



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4583 Name Penuell Wm J Corps S.A.

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

- 1. What is your name? ..... 1. Wm J Penuell
- 2. What is your full Address? ..... 2. Grand Bank  
Fortune Bay
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 31 Years 9 Months
- 5. What is your Trade or Calling? ..... 5. Labourer
- 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, Wm J Penuell ..... 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.

Wm J Penuell ..... SIGNATURE OF RECRUIT.

James Ashke ..... Signature of Witness.

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

I, Wm J Penuell ..... 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 22 day of April 1918

Geo S Cartwright  
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 ..... 191.....  
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 Mrs J Penwell  
 Apparent age 31 years 9 months. Height 5 feet 10 inches  
 Chest Measurement { Girth when fully expanded 35½ inches  
 Range of expansion 5½ inches

Distinctive marks \_\_\_\_\_  
 \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Penwell  
Grand Bank | 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 G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22.4.18</u>									
Joined at <u>St John's</u> on <u>April 22.1918</u>									
<u>Discharged June 7/19</u>									
<u>Embarked St. John's St. Catharines to Halifax 22.5.1919</u>									
<u>Arrived Halifax 1.6.1919</u>									
<u>Demobilization St. John's 4-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-7-1919 (date of discharge) 1 years 7 days  
 " " Pensions " " " " " " " "



R. 4583

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. Depot, St. John's, June 10th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot with effect from 20-6-19

4583 Pte. W.J.Pennell.

C.R. 4583

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c records from noted date  
4-7-19.

4583, Pte. Wm. Pennwell.



C.R. 4583

Extract from Daily Orders Part II Depot, St. John's,

Date

9-6-19

4583 Pte. W?J. Pennell

Reported at Headquarters

1-6-19

2-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.



C.R. 4583

Extract from Orders by Lt. Col. B.J. Barton, D.S.O.  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.  
5/5/19.

4583 Pte. W.J. Penwell ceaseto draw extra- duty pay  
as Shoemaker as from  
13/4/19.



C.R. 4583

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

The following men embarked for overseas on H.M.S.  
"Columbellia" July 22, 1918.

#4583 Pte. William Pennwell.



C.R. 45-83

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regt. St. John's, dated April 23, 1918.

#4583 Pte. William J. Penwill.

Attended for General Service with the Royal Wfld. Regt. with  
effect from 22/4/18



W Sewell

C.R.

4583

1810

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. (I), 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* ..... 7. Former Trade or Occupation } *Labourer*
2. Regtl. No. *4583* 3. Rank. *1 Pts* ..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Penwell* ..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *32* .....
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.
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 disability*

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 ?

*Repatriation*

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

*W. Procunier, Capt. R.A.M.C.*

Station *Hazeley, Rom.*

Medical Officer in charge of case.

Date *21/4/17*

\* 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



FORM K

N<sup>o</sup> 4342 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William J Penwill, Regl. No. 4583  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
1 Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz. :  
 Allotment begins Nov 1 / 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4109</u>	<u>Sister</u>	<u>John B Penwill</u>	<u>Grand Bank, Salem Bay</u>	<u>60</u>
Total Allotment, \$				<u>60</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. [Signature]  
 Officer Commanding  
B Company  
St Johns  
Nov 4 1918

(Sig.) William J Penwill  
 (Rank) Private



No. 17768/1938

049930  
K.B.



NEWFOUNDLAND CONTINGENT

From:

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

To:

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

2nd November 1918

Nov 6 1918

Subject: 4583, Pte. W.J. Penwill

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

Pay to 4583 Penwill £4:0:0

Receipt hereunder

*Chas. L. Carter*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of four  
pounds on account of  
cable remittance from Newfoundland.

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

Pte W J Penwill  
No. 4583 Rank Private  
Witness A. L. Carter, Pte.

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

No. 15078/1563

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. R. Newfoundland Regt.,  
Winchester.

