



1st FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4382 Name James Munin Corps Co R

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. James Munin
- 2. What is your full Address? 2. Spaniards Bay
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 26 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, James Munin 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 Munin SIGNATURE OF RECRUIT.
James H. C. Munin Signature of Witness.

3. 4. 18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Munin 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 and signed the declaration and taken the oath before me at Spaniards Bay

on this 3 day of April 1918

Signature of Attesting Officer James H. C. Munin

†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 April 3 1918

Place S. Johns

James H. C. Munin 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 Murray
 Apparent age 26 years — months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Murray
Spaniards Bay | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve 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>3-4-1918</u>									
Joined at <u>St John's</u> on <u>March 3-1918</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked St John's train to Halifax N.S. 11-6-1918</u>									
<u>Agreed to join forestry corps. on one month probation 10th 1918</u>									
<u>to Newfoundland for demobilization 24-6-19</u>									<u>Arrives Hfls 17th 19</u>
<u>to active service Demobilization Hfls 4 8/19</u>									

Total Service forfeited as above.....
 Total Service towards Engagement to H-8-1919 (date of discharge) 1 years 124 days
 Pensions

C.R. 4382

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by Officer i/c Records from noted date
4-8-19.

4382, Pte. J. Murrin.

C.R. 4382

Extract from Daily Orders part II Royal Newfoundland
Regiment Depot St. John's dated ~~xxx~~ July 2nd 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by U.C. Discharge Depot with effect from
following date

21-7-19.

4382, rte. J. murrin.

C.R. 4382

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919.

4382, Pte. J. Hall.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

EX "Corsican"

C.R. 4382

Extract from Daily Orders By Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies, 6-2-18.

6-12-18

The undrementioned having reported for duty from
the 2nd Bn. Royal Wfld. Regt. is attached to the Strength
for rations, from this date to "B" Company.

4382 Pte. J. Murrin.

C.R. 4382

Extract from Orders by Lt. Col., E.J. Barten, D.S.O.,
Commanding 2nd Bn., Royal Newfoundland Regiment, dated
10/10/18.

The undermentioned will hold ~~himself~~ himself
in readiness to
join the Newfoundland Forestry Corps on one months
probation as from 11/15/18, Major J.W. March, M.C. will
conduct this party.

"G" Company:

4382 Pte. J. Murrin.

C.R. 4382

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's, dated June 14th 1918.

4382 Pte J. Murrin

Embarked for Overseas with draft ~~11-6-18~~ 11-6-18

C.R. 4382

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

#4382 Pte. J. Murrin.

Attested for General Service with the 1st. Nfld. Regt.
3rd April 1918.

Murrie J.

C.R. 4382

P. & R. Co.

FORM K



No 4220 G



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

4382

James Murray, Regl. No. ~~4382~~

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and 0 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 June 1/1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3987	Father	W. Murray	Spaniard Bay	
Total Allotment, £				70

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. *James Bent*
 Officer Commanding
 Company
H. Johns per
 May 23rd 1918

(Sig.) *James Murray*
 Rank *Private*
W. Murray
R. Richard O.C.S.

No. 14884/1529

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. R. Nfld. Regt.,
Winchester.

17th, September 1918

Sept. 21st 1918

Subject: 4382, Pte. J. Murrin

Receipt hereunder.

With reference to the following telegram (8109) from the Hon. Minister of Militia, received

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

*Pay to 4382 Murrin £4. 2. 0

Received the sum of £4. 2. 0

Draft £4. 2. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Four pounds two shillings account of cable remittance from Newfoundland.

For James Murrin

W. J. Murrin
Chief Paymaster & O. i/c Records.

No. 4382 Rank Pte

Witness:-

Pte. D. Murrin

19226/836

Officer Commanding,
Newfoundland Forestry Corps,
Kenmore.

25th November 8

4382, Pte. J. Murrin

✓
10080

pay to 4382 Murrin £4:2:0

4:2:0

P.P.S.

No. 17394/476

049792
EC

N.F.P./79.

NEWFOUNDLAND CONTINGENT



From:

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

To:

Officer Commanding,
Newfoundland Force,
Kenmore.

28th October 1918

Subject: 4382, Pte. J. Murrin, C

With reference to the following telegram (9304) from the Hon. Minister of Militia, received

Pay to 4382 Murrin £4:0:0

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Dec 2 1918

Receipt *James Murrin*
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of £4.0.0
Four pounds on account of
cable remittance from Newfoundland.

James Murrin *X*
No. 4382 Rank Private

E. Ireland
Witness:-

CHIEF PAYMASTER & OFFICER I.C. RECORDS.
NEWFOUNDLAND CONTINGENT,
1968,
88, VICTORIA STREET,
Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Winnipeg.

Reference re verse: It is understood that the Soldier named was attached to the Newfoundland Forestry Corps, on a months probation expiring 11/11/18. The O.C. of that Unit now states that he is not at Kermore, so it is presumed that he has returned to your command. There is no trace of his movements having been reported in Daily Orders of either Unit.

Postal Draft is enclosed for payment should assumption prove correct.

J. H. Macneil
Major,
Chief Paymaster & O.I/c Records.

No 2436/401.

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.
End/Bn. Ryl Wild Regt.
Winchester.

19th February m 1919

Feb 22nd 1919

4382. Pte Murren J.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (34.)

J. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 4382. Murren.

£8.0.0.

Received the sum of £8-0-0

Cheque £8.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Eight Pounds in respect of telegraphic remittance from the Minister of Militia.

A. S. Murren Maj.
Chief Paymaster & O. i/c Records.

No 4382 Rank Pte

Witness A. S. Murren Lieut

No. 19226/536

NEWFOUNDLAND CONTINGENT

From: A

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

For: Officer Commanding,
Newfoundland Forestry Corps,
Kenmore.



Db 557

25th November 1918

Subject: 4382, Pte. J. Murrin

With reference to the following telegram (10080-) from the Hon. Minister of Militia, received

pay to 4382 Murrin £4:2:0

Draft £ 4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H. O. Murrin

Chief Paymaster & O. i/c Records.

Nov 30th 1918

Receipt hereunder.

Lt. A. H. ... Adj't.

NEWFOUNDLAND FORESTRY CORPS
Officer Commanding. Batt'n
Royal Newfoundland Regiment

Received the sum of Four Pounds

Two Shillings on account of cable remittance from Newfoundland.

J Murrin

No. 4381 Rank Pte

Witness *J. W. ... C.S.M.*

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

Sir:-

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

Regtl. No.	Rank	Name	Amount	Signature
4382	Lt	Murrie	£250	J. Murrie

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

J. Murrie

Dated

July 1/18

Murrin, J

4382

Ray Sept.



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

No. _____

Line No. 22 Sent by _____ Rec'd by _____ Check 9/10

Place from Spaniards Bay
To Capt. J. A. Kowley
Dept. Paymaster
R.N.



Have not received
any money to date
Please forward
James Murrain

Mailed Oct 7/19
WV

6835

October 16, 1919

Mr. James Murrin,
Spaniard's Bay.

Dear Sir:

With reference to your letter of
10/10/'19, three cheques have been forwarded to
you on account of War Service Gratuity, addressed
to Spaniard's Bay, please.

Yours truly,

Lieut.
For Paymaster.

August 4th 1919.

#4382, Pte. J. Murrin,
Spaniard's Bay, C.B.

Dear Sir:

Enclosed please find discharge Certificate # 3523.

Yours truly,

Capt & Paymaster.

RS /.

August 11th 1919.

Mr. Abram Murrin,
Spaniard's Bay,

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Ser-
vice Gratuity.

Yours truly,

Capt. &
Paymaster.

RS/.

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 26th. 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..... Abraham 2. Surname..... Morrison

3. Rank..... Rte 4. Regtl. No..... 4387

5. Address in full to which future payments of gratuity are to be forwarded..... Spaniards Bay

6. Date of enlistment in the Regiment..... April 4/18

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... No

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..... Sixteen Months

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 Res? no If not give:- (a) date of discharge August 7/19 (b) Reason for discharge 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: *Abraham ^{his} Morris*
 Place of Residence: *Spaniards Bay.*
 Declared before me at: *St John's*
 This *19* day of *July* 19*.19*....

