



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2582 Name Patrick Polfrey Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Patrick Polfrey
2. What is your full Address? 2. 10. Gilmour St. City
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 1 Months
5. What is your Trade or Calling? 5. Engineer
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 Patrick Polfrey
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

FOR THE DURATION OF THE WAR

I, Patrick Polfrey 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.

Patrick Polfrey SIGNATURE OF RECRUIT.
J. Power Signature of Witness.

E at 19/16

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 24 day of Apr. 1916

Signature of Attesting Officer H. O. ...

†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 1916 } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Paterson Polfrey
 Apparent age 18 years 1 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 38 1/4 inches
 Range of expansion 3 1/4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Margaret Polfrey
10 Silway Street | Relationship mother
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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
Pension _____									

2582



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *2582* Name *Patrick Polfrey* Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. *Patrick Polfrey*
- 2. What is your full Address? { 2. *10. Gilmour St. City*
- 3. Are you a British Subject? 3. *Yes*
- 4. What is your age? 4. *18* Years *1* Months
- 5. What is your Trade or Calling? 5. *Engineer*
- 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, *Patrick Polfrey* 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.

..... *Patrick Polfrey* SIGNATURE OF RECRUIT.

E at 19/16 *J. Power* Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Patrick Polfrey* 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 *H. J. ...* on this *24* day of *Oct* 191*6*.

Signature of Attesting Officer *H. J. ...*

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 191*6* } 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)



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Patrick Polfrey
aged 18 conducted at C. R. B.
Date: Mar 2/16 Recruiting Officer: C. R. B.

NO OF TEST

FINDING

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5-6/12
35-38 1/4
1.35
10.00 per week
mother - Emerald - 10 Guilmore St
mother

Report
 250

2582

Finley

Signature of Medical Examiner:

D. W. Burden
P. A. ...

C.R.

2582

Extract from Nominal Roll of Mfld. Regt. Draft No.12
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-
ampton, 11-10-18.

2582 Pte. P. Palfrey.

C.R. 2582

Extract of communication received from Pay & Record
Office, London, dated October 16, 1917.

#2582 Pte. P. Polfrey.

Posted as "Missing" 16/4/17. and presumed dead for
official purposes 17/11/17.

May 11th, 7.

191

Madam,

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that _____
 No. 2582, Private Patrick Palfrey.

missing April 14th.

has been posted as _____

Should any further information be received concerning him, such information will be at once communicated to you.

Yours faithfully,

Mrs. Margaret Palfrey,

10 Gilmore St.

Colonial Secretary.

C.R. 2582

Extract of cablegram received from War & Record
Office, London dated May 11, 1917.

2582 Pte. Polfrey.

"Missing" April 14th.

C.R. 2582

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Sicilian" July 19, 1916.

2582 Pte. Palfrey P.

C.R. 2582

Patk. Palfrey was attested for General
Service with the NEWFOUNDLAND REGIMENT ON April 19th 1916
Regimental No. 2582 was allotted to Pte. Patk. Palfrey

AUTHORITY:

Recrd Ledger;

Dept. of Militia.

March 25th 1919

P. Prof.

C.R.

2082

P. R. O.

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

MEDICAL HISTORY

Surname Polfrey OF Christian Name Patrick

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 2 day of March 1916	at	on _____ day of _____ 1911	at
Declared Age	18 years 1 days		years	days
Trade or Occupation	Engineer			
Height	5 feet 6 1/2 inches		feet	inches
Weight	135 lbs.			lbs.
Chest Measurement {	Girth when fully expanded...	38 1/4 inches		inches
	Range of expansion	3 1/4 inches		inches
Physical Development				
Vaccination Marks {	Arm			
	Number	3		
When Vaccinated				
Vision	R.E.—V==	6/6	R.E.—V==	
	L.E.—V==	6/6	L.E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<i>Samuel P. Dawson</i>			
(Rank)	Major		Medical Officer.	Medical Officer.
Enlisted	at 5. John		at	
	on 2 day of March 1916		on _____ day of _____ 1911	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st. Nfld. Reg.	2582		
Transferred to				
Became non-effective by	on _____ day of _____ 1911		on _____ day of _____ 1911	
(Signature)				
(Rank)				

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 Artillery Regt* 7. Former Trade }
or Occupation }
2. Regtl. No. *248* 3. Rank... *P. U.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brewster* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday.....
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. *1917*
12. Place of origin of disability. *Abbeville*
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.
Has not had a forensic stool since commencement of attack in September, 18 temporary B. Coly

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service.. .. . | <i>No</i> | |
| (iii.) Climate in pre-war service | <i>No</i> | |
| (iv.) Ordinary military service before the war | <i>No</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.A.*

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? *He is robust, complains of looseness of bowels going generally twice daily to a stool with cramps in stomach*
- (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.

Repatriation

Mr. Anderson

Station *Hayles Down Camp*

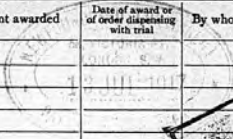
Date *8-1-19*

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.

No. *2582* Name *Palfrey, P.* Sqn., Batty., or Company } *B. Corps 1st Newfoundland* Date of enlistment } *19/4/16* . G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } *None* No. and date of last drunk } *None* . Period not reckoning towards freedom from extra fine } Sheet No. *One* . Signature O.C. } *Arthur ...* Character *Good* .
 Company, etc. } *Capt*

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>Pte</i>							



RETURNED.
 Posted Missing 14/4/17
 Sig.



31ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

8 AUG. 1916

I, PATRICK PELFREY, Regl. No. 2582

hereby agree, until further notification by me, and in similar official form to make an Allotment of ~~Dollars and~~ 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3255</u>	<u>Wife</u>	<u>Mrs Margaret Pelfrey</u>	<u>Elmore St</u>	<u>50</u>
		<u>Commencing 21/7/16.</u>		
Total Allotment, £				

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.) Charles Ayrce Capt.

Officer Commanding
B Company

(Sig.) P. Pelfrey

(Rank)

John
June 12 1916

PAY LIST.

to

191 : Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *Newfoundland*
 No. *2587* Rank *Private* Name *Palfrey H.*
 Died *Intestate* at *France* on the *14* of *April* 191*7*.
 Deserted at _____ on the _____ of _____ 191*7*.

I Certify to the correctness of above in every particular.

 { *Commanding Squadron, Troop,
 Battery or Company.*

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <i>12/12/17</i>	12	12	<i>11 1/2</i>
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____			
	"				from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster	12	12	<i>11 1/2</i>	Balance due to the Paymaster			
		£	12	<i>12 11 1/2</i>		£	12	<i>12 11 1/2</i>

CHECKED.
[Signature]
 1/14/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at _____ this _____ day of _____ 191*7* _____ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

Palmer, F.

2582

Ray Dept

**DUPLICATE
MAIL COPY**

Army Form O. 1625.

PAY LIST.

to 1911 191 . Voucher No.

POSTED DELECTIVE ACCOUNT.

Regiment ~~ROYAL~~ **NEWFOUNDLAND REGIMENT.**

No. 2582 Rank Private

Name Palmer J.

Died Intestate at France

on the 14th of April 1917.

Deserted at

on the _____ of _____ 1917.

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form I.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <u>12 12 11 1/2</u>	<u>12</u>	<u>12</u>	<u>11 1/2</u>
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
		191			Messing allowance _____ days at from _____ to _____			
		"			Kit allowance			
		"			Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including			
					This account is in accordance with information received at the Pay & Record Office to <u>22/4/18</u> and is therefore subject to amendment if, and as may be found necessary.			
	Balance due by the Paymaster	<u>12</u>	<u>12</u>	<u>11 1/2</u>	Balance due to the Paymaster			
		£				<u>12</u>	<u>12</u>	<u>11 1/2</u>

CHECKED.
22/4/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is due to the _____

Dated at

this day of 24 APR 1918 191 .



John Maxwell Maj.
Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office (Army Form B. 2090 or Army Form O. 1815.)
- (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE
MAIL COPY

Army Form O 152

PAY LIST

91 Voucher No.

NEWFOUNDLAND REGIMENT
CONSOLIDATED ACCOUNT.

Regiment ~~ROYAL~~ NEWFOUNDLAND REGIMENT.

No. 2582

Rank

Private

Name

Palfrey J.

Died ~~intestate~~

at

France

on the

14th of April

1917

Deserted at

on the

of

1917

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	12	12	11/2
	Cash issues				Pay days at from to			
	(Date of each issue to be stated)				Proficiency, Service or good conduct pay			
	£ s. d.				days at from to			
	191				Messing allowance days at			
	"				from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
					Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including			
	Balance due by the Paymaster	12	12	11/2	Balance due to the Paymaster			
		£	12	12				11/2

This account is in accordance with information received at the Pay & Record Office to 22/4/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED

22/4/18

I hereby Certify that the above account is correct in every particular and that the

Dated at

this

day of



191

OTHER PAYMASTER & OFFICER IN CHARGE
Paymaster

- (a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1513.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment ~~ROYALS~~ NEWFOUNDLAND REGIMENT.

