



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5375 Name Charles Kennedy ~~Corps~~ Meets

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

- 1. What is your name? ..... 1. Charles Kennedy
- 2. What is your full Address? ..... 2. 111 extreme Bay, B.A.F.
- 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. Sherman
- 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, Charles Kennedy 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.

..... Charles Kennedy SIGNATURE OF RECRUIT.

..... W. J. O'Shea Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Kennedy 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..... day of..... 1918.

Signature of Attesting Officer C. P. Dicks Lieut.

### †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.

† 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

5325

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

Name Charles Kennedy  
 Apparent age 11 years     months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
                           { Range of expansion 3 1/2 inches  
 Distinctive marks    

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Solomon Kennedy  
on Western Bay, Bazar | 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 <u>22-5-18</u>									
Joined at <u>St John's</u> on <u>Moay 22-1918</u>									
<u>Discharged July 27 1919</u>									
<u>Embarked St John's B. Colombia to Halifax N.S.</u>					<u>22-7-18</u>				
<u>Embarked for B.C.S.</u>					<u>22-7-18</u>				
<u>Disembarked Sierra Leone</u>					<u>25-11-18</u>				
<u>Joined pattern 5-1-19 transfer from Sierra</u>					<u>22-5-19</u>				
<u>to RFL for demobilization</u>					<u>22-5-19</u>				
<u>Arrived RFL</u>					<u>1-6-1919</u>				
<u>Demobilization St John's</u>					<u>8-7-1919</u>				
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-7-1919</u> [date of discharge]					<u>1</u> years	<u>48</u> days			
Pensions [ " " ] " " "									

CR 5325

Extract from Daily Orders Part 11 Unit <sup>of</sup> the Royal Nfld.  
Regt. St. John's, 11-7-19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 8-7-19.

5325 Pte. Chesley Kennedy.

C.R!

5325

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

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

5325 Pte. C. Kennedy.

C.R.

5325

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

The followin man embarked for Overseas on H.M.S.  
"Columbella" July 22, 1918.

#5325 Pte. Chesley Kennedy.

C.R. 5325

Extract from Daily Orders Part 11 Unit The Royal Welch,  
Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. Discharge Dep't with effect from 24-6-19.

5325 Pte. C.Kennedy.

C.R. 5325

Extract from Daily Orders Part 11 Depot, Sp. Johns,

Date

June 18th 1919.

5325, Pte. C. Kennedy.

Reported at Headquarters

1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5325

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

#5325 Pte. C. Kennedy.



Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt, St. John's, dated May 23, 1918.

5325 Pte. Chesley Kennedy.

Attested for General Service with the Royal Wfld. Regt.  
from 22.5.18

C Kennedy

C.R. 5325

APR 10

B

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

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

1. Unit and Corps. *Royal Newfoundland* }  
 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5325* 3. Rank. *1st Lt* }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Kennedy* *Chesley*  
 (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *May 22/18* at *St. John's*  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

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

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

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

*u*  
*See Complaints for Disability*

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

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

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

*u*

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

*u*

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

*u*

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

*u*

*Repatriations*

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

*AMIC 17*  
*My address.*

*Cap*  
*name*

Station *Hazley Down*

Date *30/4/19*

Medical Officer in charge of case.

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

FORM K

Nº 4730



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Kennedy, Regl. No. 5325 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins July 1, 1918

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4357, Father, Mr. Solomon Kennedy, Western Bay C.B., 60. Total Allotment, \$ 60.

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

Sig.) [Signature]
Officer Commanding
E Company
SA Johns
June 12, 1918

(S) Charles Kennedy
(Rank) Pte

FORM K

No 4730



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Chesley Kennedy, Regl. No. 5325 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins July 1 1918

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4357, Father, Mr. Solomon Kennedy, Western Bay C.B., 60. Total Allotment, \$ 60.

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

Sig.) [Signature]
Officer Commanding
E Company
SA Johns
June 12 1918

(S) Chesley Kennedy
(Rank) Pte

No. 5325

Name

Kennedy, S. G.

Sqn., Batty.,  
or Company

D.

Corps

N. Newfoundland

Date of  
enlistment

22/5/18

G.C.

Badges

Service or  
Proficiency

Pay

Character

Pay

Date of last entry in  
Company Conduct SheetNo. and date  
of last drunkPeriod not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

Badges

Character

Pay

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Full	5/1/19	Pvt		Deliverance of master card	2nd Lt. W. H. ...	Admonished	5/1/19	2nd Lt. W. H. ...	Pay for ...
Prov.	21/1/19			Deliverance of ... Spoon	2nd Lt. ...	Admonished	29/3/19	2nd Lt. ...	Pay for ...

