



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4702 Name Joseph Pyman Corps CB

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

1. What is your name? ..... Joseph Pyman
2. What is your full Address? ..... Banket Hope CB
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 20 Years 2 Months
5. What is your Trade or Calling? ..... Fisherman
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... (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? ..... Yes

I, Joseph Pyman 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.

Joseph Pyman SIGNATURE OF RECRUIT.  
Frank J. ... Signature of Witness.

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

I, Joseph Pyman 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 Banket Hope

on this 25 day of April 1915  
 Signature of Attesting Officer Geo. L. Barty, Magist.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

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

Date April 25  
 Place Banket Hope } 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 Jesse P. Jones  
 Apparent age 20 years 12 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sarah Butler  
Brookside Ave. | Relationship Mother  
N.B. 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 Lieut	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  
 " " Pensions " \_\_\_\_\_ ( " " ) \_\_\_\_\_ " \_\_\_\_\_



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4702 Name Joseph Pyram - Corps C/E

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

1. What is your name? ..... Joseph Pyram
2. What is your full Address? ..... Burtons Hope C.B.
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 20 Years 2 Months
5. What is your Trade or Calling? ..... Fireman
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... Name John Corps C/E
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? ..... Yes

I, Joseph Pyram do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Joseph Pyram SIGNATURE OF RECRUIT.  
Frank J. ... Signature of Witness.

Joseph Pyram I, 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 on this 25 day of April 1915.  
Signature of Attesting Officer Geo. L. Barty Ingot

### † 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 compiled with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.  
Date April 25 1915  
Place St. John's } 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 Joseph P. Jones  
 Apparent age 20 years 2 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sarah Butler  
Boston Hope, N.B. | Relationship Mother  
 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 Lepot	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>25-4-18</u>									
Joined at <u>St. John's</u> on <u>April 25-1918</u>									
<u>Discharged at St. John's Jan 10/1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-18</u>									
<u>Remained in Hospital at Halifax N.S. until drafted to 20. 7-7-18</u>									
<u>Arrived on ship with draft. No 15-8-18</u>									
<u>Deployed at H&amp;O Camp. Construction L. 2nd 5-11-18</u>									
<u>Embarked for homebound boat for discharge 11-18.</u>									
<u>Arrived Newfoundland 29-11-1918</u>									
<u>Discharged medically Dept 10-1-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 10-1-1919 (date of discharge) \_\_\_\_\_ years 261 days  
 Pensions " " " " " " " "

C.R. 4702

Extract from Daily Orders part 11, Depot St. John's dated Jan. 17/1919.

Having been found medically unfit is discharged from

#4702 Pte. Jos. Pynn

19-12-18.

CP. 4702

Extract from Medical Board held Monday Dec. 2, 1918.

4702 Pte. J. Pynn.

Recommended Discharge as Permanentlt Unfit ADVISE TREATMENT

C.R. 4702

Extract from Daily Orders part 11, Depot. St. John's  
dated Nov.. 30th., 1918.

44702 Pte. J. Pynn

The <sup>above</sup> ~~under~~noted returned from Overseas and reported at  
Depot. 29-11-18.



C.R. 4702

Extract from telegram from Synoptical, London  
dated November 13th., 1918.

#4702 Pynn.

The abovementioned having embarked by the Government  
transport for St. John<sup>s</sup> N. B. November 12th.,  
Documents with Carty. Being sent Home for Discharge.

BC.



C.R. 4702

Extract from Nominal Roll Embarked London, 2 or Overseas  
Nov. 18th, 1918 Major Garty, Conducting Officer.

BEING SENT HOME FOR DISCHARGE.

4702 Pts. J. Pynn.

ML.

C.R. 4702

Extract of Casualties from O.C. Draft, Royal Newfoundland Regiment,  
to D.O.C., H.Q., dated 24/6/19.

4702 Pte. J. Pynn.

In Hospital particulars forwarded A.F'S. E. 178a, with medical  
authorities, all other documents in charge of Adjutant Casualty  
Company, Wellington Barracks, Halifax.

4702  
C.R.

Extract from Nominal Roll of Repatriation Draft No. 77 which  
embarked at Tilbury Docks, London 12/11/18.

Major G. T. Carty, Conducting Officer.

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#4702 Pte. J. Pynn.

C.D. #4702

Extract from Daily Orders part 11, from Unit The Royal  
Hfls. Regt. St. John's, dated June 15, 1918

#4702 Pte. J. Pynn.

Embarked for Overseas with draft June 11th, 1918.

C.R. 4702

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated April 26, 1918.

#4702 Pte. Joseph Pynn.

Attested for General Service with the Royal Nfld. Regt.  
from 25/5/18.

Greens Har

Sept<sup>11</sup>  
19/7

Capt Pandy

Dear Sir

I am writing you to see if you would be kind enough to let me have pte Joseph Pym of Bristol hope No 4902 His address he was at the military Hospital Halifax for a while sick & leaned for the other side we havnt heard if he arived or not yet i would be very thankful if you would let me know if you have heard from him yet or where he is

Closing I remain

~~Yours truly~~

Yours Harbour  
Trinity Bay  
Wld.