No. *2582*

Rank *Private*

Name *Palmer J.*

Died *interstate* at *France*

on the *14* of *April* 191*7*.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <i>14/4/17</i>	<i>12</i>	<i>12</i>	<i>11 1/2</i>
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	<i>12</i>	<i>12</i>	<i>11 1/2</i>	Balance due to the Paymaster			
		£				£		
		<i>12</i>	<i>12</i>	<i>11 1/2</i>		<i>12</i>	<i>12</i>	<i>11 1/2</i>

This account is in accordance with information received at the Pay & Record Office to *22/4/18* and is therefore subject to amendment if, and as may be found necessary.

CHECKED
9/6
22/4/18

I hereby Certify that the above account is correct in every particular, and that the

debtor balance of £ _____ is correctly chargeable against the Public (b) NEWFOUNDLAND CONTINGENT.

Dated at

this

day of

24 APR 1918

191 .

CHIEF PAYMASTER & OFFICER IN CHARGE
H. J. ...
Paymaster.

- (a) Here state whether the soldier died interstate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 181

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment ROYAL NEWFOUNDLAND REGIMENT.

No. 2582

Rank Private

Name Paffer J.

Died en route

at France

on the 14 of April

1917

Deserted at

on the

of

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <u>12/12/17</u>	<u>12</u>	<u>12</u>	<u>11 1/2</u>
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
		101			Messing allowance days at from to			
		"			Kit allowance			
		"			Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage							
	Balance due by the Paymaster			<u>12/12/17</u>	Balance due to the Paymaster			
		£		<u>12/12/17</u>		£		<u>12/12/17</u>

This account is in accordance with information received at the Pay & Record Office to 22/4/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED

9/2

22/4/18

I hereby Certify that the above account is correct in every particular.

Debtor balance of £

NEWFOUNDLAND CONTINGENT

Dated at

this

day of

24 APR 1918

191

CHIEF PAYMASTER & OFFICER IN CHARGE

(e) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.

(f) Words in Italics to be struck out when there is no debtor balance.

SEPARATION ALLOWANCE.

Claimant *Margaret Palfrey* Mother
On account of *Patrick Palfrey* No. *2082* Rank *Pvt.*

Decision..... *Approved*
.....
.....
.....

Date *Jan. 13/1920*
W. J. Rudell Lieut. Col.
M. Bowley Major

Instructions.....
.....
.....

Allotment of *50* per day payable to *Margaret Palfrey*
2306 his *Mother* from *12/6/18* to *30/6/19*
Discontinued on ~~account of~~ by Pension Board
L. Pike S. Sgt.

K. W. A.
30-4-17

#215.67

(Separation allowance Branch.)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each Statement is considered as being made under oath, and the form is to be signed before a Barrister or the Supreme Court, a Justice of the Peace, a Notary Public or Justice of the Peace, and returned to:

"THE KING"
 Separation Allowance Branch,
 St. John's, Newfoundland.

1. Name on full or soldier. Rank. Reg't or Unit. Regtl. No.
 Patrick Palfrey Plt. R Rifles 2582
2. Age of soldier. Married or single.
 21 Single
3. Name in full or mother. Age. Occupation. Permanent Address.
 Margaret Palfrey 55 Widow 8 Braybrooke Square
4. Give name of your husband. Age. Occupation. Where employed.
 Husband dead 15 years
5. If your husband is not supporting you, state the reason.
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
7. If you are a widow, state place and date of death of your husband.
8. Have you married again since death of above mentioned husband. *No*
9. Name of your other children. Address in full. Age. Occupation. Married or single.
 *Mary Cooke Stephen married
 Margaret Murphy W. St. John's do
 William Braybrooke Bay Br. St. John's*

