

A Murphy

CR

5035

PRD

2

Medical Report on an Invalid.

Station Hazelton Downs Camp
 Date 30. 4. 19.

- | | |
|---|---|
| 1. Unit <u>Royal Newfoundland</u> | 7. Former Trade } <u>Fisherman</u>
or Occupation } |
| 2. Regimental No. <u>5035</u> | |
| 3. Rank <u>Platoon</u> | 7A. If with previous service in Army, state— |
| 4. Name <u>Murphy, A.</u> | (a) Former Unit; |
| 5. Age last birthday <u>25.</u> | (b) Regimental No.; |
| | (c) Date of Discharge; |
| | (d) Cause of Discharge. |
| 6. Enlisted { on <u>15. 5. 18.</u>
at <u>St John</u> | |

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

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

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). na
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

No complaints of no sensibility

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

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

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

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

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

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

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

Na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Repatriation

20. Do you recommend—

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

MR M
Major D. W. D. D.

Officer in medical charge of case.

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

Station *H. D. Camp*

Officer in charge of Hospital.

Date *30. 11. 19*

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

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

To: - The Chief Paymaster,
Royal Newfoundland Regiment,
59 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
5035	Pte	Murphy A	\$2.50	<i>A. Murphy</i>

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

A. Murphy

2173/342 80
No. 2173/312

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1st Battalion Ryl Nfld Regt.
B.E.F.

6th February 1919

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5035 Pte Murphy A.

With reference to the following telegram from the Minister of Militia, / / (5)

"Pay to-5035. Murphy.

24.0.0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. C. Munnell

Chief Paymaster & O. i/c Records.

Deposited

No. 16123/1737.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. Royal Nfld. Rgt.,
Winchester.

October 7th, 1918

Subject: 5035, Pte. A. Murphy,

With reference to the following telegram (8486) from the Hon. Minister of Militia, received

"pay to 5035, Pte. A. Murphy, £2.0.0"

Draft £ 2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Minshall Pay.
Chief Paymaster & O. i/c Records.

Oct. 16th 1918

Receipt hereunder.

B. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £2-0-0

Two pounds on account of
cable remittance from Newfoundland.

A. Murphy
No. 5035 Rank Pte.

Witness
B. Wanning

Murphy, A

5035

Aug & Sept.

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 Murphy

Signature of Man.

J. A. Snowball

Signature of the Vocational Officer or his Representative.

Reg. No. 5035

Place

St Johns

Date

12-6-19

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The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5035 Rank LC Name Murphy, Arthur
 Date of Enlistment 15.5.18 Address Waters Bay District St. John's
 Occupation Iskerman Classification for Discharge B1 Medical Category E
 Recommendation S. M. B. Permanently unfit Disability Rating 15%

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 12.6.19 O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 *[Signature]*

Date 12-6-19 O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1753 to his home at Writers Camp and Release Certificate No. 2679 issued.

Date 12-6-19

J.A. Snowball
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 10-7-19

Date 12-6-19

H. M. ...
Depot Paymaster.

Discharged approved for 26-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a <u>1</u>	D 400A <u>1</u>	B 1915 <u>1</u>	do 2nd	" 3 <u>2 Form B</u>
B 179	D 400B	Form L	do 3rd	" 4
B 179a <u>2</u>	D 400C	Form K	do 4th	" 5
B 179b	B 103 <u>1</u>	ME 2		" 6
B179c	B 120	M 93		

Date 12-6-19

J.A. Snowball
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 Grateity

Date JUN 26 1919

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

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *S.D. 35* Rank *L/Cpl* Name *Murphy J.A.*
 Intended place of residence *Widley Bay*

2. Occupation *Ironman*
 Classification of soldier *B* Medical Category *E*

3. The above named man is discharged in consequence of **DEMOBILIZATION**

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place *JUN 12 1919*
 Date *ST. JOHN'S*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date *ST. JOHN'S*
 Signature of soldier *A. Murphy*
 Signature of witness *Arthur Constan*

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date *ST. JOHN'S*
12-6-19
 Signature of soldier *A. Murphy*
 Signature of witness *James O. ...*

STATEMENT OF SERVICE

7. Enlisted for service *15-5-18* No of days on Military
 Discharged from service *26-6-19* *ten 14 days* Service *422*

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
 Date *ST. JOHN'S* *JUN 26 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, Nfld*
 Date *July 10/1919*
 Officer in Charge
 The Royal Newfoundland Regiment

29192079/2885

July 10, 1919

#5035 L/C. Arthur Murphy,

Witless Bay,

Ferryland Dist

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2885.

