



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4414 Name James Murphy Corps R.B.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Murphy
2. What is your full Address? 2. 21 Chapel Street
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 0 Months
5. What is your Trade or Calling? 5. None
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. None 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, James Murphy do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 10th day of April 1915.

Signature of Attesting Officer [Signature]

†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 Rank of Private

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

Date 1915

Place

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Murphy

Apparent age _____ years _____ months. Height 5 feet 3 inches

Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 5 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Murphy 3 Kabot

St. Johns | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4414 Name James Murphy Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Murphy
2. What is your full Address? 2. 27 Cabot Street
St. Johns
3. Are you a British Subject? 3. yes
4. What is your age? 4. 19 Years 0 Months
5. What is your Trade or Calling? 5. Office Clerk
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, James Murphy 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 Murphy SIGNATURE OF RECRUIT.
James Pittman Signature of Witness.

2-13-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 13th day of April 1918

Signature of Attesting Officer James Scott

†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.....1918
Place..... } Approving Officer.

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

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

Approved 22.4.18

C.R. 4414

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, 29-9-19

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot.

4414 Pts. J. Murphy.

20-9-19.

C.R.

CR. 4414

August 28th 1919.

Capt. Howley,

Paymaster.

The attached letter from Officer Commanding,
Depot to District Officer Commanding, is forwarded
to you for necessary action.

Staff Pay is payable, to No.4414 Pte. J.J.
Murphy from Nov.28/18 to Jan.15/19 as 2nd class
clerk.

Lieut Col.

Chief Staff Officer.

Enclosure.

~~10/13.~~

C.R. 4414

Extract of Daily Orders Part II, dated Jan. 16th 1919.

DUTY.

4414 Pte. J. Murphy

Posted for duty in Officer of D.M.S. from 14-1-19



CR. 4414

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

Dec. 14th. 1918

From: Adjutant,
Depot.

To: Casualty Officer.
Militia Dept.

4414. Pte. J. Murphy.

Marginally noted man was admitted M.I.D.

Hospital Dec. 13th. 1918.

Reported on M.I.D. Hospital Report of Dec. 14th
as being 'Seriously ill; Pneumonia'.

R. H. J. Ait

Captain
Office Commanding
Discharge Depot, Newfoundland

C.R. 4414
52

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt., St. John's, Dec. 16th, 1918.

4414 Pte. J. Murphy.

Admitted to M.I.DD Hospital 13-12-18.

C.R. 4414

Extract of Daily Orders Part II. dated Dec. 31st 1918

HOSPITAL.

4414 Pte. J. Murphy.

Discharged from M.I.D. Hospital 26-12-18

Extract from Daily Orders Part 11 from Depot St. John's Aug. 30/18.

C.R.4414

#4414 Pte. J. J. Murphy.

The following N. C. Co and men proceeded to Cape Race on Special Duty
6-8-18.

C.R. 4414

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated ~~May~~ June 1st, 1918

#4414 L/Cpl. J. J. Murphy

Reverts to the ranks at his own request from 1.6.18

C.R. 4404

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 6th., 1918.

#4414 Pte. J. J. Murphy.

To be Lance Corporal from 4/5/18.

C.R. 4414²

Extract from Daily Orders part 11. from Unit The
Royal Newfoundland Regiment, dated April 16/18.

#4414 Pte. J. J. Murphy.

Attested for General Service with The Royal Newfoundland
Regiment 13/4/18 To report 23/4/18.

Murphy, James

4414

Pay Sept.

October 11, 1919

#4414 Pte. James Murphy,
#22 Alexander St.,
City.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 3870.

Yours truly,

Major
Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4414 Rank Plt. Name J. Murphy
 Intended place of residence 22 Alexander St City
 2. Occupation clerk
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of.....
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 Commanding Discharge Depot
 Date 20-9-19 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
20-7-19 Signature of witness

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 Jan 11th 1918 Signature of soldier
ST. JOHN'S Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13. 4. 18 No of days on Military
 Discharged from service 20-9-19 Service 540

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 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's newspaper Officer i/c Records
 Date October 4/1919 The Royal Newfoundland Regiment

18
31
30
31
31
30
44
M-5

22B 279/3870

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 441st Rank Plc. Name Murphy James
 Date of Enlistment 13-4-18 Address 17 Ave. St. Johns District St. Johns
 Occupation Clerk Classification for Discharge B Medical Category E
 Recommendation S.M.B. Perm Unfit Disability Rating 100% while in Hosp
 Passed to Demobilization Officer with following documents:—

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

Date 20-9-19 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

To see Vocational Officer after discharge from Hospital

Particulars passed to Vocational Officer for information and action.

Date 20-9-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable..... £ 50.00

(b) Clothing Supplied..... £ 1.00

Date 20-9-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at 22 Alexander St. 8/10 and Release Certificate No. 3855 issued.

Date 20-9-19 *J. H. Hancock*
 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 4-10-19

Date 20-9-19 *J. H. Hancock*
 Depot Paymaster.

Discharge approved for 20-9-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 20-9-19 *J. H. Hancock*
 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
 O. C. Discharge Depot.

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

Date

Report of Medical Board.

Station **St. John's, Nfld.** Date **September 19th, 1919.,**
 No. and Rank **4414. Private** Age **19** Height **5'3"**
 Name **Murphy James.** Complexion **Fair.**
 Unit **Royal Newfoundland** Eyes **Blue** Hair **Light.**
 Address **22 Alexander Street.**
 Former Trade **Office Clerk.**
 Enlisted at **St John's.** On **13/4/18** (The Board will please note how the soldier's appearance corresponds with above description).
 Disease or Disability Original **P N E U M O N I A.**

Subsequent

Present Condition (Compare with previous Board)

Pulse 120. Nervous and excitable. Complains of a variety of symptoms for which would need careful observation.

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?
100% While in Hospital.

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

100% While in Hospital.

Recommendation of Medical Board
**N & M Gen Hospital
 for observation.**

Members of Board

SGD. **N. S. FRASER**

J. S. TAIT

D. PATERSON. MAJOR.

Approving Medical Officer.

SGD. **CLUNY MACPHERSON.**

LT-COL.



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 see Vocational Officer after discharge from hospital

H. H. H. H.

Signature of Man.

Reg. No. 4414

J. H. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *20-9* 191*9*

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

MEDICAL HISTORY

Surname Murphy OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>13th</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>St John's</u>		at _____	
Declared Age	<u>19</u> years _____ days		years _____ days	
Trade or Occupation	<u>Office Clerk</u>			
Height	<u>5</u> feet <u>3</u> inches		feet _____ inches	_____ inches
Weight	<u>116</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>33</u> inches		_____ inches	
	Range of Expansion... <u>5</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at _____	
	on <u>13th</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	<u>The Royal Nfld Regt</u>	Corps.	
	Regtl. No.	<u>441st</u>	Regtl. No.	
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in ca

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause syphilis, admissions and re-ad of treatment out o
	Day	Month	Year	Day	Month	Year			
M. J. D. Hospital	13	12	18	28	12	18	Pneumonia	15	Dissected

ital or to the sick list in case of Warrant Officers treated in quarters.

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 hospital 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

Onward sent before admission.

S. W. L. L. L.



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 *S't. Johns*

Date *Jan 4' 1919*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>18 years</i> |
| 2. Regimental No. <i>4414</i> | 6. Enlisted on <i>S't Johns 13th April 1918</i> |
| 3. Rank <i>Private</i> | at |
| 4. Name <i>Murphy James</i> | 7. Former trade or occupation <i>Office Clerk.</i> |
| 8. Disability | |

Pneumonia

9. History *was ill at home for a week & admitted M.I.D.Hp. 13/12/18. Discharged 28/12/18.*

10. What is his present condition? *Has been at home - no duty*
Since discharge from M.I.D.
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.) *Complains of weakness &*
Shortness of breath on exertion. P. R. 110 per min.

11. Was sanatorium advised and refused? *No*
operation

12. Do you recommend discharge as permanently unfit? *yes*

Signature *Archibald*
Rank or Qualification *for M.O. Depot*

Remarks if any by Officer in Hospital.

Place Signature

Date Rank



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 **Jan. 7, 1919**.....

