



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4749 Name Roady O'Neil Corps RC.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Roady O'Neil
2. What is your full Address? 2. 119 Freshwater Rd
St Johns
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 6 Months
5. What is your Trade or Calling? 5. Carpenter
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. Navy
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, Roady O'Neil 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.

26.4.18 Roady O'Neil SIGNATURE OF RECRUIT.
James H. [unclear] Signature of Witness.

OATH TAKEN BY RECRUIT ON ATTESTATION.
I, Roady O'Neil do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 26 day of April 1918
Signature of Attesting Officer James H. [unclear]

†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 26 1918
Place. St Johns } 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)

Report 1-6-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Roady O'Mail
 Apparent age 20 years 6 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward O'Mail
119 Freshwater Rd | Relationship Uncle
St John 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>26-4-1918</u>									
Joined at <u>St John's</u> on <u>April 26-1918</u>									
<u>Discharged</u> <u>July 30-1919</u>									
<u>Reported for duty</u> <u>3-6-1918</u>									
<u>to be employed for demobilization</u> <u>24-6-1919</u>									
<u>Arrives to be employed on</u> <u>1-7-1919</u>									
<u>Demobilization</u> <u>April 30-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>30-7-1919</u> [date of discharge] <u>1</u> years <u>59</u> days									
Pensions " " " " " " " " " " " "									

C.R. 4749.

Extract from Daily Orders Part II Depot St. John's dated
6th 1919. Unit Royal Newfoundland Regiment.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 30-7-19.

4749, Pte. R. O'Neil.

C.R. 4749

Extract from Daily Orders Part 11 Unit The Royal Wfld.
19th.
Regt. St. John's, July 24th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge depot with effect from 16-7-19

4749 Pte. R.O'Neil.

C.R. 4749

Extract from Daily Orders Part II Unit The Royal Rifle Regt.
St. John's, July 3rd 1919.

4749 Pte. R.O'Neill,

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

C.R. 4749

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

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

4749 Pte, R.O'Neill

C.R. 4749

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

4749 Pte. O'Neil Rodrick.

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regiment, St. John's, dated April 29, 1918.

#4749 Pte. Roadley O'Neill.

Attested for General Service with the Royal Wfld. Regt.
from 26/4/18 to report 1/6/18.

A. O. Hill

C.R. 4749

~~PRD~~

FORM K

No 6052



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Roady O'neill

Regl. No 4749

hereby agree, until further notification by me, and in similar official form to make an Allotment of 4 Dollars and 00/100 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 July 15 - 1918

Identity Certificate No.	Whether Wife, Child other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4556</u>	<u>Uncle</u>	<u>Edward O'neill</u>	<u>49 York St. New York City S.I.C. Jones</u>	<u>40 Cts</u>
Total Allotment, \$				<u>40 Cts</u>

ENTERED.

PAY LEDGER 8027/1918

NUM. ROLL

ALLOT. INDEX P/S

REGISTER

EXAMINED

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.) R.A. James 21/18
 Officer Commanding
Sgt J.C. U.S. Company
James 27 1918

(Sig.) R. B. Neill
 (Rank) P/S

No. 3248/495.

N.F.P./79.

From: NEWFOUNDLAND



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

To: Officer Commanding,
2nd Bn. Ryl Nfld Regt.
Belfast.

28th February 1919

4749. O'Neil. R.

With reference to the following
telegram from the Minister of
Militia (/ / 52)

"Pay to- 4749. O'Neil.

£3.0.0.

Cheque £ 3.0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

R. Hunt
Chief Paymaster & O. i/c Records.

Receipt 1919

Receipt hereunder.

J. Seymour *Leadb*
LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £ 3 - 0 - 0

three pounds in respect of

telegraphic remittance from the
Minister of Militia.

R. O. Reilly
No 4749 Rank *Plt*

Witness *Sheagay*
R.O.S.

Heill, L

4749

Ray Sept.

July 31st 1919.

#4749, Pte. R. O'Neil,
129, freshwater road,

Dear Sir:

enclosed please find Discharge Certificate
3299.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4749 Rank PLC Name O'Neill R.
 Intended place of residence 129 Freshwater Rd ST John
 2. Occupation Barman
 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 16 1919

[Signature]
 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 16 1919

[Signature]
 Signature of soldier
[Signature]
 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 16 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness Sgt

STATEMENT OF SERVICE

7. Enlisted for service No-4-18 No. of days on Military
 Discharged from service JUL 16 1919 Plus 14 days Service 461

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 16 1919

[Signature]
 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 30/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

5
31
30
30
96

[Handwritten] out B 2099/3299

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 15/19

Regimental No.