10. State amount earned by (a) yourself, *Charwoman Blue Labor*
 (b) your husband, *\$20 month*
-
11. State amount and source of any other income.
-
12. State value of real property belonging to you and your husband. *None*
-
13. State value of personal property belonging to you and your husband. *None*
-
14. If husband is dead, state value of real and personal property left by him. *None*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *about \$200 yearly*
-
16. Was this amount contributed weekly or monthly? *Monthly*
-
17. Did this amount include payment of son's board, etc., *Portion of Time*
-
18. State you son's trade or occupation prior to enlistment. *Fisherman & Laborer*
-
19. State amount of his wages per week.
-
20. State name and address of his last employer. *Key White Ferryland*
-
21. State amount of monthly support from son since enlistment.
-
22. State amount of allotment received by you from son since enlistment. *Five Dollars*
-
23. State from date did you receive allotment. *From Sept '16*
-
24. Actual amount contributed by other children. Weekly. Monthly. *Contributed and money to support*
-
25. Are any of these children in the employ of you or your husband.

26. If not receiving support from other children, state cause. Explain fully. *Daughter married, can't living still can't enough supply the car wants*
27. With whom are you residing at present? *Keeps house self*
28. Have you had a previous claim for Separation Allowance. If not why. Give particulars. *No*
29. Are you already in receipt of Separation Allowance from any source, if so how much. *No*
30. Are you already in receipt of any payment from any Patriotic Fund? if so, how much. *No*
31. Was the soldier at the time of his enlistment an employee of the Mfld. Government. *No*
32. In what capacity and in what place? *—*
33. Is he in receipt of a salary as such while serving in the Royal Mfld. Regiment? If so how much. *—*

I herewith make the solemn Declaration conscientiously, believing the same to be true, and knowing it to be of the force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of Applicant..... *Margaret Pollock*

Place of Residence..... *Orange No. 10*

Declared and subscribed before me at..... *St. John's*

this..... *18th* day of..... *November* 1919.....

Signature of Barrister of the Supreme Court, or a Justice of the Peace..... *R. W. C. [Signature]*

.....

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first mentioned is the sole support of the applicant.

Signature of Clergyman..... *John W. Carter*

Signature of Member of Patriotic Fund Committee..... *F. L. Paterson*

(Separation Allowance Branch.)

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply, must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to

THE PAYMASTER
Separation Allowance Branch,
St. John's Nfld.

1b.

Name in full of Soldier. Rank Reg't. or Unit Reg't. No.

Patrick Calvey Private 1st. Bn. Nfld. 2882

2c. Age of Soldier

18 years

Married or Single.

Single

3a. Name in full of Mother Age Occupation Permanent Address.

Margaret Calvey 51 ——— 8 Queen St.

4. Give name of your husband. Age Occupation Where employed.

John Calvey — Dead

5. If your husband is not supporting you state the reason.

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)

7. If you are a widow, state date and place of death of your husband.

*Oct 12, 1905
Drowned at Sea*

8. Have you married again since death of above mentioned husband?

No.

9. Names of your other Children Address in Full. Age. Occupation Married or Single.

*Mary Broke Water St. W. 27 ——— Married
Margaret Murphy Manchester, Nfld. 26 Factoryhand widow
William Calvey 8 Queen St. 16 Barber apprentice, Single*

J.P.S.

10. State amount earned by (a) yourself $\$180^{00}$ per year for doing Charwoman work
(b) Your husband (b) ~~at~~ ^{at} ~~House~~ ^{House} ~~Out of the~~ ^{at} ~~Street~~ ^{at} ~~100~~ ¹⁰⁰ ~~St~~ St ~~Scrubbing~~
11. State amount and source of any other income. None
12. State value of Real Property belonging to you and your husband. No value
13. State value of personal property belonging to you and your husband. No value
14. If husband is dead state value of Real and personal Property left by him. No value
15. Actual amount contributed by $\$150$ per week He was soldier during the year prior to enlistment. an apprentice at Reid Nfld Coy's Machine Shop
16. Was this amount contributed weekly or monthly. Weekly
17. Did this amount include payment of son's Board etc. Yes,
18. State your son's trade or occupation prior to enlistment. An engineer's apprentice
19. State amount of his wages per week. $\$150$ per week
20. State name and address of his last employer. Reid Nfld Coy.
21. State amount of support monthly from son since enlistment. $\$15^{00}$ per month
22. State amount of Allotment received by you from son monthly. $\$15^{00}$ per month
23. From what date did you receive Allotment? In September 1916
24. Actual amount contributed by other children Weekly Monthly.
William Palfrey $\$350$ weekly.
25. Are any of these children in the employ of you or husband? None
26. If not receiving support from other children state cause, Explain fully. Mary is married & work for her own support.
27. With whom are you residing at present. Just in a rented house No. 8, Queen St.
28. Have you made a previous claim for Separation Allowance,? If not, Why? Give particulars. No,
29. Are you already in receipt of Separation Allowance from any source? If so, how much? No.