- | | |
|-----------------------------------|---|
| 1. Unit Royal Newfoundland | 5. Age last birthday 18 years |
| 2. Regimental No. 4414 | 6. Enlisted on 13th April 1918 |
| 3. Rank Private | at St. John's |
| 4. Name Murphy James | 7. Former trade or occupation Office Clerk |

8. Disability

Pneumonia

9. History
- Was ill at home for a week and admitted M.I.D. Hosp. 13/12/18. Discharged 28/12/18.**

10. What is his present condition? **Has been at home - no duty since discharge from M.I.D. Hosp. Complains of weakness and shortness of breath on exertion. P.R. 110 per minute.**
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium advised and refused? **No.**
operation

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature Arch. C. Teit.
for M.O. Depot

Rank or Qualification

Remarks if any by Officer i/c 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 ~~6666666666~~ due to
(a) ~~Special Duty Service~~ ~~Accidental~~ (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.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **60%**
(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? **60% three months**
(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 operation sanatorium is:— (a) Reasonable (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 discharge from ~~retention in~~ the Army **permanently unfit.**

Remarks if any:—

..... **H. S. Fraser**
President

Signatures..... **J. Sinclair Tait**

..... **L. Paterson, Major**

Place **St. John's**

Date **July 8, 1918.**

APPROVED

Station

Date



(**Sgt**) **CLUNY MACPHERSON, MAJOR**

Administrative Medical Officer

St John's

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

NOV 29 1918

Date

Regimental No. *14414*

Name *Murphy James*

Address *32 Alexander St St John's*

Present Medical Category *A# E*

Recommended for:— (a) ~~Immediate discharge~~

(b) ~~Standing Medical Board~~ *S. M. B.*

Members of Board {
.....
R. H. Sant Capt.
O.C. Discharge Depot.
.....
L. B. Atkinson
Senior Medical Officer
.....
L. W. Burden
M. O. Depot



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 *Murphy James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4414*

Intended address *22 Alexandra St*

Height on discharge *5 Feet 3 in*

Color of hair on discharge *light brown*

Complexion *Fair*

Color of eyes *blue*

Descriptive Marks *Scar on Instep*

Figure on discharge *Slight*

Christian name of Father *John*

Christian name of Mother *Anastasia*

Wife's maiden name in full */*

Date and place of marriage */*

Christian names of children */*

Place and date of soldier's birth *St Johns 31 January 1900*

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 Murphy

Pvt. (Rank)

Station

St Johns

Date

July 7 1919

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.

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

Station

St Johns

Date

January 7 1919

EXAMINATION OF

James Murphy

AGED

19 yrs

CONDUCTED AT

Head Quarters

DATE:

April 13/19

NO OF TEST:

1. no

2. no

3. no

4. no

5. no

6. no

7. yes

8. yes

9. no

10. n

11. n

12. n

13. n

14. n

19. 6/6 both

23. n

24. n

25. n

26. n

27. n

28. n

29. n

30. n

31. n

32. n

33. no

34. 5 7/8 - 3 in

35. 116 lbs

36. 28 - 33

38. Father - Joseph 27 Cabot St St Johns

39. nobody

4/13/19

Ad

W. Burden

April 13th / 18.

To whom it may concern,

I the undersigned certify that my
son James Murphy is above the age of 18 years.

John Murphy



1991

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

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

Examination of James J. Murphy
aged 19 conducted at C. R. B.
Date: June 25-1915 Recruiting Officer:

NO OF TEST

FINDING

- 1
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- 35
- 36
- 37
- 38
- 39

no
no
no
no
no
no
yes
yes
no
n

n
n

$\frac{6}{36}$ Both eyes

April 12/15
This man has proved to be able to carry out the necessary methods of aiming in the target and has proved Wm. J. Murphy

Not working yet.
Father — Joseph — 27 Cabot St.
no one

Confit.

Signature of Medical Examiner:

H. Wheeler

Feb. 15th, 1919

From Asst. Adj. and Paymaster,
Discharge Depot

To Paymaster and Officer i/c Records,
Militia Department

4414 Pte. J. Murphy .

The above noted man has requested that his Pay
Account be transferred to your office.

