

THE ROYAL NEWFOUNDLAND REGIMENT

No. SS 27 Name Wilson Tynn Corps Sa.
Questions to be put to the Recryst before Enlistment.
I. What is your name?
2. What is your full Address?
3. Are you a British Subject? 3
4. What is your age?
5. What is your Trade or Calling? 5 fisherman
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vaccinated?
9. Are you willing to be enlisted for General Service? · 9.
10. Did you receive a Notice, and do you understand its meaning. and who gave it to you?
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?
made by me to the above questions are true, and that I am willing to fulfil the engagements made. Signature of Recruit. Signature of Witness.
OATTO HE TAKEN BY RECRUIT ON ATTESTATION. 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 the gred
as replied to any the said recruit has made and signed the declaration and taken the oath before me at.
on this 20 day of Mely 198 Chroiche hier!
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired forms appear to have been complied with. I accordingly approve, and appoint him to the:
If enlisted by special authority, such will be attached to the original attestation.
Date
Place
† 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.

Apparent age 24 years months. Height feet 3 Corporation and Address of pext of kin for the service and Address of pext of kin for the service and Address of pext of kin for the service and Address of pext of kin for the service and Address of pext of kin for the service and Address of pext of kin for the service and	7
Ange of expansion inches inche	4
Range of expansion inches	inc
INFORMATION SUPPLED BY RECRUIT And Address of next of kin	
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. (c) Initials of Officer verifying entry. (d) Particulars as to Children Christian Names Particulars as to Children Christian Names Date and Place of Birth Corps in Rgt. or Promotion, Reductions, Casualties, &c. Army Rank Dates Service not allowed for figure the rate of pression wards of C. Pay Years Days Years Days Vice towards ligned of degreement reckons from 130 - 5 - 18 Army Rank On Roay 30 - 978	
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riva to enfound of 1-1-1019	
Semosti abon It AM 9.8	19/1
Total Service forfeited as above	-/-/
1 Service towards Rugagement to 9-8-1919 (date of discharge) / years 12 days	

C.R. 5527

Extract from Daily Ordero Part 11 Unit The Royal Mild. Hegt. St. John's, July 15,19192

The discharge of the undernoted on denobilization has been APPROVED by O.C. Discharge Depot, with effect from 26-7-19

Estimat from Cassaltics received from P.S. R70ffice London, Aug. 20th, 1910.

The undercontioned can one admitted to Control Respital.

Chatem, (from Enjoy Carty's druft from Sile.) and discharged from Respital on 19-0-10, reported at this office case date as was cent direct to Report, Sinchaster.

5527 Pte.Pynn, W.

Authority:- Differ 1/0. Records Mila. Bogt.

C.R. 5527

Extract from Redly Orders part 11, from Unit The Royal B216, Reg .St. John's dated July 25, 1916.

The following men ember had for everyone on R.M.J. "Columbelle" fully 28,1915.

#5527 Pte.Wilson Pynn.

C.R. 5527

Extrect from Deily Orders Fort II Royal Rewfoundland Regiment. Depot at. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from noted date 9-8-19.

5527, Pte. wilson Pynn.

Extract from Dally Orders Regions Call The Royal Mild.
Rogt. St. John's; Sch. Staylenes

So, Johnson Joy, S. Paris

5527 Pte. W.Pynn.

Description of the control of the control of the control of

Reported at Headquarters 1-7-19 or "Cassantra" which sailed Disserv June 24th;1919.

Extends asset the second of the second sections and the second section.

Rigt. St. Johnson July Dinger.

Extract from Daily Orders part 1.1. from Unit The Royal Nfld.Regt.St. John's, dated May 31,1918

#5527 Pte. W. Pynn

Attested for General Service with the Royal Nild Regt. from May 30,1918

w. Tynn C.R. 5527. Nº 6326



THE ROYAL NEWFOUNDLAND REGIMENT

of iden	tity of, and pro			Cents, per diem, rsons, such payment to be m Certificates by the Person	ade on	proof
Identity Certificate No.	Whether Wife, Child. other Relative or Friend	NAME (in full)		Address		OUNT person)
4498	Ja Thos	Johnby	m	Jocksons Ov epreen Bay	E	50
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						-
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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NOTE.—1	This form must be	completed by the Officer Cor	nmanding	Total Allotment, S Company, signed by the Volun	teer, co	unter-
Sig.)	equired payments	on application.	(Sig.)	to the Paymaster as authority	to mal	re the

From:

Chief Paymaster & 0.1/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street, London, S.W. 1.

