



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 0527 Name Wilson Pynn Corps S.A.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Wilson Pynn</u> |
| 2. What is your full Address? | 2. <u>Jacksons Cove</u> <u>Green Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I Wilson Pynn 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.

Signature of Recruit: Wilson Pynn
Signature of Witness: Jas W Pittman

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 20th day of May 1915.

Signature of Attesting Officer: C. S. Dicks Lieut.

†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: 191

Place: } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

C.R. 5527

Extract from Daily Orders Part 11 Unit The Royal Rifles, Regt.
St. John's, July 15, 1919

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

5527 Pte. W. Pynn.

Extract from Casualties received from P.S. Staffs London,
Aug. 20th, 1918.

The undermentioned man was admitted to General Hospital,
Chatham, (from Major Garty's draft from H.Q.) and discharged
from Hospital on 12-8-18, reported at this office same date
and was sent direct to Depot, Winchester.

5527 Pte. Pynn, W.

Authority:- Officer i/c. Records H.Q. Regt.

C.R.

5527

Extract from Daily Orders part 11, from Unit The Royal
2216. Reg. St. John's, dated July 28, 1918.

The following men embarked for overseas on H.M.S.
"Columbellis" July 28, 1918.

#5527 Pte. Wilson Pynn.

C.R. 5527

extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 20th 1919.

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

5527, Pte. Wilson Pynn.

C.R. 5527

Extract from Daily Orders Royal Artillery Unit The Royal Field.
Regt. St. John's, July 26, 1919.

5527 Pte. W. Pynn.

Reported at Headquarters 187-19 of "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5527

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 31, 1918

#5527 Pte. W. Pynn

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

W. Lynn

C.R.

5527

1880

No. 21611/2498/P.&.A

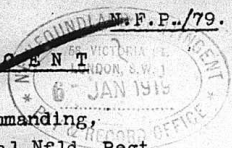
NEWFOUNDLAND CONTINGENT

From:

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

To:

Office Commanding,
2/B. Royal Nfld. Regt.,
Lazeley Down Camp,
Winchester.



106 471

30th December, 1918

2-1-1919

Subject: 5527 Pte. W. Pynn,

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

Receipt hereunder.

Edward J. Colwell

LIEUT. COLWELL,

OFFICER COMMANDING, NEWFOUNDLAND REGT.,
ROYAL NEWFOUNDLAND REGIMENT.

"Pay to 5527 Pynn, £6.3.0.

Received the sum of Six Pounds

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

3 shillings on account of cable remittance from Newfoundland.

J. H. Marsden
Chief Paymaster & O. i/c Records.

W. Pynn
No. 5527 Rank Pte
Witness A. Mansel

B

B" by PX 100193

No. 8484/1594

N.F.P. / 70.

From: " NEWFOUNDLAND CONTINGENT

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

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

11th June 1919

13th June 1919.

5527, Pte. W. Pynn,

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

Receipt hereunder.

J. Seymour
LIEUT. COLONEL,
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.
R.N.R.

"Pay to-

5527 Pynn £5:0:0

Received the sum of Five Pounds

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

in respect of telegraphic remittance from the Minister of Militia.

A.A. Mullan
Chief Paymaster & O. i/c Records.

W. Pynn
No. 5527 Rank Pte

Witness: W.R. Hodder

Hynn, W

5527

Hay Dept.

August 12, 1919

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

Dear Sir:-

Please find enclosed Discharge Certificate #3695.

Yours truly,

Captain & Paymaster,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5527 Rank. Pte Name. Pynn W.
 Intended place of residence. Jackson Cove

2. Occupation Soldier
 Classification of soldier. E Medical Category. A1

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 12 1919

Wilson Pynn
 Signature of soldier

[Signature]
 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

Date

JUL 12 1919

Wilson Pynn
 Signature of soldier

[Signature]
 Signature of witness

✓
20
31
9
5

STATEMENT OF SERVICE

7. Enlisted for service. 30.5.18 No. of days on Military
 Discharged from service. JUL 26 1919 Plus 14 days Service. 439

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S JUL 26 1919

Date

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date

August 9/1919

[Signature]
 Officer in Records
 The Royal Newfoundland Regiment

[Handwritten note] 2079/2695



P 7.1

The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date July 11th 1919

Regimental No. 5027

Name Symington

Address Jackson C'da

Disease or Disability

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation

Is

Category

AT

Members
of
Board

Ret Last Major
O. C. Depot

Sp Room
D. D. M. S.

Sec Board
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5227 Rank Plt Name Ryan, W
 Date of Enlistment 30.5.18 Address Jackmans Cove District St. John's
 Occupation Footman Classification for Discharge 2 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date July 1. 19.....

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Walter Ryan

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
 (b) Clothing Supplied

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.2370.....to his home at Jackson Cove and Release Certificate No. 3507 issued.

Date 12-7-19

J.A. Lawrence Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-8-19

Date 12-7-19

J.A. Lawrence Capt.
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19

J.A. Lawrence Capt.
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919

D.R. Coode Capt.
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.

J. H. Snowcraft

Signature of Man.

J. H. Snowcraft

Signature of the Vocational Officer or His Representative.

Reg. No. 5527

ST. JOHN'S

Place

Date

12-7-19.

191

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

MEDICAL HISTORY

OF

Surname Dyon

Christian Name Wilson

Table I.—GENERAL TABLE.

Birthplace:—Parish Jacksons Cove

County Mer.

