

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5651 Name James Kennedy Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>James Kennedy</u> |
| 2. What is your full Address? | 2. <u>Brig Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u> </u> Months |
| 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. <u> </u> Name |
| |) Corps <u> </u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, James 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.

James Kennedy SIGNATURE OF RECRUIT.
W. R. P. O'Connell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James 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 10 day of June 1918

Signature of Attesting Officer

C. B. 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

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

5651.

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

Name James Kennedy
 Apparent age 27 years 5 months Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Kennedy
Brig Bay | 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>10-6-18</u>									
Joined at <u>St. John's</u> on <u>June 10 1918</u>									
<u>Discharged Aug 21 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 22 9/18</u>									
<u>to Rfld for demobilization 24.6.19</u>									
<u>Arrived Newfoundland 1-7-19</u>									
<u>Demobilization St. John's 28.1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 2-8-1919 (date of discharge) 1 years 54 days
 " " Pensions " [" "] " " "

Reg. No. 5651 Rank Pte Name Kennedy, James J boy
Attested 10-6-18 Address Big Quay, St Barbe,
Allotment Fifty Cents Allottee Elizabeth Kennedy Mother
Date of Allotment 15-7-18 Returned from Overseas
Embarked for Overseas SEP 22 1918 Cause

11⁶/₁₈ Vacc, ¹⁵ Inoc 27⁶/₁₈. 2nd 4-9-18. 3rd 21-9-18

15⁶/₁₈ Admitted Barracks No.

22⁶/₁₈ Discharged

A.L. 27⁸/₁₈ - 19⁷/₁₈.

Relat. 24-7-18

19-8-18 Adm - To M. F. B. Hosp.

7-9-18 Discharged from M. F. B.

C.R. 5651

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

5651 Pte. Kennedy James.

C.R. 5651

Extract from Daily Orders by Major M.S. Sullivan, Commanding
~~Subordinate Units of the Forestry Companies~~

Commanding Newfoundland forestry Companies, 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Nfld.
Regt. is attached to the strength from this date and posted to
"C" Co. for rations.

5651 Pte. J. Kennedy

C.R. 5651

Extract from Daily Orders Part III Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5651 Pte. J. Kennedy.

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

C.R. 5651

Extract from Telegrams received from Synoptical London,
Feb. 12/19.

In answer to your telegram Feb. 7th

565|Kennedy.

At Depot.

C.R. 5651

Extract from telegram from Mil. to H.H.C. dated Feb. 7th., 1919.

please inform whereabouts.

#5651 Kennedy.

C.R. 5651
Counter No.

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)

Militia Department.

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated February 14th., 1919.

To Mrs. Elizabeth Kennedy

Brig Bay,

BEG TO INFORM YOU THAT 5651 KENNEDY IS NOW AT DEPOT
WINCHESTER, ENGLAND.

J. R. BENNETT,
Minister of Militia.

FOR TYPEWRITER

C.R. 5651

February 8th 1919.

Mrs. Elisabeth Kennedy,


Brig Bay,

*Via Bow Head
St. Barbe.*

Dear Madam:

I am in receipt of your telegram of February 5th, in which you are enquiring the whereabouts of No. 5651 Pte. James Kennedy, and in reply I beg to state that we have forwarded your enquiry on to our Pay & Record Office London, and upon receipt of an answer we will immediately communicate with you.

Yours faithfully,



Lieut.

Casualty Officer.

C.R.5651

Extract from Daily orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date
2-8-19.

5651, Pte. J. Kennedy.

C.R. 5651

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No. 19 Sent by R St. Check St. No. 5

Place from Bry Bay

To J R Bennett



in militia

Kindly advise where
 Pte James Kennedy
 is reply
 Mrs Elizabeth Kennedy

~~2421~~
 5651

C.R. 5651

Extract from Daily Orders Part II Unit The Royal RFLA.
Regt. July 10th, 1919 (St. John's.)

The discharge of the undersigned on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 19-7-19

5651 Pte. Jas. Kennedy

C.R. 5651

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

5651 Pte. J. Kennedy.

Admitted to M.I.D. hospital 17-8-18.

C.R. 5757

Extract from Daily Orders Part 11, from Unit, The Royal Nfld.,
Regiment, St. John's, dated June 11th 1918.

5651, Pte. Jas. Kennedy.

Attested for General Service with The Royal Nfld., Regiment,
10/6/18.

C.R. 5651

Extract from Daily Orders Part 11 Depot St. John's Sep. 7/18

#5651 Pte. J. Kennedy.

DISCHARGED FROM M. I. D. HOSPITAL from 7/9/1922

J. Kennedy

C.R. 5651

A. H. Q.

Kennedy, John

5651

Hay Sept.

August 2nd 1919.

#5651, Pte. J. Kennedy.

Brig Bay.

Dear sir:

Enclosed please find Discharge
Certificate # 3304.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5651 Rank..... Pte Name..... James Kennedy
 Intended place of residence..... Brig Bay
 2. Occupation..... Indistinct
 Classification of soldier..... 2 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 JUL 5 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 JUL 5 1919
 Signature of soldier: James Kennedy
 Signature of witness: McB...

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 5-7-19
 Signature of soldier: James Kennedy
 Signature of witness: J.W. Chancery

STATEMENT OF SERVICE

7. Enlisted for service..... 10-6-18 No. of days on Military
 Discharged from service..... 19-9-19 Plus 14 days Service..... 419

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 19 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 August 2/1919
 Officer in Charge
 The Royal Newfoundland Regiment

20791/3304

The Royal Newfoundland Regiment

Class for Demobilization:—

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *5-7-19*

Regimental No. ... *5651* ...

Name *Kennedy James*

Address *Brig Bay*

Present Medical Category *A-1*

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

Members of Board {

R. J. Last Major
O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

G. O. Burden
M. O. Depot

The Royal Newfoundland Regiment

5651 *St 6* DEMOBILIZATION OF *Kennedy James*
 Reg. No. Rank Name
 Date of Enlistment *10-6-18* Address *Burg Boy* District *A. Bartle*
 Occupation *Asst. Clerk* Classification for Discharge *E* Medical Category *A1.*
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3 <i>3</i>
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 *5-7-19*O. C. Discharge Depot. *H. M. H.*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James 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..... *\$60.00*

(b) ~~Clothing Supplied~~..... *H. M. H.*

Date *5-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *3265-1111* to his home at *Bung. Bay* and Release Certificate No. *3265-1111* issued.

Date *5-7-19*

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 *2-8-19*

Date *5-7-19*

H. News H.
Depot Paymaster.

Discharge approved for *19-7-19*

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

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

1/2 from B

Date *5-7-19*

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 19 1919*

A.R. Cooper Esq.
for 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.

James Kennedy

Signature of Man.

W. B. Brewster

Reg. No.

5651

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

5-7-

191*9*

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

MEDICAL HISTORY

OF

Surname Kennedy Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's, St. John's, County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <u>10th</u>	day of <u>June</u>	191	191
	at <u>St. John's</u>		at	
Declared Age...	<u>21</u>	years		days
Trade or Occupation	<u>fisherman</u>			
Height	<u>5</u>	feet <u>4</u>		inches
Weight		<u>134</u>		lbs.
Chest Measurement	Girth when fully expanded...		<u>39</u>	inches
	Range of Expansion..		<u>3</u>	inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
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>Lamm Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>		at	
	on <u>10th</u>	day of <u>June</u>	191	191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment...	<u>Royal Nfld Regiment.</u>			
		<u>5651</u>		
Transferred to..				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191

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 future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M. J. D. Hospital	14	8	18	6	9	18	Mumps	20	Discharged cured	A. L. Bryant

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* } Former Trade or Occupation } *Fishing*
 2. Regtl. No. *5651* }
 3. Rank... *Off* }
 4. Name *Kennedy* }
 (Surname) } (Christian Names) }
 5. Age last birthday... *25*
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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? }

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

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.

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W. P. Proctor, Capt. Rawe
 Medical Officer in charge of case.

Station *Madagascar*

Date *9/4/19*

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



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 *James Kennedy*

Regiment from which discharged *Royal Newfoundland*

Regimental number *56 57*

Intended address *Brig Bay*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *— short*

Figure on discharge *John*

Christian name of Father *Mary*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Brig Bay, 23rd Dec, 1893*

Nature and locality of civil employment required

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

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

Plt
(Rank)

Station *ST. JOHN'S.*

Date *5-7-19.*

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.



Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

August 9th 1919.

