



# FIRST NEWFOUNDLAND REGIMENT

4215

## ATTESTATION OF

No. 4315 Name Wm O'Keefe Corps R.L.

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>William O'Keefe</u>          |
| 2. What is your full Address? .....  | 2. <u>Placentia</u>                |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fireman</u>                  |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 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. <u>Yes</u>                     |

FOR THE DURATION OF THE WAR

I, William O'Keefe 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.

William O'Keefe SIGNATURE OF RECRUIT.

R. Edward Signature of Witness.

H 14-1-18

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William O'Keefe 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 Placentia on this 14 day of Jan 1915.

George Hartney Signature of Attesting Officer

### †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 1st Regiment if enlisted by special authority, such will be attached to the original attestation.

Date.....1915 } Approving Officer.

Place..... }

† 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).....



C.R. 4315

Extract from Daily Orders Part II Royal Newfoundland Regiment.  
Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from 4-7-19.

4315, rte. Wm. O'Keefe.

C.R. 4315

Extract from Daily Orders Part II Unit The Royal  
Infantry Depot, St. John's, Newfoundland: June 10th/19.

The discharge on deactivation of the undernoted has  
been APPROVED BY C.O. DISCHARGE DEPOT WITH EFFECT FROM  
20-6/19.

4315 Pte, Wm. O'Keefe.

C.R. 4315

Extract from Daily Orders Part II Depot, St. John's,  
Date 9-6-19

4315 Pte. Wm. O'Keefe.

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

ex "Corsican"

C.R. 4315

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5/9/18.

The following arrived today and is posted to the following  
Company.

G. COMPANY.

4315, Pte. W. O'Keefe.

C.R.

4315

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4315 Pte. W. O'Keefe.

C.R. 4315

Extract from Nominal Roll Draft #51, to B.E.F. Embarked  
Folkestone, 51-8-18.

4315 Pte. O'Keefe W.



C.R. 4315

Extract from Nominal Roll Embarked St. John's for Overseas  
Mar. 20th, 1915.

4315 Pte. O'Keefe W.

Jan. 22,

W.F. O'Reilly,  
Placentia.

Sir:-

I am directed to reply to your letter of 19th Jan. in which you enclose letter from Wm. Keefe of Great Barrisway. It is noted that Wm. Keefe who enlisted at Grand Falls is 18 years of age. This man has been sworn in for service, and as he is of age, his attestation must hold good. I am returning Mr. Keefe's letter to you.

I am,

Yours faithfully,



Major, C.S.O.

Magistrate's Office

C.R. 4315

Presented  
July 19 1918



ANSWERED  
JAN 22 1918

4315

Dear Sir

Enclose for your consideration  
a letter I received today from Mr Keefe  
of Parisway.  
Will you please let me know what  
answer I am to send him.

Yr oblige

Yours truly

W. L. Reilly

The Minister of Militia  
St. John's

Great Barrisway,

Jan. 19th, 1918

W. F. O'Reilly, Esq.,  
Placentia.

Dear Sir:-

William Keefe volunteered at Grand Falls.  
It is against my will as he is only a soft boy. He is  
18 years old and as I took him and reared him, I don't  
want him to volunteer . He is only an orphan without  
father or mother. He is not fit to go through the  
world yet. Please to try and get him back to me.

I remain,

Yours truly,

(Sgd) Wm. Keefe,

Gt. Barrisway

C.R. 4315

Extract of Daily Orders part 11, from Unit 4/1st  
Roy 1 Newfoundland Regiment. dated January  
15th, 1918.

#4315 Pte. W.O'Keefe.

tested for General Service with the 1st 2  
Newfoundland Regiment, with effect from 14/1/18

W. W. Keefe

C.R. 4315

~~PAID~~

**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. *4315* 3. Rank... *Plt.*
4. Name *O'Keefe* *William*  
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *Jan. 18* at... *St John*  
in category (or grade).....
7. Former Trade or Occupation } *Yeoman*
- 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 (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 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."  
*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? } *na.*

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.)*

*The complain of no disability.*

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
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? *na.*
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? *na.*

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*  
*signed W. Rame*  
*W. Rame*  
*Cast Rame*  
 Medical Officer in charge of case.

Station *Hazley Down*

Date *27/4/19*

\* 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





TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.F.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
4315	Pls	W. Keefe P.O.	\$2.50	

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

Date

June 28<sup>th</sup> 1918

W. O. Keefe

To. Mr. William O'Keefe  
Placentia  
Newport

Cable six pounds through  
Militeria.