20th, September 1918

Sept 21 1918

Subject: 4583, Pte. W. J. Penwill

With reference to the following telegram (8207) from the Hon. Minister of Militia, received

"Pay to 4583 Penwill £5. 3. 0

Draft £5. 3. 0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*W. Barton*

COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. Batt'n  
Royal Newfoundland Regiment

Received the sum of Five

found three dillies on account of cable remittance from Newfoundland.

Pte. W. J. Penwill.  
No. 4583 Rank Pte



No. 21657/2535/P&A.

*Obbt 30*

N.F.P. 79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

*FC*  
Officer Commanding,  
2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

31st December, 1918

2-1-1919

Subject: 4583 Pte. W.J. Penwill,

With reference to the following telegram (11186) from the Hon. Minister of Militia, received

"Pay to 4583 Penwill, £5.0.0.

Draft £ 5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

*B*

Receipt hereunder.

*Chambers*

**LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**

Received the sum of Five  
Pounds on account of  
cable remittance from Newfoundland.

W. J. Penwill

No. 4583 Rank Pte

Witness A. Munnell

No. 2181/319.

067135

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: *[Signature]* Officer Commanding  
2<sup>nd</sup> Bn. Royal Newfoundland Regt.  
Winchester.

6th February 1919

February 10<sup>th</sup> 1919

4583. Pte Penwill. W.

With reference to the following telegram from the Minister of Militia / / ( 5 )

Receipt hereunder.

*[Signature]* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2<sup>nd</sup> Batt'n.

"Pay to-4583. Penwill.

Received the sum of Five pounds  
in respect of

£10.0.0.

Cheque £ 10.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c Records.

*[Signature]*  
No. 4583 Rank Sergeant  
Witness Mr Rocketts

*[Signature]*



No. 5535/555

FROM NEWFOUNDLAND CONTINGENT

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



N.F.F. /79.

To: Officer Commanding,  
2nd/Btn. Royal Nfld. Regiment  
Winchester.

5th March 1919

*Handwritten signature* 1919

4583. Pte. Penwill. W.J.

Receipt hereunder.

With reference to the following  
telegram from the Minister of  
Militia / / ( 61 )

*R. J. Barkin* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 4583. Penwill.  
£5. 0. 0.

Received the sum of *Five pounds*

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

\_\_\_\_\_ in respect of  
telegraphic remittance from the  
Minister of Militia.

*W. J. Penwill*

Chief Paymaster & O. i/c Records.

No. 4583 Rank Private

Witness *W. J. Barnard*

*P.D. 0 6/21/19 gw*

*B*

Henwell, W.J.

4583

Hay Sept.



July 5, 1919

#4583 Pte. William J. Penwell,  
Grand Bank.

Dear Sir:-

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

Yours truly

Captain  
Paymaster & C.i/c 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. 1918.

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *William J.* Surname *Pewell*

3. Rank *Pte.* 4. Regt. No. *4583*

5. Address in full to which future payments of gratuity are to be forwarded. *Grand Bank, Burm. Dis.*

6. Date of enlistment in the Regiment. *Apr. 22/18*

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 field. If so, give dates and particulars of such service. *Overseas.*

12. Give total length of time which you served on active service, whether in field or Overseas. *From Apr 22/18 to June 6/19.*

1. *1*



13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

.....  
.....  
.....  
*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*Clothing allowance back pay* ..... *81.40*

15. Have you been issued with a War Service Badge?.....  
*No*

16. Have you, during the present war, served in the Imperial Forces....  
*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....  
*No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....  
*No*

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

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge *June 6/19* (b) Reason for discharge *Temporary Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....  
*No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....  
*No*

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



*W. J. Penwill*

Signature of Applicant:

Place of Residence:

*Grand Bank, Nfld*

Declared before me at:

*St. John's, Nfld*

This

*6th*

day of

*June*

19*19*

*John McCarthy JP*

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

POST DISCHARGE PAY.

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

*[Faint, illegible text]*



July 4, 1919

#4583 Pte. William J. Penwell,

Grand Bank.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2609.

Yours truly

Captain  
Paymaster & O.i /c Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4583 Rank P.C. Name Pennell W J  
 Intended place of residence Grand Banks

2. Occupation Labourer  
 Classification of soldier E Medical Category A L

3. The above named man is discharged in consequence of.....  
**DEMOBILIZATION.**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place ST. JOHN'S. .....  
 Date JUN 6 1919 .....  
*J. M. H.*  
 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.  
SUBJECT TO ADJUSTMENT OF OVERDUE PAY ACCS.  
 Place and date ST. JOHN'S. .....  
*W. J. Pennell*  
 Signature of soldier  
*J. P. Snow Capt.*  
 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. .....  
6-6-19 .....  
*W. J. Pennell*  
 Signature of soldier  
*James O. Newman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 2-2-4-18 ..... No of days on Military  
 Discharged from service 22-6-19 ten 14 days ..... Service 439 .....

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S. .....  
 Date JUN 20 1919 .....  
*R. H. H. Capt.*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld .....  
 Date July 4/1919 .....  
*M. Bowley Capt.*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*AF/320.29/2609*



# The Royal Newfoundland Regiment

Class for Demobilization:

*K*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *June 6<sup>th</sup> 19*

Regimental No *4583*

Name *Penwill W J.*

Rank *pte*

Address *Grand Bank*

Present Medical Category *A'*

Recommended for: (a) Immediate discharge  
(b) Standard Medical Board

Members of Board

*R. H. Lant Capt*  
O.C. Discharge Depot.

*D. Paterson*  
Senior Medical Officer

*S. G. Keen*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4583 Rank A14 Name Penwill W.J.  
 Date of Enlistment 22.4.18 Address Grand Park District Burns  
 Occupation Labourer Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 6.6.19

*W. J. Penwill*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*W. J. Penwill*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....  
 (b) Clothing Supplied.....

Date 6-6-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1542 to his home at Grand Bank and Release Certificate No. 24014 issued.

Date 6-6-19

*J.A. Shaw*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Date 6-6-19

*H. Mous*  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	
F 178	W 3494	B 122		Board 1st	" 2	
F 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 6-6-19

*J.A. Shaw*  
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  
*R.H. Sait Capt.*

Date JUN 20 1919

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:

*I resume former occupation*

*Penwill W. J.*

Signature of Man.

*J. P. Snowball*

Signature of the Vocational Officer or his Representative.

Reg. No. *4583*

Place *St. Johns*

Date *6-6-19*

191



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

# MEDICAL HISTORY

Surname Perrwell OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand Parish County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>Apr</u> 191 <u>8</u> at <u>St John's</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>31</u> years _____ days		years _____ days	
Trade or Occupation	<u>Labourer</u>			
Height	<u>5</u> feet <u>10</u> inches		feet _____ inches	
Weight	<u>158</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>38 1/2</u> inches		_____ inches	
	Range of Expansion... <u>5 1/2</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm	<u>1 scar</u>		
	Number			
When Vaccinated	<u>4 yrs ago</u>			
Vision	R.E.—V= <u>6/10</u> L.E.—V= <u>6/10</u>		R.E.—V= L.E.—V=	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lamin Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at _____	
	on <u>22</u> day of <u>Apr</u> 191 <u>8</u>		on _____ day of _____ 191____	
Joined on Enlistment	Corps. <u>The Royal Nfld Regt</u>	Regtl. No. <u>4583</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
Hazeley Down	29	8	18	3	9	18	bolus	5	Dischd but still co
Hazeley Down	13	11	18	18	11	18	contusion L. eye	5	Discharg



hospital or to the sick list in case of Warrant Officers treated in quarters.

ber  
in  
ital

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to duty. Condition improved  
but still complains of epigastric pain

*E. S. D. Rivian*

CAPT., R. A. M. C.

Discharged to duty.

*E. S. D. Rivian*

CAPT., R. A. M. C.







Unit

1st Regt. N. Y. F. I. D.

MORNING SICK REPORT  
MEDICAL INSPECTION REPORT\*

Army Form B 256

Squadron, battery or company

Station and Date H. H. Camp 1-3 1919

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of		Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease	Disposal. Medical Officer's Remarks and Signature.
		Age.	Service.							
4583	Pfc Pinwell	26	<sup>10</sup> / <sub>12</sub>	S.A.						So see locust
										C. B. ... C. P. ...