Yours truly

Captain
Paymaster & C. i/ c Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5035 Rank

Name Murphy

Warned for demobilization on

JUN 12 1919

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

MEDICAL HISTORY

Surname Murphy OF Christian Name Arthur

Table I—GENERAL TABLE.

Birthplace:—Parish Willes, St. John's, Newfoundland county Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15	May 1918		191
Declared Age	24	years		years
Trade or Occupation	Fisherman			
Height	5	feet 6 1/2 inches		
Weight		150 lbs.		
Chest Measure-ment	Girth when fully expanded		39 1/2 inches	
	Range of Expansion		4 inches	
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/10	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)	<i>[Signature]</i>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at		at	
	on	15 day of May 1918	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	The Royal, 5025			
	Nfld Regt			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *Arthur Murphy*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *5025*
 Intended address *Witless Bay.*

Height on discharge *5 Feet 9*
 Color of hair on discharge *Black*
 Complexion *Fair*
 Color of eyes *Gray*

Descriptive Marks _____

Figure on discharge *Medium*
 Christian name of Father *Edward*
 Christian name of Mother *Margaret (Dead)*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth *Witless Bay March 2, 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) *A. Murphy*

(Rank) *L/Co.*

Station *ST. JOHN'S.* Date *6-6-19*

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





Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... **St. John's**

Date..... **June 7th., 1918**

1. Unit *Royal Newfoundland*
2. Regimental No. **5035**
3. Rank **MURPHY A.**
4. Name
5. Age last birthday **26**
6. Enlisted on **MAY 1918**
at **ST. JOHN'S**
7. Former trade or occupation **MOTORMAN**
8. Disability
FLAT FEET

9. History **ABOUT DECEMBER 1918 FELT FEET PAIN, WHEN STANDING TO ATTENTION. And very PAINFUL ON ROUTE MARCHES.**

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

WELL NOURISHED. HEART AND LUNGS NORMAL. LEFT FOOT VERY FLAT. RIGHT NOT SO BAD

Department of Military Newfoundland
Medical Department

Medical Report on an Invalid

11. Was sanatorium advised and refused ?
operation

NO

12. Do you recommend discharge as permanently unfit ?

YES

STATEMENT OF CASE

Signature

(SGD) S.G. KEAN

Rank or Qualification

CAPT.

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank



Opinion of the Medical Board

In para. 13. the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as aggravated by:—
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

YES BOTH FEET VERY FLAT, PAINFUL WHEN WALKING.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **30%**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **15%**
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of $\frac{\text{operation}}{\text{sanitorium}}$ is:— $\frac{\text{(a) Reasonable}}{\text{(b) Unreasonable}}$

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.
20. We recommend $\frac{\text{discharge from}}{\text{retention in}}$ the Army

Remarks if any:—

(SOD) **N. S. FRASER**

President

J. S. TAIT

Signatures.....

J. B. O'BRIEN

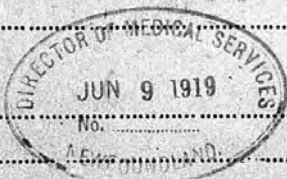
Place **ST. JOHN'S**

Date **JUNE 9TH. 1919.**

APPROVED

Station.....

Date.....



(SOD) **J. PATTERSON, MAJOR**
Administrative Medical Officer.

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No 5035

Name Mcampbell Arthur Rank _____

Address Willes Row,

Present Medical Category E

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

Members of Board {

R.H. Lat Capt

O.C. Discharge Depot.

L. Peterson

Senior Medical Officer

M. O. Depot

Casualty Form—Active Service.

Regiment or Corps *ROYAL NEWFOUNDLAND REG.*

Rank *Pvt.* Surname *Murphy* Christian Name *Arthur*

Religion *R. C.* Age on Enlistment *24* years *0* months

Enlisted (a) *15/1/18* Terms of Service (a) **DURATION** Service reckons from (a) *15/1/18*

RFB 1915

Date of promotion to present rank Date of appointment to lance rank

Extended (.....) Re-engaged (.....) Qualification (b)
or Corps Trade and Rate

Occupation *Submarine* *J. M. Emerson 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 ...	<i>26 OCT 1918</i>		
		Disembarked...			
		Joined Battalion	<i>5 NOV 1918</i>		
	<i>Appointed L/Corp 15/1/19</i>	<i>Arrived in UK</i>		<i>B.213 24/1/19</i>	
				<i>23/1/19</i>	

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

Next of kin *Father* *Edward Murphy* *Witless Bay, Ferryland Dist. Newfoundland*

Medical Report on an Invalid.

