



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4920 Name Henry Penny Corps meth

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Henry Penny</u> .....                 |
| 2. What is your full Address? .....  | 2. <u>Big B. Bahat,<br/>St. Barbe</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                         |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>2</u> Months .....    |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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> .....                        |

I, Henry Penny .....

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.

Henry Penny SIGNATURE OF RECRUIT.  
James A. Bellie Signature of Witness.

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

I, Henry Penny .....

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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 6th day of May 1915.

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 .....

If enlisted by special authority, such will be attached to the original attestation.

Date .....

Place .....

Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) .....

re-enlisted in the (Regiment) .....

on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Henry Penny  
 Apparent age 20 years 2 months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Penny, Big Bralat, St Barbe | Relationship Father  
 Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names

Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards r. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>6-5-18</u>									
Joined <u>St. John's Coy</u> <u>6<sup>th</sup> 1918</u>									
<u>Reassigned July 9, 1919</u>									
<u>Embarked St. John's St. Columella to Halifax N.S.</u>									
<u>Embarked for B.C.</u> <u>23-11-1918</u>									
<u>Disembarked France</u> <u>28-11-1918</u>									
<u>Stationed 11<sup>th</sup> Coy Royal Fusiliers</u> <u>29-12-1918</u>									<u>Rec'd to duty 3-1-1919</u>
<u>Reassigned with</u> <u>14-1-1919</u>									<u>3-4-19</u>
<u>Reassigned with</u> <u>5-4-1919</u>									<u>transferred from Royal 22-4-19</u>
<u>Reassigned to</u> <u>1-6-1919</u>									<u>Arrived Newfoundland 23-5-1919</u>
<u>Arrived Newfoundland</u> <u>1-6-1919</u>									<u>10 months obligation</u>
Total Service forfeited as above									<u>Johns 9-7-1919</u>
Total Service towards Engagement to					<u>9-7-1919</u>	(date of discharge)	<u>1</u>	<u>65</u>	years days
Pensions									

C.R. 4920

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, Depot St. John's dated 12-7-19.

The discharge of the undernoted on demobilisation  
has been CONFIRMED by Officer i/c Records from noted  
date 9-7-19.

4920 Pte. H. Penney.

C.R. 4920

Extract from Daily Orders Part 11 Unit Royal Nfld. Regt.  
St. John's, June 116, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from ~~24-6-19~~.

25-6-19

4920 Pte. H. Penney.

C.R. 4920

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 14th, 1919.

4920 Pte. H. Penney.

Reported at Headquarters 1-8-19 Ex "Corsican" which sailed  
Liverpool 22-5-19.

C.R. 4920

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.

#4920 Pre. H. Penney.

C.R. 4920

Extract from War Office List No. H. A. 35434

Admitted 1. Sty. H. Rouen 14th. March 1919.

4920 Pte. H. Penney.

V.D.G.,

C.R. 4920

Extract from War Office List No. H. AA 35434

Admitted 1. Sty. H. Rouen 14th. March 1919.

4920 Pte. H. Penney.

V.D.G.



C.R. 4920

Extract from Casualties.....List No. H.A. 55795.

4920 Pte. H. Penney.

Dis. to Duty ex.11 Sty. H. Reason 3 Jan'19.  
Influenza.

C.R. 4920

Extract from Casualties..... List No. H.A.33671.

4920 Pte. H. Penney.

Adm. 11 Sty. H. Rouen 29 Dec'18.

Influenza.

C.R. 4920

Extract from Nominal Roll of Draft No. 56, from the 2nd.,  
Battalion of the Royal Newfoundland Regiment to the 1st.,  
Battalion of the Newfoundland Regiment B.S.F., Embarked

#4920 Pte. H. Penney.

C.R. 4920

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#4920 Pte. Henry Penney.

Extract from Daily Orders part II, from Unit The Royal  
Militia, St. John's, dated May 7, 1918.

#4920 Pte. H. Penney.