Mrs Joseph Pym.



J. Lynn

C.R.

4702

~~PRD~~

J

## Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4702</u>	Army Rank <u>Pvt</u>																					
Name <u>Pynd Japto</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																						
Corps <u>ROYAL NEWFOUNDLAND REGIMENT</u>																						
Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>																						
Date of discharge _____																						
Place of discharge _____																						
<i>Description at the time of discharge.</i>																						
<p>1. Age _____ years _____ months</p> <p>Height _____ feet _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence { (To be given as fully as practicable)</p>	<p>Descriptive marks.</p>																					
<p>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</p>																						
<p>2. The above-named man is discharged in consequence of _____</p> <p>_____</p> <p>_____</p> <p>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</p>																						
<p>3. Military character :— _____</p>																						
<p>4. Character awarded in accordance with King's Regulations :— _____</p>																						
To be filled in on the soldier quitting the Colours.	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="3">COPIES SENT</th> </tr> <tr> <th>To</th> <th>No.</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>M. of M.</td> <td style="text-align: center;">18249/186</td> <td style="text-align: center;">11/78</td> </tr> <tr> <td>O.C. 1st. Bn.</td> <td></td> <td></td> </tr> <tr> <td>" 2nd. Bn.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	COPIES SENT			To	No.	DATE	M. of M.	18249/186	11/78	O.C. 1st. Bn.			" 2nd. Bn.								
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	O.C. 1st. Bn.																					
" 2nd. Bn.																						
<p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p>																						
<p>Initials of Commanding Officer. _____</p>																						
<p>Army Form B. 2088 has been issued to*</p>																						

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..... *R. 140 Regt.*
2. Regtl. No. *4707* 3. Rank..... *Plt.*
4. Name *RYNN*..... *Joseph*
- (Surname) (Christian Names)
5. Age last birthday..... *20 yrs.*
6. Posted for duty on..... *12 Apr. 1917* at..... *S. Holme Regt.*
- in category (or grade).....
7. Former Trade }  
or Occupation }
- 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 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"

*Concussion Left Hand.*

11. Date of origin of disability.
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.
- Since joining depot he has had a stiff left hand, which continues thus rendering him unable to use rifle.*
- He is fit until for further military service.*
- He states that his hand has been stiff ever since Jan. 1917 due to accident received whilst shooting.*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | no                  | no                |
| (ii.) Previous active service                            | no                  |                   |
| (iii.) Climate in pre-war service                        | no                  |                   |
| (iv.) Ordinary military service before the war           | no                  |                   |
| (v.) Serious negligence or misconduct on the man's part. | no                  |                   |

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

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.)*  
 The left hand is cold, blue and stiff. The pulse is with great difficulty felt, it is small on running. Pulse in right wrist normal. Limitation of movement at left shoulder joint. Service not satisfactory to requirement at home.

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

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?  
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Discharge as permanently unfit for further military service.*  
 M.M.  
 Captain R. J. [Signature]

Station *Hayes Down Windsor*  
 Date *5/11-18*

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



FORM K

No 4361



## 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Joseph Ryan, Regl. No. 4702  
 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> 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4124	Wife	Mrs Thomas (Sarah) Bulten	Pristol's Hope P.B.	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.)

W. G. Summers N.

Officer Commanding  
 "B" Company

(Sig.)

Joseph Ryan

(Rank)

Private

8-6-1918

FORM K

No 4361



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Ryan, Regl. No. 4702  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and fifty 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4124	Wife	Mrs Thomas (Sarah) Bullter	Bristol's Hope P. B.	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.) A. L. Summers N.  
 Officer Commanding  
 "B" Company  
St. Johns  
8-6-1918

Sig.) Joseph Ryan  
 (Rank) Private

*Temporary*  
**MEDICAL HISTORY SHEET**

Surname Lynn Christian Name Joseph

Examined { on ..... day of ..... 191 { at .....	Approved by .....	
	Rank ..... M.O. ....	
Birthplace { City or Town .....	Date .....	
{ County .....	Fit or Unfit .....	
Apparent age .....	EXAMINED FOR RE-ENGAGEMENT	
Trade or occupation .....	..... M.O. ....	
Height ..... feet ..... Inches .....	..... M.O. ....	
Weight ..... lbs. ....	..... M.O. ....	
Chest measurement { Minimum ..... inches .....	..... M.O. ....	
	Maximum expansion ..... inches .....	
Physical development .....	..... M.O. ....	
Small-pox Marks .....	..... M.O. ....	
Vaccination Marks { Arm..... Right..... Left.....	Date .....	
	Number .....	
When Vaccinated last .....	Result .....	
(a) Marks indicating congenital peculiarities or previous disease .....	VACCINATIONS	
(b) Slight defects but not sufficient to cause rejection .....	Date .....	
.....	Result .....	
.....	ANTI-TYPHOID INOCULATIONS, ETC.	
.....	Date .....	
.....	Result .....	
.....	..... M.O. ....	
.....	..... M.O. ....	
.....	..... M.O. ....	