30. Are you in receipt of any payment from any Patriotic Fund? If so, How much. *(1.50 per week)*
\$6.00 per month

31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government. *No.*

32. In what capacity and in what place. _____

33. Is he in receipt of a salary as much while serving in the 1st. Mfld. Regt. If so, how much?
No.

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant *James J. Murphy*

Place of Residence *8 Queen St. St. John's N.F.*

Declared and subscribed before me at *St. John's Newfoundland*

this *19th* day of *November* 191*7*.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

John W. McCarthy
Justice of the Peace

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above Soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman *John J. Conway* *Palace*

Signature of Member of Patriotic ~~Fund~~ Committee. *J. Murphy*
Justice of the Peace

J.P. approved Dec 1/1917

[Handwritten initials]

LM-

April 30, 1920

From: Paymaster

To : Board of Pension Commissioners for Nfld.

Re No. 2588 Patk. Palfrey

The amount paid in continuance of the above
man's allotment is \$403.50

Major
Paymaster

1917-1918

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 71 ^{15'}

Oct 30 th 1918

Received from the First Newfoundland Regiment
the sum of Seventy one ^{15'} _{xx} Dollars.
~~amount~~
balance of Pay Estate.

Ch. No. 8704	Initials EW
Pay Ledger 308	Initials CW
Gen. Ledger	Initials

[Signature]
Regil. No. Rank

No. 2582

Rank

PL-

Name

Talpey P.

M^{rs} Margaret

Talpey

8 Queens Street

City

Nov. 14.

18

Mrs. Margaret Palfrey,
8, Queen's Street,
City.

M.P.

Dear Madam:

I enclose cheque for \$71.15 being
balance of estate of late Pte. P. Palfrey, payable to you
as Administratrix.

I also enclose Letters of Adminis-
tration.

Yours truly,

Capt.
Paymaster

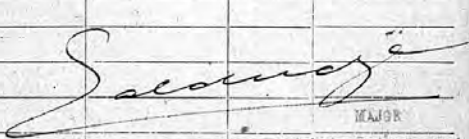
Casualty Form—Active Service.

Regimental Number **CR. 2582**

Rank Pte Regiment or Corps 21 Newfoundlands Regt
 Surname Palfrey Christian Name Patrick 1960
 Religion R.C. Age on Enlistment 18 years 1 months.
 Enlisted (a) 19/4/16 Terms of Service (a) was Service reckons from 21st FEB CONTINENT
 Date of promotion to present rank _____ Date of appointment to rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____



Signature of Officer i/c Records

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				
			Embarked Southampton	11 OCT 1916	
			Disembarked ROUEN	12 OCT 1916	
			Joined Rouen	22 OCT 1916	
				WILLIAMS 24.1.17	
15 APR 1917	OC. Bn.	MISSING	France	14 APR 1917	B9.13.
					
				MAJOR	
				21st Coy Infantry Division	
				C.H.O. and Education	

(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.
 (b) Signaller, Shoeing-Smiths, &c.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
(88) W5017/2124 1000m 6/13os 23 5GForm
B. 121
29.Regiment of *1st Newfoundland*Number of Sheet *1*Signature of O. C. Company *C. M. ...*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No. <i>2582</i>	<i>Halfney P.</i>	Age on	<i>18 years 1 month</i>	<i>Carpenter</i>		
Joined Date		Place and Date of Enlistment	<i>St. Johns 14-11-16</i>	Religion		
Joined Date		Period of	<i>361 days</i>	<i>R.C.</i>		
Joined Date			<i>361 days</i>	Place of Birth		
Joined Date			<i>Newfoundland</i>			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dismissing with trial	By whom awarded	REMARKS
				<i>Missing 14th 77</i>					

To be carried over

10 Gilmore St
St John's,
Apr. 30, 1920

C.R. 2582

Dear Sir:

I beg to acknowledge
the receipt of the memorial
scroll, and the message
of His Majesty the
King with reference
to my son Patrick
Palfray, and wish
at the same time, to
express my thanks
for the same.

Yours sincerely
Margaret Palfray

Lieut. Col
W. F. Rendell,
Chief Staff Officer,
Department of Militia