



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5912 Name William Ginn Corps With

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>William Ginn</u> |
| 2. What is your full Address? | 2. <u>Comfort Cove, Willingate, N.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I.....do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Ginn.....SIGNATURE OF RECRUIT.
W. G. Moulton.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I.....do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this.....day of.....1918
 Signature of Attesting Officer.....

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.
 Date.....6-8-18.....
 Place.....St. John's..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Gunn
 Apparent age 21 years months. Height 5 feet 9 1/2 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Gunn
Comptrol Corv. Tulligate Dist Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5912 Name William Ginn Corps Meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Ginn
2. What is your full Address? 2. Comfort Cove & Willigate Dist
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Ginn SIGNATURE OF RECRUIT.
W. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Ginn do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 15 day of August 1918
Signature of Attesting Officer C. B. Dickson

†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 6-8-18 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)

C.R. 5-912

Extract from Casualties received from Pay and Record Office,
London dated Nov. 16th 1918.

The undermentioned was buried in Efford Cemetery, Plymouth.

5912 Pte. W. Ginn

Grave No. 4809, Class C. Church Ground.

Authority: p2

Memo from O.C., Mil³Hospl. Devonport.

C.R. 5912

August 15th, 1919

Mr. Wm. Ginn
Comford Cove
N.D.B.

Dear Sir:-

With reference to your enquiries in relation to the death of your son, No. 5912, Pte. Wm. Ginn, I beg to say that we have made full investigations from the authorities on the other side as a result of which we are informed that the Officer i/c Devonport Military Hospital in which your son died, reports that upon admission to that hospital Pte. Ginn was unconscious, and dangerously ill. Everything possible was done, but he gradually became weaker and died without regaining consciousness.

Private Ginn contracted influenza whilst enroute for England and when admitted to Devonport Military Hospital on 11th Oct, 1918, had developed pneumonia.

It is regretted that we are unable to forward more satisfactory information.

Yours faithfully,

Lieut. Col.,

CHIEF STAFF OFFICER

Department of Militia

MEMORANDUM

No. 151/5912.

C.R. 5912

From

MINISTER OF MILITIA,
ST. JOHN'S,
NEWFOUNDLAND

To

Chief Paymaster & Officer i/o Records
Royal Newfoundland Regiment,
C/O Pay & Record Office,
58 Victoria St.,
London, S.W.I.

March 27th 1919.

10063

SUBJECT:

No. 5912, Pte. Wm. Ginn, deceased.

REPLY

Dated 30th July 1919

Please return ORIGINAL and retain DUPLICATE

Would you kindly furnish this Office, with full particulars regarding the above mentioned man who died at the Military Hospital, Devonport, England, on October 12th. of Pneumonia, as we have received a letter from Mr. Wm. Ginn, Comfort Cove, N.D.B., father of this soldier asking for particulars as to how long he was ill etc.

Please supply these facts so that we may write Mr. Ginn, regarding same.

W. H. Huddle
Lieut. Col.

Enclosed is copy of Medical Case Sheet from Military Hospital, Devonport, regarding this man. Details as you will observe are rather vague, possibly Capt. Nunns who conducted Reinforcement Draft No. 24, of which Private Ginn formed part, may be able to give some information regarding length of illness on board ship and prior to admission to Hospital at Devonport, please.

A. H. H. H. H.
for Chief Staff Officer (London)

Chief Staff Officer.

NEWFOUNDLAND CONTINGENT
& RECORD OFFICE.

3064

21 APR 1919

24

Nos. 1-11

Comm.

P & Y.

Reg. No. 5912 Rank 9th Name Quinn, Gus
Attested 5-8-18 Address Comfort Cove
Allotment 60 Allottee William Quinn (Father)
Date of Allotment 1-9-18 Returned from Overseas
Embarked for Overseas SEP 22 1918 Cause

Vac	9-8-18	1st	2-9-18	3rd	14-9-18
H.L.	17-8-18	26	26-8-18	Retd	31-8-18



MEDICAL CASE SHEET.

5912 Pte Ginn W Roy. Newfound. Regt. ? ?

1918.

Devonport.
Mil. Hospl.

(1) Influenza (2) Pneumonia.

11-10-18.

Admitted in practically moribund condition T.101.5
Rales all over chest apparently unable to expectorate
stimulants etc ordered.

Patient gradually became weaker and died with ² (without) ¹
regaining consciousness thus details are not available.

On admission he was in a very neglected state
lousy and sordes about mouth.

(Signed) J. R. McGilvray Capt. R. A. M. C.

C.R. 5912

Extract from Nominal Roll of Sick and Wounded admitted to Military Hospital, Devonport, 11/10/18. (Re-inforcements from Newfoundland.)

5912 Pte. W. Ginn

R. Nfld. Regt..... Pneumonia severe. (Died 12/10/18.)

C.R. 5912

Extract from Daily Orders Detachment 1st The Royal Nfld.
Regt. St. John's, July 2nd, 1919.

5912 Pte. J. Mercer.

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

C.R. 5912

Extract from Nominal Roll Entrained St. John's for Overseas,
Sept. 22, 1918. "G"

5912 Pte. Ginn William.

C.R. 5912

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 17th, 1918.

5912 Pte. W. Ginn.

Granted leave from 17-8-18 to 26-8-18.

C.R. 5912

**Extract from Daily Orders Part 11 from Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.**

5912, Pte. Wm. Ginn.

**Attested for General service with the Royal Nfld. Regt,
from 5/8/1918.**

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept of Militia.**

Line Number	Recd	By	Sent	by	Check

Dated **Oct. 14th, 1918**

To **William Ginn, Comfort Cove, Twillingate**

Regret to inform you that Record Office, London, officially reports **No. 5912, Private William Ginn died at Military Hospital Devonport, England on October 12th from pneumonia**

Upon receipt of further information I shall immediately wire you.

J.R. Bennett
Minister of Militia.

NOTE FOR OPERATOR:

This Message is not to be delivered until Receiving Office notifies that Message to **Methodist Minister or School Teacher Comfort Cove** has been received and acted upon

FOR TYPEWRITER

C.R. 5912

Extract from Casualties from Pay and Record Office, London,
dated 14th. October, 1918.

O.C., Military Hospital, Devonport, telegraphs, 12/10/18,
DIED 3.10 a.m. 12/10/18, PNEUMONIA:

5912 Pte. Ginn. (Adm. from Transport.)

Authority: Telegram from O.C., Hospital.

C.R. 5912
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Milit.

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 14th, 1918
To Methodist Minister or School Teacher, Comfort Cove, Twillingate

Regret to inform you Record Office, London reports to-day No. 5912, Private William Ginn died at Military Hospital Devonport, England on October 12th suffering from pneumonia please inform next of kin, William Ginn

J.R. Bennett
Minister of Militia

FOR TYPEWRITER

W. L. Linn

C.R. 5912

1110

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

Ref. Nos. IN 9046

Rec'd

Ack'd 27 1918 ANS'd

Ref. Nos. OUI

1727

London.

ELT

Comd

P&A

To/

O i/c Records.

Newfoundland Regt.

58 Victoria Street.

London.

Letters and receipt belonging to the late
5912. Pte Ginn. W. Royal Newfoundland Regt who died in this
Hospital on the 12/10/18, and are being forwarded to you by
registered post this day. Kindly acknowledge receipt
hereon.

Devonport.
21/10/18.

Colonel. RAMC.
O.C. Military Hospital.

PT.O.

Received from Seryt. Shepherd \$15⁰⁰ fifteen
dollars the property of Pte Gunn.

Wm Cross Capt.
pro Ship's Adjutant.

October 8/18.

Capt Marshall

Received the Money & Letter & Receipt

as per attached lists

J.P.

NEWFOUNDLAND CONTINGENT.

Cables and Telegrams:
"SYNOPTICAL," LONDON.

Telephones:
VICTORIA 4923 & 4.

Communications to be addressed to the Chief Staff Officer
(London)

and the following No. quoted:

9534/4/R.&C.

PAY AND RECORD OFFICE,

58, Victoria Street,

LONDON, S.W.1,

12th July, 1919

Officer Commanding,
Military Hospital,
Devonport.

Sir: 5912 Pte. W. Ginn, deceased, R. Newfoundland R.

Further to my No. 9327/R.&C. of 3/7/19 and your reply
No. M/7707/19 of 5/7/19 (4549): copy of my letter
No. 6151/3/R.&C. is enclosed herewith.

I am, Sir,
Your obedient servant,


Major,
Chief Staff Officer (London).

HB/JC

To
Chief Staff Officer
Newfoundland Contingent
54 Victoria St.
H.S.



Enclose herewith a copy of medical leave sheet
for the late P.W. W. Lyman.

Devonport.
15-7-49.

NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE.	
Ref. Nos. IN	4698
Rec'd	16 JUL 1949
Ack'd	Ans'd
Ref. Nos. OUT	
NOTED UP	
BRANCH	
Comd.	
P & A.	
R. & C.	
B & E	
P.S.	

J. B. Bate
Major
Registrar

In Charge MILITARY HOSPITAL
R.A.M.C.

6151/3/R.&.C.

Forms
O. 348



MEMORANDUM.

From

From

To

To

Officer Commanding,
Military Hospital,
Devonport.

ANSWER.

Pay & Record Office,

22nd April, 1919

191

5912 PTE. W. GINN, Deceased,
Royal Newfoundland Regiment.

With reference to the following enquiry from the Department of Militia, Newfoundland, dated 27/3/19 (3064):

"Would you kindly furnish this Office with full particulars regarding the above mentioned man, who died at the Military Hospital, Devonport, England, on October 12th of pneumonia, as we have received a letter from Mr. Wm. Ginn, Comfort Cove, N.D.B., father of this soldier, asking for particulars as to how long he was ill, etc.

"Please supply these facts so that we may write Mr. Ginn regarding same."

[Signature]
Chief Paymaster & O. A/c Records, Major.

9534/4/R.&C.


12th July, 9

Officer Commanding,
Military Hospital,
Devonport.

Sir: 5912 Pte. W. Ginn, deceased, R. Newfoundland R.

Further to my No. 9327/R.&C. of 3/7/19 and your reply
No. M/7707/19 of 5/7/19 (4549): copy of my letter
No. 6151/3/R.&C. is enclosed herewith.

I am, Sir,
Your obedient servant,


Major,
Chief Staff Officer (London).

HB/JC

In subsequent correspondence
please quote the following
number:—

Army Form C. 347—1.

9327/R&C

REMINDER.

From



To O.C., Military Hospital,
Devonport.

3rd July, 1919

The reply to this Office No. 6151/3/R&C
dated 22/4/19
on the subject of 5912 Pte. W. Ginn,

(deceased) of the Royal Newfoundland

Regiment - - - - -

not having been received, you are requested
to expedite the same, and to state on the
reverse when it may be expected.

NEWFOUNDLAND CONTINGENT.

CHIEF STAFF OFFICER (LONDON).

ANSWER.

MILITARY HOSPITAL
M/7707/19
DEVONPORT.

From Col. Military Hospital
Devonport

To Col. Newfoundland Contingent
58 Victoria St. S.W.

5. 7. 1919.

I am unable to trace having
received your letter dated 22/4/19.

Will you please forward me
a copy of ~~the~~ the contingent

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE,
P.O. BOX 1041
REC'D 17 JUL 1919
ACK'D 20 JUL 1919

[Handwritten signature]

COL. R.A. MIL.
IN CHARGE MILITARY HOSPITAL

Comd
File
No.
Date

6151/3/R.&.C.

C.P. & O. 1/c Records,
Newfoundland Contingent,
58, Victoria Street,
S.W. 1.

Officer Commanding,
Military Hospital,
Devonport.

Pay & Record Office.