Enlisted on ..... day of ..... 191..... at .....

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<i>Royal Mtd. Regt</i>	<i>4702</i>		
Transferred to .....				

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD**

STATION	DATE	DISEASE	RESULT
<i>Hayley Dr. Camp</i>	<i>5.11.18</i>	<i>Contracture Hand.</i>	<i>Marked E. Caton (authority of W.H. Little) mk. Caton</i>

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the cause and date also being stated on next page.



YEARLY REPORT LACIERS

Surname *Payne*

Christian Name *George*

STATION	Date of Arrival at the Station	Dates of						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In general cases state nature of primary disease, and whether surgery has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Abandon Hope</i>		<i>22</i>	<i>6</i>	<i>18</i>	<i>3</i>	<i>7</i>	<i>18</i>	<i>Myalgia</i>	<i>17</i>	<i>Complaint is of limbs &amp; back pain. No evidence of local or constitutional trouble. Other serene by delusion in hospital by treatment requires pursue of feeling fit and is accordingly rested to duty. None at present without abnormalities.</i>	<i>J. Stewart</i>

To C Records.

Original sheet no.  
sent to Dept

DPK  
Cith

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, <i>Royal N.F.L.C. Hazeldean</i>	A.F. W. 3961b has been sent to The Officer i/c Records, <i>ST Victoria London</i>	A.F. W. 3961c has been sent to The Regimental Paymaster, <i>ST Victoria London</i>
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Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for: *information*

- (a) Discharge as no longer physically fit for war service  
(b) Discharge as surplus to military requirements  
(c) Discharge as\*  
(d) Transfer to the Reserve  
(e) Claims repatriation to *N.F.L.C.*

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted *Johns 25 April 18*  
(ii) Date of arrival in United Kingdom  
(iii) Port of arrival  
(iv) Ship on which arrived  
(v) Name of Shipping Line or Agent  
(vi) Names and addresses of two references who can verify the above particulars

No. *4702* Rank *Private*

Name *Pymn Joseph*  
(Surname) (Christian names in full)

Unit and Corps *Royal N.F.L.C.*

Authority *B. 179d*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazeldean*

Date *3-2-1918* 191*8* O.C.

\* Insert cause other than under (a) or (b) above.

NOTE 1.—If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

**Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.**

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961C has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961C is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961C has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to O.C. Discharge Centre, The Officer i/c Records, A.F. W. 3961C has been sent to  
Regimental Paymaster,

*Royal A.F. 100* *58 Victoria Road* *58 Victoria Road*  
*Hazley* *London* *London*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as\*
- (d) Transfer to the Reserve
- (e) Claims repatriation to NZL

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted NZL (Country) 25 April 1918 (Place)
- (ii) Date of arrival in United Kingdom
- (iii) Port of arrival
- (iv) Ship on which arrived
- (v) Name of Shipping Line or Agent

(vi) Names and addresses of two references who can verify the above particulars

No. 4702 Rank Private

Name Pyman Joseph  
 (Surname) (Christian names in full)

Unit and Corps Royal A.F. 100

Authority 131790

Station Hazley Depot

Date 5-11-18 1918 O.C.

\* Insert cause other than under (a) or (b) above.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

B 78A9

**Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.**

**NOTE.**—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

**PART I.**

A.F. W. 3961a has been sent to O.C. Discharge Centre, A.F. W. 3961b has been sent to The Officer i/c Records, The Regimental Paymaster,

Royal W. 3961a 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as\*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to \_\_\_\_\_

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted \_\_\_\_\_ (Country) \_\_\_\_\_ (Place)
- (ii) Date of arrival in United Kingdom \_\_\_\_\_
- (iii) Port of arrival \_\_\_\_\_
- (iv) Ship on which arrived \_\_\_\_\_

(v) Name of Shipping Line or Agent \_\_\_\_\_

(vi) Names and addresses of two references who can verify the above particulars \_\_\_\_\_

No. 1702 Rank \_\_\_\_\_

Name \_\_\_\_\_ (Surname) \_\_\_\_\_ (Christian names in full)

Unit and Corps \_\_\_\_\_

Authority \_\_\_\_\_

Army Form O. 1809B for the soldier is forwarded herewith. Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records.

Station Hazleydown

Date 3-11-19 1919 O.C. \_\_\_\_\_

**NOTE.**—In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.





# MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *Pym Joseph* Regt. No. *4102* Rank. *Pvt.* Unit and Corps. *Royal W. B.*  
(Surname) (Christian Name)

1. State the nature of the disability or disabilities from which this man is suffering.

*Contracture Left Hand.*

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a—

- (a) Sanatorium or other institution for tuberculosis
- (b) Hospital, and if so, what class?
- (c) Convalescent Home
- (d) Asylum, or
- (e) Other institution
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the disabling disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable.