4315, Ple. W. O'Keefe

245<sup>r</sup>

No. *4315* Name *Pte O'Sheep* } Sqn., Batty., } *C* Corps *Royal Nfld*  
 or Company } Date of enlistment } *14-1-18* G.C. } Service or Proficiency Pay } *Good*  
 Date of last entry in } *29/18* } No. and date of last drunk } Period not reckoning towards } freedom from extra fine } Sheet No. } Signature O.C. } *F. D. [unclear]* } Character } *Good*  
 Company Conduct Sheet }

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
<i>Romen</i>	<i>29/2/19</i>	<i>Pte</i>		<i>Def. of Kid</i>	<i>C. M. S. Water</i>	<i>pay for same</i>	<i>1-4-19</i>	<i>Mag Bernard</i>	<i>with [unclear]</i>

Army Form B. 192.

O'Keefe, W<sup>m</sup>

4315

Hay Sept.

July 4, 1919

#4315 Pte. William O'Keefe,

Placentia, P.E.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2602.

Yours truly

Captain  
Raymaster & O.i/c Records.

# The Royal Newfoundland Regiment

Class for Demobilization:—

*A*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *11-2-19*

Regimental No. *4315*.....

Name *O'Keefe* *14<sup>th</sup>* *Pl*.....

Address *Placentia*.....

Present Medical Category..... *A-1*

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

Members of Board {

*R.H. [Signature]*  
O.C. Discharge Depot.

*[Signature]*  
Senior Medical Officer

*[Signature]*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4315 Rank PM Name O'Keefe W<sup>m</sup>  
 Date of Enlistment 14.1.18 Address Phelan's District Phelan's  
 Occupation Fideliary Classification for Discharge 6 Medical Category AI  
 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	E 103	ME 2		" 6
B 179c	B 120	M 93		

Date 5.6.19O. C. Discharge Depot. W. J. O'Keefe

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied new cap

Date 6-6-19

O. i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1506, 3, 591 to his home  
 at Placentia and Release Certificate No. 2383 issued.

Date 6-6-19 *J.A. Snow Capt.*  
 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 4-1-19

Date 1-6-19 *J.A. Snow Capt.*  
 Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	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
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 6-6-19 *J.A. Snow Capt.*  
 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

JUN 20 1919

*R.H. Sait Capt.*

Date .....  
 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*

*A. Keepe W.*

Signature of Man.

*J. A. Small Capt.*  
Signature of the Vocational Officer or his Representative.

Reg. No. *4315*

Place *St Johns*

Date

191

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

## MEDICAL HISTORY

Surname Keefe OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Glacenia County \_\_\_\_\_

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	day of	on	day of
Examined	14	July	1918	1918
	at	<u>Headquarters</u>		at
Declared Age	18	years	+ 1/2	years
Trade or Occupation	<u>Hislerman</u>			
Height	5	feet	7	inches
Weight	123	lbs.		lbs.
Chest Measurement	Girth when fully expanded		40	inches
	Range of Expansion		6	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	L.E.—V=	6/6
	L.E.—V=	6/6	L.E.—V=	6/6
(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>Amund Watson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>St Johns</u>		at
	on	14	day of	July
	1918	1918	1918	1918
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>Royal</u>			
	<u>Regiment</u>			
Transferred to	<u>4315</u>			
Became non-effective by				
(Signature)	on		on	
(Rank)	day of		day of	
	1918		1918	



The Royal Bld. Regiment

DEMOBILIZATION

No. 4315 Rank \_\_\_\_\_

Name O'Keefe Wm

Warned for demobilization on

JUN 6 1919

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 } *Fisherman*  
or Occupation }  
2. Regtl. No. *4315* 3. Rank..... *Sgt.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
(b) with Regtl. Nos.
4. Name *O. Keefe* *William*  
(Surname) (Christian Names)
5. Age last birthday..... *19*
6. Posted for duty on *Jan/18* at *St Johns*  
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*  
*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? } .. .. .

na  
na

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.)

no complaint 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?

na  
na  
na  
na

20. Do you recommend—  
(a) Discharge as permanently unfit?  
(b) Change to United Kingdom?

Repatriation

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

Enclosure Capt. P. A. M. b  
Medical Officer in charge of case.

Station Hazely D. Camp  
Date 29. 1. 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.