Station Hazelby Down.
 Date 30-4-19

- | | | |
|----------------------|---------------------------------|--|
| 1. Unit | <u>Royal Newfoundland Land.</u> | 7. Former Trade } <u>Fisherman.</u> |
| 2. Regimental No. | <u>5035</u> | 7A. If with previous service in Army, state— |
| 3. Rank | <u>S. Cpl.</u> | (a) Former Unit; |
| 4. Name | <u>Murphy A.</u> | (b) Regimental No.; |
| 5. Age last birthday | <u>25.</u> | (c) Date of Discharge; |
| 6. Enlisted { | <u>15/5/18</u> | (d) Cause of Discharge. |
| at | <u>St Johns</u> | |

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*
10. Place of origin of disability. *nil*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— *nil*
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of a disability

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

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

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

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

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

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Repatration

20. Do you recommend—

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

no

Chapin D.D.S.

Officer in medical charge of case.

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

Station Hazley Down

Date 30-4-19

Officer in charge of Hospital.

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

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

July 12, 1919

#5035 B/c. Arthur Murphy,

Witless Bay,

Ferryland Dist.

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,
Quaymaster & 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..... *Arthur* 2. Surname..... *Murphy*

3. Rank..... *LC* 4. Regtl. No..... *5035*

5. Address in full to which future payments of gratuity are to be forwarded..... *Wheeler Row, Dist of St. John's*

6. Date of enlistment in the Regiment..... *May 10/18*

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..... *Do*

9. Address in full of such dependents..... *Do*

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..... *Thirteen months and 17 days*

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.

\$91.87 Cashier Etc

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.? *no* If not give:- (a) date of discharge *June 27/19* (b) Reason for discharge

Remobilization

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

France Belgium and 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: *J. Murphy*
 Place of Residence: *W. Glass Bay, District of Maryland*
 Declared before me at: *St. Johns used*
 This *13th* day of *June* 19*.19...*

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

POST DISCHARGE PAY.			Net amount due
Date paid	Paid Soldier. Dependent	Paid War Service Gratuity.	
.....			
.....			
Certified correct.			Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B-121
39

Number of Sheet 62

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. Dick *Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Murphy Arthur</u>	Age on <u>24</u> years <u>0</u> months	<u>15.5.18</u>	<u>Justice</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	Period of } with Colours <u>5</u> years. with Reserve <u>3</u> years.		<u>R.C.</u>	
Joined	Date		Place of Birth		<u>Witten Bay, Newfoundland</u>
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Headly Beach Camp</u>	<u>23.10.18</u>	<u>Pte</u>		<u>breaching draft line.</u> <u>Absent from 2337 clock.</u> <u>23.10.18 to 1330. 24.10.18</u>	<u>Sp. H. Green</u>	<u>deprived of 1 days pay</u>	<u>30.10.18</u>	<u>Capt Emerson</u>	<u>Final W.D. pay</u> <u>By R.O.</u>
				<u>Demobilized</u>	<u>St John's</u>	<u>10</u>	<u>7</u>		<u>19</u>

To be carried over

The Royal Newfoundland Regiment D 503⁵

DEMOBILIZATION OF

Reg. No. 5135 Rank LC Name Murphy Arthur
 Date of Enlistment 15-5-18 Address Matthew Bay District St. John's
 Occupation Bookkeeper Classification for Discharge 21 Medical Category E
 Recommendation S. M. B. Permanently unfit Disability Rating 15%
 Passed to Demobilization Officer with following documents:—

N. F. 1/36	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 400H	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 12.6.19 *J. M. West*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. *A. Murphy*

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 *A. M. Colston*

Date 12-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1753 to his home at Winters, Calif. and Release Certificate No. 2079 issued.

Date 12-6-19 *J.A. Law Dept*
 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.

Date 12-6-19 *J.A. Law Dept*
 Depot Paymaster.

Discharge approved for 26-16-19
 Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 208	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	do 6th	6
B179c	B 120	M 93		

2
2 Form B
pl. in

Date 12-6-19 *J.A. Law Dept*
 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 Gratefully

Date JUN 26 1919 *R.H. [Signature]*
 O. C. Discharge Depot.

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

Date June 29/20 *James H. [Signature]*
 O. C. Discharge Depot.

Reg. No. 5034 Rank. Co. Name Murphy, A.
Attested Address Wilton Bay
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas 1-6-19
Returned on S S Corican Cause Discharge

12-6-19
26-2-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION.