



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5934 Name Michael Murray Corps C of C

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Michael Murray
2. What is your full Address? 2. Indian Riv J 13
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Fisherman
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, Michael Murray 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.

Michael Murray SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

[Signature] Signature of Attesting Officer C. B. Dick's Lieut

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the If enlisted by special authority, such will be attached to the original attestation.

Date 1915
 Place W. H. [Signature] } 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

5934

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

Name Michael Munnell
 Apparent age 21 years 0 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Munnell
Indian St. P.B. | 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>8-8-18</u>									
Joined at <u>St. John's</u> on <u>August 8-1918</u>									
<u>Re-enlisted August 5-1919</u>									
<u>Embarked St. John's train to Halifax N.S. 22.9.18</u>									
<u>To Newfoundland for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 5-5-1919</u>									
Total Service forfeited as above _____									
Total Service towards Engagement to <u>5-8-19</u> (date of discharge) <u>363</u> years <u>363</u> days									
" " Pensions " _____ " " " " _____ " " " "									

C.R. 5934

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

5934 Pte. Murray,

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

C.R. 5934

extract from daily orders part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by officer i/c Records from 5-8-19.

5934, Pte. W. Murray.

C.R. 5934

Extract from Daily Orders Part II Unit The Royal Welch
Regt. St. John's, July 12th, 1919.

The discharge of the undermentioned on demobilisation has been
Approved
confirmed by C.O. Discharge Depot with effect from 22-7-19.

5934 Pte. M. Murray.

C.R. 5934

Extract from Daily Orders By: Major M.S. Sullivan, Commanding Mfld. Forestry Companies, 25-11-18.
26

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

5934 Pte M. Murray

C.R. 5934

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

5934 Pte. Murray Michael.

C.R. 5934

Extract from daily Orders Part 11 Unit the Toyal Nfld. Regt.
St. John's, dated August 19th, 1918.

5934 Pte. Murray.

Granted leave from 17/8/18 to 27/8/18.

C.F. 5934

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

5934 Pte. M. Murray.

Granted leave from 17-8-18 to 26-8-18.

C.R. 5934

Extract, from Daily Orders Part 11 from Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

#5934, Pte. Michael Murray.

Attested for General Service with The Royal Nfld. Regt.
from 8/8/1918.

Murray

CR

5934

~~1880~~

FORM K

No. 6820



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Murray, Regl. No. 5934,
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
1 Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins Sept 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6026	Father	Michael Murray	Indian H ⁿ P.B	50
Total Allotment, \$				50

ENTERED
 PAY LEDGERS
 NUM. ROLL
 ALLOT. INDEX
 " REGISTER
 EXAMINED
RC 2/11/18
RC 2/11/18

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

(Sig.) *H. G. Hubert*
 Officer Commanding
 F Company

(Sig.) *Michael x Murray*
 (Rank) *Pte*

St John's
Aug 15 1918

Murray, M

5934

Sept

August 5th 1919.

#5934, Pte. M. Murray.

Indian Hr. P.B.

Dear sir:

Enclosed please find Discharge Certificate
3379.

Yours truly,

Capt. &
Officer i/c Records.

RS-.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5934 Rank P6 Name Murray M
 Intended place of residence Indian H^s Pledoria

2. Occupation Fisherman
 Classification of soldier E Medical Category A¹

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 8 1919

J. M. M. M.
 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 8 1919

M Murray
 Signature of soldier

J. A. Snow
 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 8 1919

M Murray
 Signature of soldier

James Cheeman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 8-8-18 No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 363

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

R. R. Coope Capt
 for Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 5/1919

M Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

MRB 20791 5379

The Royal Newfoundland Regiment

Class for Demobilization: 96.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 1.1.19

Regimental No. 5934

Name Murray Michael

Address Indian Ht

Present Medical Category A-1

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

Members of Board {

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

Habron
Senior Medical Officer

L. W. Berdea
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5934 Rank Plt Name Murray M
 Date of Enlistment 4-8-18 Address Indian Pt District Placentia
 Occupation Fisherman Classification for Discharge E1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 7-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

M Murray

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied

M Murray

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R22568589 to his home at Indian Hill and Release Certificate No. 3305 issued.