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

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4382 Rank Pvt Name Murphy J
 Intended place of residence Spaniards Bay, Nfld
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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 19 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 19 1919
 Signature of soldier James Murphy
 Signature of witness M. Donston

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 19 1919
 Signature of soldier James Murphy
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 3-4-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 489

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, ST. JOHN'S
 Date JUL 21 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 4/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

Handwritten notes and signatures at the bottom of the page.

28
31
30
31
4
124

The Royal Newfoundland Regiment

Class for Demobilization:—

E. G.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No.

4352

Name

Murphy D.

Address

Spaniards Bay

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

A. R. Coogan Capt.
O. C. Discharge Depot.

Members of Board

W. Peterson
Senior Medical Officer

Leo Berdea
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 582 Rank Pl Name James Munn
 Date of Enlistment 3-11-18 Address St. John's, Nfld.
 Occupation Fisherman Classification for Discharge E Medical Category H1
 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	<u>256-1</u>	" 6
B 179c	B 120	M 93		

Date 18. 7. 19 O. C. Discharge Depot. Munn

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

James Munn
fisherman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
- (b) Clothing ~~Supplied~~ Ameliorated

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2492 to his home

at Spaniards Bay and Release Certificate No. 3727 issued.

Date 19-7-19

Amblin
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 4-8-19

Date 19-7-19

Mrs. H
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form 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		<u>256</u> /	" 6	
B 179c	B 120	M 93				

Date 19-7-19

Amblin
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 21 1919

L. 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.

Murphy

Signature of Man.

M. C. ...

Signature of the Vocational Officer or his Representative.

Reg. No. 4382

Place **ST. JOHN'S.**

Date 19-9-19

191

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

MEDICAL HISTORY

OF

Surname Mustin Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Spaniards Bay County Newfoundland

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	day of	on	day of
Examined	3	April 1918		191
	at <u>Sr. Johns</u>		at	
Declared Age	26	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet 6 1/2		inches
Weight	127	lbs.		lbs.
Chest Measurement	Girth when fully expanded...			inches
	Range of Expansion...			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/26	R.E.—V=	
	L.E.—V=	6/12	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>Lambert Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>Sr. Johns</u>	at	
	on	3 day of April 1918	on	day of 191
Joined on Enlistment	Corps.	<u>Royal Newfoundland</u>	Corps.	
	Regtl. No.	<u>4382</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Kevin James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4382*

Intended address *Spaniards Bay. H. Grace*

Height on discharge *5* Feet *6 1/4*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *_____*

Wife's maiden name in full *_____*

Date and place of marriage *_____*

Christian names of children *_____*

Place and date of soldier's birth *Spaniards Bay ?*

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 X Kevin (Rank)

Station *ST. JOHN'S*

Date

17 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 in Hospital, Unit, or Command Depot.

Station

Date

Nº 4220



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

4382 ~~78~~

I, James Murray, Regl. No. ~~4382~~
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Seventy Dollars and 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

June 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3987	Sister	James Murray	St. John's Bay	
Total Allotment, \$				70

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

Sig.) James Murray
 Officer Commanding
Company

John W. Murray
 may 23rd 1918

(S) James Murray
 (Rank) Private

John W. Murray

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
2. Regtl. No. 4382 3. Rank.....
4. Name Morrin James
(Surname) (Christian Names)
5. Age last birthday 26
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } Interpreter
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
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 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.
12. Place of origin of disability.
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*
nil
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, 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.)

No 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.

Repatriation

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

Medical Officer in charge of case.

Station *Hayesbury, D.V.M.*

Date *S. 1/1/14*

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

Unit Har 2nd Bn R. Inf.MORNING SICK REPORT
MEDICAL INSPECTION REPORT*

Army Form B 256

Squadron, battery or company

Station and Date Hazary Down 19.4. 1918

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of		Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's Remarks and Signature.
		Age.	Service.							
4382	Pvt Murrin James	22.		R $\frac{1}{12}$ L 6/6	Fit for General Service					The Oculist Military Hosp. Winchester.
					Loose Oculist Sight to be tested cannot read					<u>Sacred</u> <u>Capo Kame</u>

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as, "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

* Strike out whichever is not applicable.

Orderly
N.C.O.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 54 Sent by _____ Rec'd by _____ Check ✓ No. _____

Place from Paradise Bay

To Capt. J. M. Howley
Paymaster.



My number is four
three eight two.

James Murren.

4382

200
marked

6835

Spaniards Bay
Oct 10 19

J Mc Holley Esq
Secy.

Dear Sir.

Please send
me the amount due for
my gratuity money as
I have not received
one months pay \$60.00
as yet

Yours truly

J Mc Holley
The James Munson 4382

Aug 19	70.00	to Spaniards Bay
Sept 19	70.00	do
Oct 19	70.00	do

all addressed
to Abram Munson

due 4 mo

FORM K

No 4220



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

4382 ~~78~~

I, *James Kerrin*, Regl. No. ~~4220~~
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and *Seventy* 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 *June 1st 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3987	<i>Sister</i>	<i>W. Kerrin</i>	<i>Spanaid Bay</i>	
Total Allotment, \$			<i>70</i>	

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

Sig. *James Kerrin*
 Officer Commanding
 _____ Company
Alf Jones
 May 23 1918

Sig. *James Kerrin*
 Rank _____
William R. Edward

December 4, 1919

James Murrin,
Spaniard's Bay.

Dear Sir:

I enclose cheque
for \$70.00, balance of War Service Gratuity,
please.

Yours truly,

Lieut.

For Paymaster.

4.28

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

Dec 3 1919

Received from the First Newfoundland Regiment
the sum of Twenty Dollars.
~~on account~~ of Pay. W.S.L.
balance

Ch. No. 21156 Initials C.B.H.

Pay Ledger 162 Initials W

Gen. Ledger..... Initials.....

Regtl. No..... Rank 7

W.S.L.

No. 4387

Rank

Ot

Name

James Murre

Spamards Bay

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheets 0710Regiment of Royal NewfoundlandSignature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	months		
4382	<u>Joe Murrin</u>	26		<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St. John's</u>		<u>R.C.P.</u>	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours ¹²⁴ years.		<u>Apariaido Bay</u>	
		with Reserve ³⁶⁵ years.			

52

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>Princes Point</u>	<u>17 5/8</u>	<u>Pte.</u>		<u>Absent overstayed pass from 13 5/8 to 17 5/8.</u>	<u>Mr. Wall</u>	<u>5 Days C.P.</u>		<u>Roger Conly</u>	<u>Forfeit 5 days Pay Under R.O.N. [Signature]</u>
<u>do</u>	<u>22 5/8</u>	<u>"</u>		<u>Absent from Sanitation Cells from 5.30 to 9.30.</u>	<u>Sgt. White</u>	<u>3 Days C.P.</u>			<u>Forfeit one days Pay Under R.O.N. [Signature]</u>
<u>Demobilized St. John's 4 5/9</u>									
To be carried over									

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 11587 Rank Plt Name James J. Munin
 Date of Enlistment 3-11-18 Address St. John's District St. John's
 Occupation Stebman Classification for Discharge F Medical Category H.S.
 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
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	256	" 6
B 179c	B 120	M 93		

Date 19-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James J. Munin
Plt Stebman

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied Ameliorated

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2492 to his home at Spaniards Bay and Release Certificate No. 3727 issued [Signature]

Date 19-7-19 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 4-8-19

Date 19-7-19 Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	/	N.F. Med.....	D.F. 1.....	/
F 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	/	do 2nd.....	" 3.....	2 Form 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.....		<u>256</u>	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 19-7-19 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional document

Eligible for War Service Grant

Date JUL 21 1919 **L. R. COOPER, CAPT.**
O. C. Discharge Depot.

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

Date Aug 11 19

Reg. No. *4382* Rank *Plt* Name *Murvin M.*
Attested Address *Spainards Bay*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

19 7 19
21 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

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 Land* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4382* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Munier* *Jamci* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *26*
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 pro of disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatiation

W.E. Procuines; C. Krame

Station .. *Hazley Down*

Medical Officer in charge of case.

Date .. *8/14/19*

* 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.