Signature *Hazelby Lewis* ..... President.  
 Station .....  
 Date *5-11-18* ..... } Members.

Approved.  
 Station .....  
 Date .....

Officer in charge, Central Hospital.



# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *4702*Rank... *Pvt.*Name... *Pynn Joseph*

(Surname)

(Christian Names)

Unit and  
Corps*Regal. N. 10*

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*England*

(b) In what capacity?

*Infantry*

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

*my complaint from which I suffer was due before I joined the army and since joining it seems to be growing worse*

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

*Logswell Str. Hosp. 18 days  
with Phlebotomy*

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

*yes*

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

*no*

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

*fisherman*

(b) What was your trade before joining the Army?

*bo*

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station .....

*Hazelton*

Signed (Soldier) .....

*O'Connell Joseph +*

Date .....

*5-11-18*

Signed .....

*R. J. Woods*

# Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W(T), P, or P(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.  
 (b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.  
 It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Barton Court, King's Road, London, S.W.3.

**PART A.** Soldier's Name Pynn Joseph (Surname) Royal A. F.S. (Christian names in full)

Unit from which discharged Royal A. F.S.

Regimental Number 4702 Rank on discharge Pvt Age on discharge 20

Married, widower with children, or single single

Occupation before enlistment Labourer

Special qualifications (if any) for }  
 employment in civil life }

Nature and locality of employment desired

Full postal address to which proceeding on discharge } Harbor Grace

Name of Approved Society (if any)

**PART B.** Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
<u>Royal A. F.S.</u>	<u>1</u>	<u>10</u>	<u>India</u> <u>South Africa</u>	<u>—</u>	<u>90</u>
Disallowed	...	...			
Service towards pension	...	...			

**PART C.** Number of G.C. badges medals

Wounds and actions in which received

**PART D.** Where born (parish, town and county), and date Burbis Hill N. B. Feb 15 1891

Colour of hair on discharge Black Colour of eyes Brown Complexion Fair

Christian name of father Edward

Christian name of mother Sarah

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]



Wife's maiden name in full Descriptive Return of a Soldier medically boarded

Date and place of marriage Transfer to the Reserve

Christian names of children and dates of birth

Date and place of 1st enlistment St Johns 25 April 18

Figure on discharge

Descriptive and other distinguishing marks A

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Pyron Joseph

Station Hazleydown Rank P.W. Date 5-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,  
BURTON COURT,  
KING'S ROAD,  
LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. \_\_\_\_\_ King's Regulations

or

Transferred to Class \* \_\_\_\_\_ of the Reserve.

Strike out whichever inapplicable.

Military character \_\_\_\_\_

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station \_\_\_\_\_

Date 191

\* Insert P., or P.(T).

**Report to the Local Committees of the War Pensions Committee  
on Soldiers Discharged.**

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

**PART** Soldier's Name Pajun Joseph (Surname) (Christian names in full)

**A.** Unit from which discharged Royal N.F.S.B.

Regimental Number 4702 Rank on discharge P.L.C. Age on discharge 20

Married, widower with children, or single single

Occupation before enlistment fisherman

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which proceeding on discharge } Harbor Grace N.F.S.B.

Name of Approved Society (if any) \_\_\_\_\_

**PART** Nature of medical unfitness Contracture Left Hand

**B.** Service with Colours 2 years 210 days, of which ~~90~~ years

90 days were served abroad during the present war.

Military character good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 5-11-18 1918

Station Hazleydown

Date 5-11-18 Officer i/c Records \_\_\_\_\_

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.  
NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

LAST PAY CERTIFICATE **OFFICE COPY**

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 4702 Rank Private Name Pynn J D O Unit ROYAL NEWFOUNDLAND REGT. who was Transferred  
to Newfoundland on 14/11/18 Authority J D O Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS					PARTICULARS					CR.											
	\$	¢	£	s	d	\$	¢	£	s	d												
PERIOD: From 26/10/18 To 22/11/18	Balance Dr. from 26/10/18 to 11/11/18					Balance Cr. from 26/10/18 to 11/11/18																
	Allotment 17 days @ .60					110	20	1	2	1	11	Pay 17 days @ \$1.00					117	00				
	Cash Payments: 2/11/18											Field Allowance 17 days @ \$ .10					1	1	70			
	9/11/18							3			19	6	Other Allowances days @ \$					118	70	13	16	10
	Other Debits: Barrack Duties											Other Credits:										
	laundry stoppages											Copies sent to M.D.M.										
	Boots									2	5	H. H. H. H. H. H.										
	Barber "											11/11/18										
	Total Debits					10	20	1	3	16	10	Total Credits					118	70	13	16	10	
	Balance due by Paymaster											Balance due to Paymaster										
								13	16	10									13	16	10	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

26/10/18 to 22/11/18 (Place) HAZELEY DOWN CAMP (Date) 11/11/18 Harold Stimpfle O.C. " " Company.

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Pyram. Joseph.

4702

Pay Dept



## Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. H 702 Army Rank PLV

Name Edward Joseph  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge January 10/1919

Place of discharge St. Johns. Nfld.

1. Description at the time of discharge.

<p>Age <u>20</u> years <u>11</u> months</p> <p>Height <u>5</u> feet <u>5</u> inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion <u>fair</u></p> <p>Eyes <u>Brown</u></p> <p>Hair <u>Black</u></p> <p>Trade <u>Fisherman</u></p> <p>Intended place of residence (To be given as fully as practicable) <u>St. John's</u></p>	<p>Descriptive marks.</p> <p><u>left hand contracted</u></p>
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(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

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Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

A.F.B. 2079/402

6  
31  
30  
31  
31  
30  
31  
10  
261

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John \_\_\_\_\_ Joseph Flynn (Signature of Soldier.)

(Date) 1/2/19 \_\_\_\_\_ W Newbery Sgt (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_ Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

---

*Joseph J. J. J.*

Witness W. Newbury Sgt.

Medical Report on an Invalid.Station HAZLEBY DOWN, WINCHESTERDate 8-11-18

1. Unit **ROYAL NEWFOUNDLAND REGIMENT** 7. Former Trade }  
or Occupation }
2. Regimental No. **4702** 7A. If with previous service in Army, state—
3. Rank **Pte.** (a) Former Unit;
4. Name **PYNN, JOSEPH** (b) Regimental No.;
5. Ago last birthday **20 years** (c) Date of Discharge;
6. Enlisted { on **April 25th '15.** (d) Cause of Discharge.  
at **St. John's**

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).***CONTRACTURE LEFT HAND**Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

**Since joining Depot, he has has a stiff left hand, which is contracted, thus rendering him unable to use rifle. Therefore unfit for further military service. He states that his hand has been stiff since Jan. 1917, due to an accident received while shooting.**

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **NO**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **NO**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **NO**

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

The left hand is cold, blue, and stiff. The pulse is with difficulty felt, it is small and running. Pulse in right wrist normal. Limitation of movement at left shoulder joint. Unfit for active service and supernumary to requirements at home.

14. If the disability is an injury, was it caused—

- (a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?  
(b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?

NO

17. If not, was an operation advised and declined?

NO

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

N.A.

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

**Discharges as Permanently Unfit for further military service.**

(Sgd) J. St.P. KNIGHT Capt. R.N.R.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station HAZLEY DOWN,

WINCHESTER.

Officer in charge of Hospital.

Date 5-11-18.

\*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.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentials between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; **No**

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

~~As in Section 13~~ **Contraction of left hand. As in Section 13, except that pulse normal in both wrists**

**Accident two y ars ago**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

**No**

24. If not permanent, how soon do the Board recommend re-examination?

**6 months**

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

**Total Disability. 60% for 6 months  
Pensionable Disability. Less than 20%**

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

**Yes**

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

**Will improve with treatment**

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(Sgd) **H. S. FRASER**

President.

Station **St. John's,**

**J. SINCLAIR TAIT**

Date **Dec. 2nd, 1918**

**L. PATERSON, Major**

Members.

Approved

**DEC 2 1918**

(Sgd) **CLUNY MACPHERSON, Major**

D. M. S. NEWFOUNDLAND.

Administrative Medical Officer.

Date

No.

**NEWFOUNDLAND**

# Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W(T), E, or P(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Barton Court, King's Road, London, S.W. 3.

Part A. of Army Form D. 400 and Part B. are to be completed by the soldier himself.

Part A. of Army Form D. 400 and Part C. are to be completed by the Officer i/c Hospital.

Part A. of Army Form D. 400 and Part D. are to be completed by the Officer i/c Central Hospital.

Part B. and C. are to be completed by the Officer i/c Hospital.

Part D. is to be completed by the Officer i/c Central Hospital.

Soldier's Name Byard Joseph (Surname) (Christian names in full)

A. Unit from which discharged Royal W. F. Rtd

Regimental Number 4702 Rank on discharge Rtd Age on discharge 20

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any for employment in civil life) }

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which proceeding on discharge } Starboard Graco.

Name of Approved Society (if any) \_\_\_\_\_

PART B.	Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
		<u>Royal W. F. Rtd</u>	<u>-</u>	<u>2</u>		<u>10</u>	<u>India</u> <u>South Africa</u>
	Disallowed						
	Service towards pension						

Number of G.C. badges \_\_\_\_\_ medals \_\_\_\_\_

Wounds and actions in which received \_\_\_\_\_

Part D. Where born (parish, town and county), and date Bristol Hops Wld 13-2-98

Colour of hair on discharge Black Colour of eyes Brown Complexion Fair

Christian name of father Edward

Christian name of mother Sarah

NOTE.—Army Forms D. 400 and W. 3483a and s are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3483a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3483a and s are to be completed by the Officer i/c Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and in Part A. of Army Form W. 3483a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Whose maiden name in full  
to Date and place of discharge St. Johns 25 April 1918

Christian names  
of children and  
dates of birth

Date and place of 1st enlistment St. Johns 25 April 1918

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A and D above are, to the best of my knowledge, correct.

(Signature in full) Byron Joseph +

Station Staveley Moor Rank Pvt

Date 5-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,  
BUTON COURT,  
KING'S ROAD,  
LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. King's Regulations

or

Transferred to Class \* of the Reserve.

Strike out  
whichever  
is applicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station

Date 1918

\* Insert P, or P(T).



COPY.

**MEDICAL REPORT ON AN INVALID.**

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name Parsons, James H. (Surname) (Christian Name) Regtl. No. 4762 Rank Platoon Unit and Corps R. T. F. A.

1. State the nature of the disability or disabilities from which this man is suffering.

*Contracture Left Hand*

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

- (a) Sanatorium or other institution for tuberculosis .. .. .  
 (b) Hospital, and if so, what class? .. .. .  
 (c) Convalescent Home .. .. .  
 (d) Asylum, or .. .. .  
 (e) Other institution .. .. .  
 (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

NOTE.—Treatment should only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the existing disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity mutually certified as in consequence of that disability.

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable.

Signature .. .. . President.

Station Staples Road

Date 5-11-18

Members.

Approved.

Station .. .. .

Date .. .. .

Officer in charge, Central Hospital.

COPY.

# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

Note.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. H. 702

Rank. Pvt.

Name Peyron Joseph  
(Surname) (Christian Name)

Unit and Corps } 10. W. F. H.

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

<p>1. (a) In what countries have you served during this war, and for what periods?</p> <p>(b) In what capacity?</p>	<p style="font-size: 1.5em; text-align: center;">England</p> <p style="font-size: 1.5em; text-align: center;">Infantry</p>
<p>2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.</p> <p>(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)</p>	<p style="font-size: 1.2em;">my complaint from which I suffer was done before I joined the army and since joining it seems to be growing worse.</p>

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

*Cogswell Sht Hosp Halifax  
18 days with Bruise*

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

*yes*

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

*no*

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

*Fisherman*

- (b) What was your trade before joining the Army?

*no*

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Stagby Howard*

Signed (Soldier)

*Ronald Joseph*

Date

*5-11-18*

Signed

*R. J. Woods*

## Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

**PART** Soldier's Name Edward Joseph (Surname) (Christian names in full)

**A.** Unit from which discharged Royal W. S. F. B.

Regimental Number 4702 Rank on discharge PLA Age on discharge 20

Married, widower with children, or single \_\_\_\_\_

Occupation before enlistment Fisherman

Special qualifications (if any) for }  
employment in civil life }

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which }  
proceeding on discharge } Starbuck Graco.

Name of Approved Society (if any) \_\_\_\_\_

**PART** Nature of medical unfitness \_\_\_\_\_

**B.** \_\_\_\_\_

Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years  
\_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191\_\_\_\_.

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463b can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

**CONFIDENTIAL.**

Army Form W. 3463B.

**Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.**

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

**PART** Soldier's Name Samuel Joseph  
(Surname) (Christian names in full)

**A.** Unit from which discharged Royal W. I. L. P.

Regimental Number \_\_\_\_\_ Rank on discharge Sgt Age on discharge 20

Married, widower with children, or single Single

Occupation before enlistment Fireman

Special qualifications (if any) for }  
employment in civil life }

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which }  
proceeding on discharge } Starboard Grass.

Name of Approved Society (if any) \_\_\_\_\_

**PART** Nature of medical unfitness \_\_\_\_\_

**B.** Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years  
\_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191\_\_\_\_.

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

To be completed by the Officer  
i/c Records.

**NOTE 1.**—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.



To be used for recruits enlisting direct into the Regular Army only.  
 Army Form B. 178\* to be used for Special Reserve recruits  
 and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname Dunn Christian Name Joseph

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
 at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... feet \_\_\_\_\_ inches.

Weight ... lbs. \_\_\_\_\_

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.  
 Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
 Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
 L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	4702
Transferred to ...	

Became non-effective by \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

**Table II.—Only for Admissions to Hospital or to the Sick**

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
<i>Stator Hospital</i>	<i>22</i>	<i>6</i>	<i>18</i>	<i>8</i>	<i>7</i>	<i>18</i>	<i>Myalgia</i>	<i>17</i>	<i>Com ev tro in her der ur</i>



**Sick List in the case of Warrant Officers treated in quarters.**

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

Signature of Medical Officer

Complaint is of lumbosacral pain. No evidence of local or constitutional trouble after several days detention in hospital for treatment represses himself as fit and is accordingly directed to duty. Urine at present unobtainable? at normalities.

J. L. Chuster.  
Capt. R. A. W. C.



# 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 hope to take up my old work as sailor.*

*Joseph J. Ryan*

Signature of Man.