22nd April, 9.

5912 PTE. W. GINN, Deceased
Royal Newfoundland Regt.

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Please supply these facts so that we may write Mr. Ginn regarding same."

Will you please say?

In subsequent correspondence
please quote the following
number:—

Army Form C. 347—1.

9327/R&C



From

To O.C., Military Hospital,
Devonport.

3rd July, 1919

The reply to this Office No. 6151/3/R&C
dated 22/4/19,
on the subject of 5912 Pte. W. Ginn,
(deceased) of the Royal Newfoundland
Regiment - - - - -
- - - - -
- - - - -

not having been received, you are requested
to expedite the same, and to state on the
reverse when it may be expected.

NEWFOUNDLAND CONTINGENT.

CHIEF STAFF OFFICER (LONDON).

Department of Militia

MEMORANDUM

No. 151/5912.

From
MINISTER OF MILITIA,
 ST. JOHN'S,
 NEWFOUNDLAND

To
Chief Paymaster & Officer i/c Records
Royal Newfoundland Regiment,
G/O Pay & Record Office,
58 Victoria St.,
London, S.W.I.

March 27th 1919
 SUBJECT:

REPLY

Dated **30th July 1919**

No. 5912, Pte. Wm. Ginn, deceased.

Please return ORIGINAL and retain DUPLICATE

Would you kindly furnish this Office, with full particulars regarding the above mentioned man who died at the Military Hospital, Devonport, England, on October 12th. of Pneumonia, as we have received a letter from Mr. Wm. Ginn, Comfort Cove, N.D.B., father of this soldier asking for particulars as to how long he was ill etc.

Please supply these facts so that we may write Mr. Ginn, regarding same.

Enclosed is copy of Medical Case Sheet from Military Hospital, Devonport, regarding this man. Details as you will observe are rather vague, possibly Capt. Munns who conducted Reinforcement Draft No. 24, of which Private Ginn formed part, may be able to give some information regarding length of illness on board ship and prior to admission to Hospital at Devonport, please.

[Signature]
 for Chief Staff Officer (London)

W. F. Rendell

Lieut. Col.
 PAYMASTER & RECORD OFFICER
 3064
 Chief Staff Officer.
 21 APR 1919
 K.H.
 G.P.S. 114

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

MEDICAL HISTORY

Surname Inn

OF
Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish _____

County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at	<u>01. Johns</u>	at	
Declared age	<u>21</u> years	days	years	days
Trade or occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>9 1/2</u> inches	feet	inches
Weight		<u>129</u> lbs.		lbs.
Chest Measure. {	Girth when fully expanded ..	<u>34</u> inches		inches
	Range of expansion ..	<u>4 1/2</u> inches		inches
Physical development	Right	Left	Right	Left
Vaccination marks {	Arm			
	Number			
When vaccinated				
Vision	R.E.—V.=	<u>6/9</u>	R.E.—V.=	
	L.E.—V.=	<u>6/9</u>	L.E.—V.=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamont Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>01. Johns</u>	at	
	on	<u>5th</u> day of <u>Aug.</u> 191 <u>8</u>	on	day of 191
Joined on enlistment	Corps		Corps	
	Regtl. No.		Regtl. No.	
Transferred to.. .. .	<u>Royal.</u>			
	<u>Regt.</u>	<u>5912</u>		
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

COPIES SENT

To	No.	DATE
M. OF M.	<u>674/21 R.C.</u>	<u>29/1/19</u>
O.C. 1ST. BN.		
" 2ND. BN.		

AM

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Devonport Military	11	10	18	12	10	18	i Influenza 21 ii Pneumonia 32		Admitted moribund; gradually sank & Died following day.	J. R. Mac Gillivray Capt. Ramet

MORNING STATE OF SICK.

Date October 12th 1918

MILITARY

Hospital at **DEVONPORT.**

Corps	Remained	Since admitted	Discharged	Died	Remaining	SICK OFFICERS					
						Rank, Name and Corps	Admitted	Discharged	Remarks		
United Kingdom Troops.						See Roll Attached					
3rd Depot, R.G.A.						Expeditionary Forces in Hospital (W.O's N.C.O.'s and Men).					
36 Coy., "						British	Australians	N. Zealanders	Canadians	Others	TOTAL
38 " "											
41 " "											
45 " "											
Signal School R.G.A.											
Devon R.G.A.											
Cornwall "											
Artillery attached											
30th Coy., R.E.											
Devon F. R.E.											
R.E. Special Bge.											
R.E. I.W. Transport											
R.E. attached											
3rd K.O. (R.L.)											
3rd Devons											
2nd H.S. Devons											
5th Worcesters											
6th "											
3rd Somerset L.I.											
4th East Surreys											
Royal Defence Corps											
Infantry attached											
A.S.C.											
R.A.M.C.											
A.O.C.											
Cadets											
3rd Labour Corps											
S.C. Labour Centre											
Military Foot Police											
Invalids from abroad											
Civilians											
Free Patients											
Australians											
New Zealanders											
Canadians.											
South Africans											
Civil Isolation Hospitals											
Mt. Gold											
Swilley											
TOTAL											

COPIES SENT			
To	No.	DATE	
W. of M.	17/22/18	23 OCT 1918	
U.C. for Gen.			
2 to Lt.			

REMARKS.
Vacant Beds.

United Kingdom Troops } British and Dominion
Expeditionary Forces }

REPORT OF DEATH { All deaths are at once to be specially reported to the Officer Commanding the Corps, and to the Officer Commanding the Station on this portion of the Form, which is also to be used for all communications regarding a death or burial.

Regtl. No.	Rank	Name and Corps	Age	Religion	Disease	Time and Place of Death	Period after which Interment may take place
5912	Pte.	<u>U.C. Dominion Troops</u> Sinn, William R. Newfoundland Regt. E. Coy			Influenza Pneumonia	3-10 A.M. 12-10-18 at Mil. Hq. Devonport	My time after bed hours

To File Records Newfoundland Regt.
58 Victoria St. London S.W.1

C. J. ...
Medical Officer in Charge.
COL., R.A.M.O.,
IN CHARGE MILITARY HOSPITAL,

Linn, W^{ce}

5912

Ray sept.

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

MEDICAL HISTORY

Surname Gunn

OF William
Christian Name

Table I.—GENERAL TABLE

Birthplace:—Parish

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on day of <u>Aug</u> 191 <u>8</u>	on day of	191
	at <u>St John's</u>	at	
Declared Age	<u>20</u> years	years	days
Trade or Occupation	<u>Yachtsman</u>		
Height	<u>5</u> feet <u>9 1/2</u> inches	feet	inches
Weight	<u>129</u> lbs.		ll s.
Chest Measurement	Girth when fully expanded	<u>34</u> inches	inches
	Range of Expansion	<u>1/2</u> inches	inches
Physical Development			
Vaccination Marks	Right	Left	Right
	Number		
When Vaccinated			
Vision	R.E.—V= <u>6/9</u>	R.E.—V=	
	L.E.—V= <u>6/9</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	
	(b)	(b)	
(b) Slight defects but not sufficient to cause rejection			
Approved by (Signature)	<u>Lambert Pearson</u>		
(Rank)	<u>Gunn</u> Medical Officer		Medical Officer
Enlisted	at <u>St John's</u>	at	
	on <u>5</u> day of <u>Aug</u> 191 <u>8</u>	on day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps
	<u>Royal</u>	<u>5912</u>	
Transferred to	<u>W.F.S</u>	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Became non-effective by	on day of	on day of	191
	(Signature)		
(Rank)			

In replying the date of this
letter should be quoted

B.



May 4, 1920.

Sir:

As the estate of William Ginn, #5912, a deceased member of the Royal Newfoundland Regiment, consists only of the amount due from the Pay & Record Office, I have the honour to recommend that you pay that amount, viz: \$24.51, to William Ginn, of Comfort Cove, N.D.B., Father.