Mr. J. Kennedy,
Brigg Bay, Sts. B.I.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of war Service
gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

whether in field or Overseas..... 4/7 ways

..... 1.1

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 20th. 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..... *James* 2. Surname..... *Kennedy*

3. Rank..... *Pte* 4. Regtl. No..... *5651*

5. Address in full to which future payments of gratuity are to be forwarded..... *Brigg Bay Straits of Bell Isle St. John's District*

6. Date of enlistment in the Regiment..... *June 7th /18*

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

..... *Not applicable*

8. Relationship of such dependents..... *Not applicable*

9. Address in full of such dependents..... *Not applicable*

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 Mfld, if so, give dates and particulars of such service.....

..... *Not applicable*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *419 days*

..... *1 1/2*

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 20th. 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..... *James* 2. Surname..... *Kennedy*
3. Rank..... *Pte* 4. Regtl. No..... *5651*
5. Address in full to which future payments of gratuity are to be forwarded..... *Brigg Bay Straits of Bell Isle St. John's District*
6. Date of enlistment in the Regiment..... *June 7th /18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *Not applicable*
8. Relationship of such dependents..... *Not applicable*
9. Address in full of such dependents..... *Not applicable*
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.....
..... *Not applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *419 days*
- *1.3*

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

..... *Not Applicable*

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.....

..... *Not Applicable*

15. Have you been issued with a War Service Badge? *Not Applicable*

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

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.....

..... *Not Applicable*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not Applicable*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not Applicable*

19. Are you now serving in the Regt. *d.o.* If not give? - (a) date of discharge. *19-2-19*. (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....

..... *Not Applicable*

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..... *Not Applicable*

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.

James Kennedy

Signature of Applicant:

Place of Residence: *Brigg Bay, Straits of Bell Isle, St. John's*

Declared before me at: *St. John's*

This *5th* day of *June* 19*19*....

Y. P. Hallett

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	<i>4000</i>	<i>2800</i>
.....
.....
Certified correct.			Paymaster	<i>[Signature]</i>

Royal Newfoundland Regiment

TO. 5651 Pte. James Kennedy

Cheque mailed

June 6th. To Meals while on Home Leave.

JUL 4 - 1918

\$1.30

(B.P. Attached.)

King



OK
Richard
B.M.
809/4
SM
SM
LET
PAY LEAVE
COR. LEAVE

Albany T.

Ass't Adjutant
Depot The Royal Newfoundland Regiment

20-6-18

St. John's, Nfld.

LINEAR BOND

5651 James Kennedy
To Mrs James McHugh

four meals \$ 1.20

Received Payment
Mrs James McHugh

June 6th 1864
I hereby certify
that the above is correct
and paid by the above
Lieut March M

C.R. 5651

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.

Date...th Dec. 5... 1919
Place... Brig. Bay.....

Name. *Plt. J. J. Kennedy 5651*

The Royal Newfoundland Regiment

A 561

Reg. No. 5651 Rank Plt DEMOBILIZATION OF Kennedy James
 Name
 Date of Enlistment 10-6-18 Address Beving Bay District A. Barke
 Occupation Asst. Clerk Classification for Discharge E Medical Category A.L.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 5-7-19 O. C. Discharge Depot 1 *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James 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 \$60.00

(b) Clothing Supplied 1 uniform cap

Date 5-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P 2177 to his home
 at Bung Bay and Release Certificate No. 3267 issued.

Date 5-7-19 J.A. Snowlett
 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 8-19

Date 5-7-19 K. H. H. H.
 Depot Paymaster.

Discharge approved for 19-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 5-7-19 J.A. Snowlett
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date JUL 19 1919 J.R. Cooper Capt.
 O. C. Discharge Depot.

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

Date July 21/19 [Signature]

Reg. No. *5651* Rank *Plt* Name *Kennedy Jas.*
Attested .. Address *Bris Bay*
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

5.7 19
19.7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 5651 Army Form B. 179A

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*. Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *5651* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Kennedy James* (Surname) (Christian Names) (a) Former Regts. or Corps with Regtl. Nos.
- 5. Age last birthday *25*
- 6. Posted for duty on..... at..... in category (or grade).....
- 8. If the disability is an injury was it caused
 - (a) in action (b) on field service
 - (c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state:—
 - (a) When (b) Date of Discharge ;
 - (b) Where (c) Cause of Discharge.
 - (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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?

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.)

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.

The complain of disability

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W.E. Proctor, Capt RMC

Medical Officer in charge of case.

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.