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

\* Strike out whichever is not applicable.

*R. H. Woods*  
Orderly  
N.C.O.

Ophthalmic Department.  
Central Military Hospital,  
Winchester.

9-8-19

To the Medical Officer i/c

..... 2nd Bn. R. Med. ....  
..... Hazels, Dor. ....  
..... 4583 Pt. Penwell W. ....

Please cause this man to report in six days' time (Sundays excepted) for Spectacle fitting. He should bring with him Army Book 54 and Medical History Sheet, for the necessary entries to be made therein.



..... *A. Coues* ..... Capt. R. M. C. ....  
Ophthalmic Surgeon.  
*Please note -  
to hand yet.  
Please come Monday  
report due. 11/3/19. ac*



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 N. F. L. Co*
2. Regt. No. *4283* 3. Rank. *P. Lt*
4. Name *Purwell* *W. P. H.*  
(Surname) (Christian Names)
5. Age last birthday. *37*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade } *Labourer*  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regt. Nos.
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) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity  
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war .. . . . ✓
- (ii.) Previous active service.. . . . ✓
- (iii.) Climate in pre-war service .. . . . ✓
- (iv.) Ordinary military service before the war .. . . . ✓
- (v.) Serious negligence or misconduct on the } man's part. . . . . ✓

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

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

15. What is his present condition ?

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

*No complaints of no reversibility*

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 invaded at Foreign Stations.

*Refused*

*W.E. Procunier* *Self Name*  
Medical Officer in charge of case.

Station *Hanbury*

Date *1-4-14*

\* 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 *Penwell. W.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4583.*

Intended address *Grand Bank.*

Height on discharge *5 Feet 10*

Color of hair on discharge *Black.*

Complexion *Fair*

Color of eyes *Grey.*

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

Figure on discharge *Tall.*

Christian name of Father *John*

Christian name of Mother *Ann.*

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

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

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

Place and date of soldier's birth *Grand Bank. 12 July. 1886.*

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) *Penwell W.*

(Rank) *Pl*

Station **ST. JOHN'S.**

Date **JUN 4 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.

Station

Date





No. 4342



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William J Penwill, Regl. No. 4583

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins Nov 1 / 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4109	father	John B Penwill	Grand Bank, Loston Bay	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  
B Company

[Signature]  
[Signature]  
Nov 4 1918

(Sig.) William J Penwill

(Rank) Private



ROYAL NEWFOUNDLAND REGIMENT

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.

*434 correct  
all for com go*

1. Name in full of soldier. Rank. Reg't. or Unit. Reg't. No.  
*William J Pennell Pte 10th Regiment, 4583*

2. Age of soldier. Married or single.  
*32 Single*

3. Name in full of mother. Age. Occupation. Permanent Address.  
*Ann Penwill 61 Housewife Grand Bank, N.B.*

4. Give name of your husband. Age. Occupation. Where employed.  
*John B Penwill 61 Capt. Small S. Harris St. Bank*

5. If your husband is not supporting you, state the reason. } *He supports me*

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.) } *not an invalid*

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

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

9. Names of your other children. Address in full. Age. Occupation. Married or single.  
*Jacob, Penwill Gr. Bank N.B. - 35 Fisherman Single  
Charlotte Ann Boliment " " " 24 Housewife Married*



10. State amount earned by (a) Yourself *Nothing*  
(b) Your husband. # *350*
- 
11. State amount and source of any other income.  
*Garden Vegetables such as Potatoes & Cabbage - enough for market*
- 
12. State value of real property belonging to you and your husband. *\$ ~~500~~  
#1000*
- 
13. State value of personal property belonging to you and your husband. *# 200*
- 
14. If your husband is dead, state value of real and personal property left by him. *—*
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *# 200*
- 
16. Was this amount contributed, weekly or monthly. *Monthly*
- 
17. Did this amount include payment of son's Board, etc. *He lived with us during winter months*
- 
18. State your son's trade or occupation prior to enlistment? *Laborer*
- 
19. State amount of his wages per week. *Doubt know*
- 
20. State name and address of his last employer. *Imperial Oil Co. Halifax N.S.*
- 
21. State amount of monthly support from son since enlistment? *# 18 Monthly*
- 
22. State amount of allotment received by you from son monthly *—*
- 
23. State from what date did you receive allotment? *—*
- 
24. State actual amount contributed by other children. *Weekly. monthly.  
Nothing Nothing*
- 
25. Are any of these children in the employ of you or husband. *No*



26. If not receiving support from other children, state cause. Explain fully? *Other children trained and doing for themselves*

27. With whom are you residing at present? *With my husband at home*

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? If not from any source, if so, how much? *No*

30. Are you 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 Nfld. 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 Nfld. Regt. If so, how much? *—*

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... *Ann Penwill*

Place of residence... *Grand Bank P.B.*

Declared and subscribed before me at... *Grand Bank*

this... *21*... day of... *Nov*... 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *Amac D. David, Jr.*

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 and belief after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *William Krines*

Signature of Member of Patriotic Fund Committee... *William Torsey*



MEDICAL CERTIFICATE

For information of the Separation Allowance Department

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } *William J Penwell*  
4583
2. Name and age of said soldier. ) *William J Penwell*  
*Agst 32*
3. Is said <sup>*man Penwell*</sup> a chronic invalid and totally incapacitated ) *NO*
4. Of what nature is disability? ) *—*
5. From what date has this Total incapacity been existent? ) *—*
6. How long is total incapacity likely to continue and what will be the ~~earning~~ effect on earning power) *—*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. } *None*
8. Are you the regular attending physician? ) *Yes*
9. Relationship to soldier of applicant? ) *Mother*

I certify that the above statements are correct.

*Grand Dunes* Place,

*Nov 21* Date.

*Amos Penwell*  
Physician.



Sept. 25th., 1916.

Mrs. John (Ann) Pennell,  
Grand Bank.

Dear Madam:-

Application has been made by your son  
Pte. William J. Pennell, #4583 to have Separation  
Allowance granted to you.

I enclose Statutory Declaration in con-  
nection with same, which kindly have completed in the  
presence of a Magistrate or Justice of the Peace and re-  
turn to me at your earliest convenience.

Yours faithfully,

Capt. & Paymaster.



C.R. 4583

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.

# 4583.

Name *Co. Pk. W. J. Fenwick*

Date *28.4.19..*

Place *Grand Bank*

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

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

---

Fold Here



OCT 29 1921

1921.

The accompanying ~~Victory Medal~~ or British War Medal  
is/are forwarded herewith to

William J. Penwill

in respect of his service as No. 4583 Rank Pte.

Name W.J. Penwill Royal Nfld. Regt.  
~~Nfld. Regt.~~

Receipt of the same should be acknowledged hereon.

Received 1. British war medal.

Signature 4583. En Pte - W. J. Penwill

Date Oct 31<sup>st</sup> (21.)

Address Grand Bank F. Bay  
pld  
[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet *one*

Signature of O. C. Company

*G. James*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4583</i>	Age on	<i>31</i> years <i>10</i> months	<i>Sabotier</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's 22.4.18</i>	Religion	
Joined	Date	Period of } with Colours } <i>7 1/2</i> years. with Reserve } <i>3 1/2</i> years.		Place of Birth	
Joined	Date			<i>S. G.</i>	<i>Grand Bank, Antigua Bay</i>

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's 4 7/9.</i>					

To be carried over

Army Form B. 121.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 13.42 to his home at Grand Bank and Release Certificate No. 24051 issued.

Date 6-6-19

J.A. Shaw Capt  
Demobilization Officer.

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-1-19 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Date 6-1-19

H. H. H. H.  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 6-6-19

J.A. Shaw Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 20 1919

R.H. Sait Capt  
O. C. Discharge Depot.

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

Date June 14/1919

James  
Factor Records

Reg. No. *4582* Rank *Pvt.* Name *Levell W.*

Attested ..... Address *Grand Bank*

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

Date of Allotment..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

*6-6-19*  
*20-6-19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**