Army Form B 122.

P.T.O.

Kennedy, C

5325

Ray & Dept.



July 8, 1919

#5325 Pte. Chosley Kennedy,  
Western Bay,  
Bay de Verde.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2327.

Yours truly

Captain  
Paymaster & C. I. S. Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5325 Rank Pte Name Kennedy C  
 Intended place of residence Western Bay  
 2. Occupation Fisherman  
 Classification of soldier R Medical Category A1  
 3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S .....  
 Date JUN 23 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S .....  
 Date JUN 23 1919 .....  
 Signature of soldier Charles Kennedy  
 Signature of witness J. A. Snow Capt

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S .....  
 Date 23-6-19 .....  
 Signature of soldier Charles Kennedy  
 Signature of witness W. J. Kelly

### STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 ..... No. of days on Military  
 Discharged from service 24-6-19 ..... Plus 14 days Service 413 .....

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S .....  
 Date JUN 24 1919 .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S .....  
 Date July 8/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*Handwritten:* 07 B 2079/2817

*Vertical handwritten:* 10 20 8 1

# The Royal Newfoundland Regiment

Class for Demobilization: —

*6/*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*23.6.19*

Regimental No *5325*

Name

*Kennedy Charles*

Rank

Address

*Western Bay*

Present Medical Category

*A-1*

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R.H. [Signature] Major*  
O.C. Discharge Depot.

*[Signature]*  
Senior Medical Officer

*[Signature]*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5325 Rank Plt Name Kennedy L  
 Date of Enlistment 22.5.18 Address West End Bay District B.R.V.  
 Occupation Fisherman Classification for Discharge E Medical Category AI  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 23.6.19 \_\_\_\_\_  
 \_\_\_\_\_ O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*Wesley Kennedy*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £10.00
- (b) Clothing Supplied Brown cap

Date 23-6-19 \_\_\_\_\_ O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R.11907 to his home at Western Bay and Release Certificate No. 2963 issued.

Date 23-6-19

*J.A. Knowlton*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-7-19

Date 23-1-19

*J.H. [Signature]*  
Depot Paymaster.

Discharged approved for 24-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*3 Form B*

Date 23-6-19

*J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUN 24 1919

Date .....

*R.H. [Signature]*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former occupation.

*A. Kennedy*

Signature of Man.

Reg. No. 5325

*J. J. Snow Capt.*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

93-6-14

191

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

# MEDICAL HISTORY

Surname Kennedy OF Repsley Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish St John Bay, Bdr. County Mfa.

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on day of <u>May</u> 191 <u>8</u>	on day of	day of	191
	at <u>St Johns</u>	at		
Declared Age	<u>21</u> years	days	years	days
Trade or Occupation	<u>fisherman</u>			
Height	<u>5</u> feet <u>5</u> inches		feet	inches
Weight	<u>138</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>3 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	<u>R.E.—V=</u> <u>L.E.—V=</u> <u>6/6 6/6</u>		<u>R.E.—V=</u> <u>L.E.—V=</u>	
(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>Liam Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns</u>	at		
	on day of <u>May</u> 191 <u>8</u>	on day of		191
Joined on Enlistment	Corps. <u>Royal Mfa.</u>	Regtl. No.	Corps	Regtl. No.
	<u>Regiment.</u>	<u>5325</u>		
Transferred to				
Became non-effective by	on day of	191	on day of	191
(Signature)				
(Rank)				





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

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Isaberman*
2. Regtl. No. *S. 375* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Kennedy* *Chester* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *21*
6. Posted for duty on *May 22/15* at *St. John's*  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

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

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

15. What is his present condition ?

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

*He complains of no disability*

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

*Na*

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

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

*Na*

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

*Na*

*Na*

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

*Repatatriation*

*Majr DADAMS*

*Sgd J. S. P. Knight*  
*Capt R. D. ...*  
 Medical Officer in charge of case.

Station *Hazley Down*

Date *20/5/19*

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



# Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Chester Kennedy*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5325*  
Intended address *Western Bay Bayle Verde.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Medium*

Figure on discharge *Medium*

Christian name of Father *Solomon*

Christian name of Mother *Phoebe*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Western Bay 14 October, 1897*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

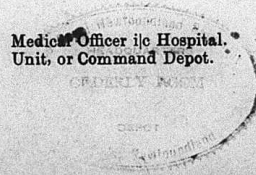
(Soldier's signature in full) *Chester Kennedy*

*Plt*  
(Rank)

Station *St Johns*

Date *23-6-19*

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



Station

Date

**Casualty Form - Active Service.**

Regiment or Corps 1st Newfoundland  
 Rank Pte Surname Kennedy Christian Name L  
 Religion Methodist Age on Enlistment 21 years 00 months  
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18  
 Date of promotion to present rank 14.7.03/18 Date of appointment to lance rank                       
 Extended                      Re-engaged                      Qualification (b)                       
                     or Corps Trade and Rate                       
 Occupation Fisherman M. Long Capt Signature of Officer.

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 ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signatur, Shoeing-Smith, &c (17591.) Wt. W 1887-F 1124. 1,000,000. B.18. D & S. Form B.103. (E. 1254.)

Next of kin: Father: Solomon Kennedy: Western Bay: Bay-de-Verde: N.S.S.D

July 11, 1919

#5325 Pte. Chesley Kennedy,  
Western Bay.

Dear Sir:-

Referring to your application I enclose cheque  
for Seventy dollars (\$70.00), being amount of first payment  
due you on account of the War Service Gratuity.

Yours truly

Captain,  
Paymaster & U.I.C Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Ches* ..... 2. Surname... *Kennedy* .....
3. Rank... *Pte* ..... 4. Regtl. No... *5395* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Western Boy* .....
6. Date of enlistment in the Regiment... *May 27/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents... *No* .....
9. Address in full of such dependents... *No* .....
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... *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Three months* .....
- Also 2 weeks* ..... 1. *2* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.  
..... *no*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.  
..... *no*

15. Have you been issued with a War Service Badge?  
..... *no*

16. Have you, during the present war, served in the Imperial Forces?  
..... *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.  
..... *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?  
..... *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency?  
..... *no*

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge... *July 5/15* (b) Reason for discharge... *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.  
..... *France & Germany*

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

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

Signature of Applicant: *Lester Kennedy*  
Place of Residence: *Westerly Conn*  
Declared before me at: *St Johns Nepa*

This *23* day of *June* 19*15*.....

*John M. Capthy*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster



FORM K

No 4730



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Chesley Kennedy, Regl. No. 5325 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins July 1 1918

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4357, Father, Mr Solomon Kennedy, Western Bay G.B., 60. Total Allotment, \$ 60.

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

Sig.) [Signature]
Officer Commanding
E Company
8A Johns
June 12 1918

(Sig.) Chesley Kennedy
(Rank) [Signature]

ST. JOHN'S, June 23<sup>rd</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To W. C. Kennedy

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 23<sup>rd</sup> /19

5386.

CH. NO. <u>24790</u>		INITIALS <u>W.C.</u>
IND. LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN. LEDGER		INITIALS

Certified correct for \$ 21.60

J. D. Snowling  
R. F. W. C. Kennedy Billeting Officer.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland Signature of O. C. Company Aspirants Lieut  
Number of Sheet one

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	21 years months	<u>Postman</u>		
<u>5325 Kennedy Ches</u>		Place and Date of Enlistment	<u>Washingt 29.5.18</u>	Religion		
Joined	Date	Period of		Place of Birth		
Joined	Date	} with Colours <u>1 1/2</u> years.		<u>Wexham B. 10 11</u>		
Joined	Date	} with Reserve <u>3 1/2</u> years.				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's 8 7/19</u>				

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5325 Rank Plt Name Kennedy C  
 Date of Enlistment 22.5.18 Address Westport Bay District B. 4. 7  
 Occupation Fisherman Classification for Discharge C Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 349A	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 23.6.19 \_\_\_\_\_ O. C. Discharge Depot. *[Signature]*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*B. Hesley Kennedy*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \_\_\_\_\_
- (b) Clothing Supplied \_\_\_\_\_

Date 23-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B.1907 to his home at Western Bay and Release Certificate No. 2963 issued.

Date 23-6-19 *J.A. Snow Capt*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 23-6-19

Date 23-6-19 *J.A. Snow Capt*  
Depot Paymaster.

Discharge approved for 24-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	2
B 178a	D 400A	B 1915	do 2nd	3
B 179	D 400B	Form L	do 3rd	4
B 179a	D 400C	Form K	do 4th	5
B 179b	B 103	ME 2		6
B179c	B 120	M 93		

2 Form B

Date 23-6-19 *J.A. Snow Capt*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

JUN 24 1919

Eligible for War Service Gratuity

Date July 8/19 *R.H. Sturt Capt*  
O. C. Discharge Depot.

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

Date July 8/19 *J.A. Snow Capt*

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

Reg. No. *5325* Rank *Plt* Name *Kendall C.*

Attested ..... Address *Western Bay*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

*23 6 19*  
*24 6 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION:**