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|-----------------------------|--------------------------|--------------|------------------|
| | on | day of | on | day of |
| Examined | 30 | May | | 191 |
| | at | <u>St. John's</u> | at | |
| Declared Age | 24 | years | | days |
| Trade or Occupation | <u>Fisherman</u> | | | |
| Height | 5 | feet <u>5 1/2</u> inches | | |
| Weight | | <u>128</u> lbs. | | |
| Chest Measurement | Girth when fully expanded | <u>36</u> inches | | |
| | Range of Expansion | <u>5</u> inches | | |
| Physical Development | Right | Left | Right | Left |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | R. E.—V= | <u>6/6</u> | R. E.—V= | |
| | L. E.—V= | <u>6/6</u> | L. E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>Samuel Robinson</u> | | | |
| (Rank) | <u>Major</u> | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at | <u>St. John's</u> | at | |
| | on | 30 day of <u>May</u> | on | day of 191 |
| | Corps. | | Corps | Regtl. No. |
| Joined on Enlistment | <u>Royal Mer. Regiment.</u> | | <u>5027</u> | |
| Transferred to | | | | |
| Became non-effective by | on | day of 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *H. Royal Newfoundlands*
2. Regtl. No. *5227* 3. Rank. *Pvt*
4. Name *Sydney Wilson*
(Surname) (Christian Name)
5. Age last birthday. *25*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Susman*
- 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 (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service. | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

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

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

No complaint of no disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Refatuated

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

Station *Hagley Down*

Date *2/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Byron Wilson

Regiment from which discharged

Royal Newfoundland

Regimental number

*1027
Jacksons Co.*

Intended address

Height on discharge

Feet

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

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)

Wilson ppm

(Rank)

Al.

Station

ST. JOHN'S

Date

1.1.19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

Station

Date

August 16, 1919

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

Dear Sir:-

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

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name: *W. P. He* 2. Surname: *Pynn*
3. Rank: 4. Regt. No. *52-27*
5. Address in full to which future payments of gratuity are to be forwarded: *Jacksons Ave. N.S.B.*
6. Date of enlistment in the Regiment: *May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge: *no*
8. Relationship of such dependents: *no*
9. Address in full of such dependents: *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
11. Were you on active service only in Nfld. If so, give dates and particulars of such service: *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas: *Fourteen mos*
- 1. 2.

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

no

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

no

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

16. Have you, during the present war, served in the Imperial Forces...

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.

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 serving in the R.A.F.? If not give: (a) Date of discharge... (b) Reason for discharge.

no
Jul, 26/19
Demob

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.

England

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.

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:

W. X. Ryan

Place of Residence:

Jacksons Cove, N.S.B.

Declared before me at:

St John's

This

17

day of

July

19*19*...

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

John M. Clatthys

POST DISCHARGE PAY.

| | | | | |
|-----------|----------|------------|-------------|------------|
| Date paid | Paid | Paid | War Service | Net amount |
| | Soldier. | Dependent. | Gratuity. | due |

.....

.....

.....

.....

Certified correct.

By

5527

April 17, 1919

W.H. Fynn,
Silverdale,
Nfld.

Dear Sir:

With reference to your letter of April 16th. 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.

Regiment of The Royal Newfoundland

Number of Sheet One.
Signature of O. C. Company W. Dickson

| Regimental Number and Name | | Enlistment | | Trade |
|----------------------------|------------------|------------------------------|---------------------|----------------------------|
| No. | <u>127</u> | Age on | <u>24</u> years | <u>Farmer</u> |
| | <u>P. Wilson</u> | | months | |
| Joined | Date | Place and Date of Enlistment | | Religion |
| Joined | Date | <u>S. A.</u> | | <u>S. A.</u> |
| Joined | Date | | | |
| Joined | Date | Period of | | Place of Birth |
| | | with Colours | <u>1 1/2</u> years. | <u>Bellevue Cove, P.B.</u> |
| | | with Reserve | <u>3 1/2</u> years. | |

Good Conduct Badges, Service pay or proficiency pay

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|--------------------|-------------------|----------------------|---|-----------------|---------|
| | | | | <u>Demobilized</u> | <u>St John's</u> | <u>9</u> / <u>19</u> | | | |

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 727 Rank PLS Name Ryan W
 Date of Enlistment 30.5.18 Address Jack Lane Cove District Inverkeithing
 Occupation Footman Classification for Discharge 2 Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date July 11/19 O. C. Discharge Depot W. H. St. J.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William Ryan

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00
- (b) Clothing Supplied Am Johnston

Date 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112370..... to his home at Jackson Cove and Release Certificate No. 3582 issued.

Date 12-7-19

J.A. Lawrence Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-8-19

Date 12-7-19

J.A. Lawrence Capt.
Depot Paymaster

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19

J.A. Lawrence Capt.
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919

N.R. Cooper Capt.
O. C. Discharge Depot

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

Date Aug 7/19

[Signature]

Reg. No. *1127* Rank *Sgt* Name *Sydney W.*
Attested Address *Jacksons Lane*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

127 19
287 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

Reg. No. 5227 Rank Pvt Name Pynn, W. C.
Attested 30-5-18 Address Jackson's Cove N. D. B.
Allotment 50 Allottee John Pynn (Father)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

1918 Vacc 1st
13-6-18 1st - 2nd 2nd 11-7-18
H. L. 18/18 - 24/18. R. L. 3-7-18.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5527* 3. Rank... *plts*
4. Name *Pyman* *W.D.*
(Surname) (Christian Names)
5. Age last birthday... *25*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

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

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

W.S. Procuier *Capt Rame*
 Medical Officer in charge of case.

Station *Mazley Down*
 Date *2/14/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause