
File No.

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Registrar, R.A.M.C.,
3rd London General Hospital,
WANDSWORTH, S.W. APR - 3 1917

Wandsworth, S.W.
2-4-17.

NEWFOUNDLAND REGIMENT	
R.A.M.C. RECORD OFFICE	
1567	
APR	3 1917
File No.	

RAILWAY WARRANT for Journeys in Great Britain and Ireland, and also between Great Britain and Ireland.

This Warrant must be presented to the Booking Clerk at the Station where the holder is authorised to commence the journey, and a railway ticket will be issued in exchange.

The Directors of the State Railway Company are hereby requested to provide conveyance as shown hereon.

No. of Warrant 59

This Warrant is ~~not~~ chargeable against the Public.

Initials of Issuing Officer *[Signature]*

* If the cost is chargeable to the Public, strike out "NOT" and initial.

N^o 143880

Date 19th September 1914

Station from Batham

Station to Victoria

Route via _____

Single or Return Single

Duty. (If not under route, state below whether for a RECRUIT, for a man on DISCHARGE, or for what other service.)

Proceeding to rejoin his unit.

McLoone

MAJOR R.A.M.C.(T)

(Signature) REGISTRAR, GROVE MILITARY HOSPITAL,
(Rank, &c.) _____

The particulars on the back of this Warrant should be fully completed.

When a party travelling in Ireland for the purpose of training, drill, musketry, &c., exceeds 20, the Warrant should clearly show whether the troops will be returning within three months.

Officers, 1st Class
 { Warrant Officers, 2nd Class when available,
 otherwise 3rd Class
 Women and Children 12 years of age and upwards,
 at fares for adults, as above
 † Children between 3 and 12 years of age, *half fares*
 for adults, as above
 Soldiers, 3rd Class
 Women and Children, 12 years of age and upwards,
 at fares for adults, 3rd Class
 { Children between 3 and 12 years of age, *half fares*
 for adults, 3rd Class

Guns and Limbers

4-Wheeled Vehicles

2-Wheeled Vehicles

Total Weight of Guns, &c.

Horses or { In horse boxes

Mules { In cattle trucks

Bicycles

TOOTING GROVE, S.W.

To be filled in by Railway Company. Distance to be shown when mileage rate applies.

Number to be conveyed. (To be filled in by the Issuer.)	To be filled in by Railway Company.		Amount payable at Military Rate.
	Ordinary Fare.	Military Fare.	
/			
/			

No.	Weight, including Contents.			Mileage.	Rate.
	Tons.	cwts.	qrs.		
TOTAL ...					£

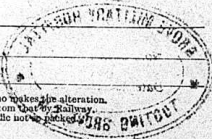
To be filled in by Booking Clerk. { No. of ticket issued _____ Date _____
 Route via _____
 (Signature) _____ Station _____

Counter-Signature of Official representing Railway Company _____

Any alteration in the Warrant which may be absolutely necessary must be verified by the signature of the person who makes the alteration.

{ When a steamship journey is included, the class to which the passengers are entitled should be stated, if it differs from that of the Railway.

{ The weight of baggage and stores not packed in Army Vehicles must be excluded, separate forms to be used for traffic not so packed.



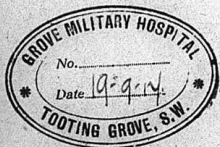
Form to be filled in by the Issuer of the Warrant.

When the names of the party are too numerous, the name of the person in charge and the number (in words) of the men of each rank need only be entered in these columns.

Wives and families of Warrant Officers, Non-Commissioned Officers and Men on the MARRIED ROLL.

Regiment or Corps.	Squadron, Battery, or Company.	NAMES.	NAMES.	Children.	
				Sex.	Age.
2 ^d N.F.L.D.	A.	2004 Pc Foley C.			

Authority for journey :—



Malone
 MAJOR R.A.M.O. (1)
 REGISTRAR, GROVE MILITARY HOSPITAL,
 TOOTING GROVE, S.W.

Admitted 27-10-16

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

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

No. _____ Date July 18th 1917

(1) To the Officer i/c Records, 58 Victoria St.
S.W. (Station).

(2) The Officer Commanding, Field Contingent
Ayr (Station).

(3) The Paymaster, 58 Victoria St.
S.W. (Station).

Regimental No. 2007

Rank and Name Plt Foley C

Regiment or Corps 1st Field

has been granted a furlough from transferred on July 18th

His address while on leave will be: To The Grove Military Hospital
Tooting

I consider he is fit for*

- * Strike out that which is inapplicable.
 - i. ~~Duty~~
 - ii. ~~Command Depot~~
 - iii. ~~Employment~~

9 C Hall
Capt Rms Officer in charge _____ Hospital,
_____ (Station).

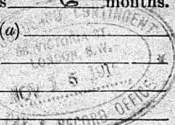
Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

asst Registrar, R.A.M.C.G.
at London General Hospital,
WANDSWORTH, S.W.

Casualty Form—Active Service.

1317
CR 2007

Regiment or Corps *1st Newfoundland Regt.* Regimental Number *CR 2007*
 Rank *Sgt* Surname *Storley* Christian Name *C.*
 Religion *C. C.* Age on Enlistment *25* years *6* months.
 Enlisted (*a*) *Dec 1/15* Terms of Service (*a*) *Duration of War* Service reckons from (*a*)
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended Re-engaged Qualification (*b*) _____
 or Corps Trade and Rate _____
 Signature of Officer i/c Records.



Report		Record of promotions, reductions, transfers, casualties, &c. 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 ...	<i>Southampton</i>		<i>9.7.16</i>
		Disembarked...	<i>Haven</i>		<i>10.9.16</i>
			<i>France</i>	<i>21 JUL</i>	<i>1916</i>
<i>14/10/16</i>	<i>28 CC</i>	<i>James Battalion</i>	<i>France</i>	<i>13/10/16</i>	<i>8 0453.3</i>
	<i>Historias</i>	<i>2nd Co. Souths</i>	<i>France</i>	<i>14/10/16</i>	<i>40 9369</i>
		<i>England</i>		<i>25/10/16</i>	<i>W 3083</i>
		<i>Sturcell</i>			
		Officer i/c Regular Infantry			
		General Headquarters, C. d. Section.			

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38. No. *1547*
 DATED *18 JAN 1918*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-smith, &c. [P.T.O.]

DEPARTMENT OF VETERANS AFFAIRS

To ● COPY FOR H.O. FILE

OTTAWA 4, ONT.,

Attention of

Date JULY 21, 1964.

NAME FOLEY, CLARENCE

SERVICE
NUMBER

20076

C.P.C. No. 260376
W.V.A. No.NAVY
ARMY XXXX
R.C.A.F.*Med Reg*

The DEPARTMENT has received information from

EDWARD C. FOLEY (SON) MEDFOOD MASS. LETTER D/13-7-64

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death JULY 8, 1964.
Cause of Death _____
Place of Death STONEHAM, MASS.*B01 405096*

Name and Address of next of kin (if known) _____

Copies to: W.S.R.
V. I.
~~FRY~~
D.O.
H.O.} Destroy form if advice of death already received.
FRD*E.C. Richards*
for
Chief, Central Registry