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


Deputy Minister of Justice.

Major J. M. Howley,
Pay & Record Office.

May 8, 1920

William Ginn,
Comfort Cove,
N.D.B.

Dear Sir:

I enclose herewith cheque for
\$24.51, balance of estate of William Ginn, payable to
you as Administrator of his estate.

Yours truly,

Major

Paymaster

LM-enc.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$24 ⁵¹.....

May 4th 1920.

Received from the First Newfoundland Regiment
the sum of Twenty four ⁵¹/₁₀₀ Dollars.
on ~~account~~ of Pay. estate
balance

Ch. No. 36609	Initials.....	<i>Ed</i>
Pay Ledger... 96	Initials.....	<i>Rds</i>
Gen. Ledger.....	Initials.....	<i>[Signature]</i>

A. C. R.

Regtl. No. Rank

No. 5912.

Rank Pte.

Name William Spinn

Payable to

William Spinn

Comfort Cove

Administrator

C.R. 5912

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name... *William... Ginn..*

Date. *Jan. 27th 1920*

Place... *Comfort... Cove*

ON HIS MAJESTY'S SERVICE.

OFFICER i/c RECORDS,

DEPARTMENT OF MILITIA,

ST. JOHN'S, Nfld.



1067

ST. JOHN'S. NEWCASTLE
AUG 1 8 30 AM
1922

HAVE YOU
CONTRIBUTED
TO THE
WAR MEMORIAL

912

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

William Birnie



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

Mr. William Ginn (Father)

in respect of his service as No. 5912 Rank Pte.

Name William Ginn Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

This 21st Day of Oct

Signature

William Ginn

Date

Oct 27th

Address

Comfort Cove N.D. Bay.

[P.T.O.]

C.R. 5912

March 27th 19

Wm. Ginn Esq.,
Comfort Cove, N.D.B.

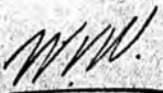
Dear Sir:

I beg to acknowledge receipt of your letter of March 17th, in which you are asking for particulars regarding your late son No. 5912 Pte. Wm. Ginn, who died at the Military Hospital Devonport England, of Pneumonia on October 12th, and in reply I beg to state that I have written the authorities in the United Kingdom asking them to furnish us with all the particulars that they may have regarding his death, and how long he was ill. I also note what you say regarding the Bible and Hymn Book, and if at any time in the future they should turn up I will gladly forward them on to you.


Assuring you of my deepest sympathy in your bereavement.

Yours sincerely,

WVW/MP.


Lieut.
Casualty Officer

No. of Paper 1402**PERSONAL EFFECTS.**Name Ginn W. **C.R.** No. 5912Rank Private Regiment ROYAL NEWFOUNDLAND REGIMENT.

Article	Where stored	Notified by
1 envelope containing: letters.		Shipped to Newfoundland.
	Final disposal	

Remarks: - Died of Pneumonia 12/10/18Next of Kin: - Father: - William Ginn
Comfort Cove
Twillingate Dist.

C.R. 5912

RECEIVED FROM THE DEPARTMENT OF MILITIA

ONE ENVELOPE CONTAINING EFFECTS OF THE LATE NO.5912

PTE.WM.GINN.

SIGNED.....*William Ginn*

DATE.....*March 1919*

151/5912.

R. M 5912

Chief Paymaster & Officer i/c Records
Royal Newfoundland Regiment,
C/O Pay & Record Office,
56 Victoria St.,
London, S.W.1.

March 27th

No. 5912, Pte. Wm. Ginn, deceased.

Would you kindly furnish this Office, with full particulars regarding the above mentioned man who died at the Military Hospital, Devonport, England, on October 12th. of Pneumonia, as we have received a letter from Mr. Wm. Ginn, Comfort Cove, N.D.B., father of this soldier asking for particulars as to how long he was ill etc.

Please supply these facts so that we may write Mr. Ginn, regarding same.

Lieut. Col.

Chief Staff Officer.