*W. M. Keckall.*

Signature of the Vocational Officer or his Representative.

Reg. No. *4702*

Place

*N. York's.*

Date

*Dec. 3*

191*8*

# The Royal Newfoundland Regiment

## DEMOBILIZATION

### CIVILIAN CLOTHING GUARANTEE

I, No. 4702 Rank Private Name Pynn J.  
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00

Date Dec 24 19

St John

Joseph Pynn  
 Signature of Soldier

W Newbury Coy  
 Signature of Witness



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 question 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... *Joseph* ..... 2. Surname... *Pymn* .....
3. Rank... *Pte* ..... 4. Regt. No. *4189* .....
5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded... *Barbours Hope* .....
- ..... *Mr. Grace R.D.* .....
6. Date of enlistment in the Regiment... *April 25/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- ..... *not applicable* .....
8. Relationship of such dependents..... *not applicable* .....
9. Address in full of such dependent..... *not applicable* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *no* .....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.....
- ..... *not applicable* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *from April 25/18* .....
- ..... *until Jan 10<sup>th</sup>/19* .....

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

..... *not applicable* .....

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.....

*£60- Clothes* .....

..... *not applicable* .....

15. Have you been issued with a War Service Badge?..... *Yes* .....

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.....

..... *not applicable* .....

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?..... *no* .....

19. Are you now serving in the Regt.? *no*..... If not give:- (a) Date of discharge... *Jan. 10<sup>th</sup> 1919*..... (b) Reason for discharge.....

..... *Medical unfit for further service with the Colonel* .....

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*

..... *General Depot Winchester* .....

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*..... *missing full pension* .....

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



Signature of Applicant: *Joseph Ryan*  
 Place of Residence: *Bushloe's Hope, near St. Grace, C.A.*  
 Declared before me at: *St. John's, Newfoundland.*  
 This *Sixth* day of *March 1919.*

*John M. McCarthy*  
*J.P.*

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

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

*J*

FORM K

No. 4361



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Ryan, Regl. No. 4702  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 ..... Dollars and Twenty 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4124	Mother	Mrs Thomas (Sarah) Buller	Bristol's Hope P. B.	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.) A. L. Summers N.  
 Officer Commanding  
 "B" Company  
St. Johns  
8-6-1918

(S) Joseph Ryan  
 (Rank) Private

## LAST PAY CERTIFICATE ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17

Regt No. 4/02 Rank Private Name Pyron J Unit ROYAL NEWFOUNDLAND REGT who was transferred to Newfoundland on 2/11/18 Authority J D O Cause Repatriation

DR. STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d		PARTICULARS	£	s	d	OR.		
PERIOD: From <u>26/10/18</u> To <u>26/11/18</u>	Balance Dr. from <u>26/10/18 - 11-11-18</u>					Balance Cr. from <u>26/10/18 - 11-11-18</u>						
	Allotment 17 days @ 60	1 10	20	12	1 11	Pay 17 days @ \$ 1.00	1 17	00				
	Cash Payments: <u>2/11/18</u> <u>9/11/18</u>				12 6 19 6	Field Allow 17 days @ \$-10	1 1	70				
	Other Debits: <u>Barack Damages</u> <u>Laundry Staffages</u> <u>Post</u> <u>Bank</u>					Other Allowes days @ \$			13	14 10		
					2 5	Other Credits:						
	Total Debits	10	22	13	16	10	Total Credits	18	70	13	16	10
	Balance due by Paymaster					Balance due to Paymaster						

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

26/10/18 - 26/11/18 191 <sup>s</sup>  
(Place) HAZLEY DOWN CAMP. (Date) 27/11/18. David Stimpert Khan  
O.C. "B" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

*[Signature]*  
Chief Paymaster & Officer in Charge Records.

To be rendered for all ranks on discharge, transfer to other units, or return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 4702 Rank Private Name Pynn J Posted ROYAL NEWFOUNDLAND REGT. who was transferred to Newfoundland on 12/11/18 Authority J.D. Cause Retraction

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d					PARTICULARS	£ s d							
		£	s	d	£	s		d	£	s	d				
PERIOD: From 26/10/18 To 11/11/18	Balance Dr. from 26/10/18 to 11/11/18						Balance Cr. from 26/10/18 to 11/11/18								
	Allotment 17 days @ 60¢	1	10	2	1	11	Pay 17 days @ \$1.00	1	17	00					
	Cash Payments: 2/11/18				12	6	Field Allowance 17 days @ \$.10	1	1	70					
	9/11/18				17	6	Other Allowances days @ \$	7	18	70	1	3			
	Other Debits: Barrack Damages				6		Other Credits:								
	laundry stoppages														
	Boots "				2	5									
	Barber "														
	Total Debits	10	20	1	3	16	10	Total Credits	18	70	1	3	16	10	
	Balance due by Paymaster						Balance due to Paymaster								
				1	3	16	10					1	3	16	10

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) 26/10/18 to 11/11/18 HAZELEY BURN CAMP. (Date) 11/11/18 1918 Harold Stimpf Thunn  
 O.C. "8" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, 191  
 Chief Paymaster & Officer in Records.