Attested for General Service with the Royal Militia,  
from 6.5.18



C.R. 4920

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

INFANTRY RECORD OFFICE - HAMILTON

No.H.A.35788

DIS TO CAMP ADJ EX 1 STY H ROUEN 3 APRIL 1919

34014 Pte Brownie R..... 2 H.L.I. .... VDSc.  
60177 " Telfer F. .... 3/6 R Sc. D .... VDS.

No.1. RECORD OFFICE - WARLEY

No.H.A.35788

ADM 1 STY H ROUEN 3 APRIL 1919

9755 L/C Murphy J..... R I Fus. att 7 Suff ... VID.

SOUTH AFRICAN - RECORD OFFICE

No.H.A.35888

DIS TO CAMP ADJ EX 1 STY H ROUEN 3 APRIL 1919

772 Gnr Kelly B V. ...SARA Dets ..... VDSc NV.

NEWFOUNDLAND EXPEDITIONARY FORCE

No.H.A.35788

DIS TO CAMP ADJ EX 1 STY H ROUEN 3 APRIL 1919

X 4920 Pte Penney H..... 1 R Newfoundland ... VDS.  
Regt.

INFANTRY RECORD OFFICE - HANWELL

No.H.A.35788

ADM 7 CAN GEN H ETAPLES 4 APRIL 1919

30797 Pte Cawthorn R. .... 7 Queens att 2/4 Queens Bronchitis.  
80167 Pte Kircher W. .... 6 Midd Lab Co. Influenza.  
84317 Pte Wecholer D. .... 6 Inf. Lab Co. Frac Radius rt.  
206258 Pte Hilden S, .... 2/23 Londons. D.A.H.  
705737 Pte Braybrook A..... 2/23 Londons .... Painful Nicturation

380A

Henny

C.R. 4920

~~ABC~~

**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. *4920* 3. Rank. *Plt.*
4. Name *Tenney* *Henry*  
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *May 3/18* at *St. John's*  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
- (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court  
(d) Particulars of Pension or Gratuity (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 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 general 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 .. .. .                        | } na.               | .....             |
| (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, &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.)*

na.   
*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?

*Repatriation*

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

*W. Proemin. Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Angely Down* .. .. .  
 Date *30 July 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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Henry Penny, Regl. No. 4930  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and Sixty 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.: 1-8-18  
 Allotment begins 1-8-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6510	Mother	Mrs Wm Penny (Mary Susannah)	St Anthony	60
Total Allotment, \$				60

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  
St Johns B Company  
July 8 1918

(Sig.) Henry Penny  
 (Rank) Pte



NA, 6504/994

*B & Co*

*0499 37 2*

NEWFOUNDLAND

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
and Batt. R. M. Regt. Regiment

*[Signature]*  
Witness

30th April 1919

191

4920 Pte H. Penny

With reference to the following telegram from the Minister of Militia / / ( 158 )

"Pay 4920 H. Penny

£5-0-0

Cheque £5-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*[Signature]*

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*[Signature]*  
Officer Commanding. Batt'n.

Received the sum of Five pounds (£5-0-0) in respect of telegraphic remittance from the Minister of Militia.

*[Signature]*  
No. 4920 Rank Pte

Witness *[Signature]*



No. 16651/1813

N.F.P. /79.

NEW FOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd Bn. Royal Nfld. Regt.,  
Winchester.

October 16th, 1918

Oct. 19 1918

Subject: 4920, Pte. H. Penney,

With reference to the following telegram (8895) from the Hon. Minister of Militia, received

"Pay to 4920, Pte. H. Penney, £4.0.0.

Draft £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Maxwell Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Robert* **LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Comdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of Four

Pounds on account of cable remittance from Newfoundland.

~~11 Pounds~~  
No. 4920 Rank Private

Witness: *J. Murphy Pl.*

To. William H Penney.

Harry's Has.

276

Net's Dame Bay,

Newfled

Cable five pounds through  
Pultra.

H920. Pte. H. Penney







Kenney, H

4920

Hay Sept.

July 9, 1919

#4920 Pte. Henry Penney

Big Brahat,

St. Barbe Dist.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2846

Yours truly

Captain  
Paymaster & O.i/c Records.

The Royal Wld. Regiment

DEMOBILIZATION

No. 4920 Rank \_\_\_\_\_

Name Henry N \_\_\_\_\_

Warned for demobilization on

**JUN 11 1919**

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4920 Rank Pte Name Penny H  
 Intended place of residence Big Brook  
 2. Occupation Intermen  
 Classification of soldier 2 Medical Category A.I.

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 11 1919 *for* Major 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 11 1919 *Penny H* Signature of soldier  
*Abel Louston* 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 11 1919 *Penny H* Signature of soldier  
*W. J. Featley* Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 6-5-18 No of days on Military  
 Discharged from service JUN 25 1919 Plus 14 days Service 430

## APPROVAL OF DISCHARGE

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

Place ST JOHN'S *R.H. Lait Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JUN 25 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld. *W. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment.  
 Date July 9/1919

*275209/246*

## 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*

*Raney*

Signature of Man.

*J. A. Snowcraft*

Signature of the Vocational Officer of his Representative.

Reg. No. 4930

Place ST. JOHN'S.

Date 11-6-19 1911

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1920 Rank Plt Name Kenney A.  
 Date of Enlistment 6-5-18 Address Beg. Beghat District St. John's  
 Occupation Busman Classification for Discharge A1 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	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 10-6-19 O. C. Discharge Depot.

### 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 11-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. P. 1738 to his home at Bif Bradat and Release Certificate No. 2613 issued.

Date 11-6-19 *J.A. Snow*  
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 11-6-19 *J.A. Snow*  
Depot Paymaster.

Discharged approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3404	B 122	2	Board 1st	" 2	2
B 178a	D 400A	B 1915	1	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	
B179c	B 120	M 93				

Date 11-6-19 *J.A. Snow*  
O. C. Discharge Depot.

**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 25 1919 *R.H. Sait*  
O. C. Discharge Depot.

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

Date.....



# The Royal Newfoundland Regiment

Class for Demobilization:—

*R.C.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*10.6.19*

Regimental No.

*4920*

Name

*Penny Henry*

Rank

*Plat.*

Address

*Bois Bourchard*

*St Barbe*

Present Medical Category

*A1*

Recommended for:

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R.H. Lat*  
O.C. Discharge Depot.

*M. Watson*  
Senior Medical Officer

*See Burdett*  
M. O. Depot



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

## MEDICAL HISTORY

OF

Surname

*Penny*

Christian Name

*Henry*

Table I.—GENERAL TABLE.

Birthplace—Parish *Big Brahat, St. Barbe County, nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	6th day of May 1918	St. John's, nfld.	day of	191
Declared Age	20 $\frac{2}{10}$ years	— days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	5 $\frac{1}{2}$ inches	feet	inches
Weight		132 lbs.		lbs
Chest Measurement	Girth when fully expanded	36 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	$\frac{6}{12}$	R.E.—V=	
	L.E.—V=	$\frac{6}{12}$	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>James H. ...</i>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's, nfld.	at	
	on	6th day of May 1918	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	The Royal	4920		
	nfld. Regt.			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(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 F, 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 W. Gloucesters* } Former Trade } *Tradesman*  
or Occupation
2. Regtl. No. *4920* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Penny* *Sherry*  
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *May 24.8* at *St John*  
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. *and*
12. Place of origin of disability. *and*
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. *and*

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? } *n.a.*

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.)*

*He complains of no disability*

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

*Repatroiation*

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.

*Sign by Lt Colonel  
 L. F. M. Capt Rame*

Station *Hazeley Town*

Medical Officer in charge of case.

Date *20/11/19*

\* 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 *Henry Henry*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4020*

Intended address *Big Bracket St Barbs*

Height on discharge *5* Feet *6*.

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

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

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Mary*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Stamps H. H. H. 6-3-1898*

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) *Henry Henry*

*St*  
(Rank)

Station **ST. JOHN'S.**

Date *9-6-19*

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.



Station

Date

## Casualty Form—Active Service.

Regiment of Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Fenney Christian Name H.

Religion Methodist Age on Enlistment 20 years 2 months

Enlisted (a) 6/5/18 Terms of Service (a) DURATION. Service reckons from (a) 6/5/18

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended (.....) Re-engaged (.....) Qualification (b).....  
or Corps Trade and Rate.....

Occupation Fisherman W. H. Long Capt Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc. 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 ...			
		Disembarked...			
<u>15.1.19</u>	<u>WO</u>	<u>Adm: H. P. 26: Influenza</u>	<u>Renew.</u>	<u>29.12.18</u>	<u>H.A. 32671</u>
<u>18.1.19</u>	<u>-d-</u>	<u>No. to duty</u>	<u>.d.</u>	<u>2.1.19</u>	<u>H.A. 33793</u>
		<u>Rejoined unit 14/1/19</u>		<u>B213</u>	<u>15/1/19</u>
	<u>1st Lt. Hop</u>	<u>Adm: V.D. 9.</u>		<u>14.3.19</u>	<u>No 352234</u>
		<u>Discharged top</u>		<u>5/4/19</u>	<u>B213</u>
		<u>Arrived in UK</u>		<u>25/4/19.</u>	

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

(b) Signaller, Shoeing-Smith, &amp;c

(17561.) W/L W 1267—P 1124. 1,000,000. 6/18. D &amp; S. Form B/103. (E. 1266.)

I.P.T.O.

Next of kin: Father: W<sup>th</sup> Fenney, Big Brook, St Barbe, N. F. I.



July 11, 1919

#4920 Pte. Henry Penney,

Big Braha,

St. Barbe Dist.

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

Paymaster & Captain,  
Officer in Charge 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..... *Henry* ..... 2. Surname..... *Penny* .....

3. Rank..... *Pte* ..... 4. Reg't. No. *4920* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Big Brook District of St. Barbe* .....

6. Date of enlistment in the Regiment..... *May 6, 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From May 6/18 to June 11/19* .....



Signature of Applicant: *Henry H*  
 Place of Residence: *Big Spring St. Park District*  
 Declared before me at: *St. John, Nfld*  
 This *11th* day of *June* 19*19*....  
*John McCarthy*

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

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

4920

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name H. J. O. F. S. P. G. H. L. Penry.

Date Dec. 19. 1919

Place Big Braha. St Barbe.

Receipt for Army Book 64

No. 4920 Name H. Penny

To Certify that I have received the AB 64 of the above  
named Soldier.

Date July 27th 1942 Name H. Penny  
Place Big ... Graham ...

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

*Handwritten initials*



4920

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4920 Rank Plt Name Perry H  
 Date of Enlistment 6-5-18 Address Big Bay East District St. Bar.  
 Occupation Cookman Classification for Discharge F1 Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N. F. P 36	B 208	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	2	Board Ist.	" 2	
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	5
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 108	ME 2			" 6	
B 179c	B 120	M 93				

Date 10-6-19 Perry H  
 No. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer Perry H for information and action.

Date 10-6-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$63.00
- (b) Clothing Supplied Ambrose

Date 11-6-19 O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 1728 to his home at King Braham and Release Certificate No. 2013 issued.

Date 11-6-19 *J.A. Low*  
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 11-1-19 *J.A. Low*  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

*2 Form B*

Date 11-6-19 *J.A. Low*  
O. C. Discharge Depot.

**APPROVED.**

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

**Eligible for War Service Gratuity**  
*R.H. Salt Capt.*

Date JUN 25 1919  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date June 20 1919 *J.A. Low*

Reg. No. 4920 Rank PL6 Name Penny H.

Attested ..... Address Big Brae,

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas .....

Returned on S.S. .... Cause .....

10-6-19

~~FORWARDED TO DEMOBILIZATION OFFICER~~

25-6-19

DISCHARGE APPROVED ON DEMOBILIZATION.