No. 537

Received from

RN65

A REGISTERED POSTAL PACKET

Addressed—

Wm Gunn Esq.

Comfort Cove

Swillingah

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...

17/7/19

C.R. 5912

Feb. 14th 19

Wm. Ginn Esq.,
Comfort Cove,
Twillingate Dist.

Dear Mr. Ginn:

It is my regrettable duty to have to forward to you by Registered Mail, one envelope containing effects which belonged to your late son No. 5912, Pte. Wm. Ginn, of the Royal Newfoundland Regiment.

Herewith enclosed you will find receipt, kindly sign same and return at your earliest convenience.

Assuring you of my deepest sympathy in your bereavement and in the added sorrow that the receipt of these effects must entail.

Yours faithfully,



Lieut.

Casualty Officer.

C.R. 5912

Dec. 5th 18

Dear Mr. Ginn:

We have just received notice, by mail, from the p
Pay and Record Office, London, that your son, the Late
#5912 Pte. W. Ginn, was buried at Efford Cemetery, Plymouth,
England, his Grave number is 4809 Class "C."

Assuring you of my deepest sympathy in your bereavement.

Yours sincerely,

Lieut.

Mr. Wm. Ginn,
Comfort Cove,
Twillingate Dist.

VW/MP.

Comfort Cove

Mar 29th 1920

C.R. 5912

Department of Militia

St Johns

Dear Sirs:

I am in receipt
of the memorial scroll together
with the Kings message for
which I thank you.

Sincerely Yours

Wm. Linn

Dep't of Militia
St Johns.

HW3-D.

COMMISSION OF GOVERNMENT



NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S July 25, 1938

Dear Sir,

I am enclosing herewith further Life Certificate for your completion.

Please note that you must sign your own name in Section V of this form in the presence of the person signing the Certificate in Section VI who must be qualified to certify according to this section.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

Mr. Walter Ginn,
Fogo.

BRITISH MINISTRY OF PENSIONS.

This Certificate is the property of the Issuing Authority. It is no security for debt, and any person who receives or detains it, or has it in his possession, as a pledge or security for debt, due either to himself or to any other person, is liable on summary conviction to a fine of £20 and to six months' imprisonment with hard labour.

IMPORTANT.—This form should be completed at the proper date and returned at once to the Paying Officer or payment of pension may be delayed.

DEPENDANTS AND GUARDIANS OF CHILDREN. FOR USE OUTSIDE GREAT BRITAIN AND IRELAND.

ANY PERSON WILFULLY MAKING A FALSE DECLARATION WILL BE LIABLE TO PROSECUTION.

DECLARATION.

I, Walter Ginn HEREBY DECLARE that I am the person named below, that my age is 73, that I reside at Fogo, and that I am entitled to

payment of 5/- a week as the Dependant of the deceased Thomas A Ginn

Rank) Seaman Regiment) Regtl. No.) Official No.) Pension No.) 2266 X

II. This part must be completed by a female dependant in receipt of a Dependant's Pension. I FURTHER DECLARE that I have married or remarried since the enlistment or mobilisation, whichever was the later, of the deceased man above-mentioned, and I am aware that my own pension ceases on my marriage or remarriage.

I FURTHER DECLARE that the following are true particulars of the children for whom I am entitled to receive pension or allowance, that they are living this day, and that I am maintaining them.

Table with 4 columns: Name, Date of Birth (Day and Month, Year), State where each child is at school or in employment, and State where each child lives. Includes a box: PARTS VII TO X. MUST ALSO BE COMPLETED WHERE NECESSARY.

IV. This part must be completed where both parents are living. I FURTHER DECLARE that my wife, Mother, Son, I am the Father, being the mother father of the deceased man mentioned above and of the deceased Thomas A Ginn killed at Chatham, Sept 3rd in Barrack.

V. To be completed in all cases. The declarant must either sign or, if unable to write, make a mark. SIGNATURE OF PERSON MAKING THE ABOVE DECLARATION(S) Walter Ginn

VI. Persons before whom the declaration may be subscribed: (a) In any part of the world: (1) Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

The paying Officer or a relative of the payee may not sign this Certificate.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration(s) and signature (or mark) were made by the above-mentioned person in my presence this day, and that I believe the declarant to be the person named herein.

Signature _____ Postal Address _____ Qualification _____ Date _____

QUALIFICATION TO BE STATED IN TERMS OF LIST IN MARGIN, e.g., "Captain, R.N. (Retired)," "Permanent Civil Servant, (rank _____)," "Minister of Religion, (Church of England, St. John's Church, (place))," etc.

* Ministers of Religion must show the denomination and the address of the place of worship; Officials of Banks, their qualification and the name of the Bank or Branch Bank; Postmasters and Postmistresses the name of the Post Office; Police Officers their rank and the Force to which they belong, and, in the case of a Sergeant, his number. † If an Official Stamp denoting the Office is in use, it should be impressed on the Certificate. Where a declarant signs by means of a mark, the declaration should be read over to him or her by the person who signs this Certificate, and this person should satisfy himself that the declarant understands the purport of the statements signed by him or her.

NOTES.—(A) The Certificates VII. to X. are to be completed only where the declarant overleaf is entitled to payment in respect of children, and may be signed only by a person who is duly qualified to attest Life Certificates (see list in Part VI. overleaf). The qualification of the signatory must be stated in the terms of that list (see the note under the Certificate in Part VI. overleaf). In no case, however, may the signatory be the person to whom or on whose behalf payment is to be made.
 (B) In the case of a child attending school the Certificate should, except during school holidays, be signed by the Head Teacher of the School at which the child attends. During school holidays the Certificate of any duly qualified person (see A above) will be accepted.
 (C) In the case of a child in employment, the Certificate should be signed by the child's employer. Where the child is in the declarant's employment the Certificate should be signed by some duly qualified person (see A above) other than the employer.
 (D) Certificate XI. may be signed only by a person who is duly qualified to attest Life Certificates (see list in Part VI. overleaf and Note A above).

VII. CERTIFICATE FOR CHILDREN NOT ATTENDING SCHOOL AND NOT IN EMPLOYMENT.

I certify that _____
 (Insert full names of child/children)
 child _____
 children _____ of the deceased
 has _____
 have _____ been seen by me this day.
 † See Note A † Signature _____ Date _____
 above. Postal Address _____
 Qualification _____

VIII. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL—BOYS.

I certify that _____
 (Insert full names of the child/children)
 child _____
 children _____ of the deceased
 has _____
 have _____ been seen by me this day.
 † See Note B † Signature _____ Date _____
 above. Postal Address _____
 Qualification _____

IX. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL—GIRLS.

I certify that _____
 (Insert full names of child/children)
 child _____
 children _____ of the deceased
 has _____
 have _____ been seen by me this day.
 † See Note B † Signature _____ Date _____
 above. Postal Address _____
 Qualification _____

X. CERTIFICATE FOR CHILD IN EMPLOYMENT.

I certify that _____
 (Insert full name of child)
 child of the deceased _____
 • (is at present in my employment, and) has been seen by me this day.
 • Delete if inapplicable.
 † See Note C † Signature _____ Date _____
 above. Postal Address _____
 Qualification _____

XI. CERTIFICATE FOR PARENT (OTHER THAN PAYEE) OF DECEASED MAN WHERE BOTH PARENTS ARE LIVING.

I certify that M _____ mother of the deceased
 (Insert full name) father
 _____ has been seen by me this day.
 † See Note D † Signature _____ Date _____
 above. Postal Address _____
 Qualification _____

* To _____
 ST. JOHN'S
 7-AM
 21 JUL
 NEWFOUNDLAND
 Pension
 Commissioners for Newfoundland
 EAT MORE
 NEWFOUNDLAND FISH —
 HELP OUR FISHERMEN

* To be filled in by PAYING OFFICER before despatch to the Pensioner.

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not completed correctly and returned promptly payment of pension may be delayed.

TUCK IN THIS FLAP.