# 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 *William O'Keefe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4315*

Intended address *Ploumtha*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father \_\_\_\_\_

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 *Ploumtha, Sep 25<sup>th</sup> 1900*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full) *William O'Keefe*

*W. J. Underclay* (Rank) *Pte*

Station *St. Johns*

Date *4-6-19*

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

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

Station

Date



July 5, 1919

#4315 Pte. William O'Keefe,

Big Barachois, P.E.

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  
"aymaster" U.S. Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *William* ..... S. Service..... *O'Keefe*  
3. Rank..... *Pvt* ..... 4. Regt. No..... *4315* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Big Parachors. P. B.* .....
6. Date of enlistment in the Regiment..... *Jan. 4/19* .....
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 Mld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Mld. or Overseas..... *From Jan 4/18 to June 6/19* ..... 1.

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?

*No*

16. Have you, during the present war, served in the Imperial Forces?

*Yes*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*No*

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

*No*

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

19. Are you now serving in the Res? If not give - (a) date of discharge

*No*

*June 6/19*  
*Temporary*

(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.

*France, Belgium & Germany - From Aug. 1918 to April 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No*

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

Signature of Applicant: *W. O. Hufe*  
 Place of Residence: *Big Barachin, P. R.*  
 Declared before me at: *S. John, Nfld*  
 This *7th* day of *June* 19*19*  
*John W. Murphy*

Signature of Barrister of the  
 Supreme Court, Stipendiary Legis-  
 lator, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

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

FORM K

No 3980



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm McKee, Regl. No. 4315  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 \_\_\_\_\_ Dollars and 75 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Allotment begins March 1, 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3733	Wife	Wm McKee	Placentia	50
Total Allotment, \$				50

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.) Wm McKee

Officer Commanding  
Company

Sr. John  
John  
1918

(Sig.) Wm McKee  
Pvt

(Rank) Pvt  
John G. Turner

FORM K

No 3980



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm McKee, Regl. No. 4315  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and 75 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins March 1, 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3733	Wife	Wm McKee	Placentia	50
Total Allotment, \$				50

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.) [Signature]  
 Officer Commanding  
 Company  
St. John's  
Feb 27 1918

(S) [Signature]  
 (Rank) Pvt  
[Signature]

ACCOUNT *Tran*  
 CN. NO. *24827*  
 DISTRICT OFFICER  
 NEWFOUNDLAND  
 JUN 24 1919  
 COMMANDING

June 21st 1919

*[Handwritten signature]*

The Department of Militia

The sum of ten dollars \$10.00 is due Mr G.M.O'Keefe  
 for driving 4315 Pte W.O'Keefe to his home

Voucher attached

*certified correct  
 for \$10.00*

*Chas Houston*  
 Discharge Officer  
 Discharge Depot- Newfoundland

No. 591

TRAVELLING WARRANT

Date 6-6-19 The Royal Newfoundland Regiment

General.

Please issue 1st Class Passage and Meals, for

\$10

No. 4315 Rank 1st Name O'Keefe W.

From ~~ST. JOHN'S~~ To Barriskerry

Placentia

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

J. A. [Signature]  
SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer  
Discharge Depot - Newfoundland



July 6th 1919.

Dear Sir:

I enclose herewith cheque for  
ten dollars (\$10.00) amount due on account  
of driving Pte. W.O'Keefe to his home.

Yours truly,



Capt.

Paymaster.

Mr. G.M.O'Keefe.

Flacenia.

Nfld.

1918 - 1919

ACCOUNT	<i>Transportation</i>
CH. NO.	<i>229</i>
IND. LEDGER	<i>OK</i>
PAY LEDGER	<i>T</i>
GEN. LEDGER	<i>INITIALS</i>

July 11th 1918

*This man understands and he  
 account is correct. of out-  
 per work settled for \$5.00*

The Royal Newfoundland Regiment,  
 To 4315 Private Wm. O'Keefe.

ROYAL NEWFOUNDLAND REGIMENT,  
 St. John's, Nfld.

*Edwards*  
 Assistant Director of Recruiting

To Passage from Barresway to Placentia  
 (As per voucher).

DISTRICT OFFICER  
 NEWFOUNDLAND  
 July 2 1918  
 COMMANDING

\$5.00.

*Cheque mailed  
 July 20th 1918*

A.S.P.

Passes to you please

ASST

Ass't Adjutant

Depot The Royal Newfoundland Regiment

4-7-18

St. John's, Nfld.

Government

Or Wm Keefe

Driving Volunteers of Keefe  
from Bonsway to Placentia  
Yest 14th - \$5.00

QMS January  
Reg. No. 4315

Corrected \$5.00

W. H. P. Kelly

S.M.

Placentia  
June 24/18.

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

---

Fold Here

OCT 11 1921.

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

is/are forwarded herewith to

William O'Keefe

in respect of his service as No. 4315 Rank Pte.

Name W. O'Keefe Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Received Medals

Signature William O'Keefe

Date Dec 13-21

Address St Johns Co Way Office  
Water St. West

[P.F.O.]

**Casualty Form - Active Service.**

Regiment or Corps Royal Newfoundland 4-9-1899  
 Rank Pte Surname R. C. O'Keefe Christian Name William  
 Religion R. C. Age on Enlistment 18 years 11 months  
 Enlisted (a) 14-1-18 Terms of Service (a) Duration Service reckons from (a) 14-1-18  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and rate.....  
 Occupation Fitterman W. H. O'Keefe Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
26. 8. 18	<u><del>14-1-18</del></u> <u><del>14-1-18</del></u>	<u>AI</u>	<u>Embarked ...</u> <u>Disembarked</u> <u>ARRIVED D.I.R.D.</u> <u>Joined Battalion</u>	<u>31 AUG 1918</u> <u>31 AUG 1918</u> <u>8 SEP 1918</u>	
		<u>Arrived in UK</u>		<u>8 SEP 1918</u>	
	<u>pm</u>				

Next of Kin Brother, Thomas O'Keefe, Placencia, Antigua

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

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (522) W 3011/2124 1000m 6/12m 63 58  
 Form B. 121.  
 23.

Regiment of *Royal Newfoundland*

Signature of Officer in Charge *[Signature]*

Number of Sheet *one*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>O'Keefe Wm</i>	Ago on	<i>18</i> years <i>11</i> months	<i>Sisterman</i>	
Joined	Date	Place and Date of Enlistment	<i>14-1-18</i>	Religion	
Joined	Date				
Joined	Date	Period of	with Colours <i>172</i> years. with Reserve <i>1365</i> years.	Place of Birth	
Joined	Date				<i>Placentia</i>

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
<i>Longley Road</i>	<i>22-2-18</i>	<i>Pvt</i>		<i>Drunk North</i>	<i>C. W. Del</i>	<i>2 days CB</i>		<i>Sir James</i>	<i>M. H.</i>

*Demobilized St. John's, 4 2/19*

To be carried over

ARMY FORM B. 121.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4315 Rank Pte Name O'Keefe Wm  
 Intended place of residence Placentia

2. Occupation Disturber  
 Classification of soldier E Medical Category A7

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 JUN 6 1919 .....  
 for H.R. Miss Lunt  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S .....  
JUN 6 1919 .....  
Wm O'Keefe  
 Signature of soldier  
M. Downstark  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and date ST. JOHN'S .....  
JUN 6 1919 .....  
Wm O'Keefe  
 Signature of soldier  
W. J. Bately  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 14-1-18 ..... No of days on Military  
 Discharged from service 20-6-19 Plus 14 days ..... Service 537

### 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 JUN 20 1919 .....  
R.H. Sait 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 4/1919 .....  
M. Downstark  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*a F B 2079/2602*



# The Royal Newfoundland Regiment

94315

## DEMOBILIZATION OF

Reg. No. 4315 Rank Plk Name Keefe Wm  
 Date of Enlistment 14.1.18 Address Place St. Louis District Placentia  
 Occupation Fisherman Classification for Discharge 1/6 Medical Category AI  
 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 5.6.19 O. C. Discharge Depot. J. Marshall

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Wm Keefe  
 will be  
 moving  
 out to St. John's

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 new cap

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1506. 2. 571* to his home at *Placentia* and Release Certificate No. *2383* issued.

Date *6-6-19* *J.A. Knowlton*  
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 *1-1-19* *J.A. Knowlton*  
Depot Paymaster.

Discharge approved for *20-6-19*

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 1916	do 2nd	" 3. <i>2 Form. B</i>
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 *6-6-19* *J.A. Knowlton*  
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 *JUN 20 1919* *J.A. Knowlton*  
O. C. Discharge Depot.

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

Date *June 11/1919* *J.A. Knowlton*