30th December,

1918

Subject: 8527 Pte. W. Pynn,

With reference to the following telegram (1296) from the Hon. Minister of Militia, received

"Pay to 5527 Pynn, £6.3.0.

Draft £ 6.3.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chi of Paymaster to 0. 1/c Records.

To: Commanding,

e/By Royal Nfld. Regt.,

zeley Down Camp,

Winchester.

1919

Receipt hereunder.

LIEUT. GOLONEL.

Officer Commany FORMAN HELT,

Received the sum of dex Pounds

3 Shellings on account of

cable remittance from Newfoundland.

W pynn

No. 5527 Rank Pte

Witness A Mannder

"B" lay px. 100193

No. 8484/1594

N.F.P./78.

Piom.	N E	M L	4	U	74	<u> </u>	ш	A	TA.
Chief	Paymaster	& (0.	i	/c	R	900	ord	8,
M.	1 T	2 0			*	1			3

Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

11th June 1919

5527 Pta W Pynn

With reference to the following telegram from the Minister of Militia / /19 (223):

"Pay to-

5527 Pynn £5:0:0

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

Chief Paymaster & O. i/c Records.

HINGGOON TINGENT

To: Officer Commanding, 2/Bn Royal Nfld. Regt.,

Winchester.

13 th June 1919.

Receipt hereunder.

LIEUT. COLONEL,

COMMANDANCE PROPROVAL ALTEROPHIAND REGT,

Received the sum of Lwe Pours

______in respect of telegraphic remittance from the Minister of Militia.

W pynn

No 1524 Rank Pla

Witness: UR Worde

Hynn, W 5527

Ag LOEPL.

August 12,1919

#5527 Pte. Wilson Pynn, Jackson's Cove, GREEN Bay.

Dear Sir:-

Please find enclosed Discharge Certificate #3695.
Yours truly.

Captain & Faymaster,

The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE
1	No. 5527 Rank Pre Name Pyun W. Intended place of residence Yaskson
2.	Occupation Discharge Classification of soldier. E Medical Category 77
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 Commanding Discharge Depot
_	Dall 12.1919. The Royal Newfoundland Regiment
	CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE
5.	I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
	Place, ST. JOHN'S Wilson Dynn.
	Date JUL 1.9, 1919 Signature of witness
	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER
6.	I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place, ST. JOHN'S Signature of soldier Date Signature of witness
	STATEMENT OF SERVICE
	Enlisted for service. 30.5.18 No. of days on Military Discharged from service. JUL 26.1919 Plus 14 days Service. 43.4
	APPROVAL OF DISCHARGE
	The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Records, The Royal Newfoundland Regiment, twenty eight days from date. Place, ST. JOHNSIL & 1919 Officer Commanding Discharge Depot The Royal Newfoundland Regiment
	CONFIRMATION OF DISCHARGE
	The discharge of above mentioned soldier is hereby confirmed to the bowley baft Place, ST JOHN'S Officer ilc Records



p4.1

The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfor	mdland Regiment
Date July 11	19.19
Regimental No. 3327	
Name Lynn Walom	•
Address Jackson Cola	
Disease or Disability	
Finding of last Standing Medical Board,	
held on19	
Present Condition	
$oldsymbol{V}_{-}$, , , , , , , , , , , , , , , , , , ,
Recommendation	
1	
Category/+ 7	3. 1
1	It Int Main
Members	O. C. Depot
of Board	Paferon D. D. M. S.
Joan 1 De Se	Derden D. D. W. S.
\\	M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 27 Rank 12 Name Myoull
Date of Enlishment 30 5 18 Address Jack Syn Cole District Legte
Occupation Achievement Classification for Discharge Medical Category
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36
B 178 W 3494 B 122 Board 1st " 2
B 178a D 400A B 1915 do 2nd " 3
B 179 D 400B Form L do 3rd " 4
B 179a D 400C Form K do 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
Date. July 11.9 O. C. Discharge Depot. PARTICULARS FOR DEMOBILIZATION
r. Civil Re-Establishment.
I amin a position to resume civilian occupation.
Wilsin pynn.
Particulars passed to Vocational Officer for information and action.
Details the state of the state
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable 1 25
(b) Clothing Supplied WMC WWW
Date

3. Transportation and Release Certificate. The above hamed has been provided with Travelling Warrant No. 1.237.0to his home at Auch and Release Certificate No
Date 12.7-19 A from Coffee Demobilization Officer
4. Pay and Allowances. The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to
Date 12 7 - 14 (Depot Paymaster.)
Discharge approved for 26 - 1.G.
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36.
APPROVED.
Documents as above forwarded to:— Officer i c Records. Board of Pension Commissioners.
with following additional documents. Eligible for War Service Gratulty
Date JUL 26 1919 A. Coolee Culat. O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
Date

Civil Re-establishment Committee

I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

		-			
		pyren	GV?	Signature of Ma	
	Da Shaw	eoff.	Reg. No. 3	Signature of Ma	п.
Place	Signature of the Vocational Office ST. JOHN'S.	er or his Representati	 ve.		
Bate	12-7-19.	19 i			

P.T.O.

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

MEDICAL HISTORY

Christian Name Table I.—GENERAL TABLE REGULAR ARMY day of 191 Evamined days days Declared Age... Trade or Occupation inches Height lbs. Weight inches inches (Girth when fully expanded Chest inches inches Range of Expansion . . Physical Development... Right Left Right Left Vaccination Marks Number When Vaccinated R.E.-V= Vision L. E.-(a) (a) Marks indicating congenital peculi-arities or previous disease (6) (b) Slight defects but not sufficient to cause rejection 1 here Approved by (Signature) Medical Officer. Medical Officer. at 1918 day of 191 Corps Regtl. No. Regtl. No. Joined on Enlistment Transferred to .. Became non-effective by 191 on day of day of on (Signature)

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

N	ame of Hospital	15/35/05/20	dmitted Hospita	New York	5 THE SEC.	harged Hospita	120000000000000000000000000000000000000	Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including partic	se of Signature of Medical Officer						
			Day Month		Day Month Year		Day Month Year		Day Month Year		Day	Month	Year		Hospital	or treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	
9 ort Put	Chathau	8	8	18	19	8	18	Murps	11	· No Conplementions	C D well RAN						
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		4									[P.T.O.						

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Last 427 to Austrack (St Car	Brief Details, and Signatures	reactions along subtrasts to so that subtrasts an
31-5-18	Vacc. 20		
13-6-18	TAB A		
11-7-18	TAB 78		
20-7-18	1 Ams IP		
+			
			- 4
		It is hereby curtified the	t this soldier
		has been before a Trouell	ing Madions.
		Board, and has been c	

tion, Medical category Att

Table IV .- SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
	i				
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			*		
		16.	•		
	1/-				
8.5.	,		Antonia de		
O/tre					

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 R	Report on a	Soldier Bo	parded Pri	or to Discha	rge or
				, of the Res	

Transfer to	Class W.,	W. (T), P.,	rded Prior to Discharge or or P. (T), of the Reserve.
1. Unit and Corps.	Royal Mou	Lowerlan	7. Former Trade \ Justina No.
2. Regtl. No. 3.3.7.	3. Rank		7a. If the soldier claims previous service in Army, he should state—
4. Name(Symame)	•	(Christian Names)	(a) Former Regts. or Corps; with Regtl, Nos.
5. Age last birthday.			(granting to grant
6. Posted for duty on.	at		
in category (or g	rade)		21 7000 14 7000
8. If the disability is a	n injury was it cause	i	
(a) in action	(b) on field serv	ice	
(c) on duty	(d) off duty?		(b) Date of Discharge;
			(c) Cause of Discharge.
9. If a Court of Inquir	y was held on an in	jury state :—	
(a) When			(d) Particulars of Pension or Gratuity
(b) Where			(if any)
(c) Opinion of Co		illed in and A.F.B. 17	B (statement by the soldier) completed before the soldier
is seen by the Officer in cl	narge of the case.	and the second	
		Statement of Ca	80.
them he will take care to co	onfine himself exclusive	v to the medical aspe	y the Medical Officer in charge of the case. In answering to f the case and to such information as may be recorded stinguish and clearly state when cases are due to venereal
10. If brought			ct of which invaliding is proposed to be stated here. question No. 19). If no disability enter "nil."
		mil.	
11. Date of origin of di	sability.		
12. Place of origin of d	isability.	nll	.1.
	far as it is recorded in uring on the case a	the Medical	ul

			· \	
1	14.	State whether the disabilities are	(a) attributable to	(b) aggravated by
2		(i.) Service during the present war	V	·
		(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.		
1	14	(a). If not due to any of these causes, to what specific condition do you attribute it?		
In all cases such 1	15.	What is his present condition?		· Ino
as facial figur- les, eye, ear, nose and throat, disabilities, &c., a specialist's re- port is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.		(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	Se conflo	bility
1	16.	Was an operation performed? If so, when and what was its nature?		
1	17.	If not, was an operation advised and declined?		
. 1	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 treat- ment was unobtainable?		
1	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?		. 4
				KIN/
	200	Do		Kall .
•	ω.	Do you recommend—		- June
		(a) Discharge as permanently unfit?	ONT	
		(b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided at Foreign Stations.	Mocumin (Justin and Rame
s	Stat	tion Hazeley Down	Medical Officer in o	charge of case.
		Loss of teeth on or immediately after active service, should due to some other cause	d be attributed thereto, un	less there is evidence that



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.

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 occuring in the description subsequent to the date of admission to pension should be noted in red ink. Regiment from which discharged Royal Dewfoundland Regimental number Intended address Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children acksons love 30.8. 1896 Place and date of soldier's birth 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)

Station

Station

ST. JOHN'S.

Date

~ 1, 9 (Rank)

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.

Date

NEMOUNDAM ROOM
NEADQUARTERS
ORDENLY ROOM
DEPOT

Medical Officer i|c Hospital. Unit, or Command Depot.

Augus t 16,1919

Mr.Wilson Pynn, Jackson (s Cove, N.D.B.

Dear Sir:-

Referring to your application I enclose chaque for Seventy dollars (\$70.00), being amount of first payment due you on account of war Se vice Gratuity.

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILLITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Nowfoundland 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 dakhos, 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. .2. Surneme... Christian name 3. Ronk.... 5. Address in full to which future payments of gratuity forwarded 6.Date of enlistment in the Regiment..... 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./ddress in full of such dependents...... 10. Is said dependent, now, or was said dependent at my time in receipt of Separation Allowance on account of another soldier?..... 11. Were you on active service only in Mild. It so, give dates and particulars of such service..... 12. Give total length of time which you served on active service. whether in Mfld.or Oversess.....

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-onlistments and under what regimental numbers.
-w
14. Have you already received any payment of Post Discharge pay or
War Service Grabuity? If so, state amount you and your dependents
have already received and by whom paid
,
15. Have you been issued with a Wer Service Bedge?
16. Have you, during the present war, served in the I period Derees
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state amount received, or to which you are entitled
18.Did you revert Overseas to a rank lower than the substantive
rank held by you on your arrival in England?
(b) If so, was such reversion in consequence of Misconduct or
inefficiency?
19. Are you now corving in the Rest.?
of discharge
Nemvh
20. Did you at any time serve at the faint in an actual theatre of
War? If so give particulars of places, and dates of such service
ly loud
21.(a) Are you receiving treatment from the Wivil Re-Establishment
Com, (b) If so are you in receipt of full pay and allowences from
that Consittee
하다가 많은 하나가 하다 가장 하다 가장 있다. 하나 하는 사람들은 사람들은 것이 되었다. 그는 그를 가는 것이 되었다.
And I take 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.

-3-Signature of Applicant Place of Residence: Declared before me at: 191.9. This day of Signature of Barrister of the Supreme Court, Stipendiary Resident trate; Hetary Public, Bustice of the Pocce, or Commissioner of affiliavits. POST DISCHARGE PAY. Not amount Date paid Paid Paid Soldier. Dependent. due Cortified correct. Eagracticz

Nº 6326



THE ROYAL NEWFOUNDLAND REGIMENT

	Allotment begins Whether Wife, Child. other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
498	Ya Mos	John Oyn	n Joaksons av	5
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	This form must be osigned by the Office required payments	r Commanding Company and h	Total Allotment, S anding Company, signed by the Volun landed to the Paymaster as authority	teer, counte

5527

April 17, 1919

W.H. Pynn, Silverdale, Nfld.

Dear Sir:

With reference to your letter of April 10th. I beg to inform you that your first payment of War Service Gratuity, will be forwarded to you in a day or two.

The bills which you forwarded, I have sent to the Depot to be certified, As soon as they are received from them, a cheque will be forwarded you.

Yours truly,

Lieut For Paymaster.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

The Royal Newformalane Signature of O. C. Company OBDirks Limit

				¥		1			
	Regimental Nu	mber and Na	ıme	Enlistment	Frade Fsherman	Good Conduct Badges, S	ervice pay or p	proficiency pay	
MAZ		nwi	leon	Age on 24 years months					
Joined Joined		Date	W - W - W - W - W - W - W - W - W - W -	Place and Date of Enlistment 30 5-18	Religion a.				
Joined Joined Joined		Date Date			Place of Birth	SB.			
Pla	Date of Offence	Rank	Cases of Drunken- ness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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			1	Demobilized S	This	9-19			
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15007

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No 7527 Rank 1/2 Name, Ayout W
Date of Enlistment 30: 5.18 Address Jackagna Condistrict Tweege
Occupation Listermand Classification for Discharge Medical Category
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36 B 268 B 121
B 178
B 179
B 179a D 400C Form K do 4th " 5
B 179b B 103
DateJuly.u/1.9 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.
I amin a position to resume civilian occupation.
William Dynni
Particulars passed to Vocational Officer for information and action.
a deciding passed to vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been/complied with:-
(a) Clothing Allowance payable A. C.
(b) Clothing Supplied
Date. 12-7-19 Oilc. Re-clothing.

3. Transportation and Release Certificate. The above named has been provided with Travelling Warrant No. 15.2.5.76to his home
Date
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
Discharge approved for
N.F. P 36.
Date Demobilization Officer.
APPROVED. Documents as above forwarded to:— Officer i c Records. Board of Pension Commissioners. with following additional documents. Eligibic for War Service Gratully
Date JUL 26 1919 N. R. Coo fee Cafet. O. C. Discharge Depot
Received the above noted documents from O. C. Discharge Depot.
Date auf 19

llotm	ent	Address fullions loss. Allottee ment P. Returned from Overseas JUL 1 1915	
turn	ed on	ss. Callandra Cause Sheharg !	 T
_3	19	PASSED TO DEMOBILIZATION OFFICES	
. 7	17	DISCHARGE APPROVED ON DEMOBILISATIONS	5

Reg. No. 5521 Rank Lee Name Pynn, W.	61.	
Attested 30 - 5 78 Address pressor's bore	1.0.1	3
Allottent 50 Allottee John Pynn Fath	es)	
Date of Allotment		
1418 Vace 110		
3-6 18 1- 2002 mi 2 or 11-7-18		
A.L. 18 4/3 - 24 4/8 . A.L. 5-7-18.		
[8868]		
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	CLARTIC CONTRACTOR	

richt.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 Total for to Class W W (T) D or D (T) of the Reserve

Transier to	Class VV., VV. (1), 1., C	71 1 (1), OI the Iteber (e.	
1. Unit and Corps.	7 3. Rank pla	7. Former Trade or Occupation }	~
2. Regtl. No \$ \$ 2.	7 3. Rank	7a. If the soldier claims previous service in Army, he should state—	
4. Name Lynn, Gurname)	(Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.	
5. Age last birthday.	25		
6. Posted for duty on	at		
in category (or g	rade)		
8. If the disability is a	n 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 Inqui	ry 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 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.

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.

		(i.)	Service	during the	present v	war	••							• • • • • • • •
		(ii.)	Previous	active ser	vice				• • • • • • • • • • • • • • • • • • • •			•		
		(iii.)	Climate	in pre-war	service					٠٤	يُـ	•	4.5	
		(iv.)	Ordinar	military	service b	efore tl	he war	7			•			
		(v.)	Serious man's	negligence part.	or mis	conduct	t on t	he}		بها	<i>.</i>			
	14	(a). If		to any				vbat }	1	he	omp	lai	ه ئ	120
cases such cial injur- eye, ear, nd throat, lities, &c., cialist's re- is to be sed with	15.	What	(A note : when it	sent condi- hould be m is likely to the disabi	ade as to afford e						olis			
possible; n cases of ation the position be stated.										•				
	16.		n operation	n perform	ed? If	so, whe	n and v	vhat						
	17.	If not,	, was an	operation	advised a	and dec	lined?							
	18.	dire serv	th the rectly attr vice unde	loss or decesult of vibutable to such corobtainable	vounds, active s aditions	injury service	or dis	ease						•
	19.	not Sta hav war	in them te wheth we been ag	s of any ot selves suffer or not gravated b o, to what	icient to they are y service	cause attribu during	invalidate the pre	ling. o or sent						
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	20.	Do vo	u recomm	end—						Ke	patri	ation	~	
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	Sta	ation A	Lagr	ley to	.0. <i>V</i>	J			100	Medical	l Officer	n charge	of case.	
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		•												

14. State whether the disabilities are

(b) aggravated by

(a) attributable to