Date

8-7-19

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

Date

8-7-19

J.A. Snowball
Depot Paymaster.

Discharge approved for

22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 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		

2 Form B

Date

8-7-19

J.A. Snowball
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 22 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

M. Murray

Signature of Man.

Reg. No. 5934

J. H. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

8-7-19.

191

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

MEDICAL HISTORY

OF

Surname

Murray

Christian Name

Michael

Table I.—GENERAL TABLE

Birthplace :—Parish

Indian Riv. P.S. County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>8</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>31</i> years	days	years	days
Trade or Occupation	<i>Yeoman</i>			
Height	<i>5</i> feet	<i>5</i> inches	feet	inches
Weight		<i>117</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>35</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>—</i>			
When Vaccinated				
Vision	R.E.—V=	<i>6/10</i>	R.E.—V=	
	L.E.—V=	<i>6/10</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>Lambert Adams</i>			
(Rank)	<i>Major</i>		Medical Officer	
Enlisted	at <i>St John's</i>	at		
	on day of <i>July</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Wiltshire 5934</i>			
Transferred to	<i>Regiment</i>			
Became non-effective by	on	day of	191	on
(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

Murray, Michael

Regiment from which discharged

Royal Newfoundland

Regimental number

5934

Intended address

Indian. Hr

Height on discharge

5 Feet 6

Color of hair on discharge

dark

Complexion

Fair

Color of eyes

dark

Descriptive Marks

—

Figure on discharge

Medium

Christian name of Father

Mike

Christian name of Mother

Dead

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 7-12-age. 22-1897

Nature and locality of civil employment required

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

(Soldier's signature in full)

M Murray

(Rank)

P/E

Station

ST. JOHN'S.

Date

July 5-7-19

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



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

Station

Date

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 Regt.* 7. Former Trade or Occupation } *Fisher*
2. Regtl. No. *S. 9. 54* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Murray* *Michael* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *28*
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 (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

15. What is his present condition?

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

The Complaints of no Disability

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Rehabilitation

W. E. Crocumer, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazley Down*

Date *12/4/19*

* 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.

August 12, 1919

Mr. M. Murray,
Indian Harbor, P. B.

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 & Raymaster.

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..... W..... 2. Surname..... Murray.....
3. Rank..... file..... 4. Regtl. No..... 5934.....
5. Address in full to which future payments of gratuity are to be forwarded..... Indian Hr. P.S......
6. Date of enlistment in the Regiment..... Aug 8/18.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
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..... Eleven months.....

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

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 Rest.?..... If not give: (a) Date of discharge *July 22/19* (b) Reason for discharge *Demobilization*
.....

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

ST. JOHN'S
NC 11
21
NEWB

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

ST. JOHN'S
NO. 21
NEWB
BUFFY

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here



OCT 15 1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

Michael Murray

in respect of his service as No. 5934 Rank Pte.

Name M. Murray Royal Nfld. Regt.

Infantry Corps.

Receipt of the same should be acknowledged hereon.

Received

Oct 29

Signature

Michael Murray

Date

1896

Address

indear Harbor P B

[P.T.O.]

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.	<u>Michael Murray</u>	Age on <u>21</u> years <u></u> months	Place and Date of Enlistment } <u>St. Johns</u>	<u>Fisherman</u>	
Joined _____ Date _____		Period of } with Colours <u>363</u> years. with Reserve <u>363</u> years.		Religion <u>C of E</u>	
Joined _____ Date _____			Place of Birth <u>Indian H. P. B.</u>		
Joined _____ Date _____					

Place	Date of Offence	Rank	Case of Discretion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St Johns</u>	<u>5</u>	<u>8</u> <u>19</u>		

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2934 Rank Pvt Name Murray M
 Date of Enlistment 8-8-18 Address Indian St District Placentia
 Occupation Fisherman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
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 7-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

M Murray

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8225518589 to his home at Indian Hill and Release Certificate No. 3305 issued.

Date 8-7-19

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

Date 8-7-19

J.A. Snowball
Depot Paymaster.

Discharge approved for 22-7-19

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	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		

2 Form B

Date 8-7-19

J.A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919

J.R. Cooper Capt.
O. C. Discharge Depot.

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

Date July 21 1919

[Signature]