4744

Name

R O'Neil

Address

129 Freshwater Rd

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

D R Coople Capt
O. C. Discharge Depot

Reason
Senior Medical Officer

M. O. Depot

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..... *Roderick* 2. Surname..... *O'Neill*
3. Rank..... *Pte* 4. Regt. No..... *4749*
5. Address in full to which future payments of gratuity are to be forwarded..... *129 Freshwater Road, City*
6. Date of enlistment in the Regiment..... *April 26/18*
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.....
Fifteen months
- 1. ²

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 R.A.F.?
If not give:- (a) Date of discharge. *July 21/19* (b) Reason for discharge.

Remoh

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 and Belgium

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: *R D Keell*
 Place of Residence: *129, Rushmore Road, City*
 Declared before me at: *St John's,*
 This *17* day of *July* 19*19*.....

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

POST DISCHARGE PAY.					
Date Paid	Rank	Paid	War Service	Net amount	
	Soldier, Dependence		Gratuity.	due	
.....
.....
.....
Certified correct.				Registrar	

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 749 Rank Platoon Name John Keill R
 Date of Enlistment 26-1-18 Address St. John's District St. John's
 Occupation Carpenter Classification for Discharge 1 Medical Category 1
 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	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 15-7-19 O. C. Discharge Depot. H. M. S. D.

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 #60

(b) Clothing Supplied

Date 16-7-19 O. i. c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at 1297 Freshwater Rd and Release Certificate No. 3657 issued.

Date 16-7-19

W. L. Smith
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 30-7-19

Date 16-7-19

W. L. Smith
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		" 6	
B 179c	B 120	M 93			

Date 17-7-19

W. L. Smith
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

JUL 1 1919

Date

A. R. Cooper
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.

R. O. Keell
Signature of Man.

Ambloush Reg. No. 4748
Signature of the Vocational Officer or his Representative.

Place

ST. JOHNS.

Date

16-7-18

191

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

MEDICAL HISTORY

OR

Surname O'Neil Christian Name Roady

Table I.—GENERAL TABLE.

Birthplace:—Parish	<u>S. John's</u>	County	<u>Nfld.</u>
	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>
Examined	on <u>26th</u> day of <u>Apr</u> 191 <u>8</u>	on	day of 191
	at <u>S. John's</u>	at	
Declared Age	<u>21</u> years - days	years	days
Trade or Occupation	<u>Barman</u>		
Height	<u>5</u> feet <u>6$\frac{3}{4}$</u> inches	feet	inches
Weight	<u>133</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>36</u> inches		inches
	Range of Expansion... <u>3</u> inches		inches
Physical Development			
Vaccination Marks	Right	Left	Right
		<u>2 scars</u>	
When Vaccinated	<u>3 yrs ago</u>		
Vision	R. E.—V= <u>6/10</u>	R. E.—V=	
	L. E.—V= <u>6/10</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	
(b) Slight defects but not sufficient to cause rejection	(b)	(b)	
Approved by (Signature)	<u>Lamm Paterson</u>		
(Rank)	<u>Major</u>	Medical Officer.	Medical Officer.
Enlisted	at <u>S. John's</u>	at	
	on <u>26th</u> day of <u>Apr</u> 191 <u>8</u>	on	day of 191
	Corps.	Regtl. No.	Corps. Regtl. No.
Joined on Enlistment	<u>The Royal Nfld. Regt</u>	<u>4749</u>	
Transferred to			
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 *Roady O'Neil*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4749*

Intended address *St Johns*

Height on discharge *5* Feet *7*

Color of hair on discharge *Sandy*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scars on Hip*

Figure on discharge *Medium*

Christian name of Father *Rodger*

Christian name of Mother *Mam St John*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *St Johns 22-10- age 23-1897*

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)

Roady O'Neil

(Rank) *Plt*

Station *St Johns*

Date *July 14th 1919*

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

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 New Zealand*.....
2. Regt. No. *1444* 3. Rank..... *Pvt*
4. Name *Crill*..... *Roads*
(Surname) (Christian Names)
5. Age last birthday..... *23*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Cannan*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court

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? }

He complains of no disabilities

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.)

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.

Repatration

W.E. Proctor - Capt. Rant
 Medical Officer in charge of case.

Station *Stazley Down*

Date *9.14.19*

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

Nº 6052



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Roady O'neill

, Regl. No. 4749

hereby agree, until further notification by me, and in similar official form to make an Allotment of forty Dollars and 40 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 July 15 - 1918.

Identity Certificate No.	Whether Wife, Child other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4556</u>	<u>Wife</u>	<u>Edward O'neill</u>	<u>49 Fresh Meadows St / Johns</u>	<u>40¢</u>
Total Allotment, \$				<u>40¢</u>

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.) R. G. James 2/M

(Sig.) R. D. Neill

Officer Commanding _____ Company _____

(Rank) P/S

ST Johns

June 27 1918

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr E O'Neil
Freshwater R4

Billeting Soldiers as undermentioned

from July 1/19 to July 6/19

4749 Ptl R O'Neil 16. 60

ACCOUNT	<u>BTM</u>		
CH. NO.	<u>3147</u>	INITIALS	<u>Geo</u>
IND. LEDGER	---	INITIALS	---
PAY LEDGER	---	INITIALS	---
GEN. LEDGER	---	INITIALS	---

[Handwritten signature/initials over the ledger section]

Certified correct for \$ 16.60

McCloushin

Billeting Officer.

R O'Neil

[Handwritten mark]

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 65¹⁴

Nov 3 / 19

Received from the First Newfoundland Regiment
the sum of Sixty Five ¹⁴/₁₀₀ Dollars.
on account of Pay. W.S. G.
balance

R J Keill

Ch. No. 19082	Initials. EW
Pay Ledger. 69	Initials. W.S.
Gen. Ledger.....	Initials.....

Regtl. No. Rank

A. C. S.

No. 4749

Rank Pte

Name

R. O'Neill

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Regiment of Royal New Jersey Band

Number of Sheet 600

Signature of O. C. Company W. M. Churchill

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>B. M. Brady</u>	Age on <u>21</u> years <u>0</u> months	<u>Carpenter</u>	
Joined _____ Date _____		Place and Date of Enlistment } <u>St. Johns</u>	Religion <u>R.C.</u>	
Joined _____ Date _____		Period of } with Colours <u>196</u> years. with Reserve <u>365</u> years.	Place of Birth <u>St. Johns</u>	
Joined _____ Date _____				
Joined _____ Date _____				

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>Hoghton Camp</u>	<u>2.19</u>	<u>Pvt</u>		<u>Insolence to a N.C.O.</u>	<u>Plt. W. C. C. C.</u>	<u>3 days C.B.</u>	<u>16.2.19</u>	<u>Capt. G. Emerson</u>	<u>[Signature]</u>
<u>" "</u>	<u>21.3.19</u>	<u>"</u>		<u>Absent from 3 PM parade to 5 PM in Camp</u>	<u>" "</u>	<u>2 days C.B.</u>	<u>20.3.19</u>	<u>Serjeant L. Messinger</u>	
				<u>Demobilized St. Johns 30/7/19</u>					

To be carried over

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Cosman*
2. Regtl. No. *4749* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *O'neil* *Rosy* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *23*
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 (if any)
(b) Where
(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."
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? }

*The Complaint of the
disability*

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

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

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

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

Repatriation

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

Station *Kozlecy Down*
 Date *1/11/19*

Capt Name
 Medical Officer in charge of case.

* 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

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 14749 Rank Platoon Name C. O. Hall R
 Date of Enlistment 26-11-18 Address St Johns District St Johns
 Occupation Saman Classification for Discharge 1/1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 123	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 15-7-19 O. C. Discharge Depot St Johns

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 \$60.00
 (b) Clothing Supplied

Date 16-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at 1297 Freshwater Rd. and Release Certificate No. 3657 issued.

Date 16-7-19

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 30-7-19

Date 11-7-19

Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 265	B 121	N.F. Med.	D.F. 1
F 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		

Date 17-7-19

Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 16 1919

Date

O. C. Discharge Depot.

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

Date July 28/19

Reg. No. *4744* Rank. *P6* Name. *Quill R.*
Attested ... Address. *118 Freshwater Rd*
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas. *JUL 1 1919*
Returned on S *Cassandra* Cause. *Discharge*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION