

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5973 Name James Murphy Corp 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. 54 Carter Hill
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 17 Years ..... Months
5. What is your Trade or Calling? ..... 5. Carver
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.

..... John Gray ..... 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 15th day of July, 1918.

Signature of Attesting Officer W. 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 compiled with. I accordingly approve, and appoint him to the.....

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

Date July 16/18 1918 .....  
Place St. John's ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5773

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

Name James Murphy  
 Apparent age 21 years 0 months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 1 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. James Murphy  
54. Carter Ave. | 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>15-7-18</u>									
Joined at <u>St. Helier</u> on <u>July 15-1918</u>									
<u>Discharged sea July 29-1919</u>									
<u>Embarked St. Helier train to Halifax N.S. 22-9-18</u>									
<u>Transferred to Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. Helier 29-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>29-7-1919</u> [date of discharge] <u>1</u> years <u>15</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5773

Extract from Nominal Roll Entrained St. John(s) for Overseas

Sept. 22, 1918. "M"

5773 Pte. Murphy James.

CR 5773

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 16, 1918.

#5773 Pte. James Murphy.

Attested for General Service with the Royal Nfld.  
Regt. 15-7-18

C.R. 5773

Extract from Daily orders by Major M.S.Sullivan, Commanding  
Nfld.  
the Forestry Companies 26-11-18.

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

5773 Pte. J.Murphy.

C.R. 5773

Extract from Daily Orders Part II Royal Newfoundland  
Regiment dated July 19th 1919. Depot st. John's.

APPROVED      The discharge of ~~the~~ undernoted on demobilization has been  
by O.C. Discharge Depot with effect from following date  
15-7-19.

5773, Pte. J. Murphy.

GR 5773

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

5773 Pte. J. Murphy.

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

J. Murphy

C.R. 5773

1880  
2





No. 115/14/P&A

N.F.P./79.

*115 14*  
*obh*  
NEWFOUNDLAND CONTINGENT  
RECORD OFFICE

From:

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

To:

Officer Commanding,  
Nfld. Forestry Corps,  
Kenmore,  
Loch Tay, N.B.

2nd. January, 1918

Subject: 5773. Pte. Jas. Murphy.

With reference to the following telegram (19 & 20 from the Hon. Minister of Militia, received  
/ /

Pay to 5773 Murphy - £2:0:0

Draft £2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*J. H. Marshall*  
Chief Paymaster & O. i/c Records.

9/1/ 1919

Receipt hereunder.

*W. A. Ross Capt. & adj. for*  
Officer Comdg. *Soldier's pay*  
Royal Newfoundland Regiment

Received the sum of Two  
pounds on account of  
cable remittance from Newfoundland.

*J. Murphy*  
No. 5443 Rank PL

No. 5961/872

N.F.P./79.

From:

NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2/Bn. Royal Newfoundland Regiment,  
Hazeley Down Camp,  
Winchester.

16th April 1919

April 17<sup>th</sup> 1919

5773 Pte. Murphy

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (137)

*C. Kam* <sup>Capt</sup>

OFFICER COMMANDING 2<sup>nd</sup> BATT'N. LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5773 Murphy

£2. 0. 0.

Received the sum of £2.0.0.

Cheque £2. 0. 0. is enclosed for payment to this Soldier.

Two pounds. in respect of

Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

*J. O. Guinness*  
Chief Paymaster & O. i/c Records.

J. Murphy  
No. 5773 Rank Pte.

Witness George Perry Gc

Murphy J

5773

Ray Sept.

July 29th 1919.

#5773, Pte. James Murphy,

54, Carter's Hill,

City.

Dear sir:

Enclosed please find Discharge Certificate

# 3257.

Yours truly,

Capt. & Paymaster,

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3773 Rank PT Name Murphy James  
 Intended place of residence 54 Carter Hill St John

2. Occupation Labourer  
 Classification of soldier E Medical Category A L

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 15.7.19

N.R. Cooper Capt.  
 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 15 1919

J. Murphy  
 Signature of soldier

M. Dowling  
 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, ST. JOHN'S  
 Date JUL 15 1919

James Murphy  
 Signature of soldier

James O'Brien  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 15-7-19 No. of days on Military  
 Discharged from service JUL 15 1919 Plus 14 days Service 380

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S  
 Date JUL 15 1919

N.R. Cooper Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S  
 Date July 29/1919

M. Howley Capt.  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

AT 207913257



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

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge?

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.

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

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Reserves? If not give:- (a) Date of discharge. (b) Reason for discharge.

no

July 29/19

Demob

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.

England

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: *James Murphy*  
 Place of Residence: *54 Carbers Hill, City*  
 Declared before me at: *St John's*  
 This *15<sup>th</sup>* day of *July* 19*19*.....

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

POST DISCHARGE PAY.				Net amount due
Date paid	Sold	Sold	War Service	
	Soldier.	Dependents.	Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Registrar

# The Royal Newfoundland Regiment

Class for Demobilization: —

*E. 6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 14/19*

Regimental No. 5773

Name

*Murphy James.*

Address

*54 Carters Hill.*

Present Medical Category

*A1*

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

*H. R. Cooper Capt.*  
O.C. Discharge Depot.

Members of Board

*H. Watson*  
Senior Medical Officer

*Geo. Berden*  
~~M.O. Depot~~

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5775 Rank Mr Name Murphy James  
 Date of Enlistment 15-7-18 Address St. John's  
 Occupation Labourer Classification for Discharge E Medical Category F.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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	256-1		

Date 1-12-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J. 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 \$6.00

(b) Clothing Supplied [Signature]

Date 15-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at 54 Banters Hill and Release Certificate No. 3628 issued.

Date 15-7-19 ..... Amblonster  
 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 29.7.19

Date 15.7.19 ..... N.R. Cooper Capt  
 Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
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	256-1		

Date 15-7-19 ..... Amblonster  
 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**

**JUL 15 1919**

Date ..... N.R. Cooper Capt  
 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 Murphy*

Signature of Man.

*A. M. Conner*

Signature of the Vocational Officer or his Representative.

Reg. No. 0573

Place

ST. JOHN'S.

Date

15-7-19.

191

TO

RECEIVED  
25 MAR 1919  
COUNTY LAB.

Outfit Number 1205

Result of the examination of the specimen of Throat Swab taken from

Reg. No. 5448 Rank Pt Name J. Murphy

Corps Newfoundland Regiment

Result Staphylococcus bacilli not found

26<sup>th</sup> March 1919

R. A. Hyatt  
Specialist Sanitary Officer.

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

# MEDICAL HISTORY

OF

Surname

*Murphy*

Christian Name

*James*

Table I.—GENERAL TABLE

Birthplace :—Parish

*St. John's*

County

*Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15 <sup>th</sup>	July	1918	191
	at	<i>St. John's</i>	at	
Declared Age	21	years		days
Trade or Occupation	<i>Labourer</i>			
Height	5	feet 5 <sup>1/2</sup>	inches	feet inches
Weight	137	lbs.		lbs.
Chest Measurement	Girth when fully expanded	34	inches	inches
	Range of Expansion	4	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number	<i>—</i>	<i>—</i>	
When Vaccinated				
Vision	R.E.—V=	<i>4/9</i>	R.E.—V=	
	L.E.—V=	<i>4/9</i>	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)	<i>Lammitt Paterson</i>			
(Rank)	<i>Major</i>		Medical Officer	Medical Officer
Enlisted	at	<i>St. John's</i>	at	
	on	15 <sup>th</sup> day of July	1918	on day of 191
Joined on Enlistment	Corps	<i>Royal Nfld. Regiment</i>	Regtl. No.	<i>5993</i>
Transferred to				
Became non-effective by	on	day of	191	on day of 191
(Signature)				
(Rank)				







3-4-79.

To be Discharged from Hospital ~~to morrow~~

Unit.	Squadron battery, or company	Regtl. No.	Rank and Name.	
Newfld. Regt: 2 <sup>nd</sup>	5479	Pte:	Murphy, J.  E. Hayman Capt R. M. Major P. A. M. C. (T.) D. Oyle	

MAGDALEN CAMP HOSPITAL  
WINCHESTER.



## 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 *5773*  
 Intended address *54 Carter Hill*  
 Height on discharge *5 Feet 5 1/2*  
 Color of hair on discharge *Dark Brown*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks *Scar neck*  
 Figure on discharge *Medium*  
 Christian name of Father *William*  
 Christian name of Mother *Caroline*  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_  
 Place and date of soldier's birth *St John's 8-8-1895*  
 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* *JK*  
(Rank)

Station **ST. JOHN'S** Date *14-7-19*

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.

Date

JUL 15 1919

ST. JOHN'S,

# Royal Newfoundland Regiment.

Billeting Account,

To Pti J Murphy

Billeting Soldiers as undermentioned

from

July 11/19 to July 13/19

5773 Pti J Murphy

H H0

ACCOUNT

GR. NO.

IND. LEDGER

PAY LEDGER

GEN. LEDGER

INITIALS

INITIALS

INITIALS

3084

INITIALS

INITIALS

INITIALS

INITIALS

Certified correct for \$ H-110

*[Signature]*

Billeting Officer.

*[Signature]*

**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 } *Labourer*
2. Regtl. No. *5773* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Murphy* } *James* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*
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) 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."
- nil*

11. Date of origin of disability.

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? }

*He complains of no Disability*

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

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

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

*Repatriation*

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.

*W. E. Proctor* *Captn Rank*

Station *Hazley Down*

Medical Officer in charge of case.

Date *10/4/19*

\* 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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years	months		
5773	Jane Murphy	21			Coalerman	
Joined	Date	Place and Date of Enlistment		Religion		
Joined	Date	St. John's		R.C.		
Joined	Date	Period of	with Colours	years.	Place of Birth	
Joined	Date		with Reserve	years.	St. Catharines N.S. City	

Place	Date of Offence	Rank	Cases of Discretion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Hogley Down Camp	17-2-19	Pte		Absent from Tattoo to Reville 17-2-19 - 18-2-19. (8 1/2 hrs.)	Lt C Flynn	2 days. C. B.	18-2-19	Sgt L. Messinger	For 1/2 day pay. by R. L. B.
				Demobilized to home			29 7/19		

To be carried over.

# The Royal Newfoundland Regiment

9  
5773

## DEMOBILIZATION OF

Reg. No. 5773 Rank Plt Name Murphy James  
 Date of Enlistment 15-7-18 Address 54 Cartwright St. St. John's District St. John's  
 Occupation Labourer Classification for Discharge F Medical Category H.I.  
 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	<u>256-1</u>	

Date 15-7-19

[Signature]  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

J. 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 [Signature]

Date 15-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at 574 Banters Hill and Release Certificate No. 3628 issued.

Date 15-7-19 ..... Amblonstone  
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 29-7-19

Date 15-7-19 ..... D.R. Cooper Capt  
Depot Paymaster.

Discharge approved for 15-7-19

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	2 F m B
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	<u>256-1</u>		

Date 15-7-19 ..... Amblonstone  
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 15 1919 ..... D.R. Cooper Capt  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 28/19 .....

C.R. 5773

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

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

- 1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Labourer*
- 2. Regtl. No. *5773* 3. Rank... *Rope M* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Murphy James* (Surname) \* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
- 5. Age last birthday... *21*
- 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? (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 a (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? }

*He complains of no disability*

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

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

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

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?

*Repatriation*

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.

*W. P. Rocumier, Copy Name*

Station *Fazley Down*

Medical Officer in charge of case.

Date *10/4/19*

\* 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