His account has been balanced up to and includ-
ing Feb. 15th and has a credit balance of 50¢. He
has an allotment current of 60¢ per day.

CSB/C

4
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.

1. Christian name... *James* 2. Surname... *M. Murphy*
3. Rank... *Pte* 4. Regt. No... *4414*
5. Address in full to which future payments of gratuity are to be forwarded... *22 Alexander St. St. John's*
6. Date of enlistment in the Regiment... *April 13th 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *n.a.*
8. Relationship of such dependents... *n.a.*
9. Address in full of such dependents... *n.a.*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *n.a.*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *St. John's, Petty St.*
- 4 Cape Race, Special Guards*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *525 Days*
- *1.2*

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

n.a.

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.

n.a.

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. *n.a.*

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *n.a.*

19. Are you now serving in the Regt.? *no*.. If not give:- (a) date of discharge. *Nov. 20/19.* (b) Reason for discharge. *Demobilized permanently unfit.*

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. *no*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *no*

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

Signature of Applicant: *J. J. Murphy*
 Place of Residence: *22 Alexander St. St. John's N.F.*
 Declared before me at: *St. John's, Nfld.*
 This *2nd*, day of *Oct* 19*19*.

John M. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 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

M.L.

4414 J. Murphy

Please advance seventy
dollars (\$70.) against this man's
pay $\frac{1}{2}$, which should be
deducted from Regimental
pay. If discharged before
debit balance is cleared,
balance to be deducted from
War Service Gratitude.

9/7/19

W. F. Rendeau
Lieut. Col.
C.O.

~~We have nothing to do with
his pay, please. See paid at~~

~~H. J.~~
~~[Signature]~~



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

August 28th 1919.

WHEN REPLYING
QUOTE No. 4414

Capt. Howley,

Paymaster.

A.C.R.

The attached letter from Officer Commanding, Depot to District Officer Commanding, is forwarded to you for necessary action.

Staff Pay is payable, to No.4414 Pte. J.J. Murphy from Nov.28/18 to Jan.15/19 as 2nd class clerk.

W.F. Russell

Lieut Col.

Chief Staff Officer.

Enclosure.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

..... Aug. 28th, 1919

From Officer Commanding,
 Discharge Depot

To D.O.C. Newfoundland,
 Militia Department

I enclose an application from 4414 Pte. G.J. Murphy for staff pay from Nov. 28th, 1918, to Jan. 15th, 1919.

I do not know what the position is in regard to staff pay in connection with those of the Orderly Room Staff who were employed at Demobilization work and who were demobilized before Staff Pay was authorised, or whose names were not sent forward with my recommendation of June 28th, 1919.

If this application is considered favourably I would recommend that Pte. Murphy be graded as a Second Class Clerk, which would entitle him to 40¢ per day for the above mentioned period, the difference between his ordinary pay and the Staff Pay of that grade.

R.H. Sait
 Major, O.C. Depot

RHT/C

22 Alexander St.

St. John's.

Aug. 19/19.

Major R.H. Tait. M.C.

O.C. Depot. St. John's.

Sir;

I the undersigned do hereby make claim for staff pay to be granted me from November 28th. 1918, to January 15/19.

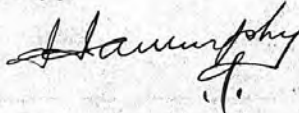
I worked as a clerk doing Demobilization work with Sergt. Gosse, & as I am still on the strength I consider that I 'am both eligible & entitled to receive it.

You will find that this letter is countersigned by R.Q.M.S. Edwards who is W.O. i/c. of the Orderly Room staff, to certify that I performed this aforementioned clerical work.

On January 15/19, I came to work in the D.M.S. Office as a clerk, so that my claim for staff pay ends on that date.

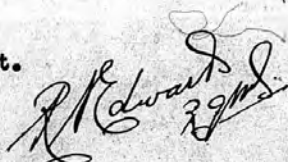
Hoping to have a favourable reply in the near future & thanking you in anticipation, I Remain,

Yours Obediently,



#4414 Pte. J.J.A. Murphy.

Royal Newfoundland. Regt.





THE ROYAL NEWFOUNDLAND REGIMENT
DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND.

September 20th. 1919

From Discharge Depot.

To Paymaster & Officer I/C Records
Militia Dept.

The discharge of the bearer # 4414 Pte J. Murphy has been approved from today, and his accounts are in your department, will you please pay him off.

He has received nothing from the Depot.

R. Edward
J.M.S.

260
14
6036.40

J.M.M.

I, *James Murphy* being duly sworn
depose and say, that the attached statement of claim for
property lost in the fire at the Empire Hospital, is a
correct statement of my losses.

ACCOUNT	
CHK. NO. <i>25948</i>	INITIALS <i>JM</i>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

James Murphy
.....

SWORN before me at
Department of Militia, St. John's,
this..... *5th* day of..... *January*
A.D. 1919.

Rec'd
James Murphy

C.C. Byrne
Capt.

Escasoni S.P.

Dec 5/19.

Ex # 4414 Pk J. Murphy Dr.
To B. P. C.

1 Suit of Clothes	60.00
1 Overcoat	60.00
1 Pair Boots	<u>15.00</u>

J.P.H.

.¢
13 5.00

Destroyed by fire in Empire S.P.

60
50
9
W.P.R.

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To *M^{rs} J. Murphy*

Billeting Soldiers as undermentioned

from *Feb 21st /19* to *Feb 28th /19*

<i>4414 - Pte. J. Murphy</i>	<i>7 20</i>
------------------------------	-------------

Certified correct for \$ *7.20*

Joseph H. Lawrence
No. 7
Billeting Officer.

July 31 1920

Major Howley
O. I. C. Records

Please pay to J. Murphy, 4414
the sum of six dollars and sixty six cents
in payment of allowance for five days to date
and charge same to Civil Re-establishment Committee

\$6.66

Pension \$20.00

ACCOUNT _____	INITIALS <i>RM</i>
CHK. NO. <i>1221</i>	INITIALS _____
INL. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

C. J. B. A. *W. M. M. C.*

Vocational Officer

J. Murphy

Nov 30th 1920

Major Howley
O. I. C. Records

Please pay to J. Murphy, 4414
the sum of fifty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$50.00

Pension \$10.00

J. C. S.
Hander

Vocational Officer

Stainbury

ACCOUNT	
CH. NO.	4162
INTL. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Nov 30th 1920

Major Howley
O. I. C. Records

Please pay to J. Murphy, 4414
the sum of six dollars and sixty six cents
in payment of allowance for four days to date
and charge same to Civil Re-establishment Committee

\$6.66

Pension \$10.00

J. C. G.
[Signature]

Vocational Officer

J. Murphy

Aug 7 1920

Major Howley
O. I. C. Records

4
Please pay to J. Murphy, 4418
the sum of nine dollars and thirty three cents
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$9.33

Pension \$20.00

ACCOUNT	
CH. NO.	1201
INT. LEDGER	
PAY LEDGER	
GEN. LEDGER	

J. C. R.

W. W. Mackell

Vocational Officer

Stanley

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 70 ⁰⁰/₁₀₀

July 9th 1919

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay.
balance

[Signature]

Ch. No. 2546	Initials. <i>Ed</i>
Pay Ledger. 120	Initials. <i>WR</i>
Gen. Ledger.....	Initials.....

Regtl. No. *7. C. 117* Rank.....

No.

4414

Rank

Pte

Name

J. J. Murphy

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 19⁶⁰/₁₀₀

Sept 2 19'9

Received from the First Newfoundland Regiment
the sum of Nineteen Dollars.
~~amount~~ of Pay Staff
balance

J. J. Murphy

Ch. No. <u>8892</u>	Initials... <u>CCW</u>
Pay Ledger. <u>120</u>	Initials... <u>WR</u>
Gen. Ledger.....	Initials.....

Regtl. No. 7418 Rank Pte.

No. 4414

Rank Pfc

Name

J. Murphy

No. 4414

Rank *Pr*

Name *J. Murphy*

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 7000

Oct 4 19 15

Received from the First Newfoundland Regiment
the sum of Seventy ⁰⁰ Dollars.
on account of Pay. *W. B. L.*
~~balance~~

J. J. Murphy

Ch. No. 14255	Initials <i>W. B. L.</i>
Pay Ledger 347	Initials <i>W. B. L.</i>
Gen. Ledger	Initials

Regtl. No. Rank

No.

4414

Rank

Pt

Name

J Murphy

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 6.⁵⁰

Oct 2 1919

Received from the First Newfoundland Regiment
the sum of Six ⁵⁰ Dollars.
on account of Pay.
balance

[Signature]
Regtl. No. 4414 Rank Pte.

Ch. No. 11972	Initials EW
Pay Ledger 121	Initials WR
Gen. Ledger	Initials

No. 4414

Rank

Plt.

Name

J. Murphy

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 30 $\frac{80}{100}$

ap 10 19 19

Received from the First Newfoundland Regiment
the sum of Thirty $\frac{80}{100}$ Dollars.

~~amount~~
balance of Pay.

H. Murphy

Ch. No. 15538	Initials. <i>EM</i>
Pay Ledger 164	Initials. <i>EM</i>
Gen. Ledger	Initials.

Regtl. No. 4414

Rank *Pte*

No. 21414

Rank

Pt

Name

J Murphy

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet one

Regiment of The Royal nfld

Signature of O. C. Company W. James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>6-5-18 Promoted Lance Corporal.</u>
No.	<u>41414 James Murphy</u>	Age on	<u>19</u> years <u>7</u> months	<u>Office Clerk</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u> <u>18-11-18</u>	<u>R.C.</u>	
Joined		Date	Period of	Place of Birth	
Joined	Date	} with Colours <u>175</u> years.	} with Reserve <u>365</u> years.	<u>St. John's</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Barrabecher.</u>	<u>24.7.18</u>	<u>Pte</u>		<u>Absent without leave from barracks 24/7/18 until apprehended by Police 27.7.18.</u>	<u>Capt. Collins</u> <u>Capt. Hursey</u>	<u>3 days detention</u> <u>For 3 days pay under R.W.</u>	<u>27.7.18</u>	<u>R. H. Tait Capt.</u>	<u>24/7/18</u>
<u>Demobilized St. John's 4/19</u>									

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 44114 Rank Plt. Name Murphy James
 Date of Enlistment 13-4-18 Address 27 Ave. St. St. Johns District B
 Occupation Plt. Classification for Discharge Seen Unfit Medical Category F
 Recommendation S.M.B. Seen Unfit Disability Rating 100% while in Hosp.

Passed to Demobilization Officer with following documents:—

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

Date 20-9-19 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.
 I am not in a position to resume civilian occupation.
To be Vocational Officer after his discharge from Hospital
 Particulars passed to Vocational Officer for information and action J. Murphy
 Date 20-9-19

2. Clothing.
 Certified that Clothing Regulations have been complied with—
 (a) Clothing Allowance payable 80 100
 (b) ~~Clothing~~ Supplied Seen Unfit
 Date 20-9-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 5853 to his home at 22 Alexander St. Jaffa and Release Certificate No. _____ issued.

Date 20-9-19 *J.P. Sawcoff*
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 4-10-19

Date 20-9-19 *J.P. Sawcoff*
Depot Paymaster.

Discharge approved for 20-9-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 20-9-19 *J.P. Sawcoff*
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratiuity

Date O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
[Signature]
Date Oct 10/19

Reg. No. 41414 Rank Pte Name Murphy J J
Attested 13-4-18 Address 22 Alexander St
Allotment 604 Allotee Mrs John Murphy (Mother)
Date of Allotment 1-10-18 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

27.4.18 vac. 1st Inc 5-10-18

6-8-18 ^{dis from 4-5-18} Special Duty Camp Coase, returned 6-9-18
28-12-18

8.1.19 Discharged from M. I. D. Hospital 26-12-18
Rec. Discharge promptly unfit

11-7-19 **PASSED TO MOBILIZATION OFFICE**
Posted for duty at S.M.S. office from 14-1-19

St. B. 19⁹/₁₄ Res. Discharge

20-9-19 DISCHARGE APPROVED ON DEMOBILISATION.