**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

Dec. 3rd, 1918 191

From Asst. Adjutant,  
Depot

To Postmaster and Officer i/c Records,  
Militia Department

4702 Pte. J. Fynn

*Re: Fynn*

The marginally noted man was recommended for discharge as permanently unfit and treatment advised by Medical Board held on Monday, Dec. 2nd.

I am sending him herewith for your attention and necessary action, please, and have given him verbal instructions to report to D.M.S. after he has finished his business with you.

Copy to D.M.S.

*H. M. [Signature]*  
Asst Adjutant  
Depot The Royal Newfoundland Regiment  
St. John's, Nfld.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60<sup>00</sup>

Dec 3<sup>rd</sup> 19 18

Received from the First Newfoundland Regiment  
the sum of Sixty <sup>00</sup> Dollars.  
on account of Pay. Clothing  
balance

*G. J. J. J.*

Ch. No. 6259	Initials EW
Pay Ledger 404	Initials W.A.
Gen. Ledger	Initials

Regtl. No.

Rank

*W.A.*

No. 4702

Rank

PL

Name

Symon J

*Company*  
**REGIMENTAL CONDUCT SHEET.**

Army Form B. 127.

Regimental Number) 4702 *Sydney Joseph* Attested 25-4- 1918.  
and Name  
Number of sheets) one  
(in words)  
Signature of C.O. } CS James Sicut  
or Adjutant } Royal T.F.H. W Regiment.  
Joined 19

Place	Date of Offence	Rank	Date of Discharge	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award or of order disposing with trial	By whom	Date of Commence-ment	Date of Expiration	REMARKS
<i>Halifax N.S.</i>	<i>14-6-18</i>	<i>PLS</i>	<i>1</i>	<i>I Absent II Creating disturbance / Supt. Workshop in Barracks</i>		<i>7 days S.D</i>	<i>17-6-18</i>	<i>Capt Turner</i>			
To be carried over											

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 121

Regiment of

Royal Newfoundland

Signature of O. C. Company

A. James Street

Form B 121  
30

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4702</u>	Age on	20 years	<u>Seaman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date	Period of	<u>25.4.18</u>	Place of Birth	
Joined	Date		with Colours		
Joined	Date	with Reserve	<u>years</u>	<u>C. B.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Halifax, N.S.</u>	<u>14.6.18</u>	<u>Pvt.</u>	<u>1</u>	<u>Drunk.</u>	<u>Sgt. Mahony</u>	<u>7 days. C.B.</u>	<u>17.6.18</u>	<u>Capt. Kinnon,</u>	<u>9</u>
				<u>breating disturbance in Barracks.</u>					
				<u>Medically Unfit</u>	<u>St. John's</u>	<u>10</u>	<u>'19</u>		

COPIES SENT		
To	No.	DATE
M. of M.	<u>18249/186</u>	<u>11.12.18</u>
O.C. 1st. Bn.		
" 2nd. Bn.		

Army Form B. 121.

To be carried over

C.R. 4702

July 3rd 1918.

Mrs Sarah Butler,  
Bristols hope, C.B.

Dear Mrs Butler,

The following notification has just been received by this department that your son 4702 Pte Joseph Pynn, who left here with the last draft is now in Hospital at Halifax.

Yours faithfully,

*W. V. W.*

Lieut.

for Lieut.Colonel.



COPY



S 4/01

THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

*St. John's, Newfoundland,*

Jan. 16th, 1919 191

Officer Commanding,  
Headquarters

SIR:

The undermentioned men have been discharged  
on the dates given. Kindly note and post in D.O.  
Pt. II.

I have etc.

(sgnd) J. M. Howley

Capt. etc.

5246	Pte. Murphy, John	Dec. 19th, 1918	Med. unfit
4702	" Pynn, Jos.	Jan. 10th, 1919	do.
5063	" Anderson, AB.	do.	do.

Dec. 3rd, 1918

From Asst. Adjutant,  
Depot

To Quartermaster and Officer i/c Records,  
Militia Department

4702 Pte. J. Fynn

The marginally noted man was recommended for discharge as permanently unfit and treatment advised by Medical Board held on Monday, Dec. 2nd.

I am sending him herewith for your attention and necessary action, please, and have given him verbal instructions to report to D.M.S. after he has finished his business with you.

Copy to D.M.S.

Reg. No. *4702* Rank *Pte* Name *Pynn. J*

Attested ..... Address *Bristol Gate*

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

Date of Allotment ..... Returned from Overseas *38 11 18*

Embarked for Overseas ..... Cause *Discharge*

*7-15-18* *Sec. Ser. Por. Unit* *Advised Treatment*

*10-1-19* *DISCHARGE*