



4 FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4526 Name Gas Newman Ryan Corps Neth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Gas Newman Ryan</u> |
| 2. What is your full Address? | 2. <u>Herick Cove 210</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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, Gas Newman Ryan 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.

Gas Newman Ryan SIGNATURE OF RECRUIT.
J. Daymond MARK SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Gas Newman Ryan 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this... 1... day of... May... 1915

Signature of Attesting Officer J. J. Jamieson

†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... May 1st... 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 James Newman Ryan
 Apparent age 20 years months. Height 36 feet inches
 Chest Measurement { Girth when fully expanded 3 inches
 Range of expansion inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Ryan Sr
Berby One B10 | Relationship Grandfather

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-5-18</u>									
Joined at <u>St. John's</u> on <u>16 Aug 1-1918</u>									
<u>Discharged July 2/1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for St. 26-10-18</u>									
<u>Disembarked train 26-10-1918</u>									
<u>Joined 10th 3.11.1918</u>									
<u>Transferred from 10th to 22nd Arrived 23rd 23rd</u>									
<u>to Newfoundland for demobilization 22-5-1919</u>									
<u>Demobilization St. John's 3-7-1919</u>									
Total Service forfeited as above <u>Demobilization St. John's 3-7-1919</u>									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge) <u>1</u> years <u>64</u> days									
" " Pensions " " " " " " " " " " " "									

Ryan, James

4826

May Sept.

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pvt Surname Ryan Christian Name James Thomas
 Religion Method Age on Enlistment 20 years — months
 Enlisted (a) 15/1/18 Terms of Service (a) 5 years Service reckons from (a) 15/1/18
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended: Re-engaged: Qualification (b) _____
S. or Corps Trade and Rate _____
 Occupation Askerunner Signature of Officer. J. M. Emmott

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	} 26 Oct 1918		
		Disembarked ...			
		Arrived in UK.	3 NOV 1918		
				73/4/18	

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

(b) Signaller, Shoeing-Smith, &c.

(1750) W.L.W. 1887—P.1124. 1,000,000 8/18. D & A. Form B.103. (R. 1254)

Next of kin Grandfather, Wm Ryan Dr. Borchy Cove, N.S.



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

James Ryan

Regiment from which discharged

Royal Newfoundland

Regimental number

4826

Intended address

Buick's Cove B.B.

Height on discharge

5 Feet *9*

Color of hair on discharge

Light

Complexion

Ruddy

Color of eyes

Brown

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

William

Christian name of Mother

Mary

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Buick's Cove. Jan 14th. 1899

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)

James Ryan
mark

Pte
(Rank)

Station

S. Johns

Witness W. J. Dunbar Cpl
Date *4.6.19*

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

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

Station

Date

July 3, 1919

#4826 Pte. James H. Ryan,
Birehy Cove, B.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2335.

Yours truly

Captain,
Paymaster & O.I/c Records.

The Royal Mtd. Regiment

DEMOBILIZATION

No. *4676* Rank _____

Name *Ryan J* _____

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4826 Rank Plt Name Ryan, Jas
 Intended place of residence Birdy Cove
 2. Occupation Dishman
 Classification of soldier E Medical Category AI

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
 Date JUN 5 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 5 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
5-6-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 19-6-19 Plus 14 days Service 429

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 19 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St Johns Nfld
July 3/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

2079/1335

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *4826*.....

Name *R. J. ... James*.....

Address

Present Medical Category..... *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~.....

Members of Board {

R. H. ...
O.C. Discharge Depot.

J. P. ...
Senior Medical Officer

M. O. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 526 Rank Plt Name James Jones Longvister
 Date of Enlistment 1-5-18 Address St. John's District Longvister
 Occupation Artist Classification for Discharge 17 Medical Category H1
 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 4-5-19 O. C. Discharge Depot H.M. Co. St.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$125.00

(b) ~~Clothing Supplied~~

Date 5-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.144.2.g.567* to his home at *Burkey Cove* and Release Certificate No. *2309* issued

Date *5-6-19*

J.A. Shaw Capt
Demobilization Officer

4. Pay and Allowances.

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

Date *5-6-19*

J.A. Shaw Capt
Depot Paymaster.

Discharge approved for *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
F 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B.

Date *5-6-19*

J.A. Shaw Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 19 1919

Date

R.H. Sait 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

Signature of Man.

Reg. No. *Mayan J.*

J. H. Knave Capt.
Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *5-6-19*

191

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

MEDICAL HISTORY

OF

Surname

Ryan

Christian Name

Jas. Newman

Table I.—GENERAL TABLE

Birthplace:—Parish

Birchy Cove, B. B. County, nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on 1st day of May 1918	on	day of	191
	at St John's, nfld	at		
Declared Age	20 years		years	days
Trade or Occupation	Fisherman			
Height	5 feet 7 1/4 inches		feet	inches
Weight	148 lbs.			lbs
Chest Measurement	Girth when fully expanded	36	inches	inches
	Range of Expansion	3	inches	inches

Physical Development

Vaccination Marks

When Vaccinated

Vision

	Right	Left	Right	Left
Arm	/	/		
Number				

R.E.—V— 6/6
L.E.—V— 6/6

R.E.—V—
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)

L. M. O. Paterson

(Rank)

Major

Medical Officer.

Medical Officer.

Enlisted

at St John's, nfld.

at

on 1st day of May 1918

on day of 191

Corps.

Regtl. No.

Corps.

Regtl. No.

Joined on Enlistment

The Royal nfld Regt, 4826

Transferred to

Became non-effective by

on day of 191

on day of 191

(Signature)

(Rank)

Medical Report on an Invalid.

Station Royal Newfound
Date 1/5/19

1. Unit Royal Newfoundland
 2. Regimental No. 4826
 3. Rank plc
 4. Name Ryan James
 5. Age last birthday 22
 6. Enlisted { on May 1/18
 { at 0/1/18
7. Former Trade } Disterman
 or Occupation }
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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

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).
 (b) constitutional or hereditary, and not aggravated by service during the present war. na
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

He complains of his disability

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

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?

na

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

na

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?

na

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.

na

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W. E. Proctor

Ed. M. M. Capt Rame

Officer in medical charge of case.

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

Station *Hazeley Down*

Officer in charge of Hospital.

Date *1/5/19*

*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.

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

July 3, 1919

#4826 Pte. Isaac Hymp.

Birch Cove, B.E.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & U. S. Records.

579

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 *James Ryan*.....2. Surname.....

3. Rank *Pte*.....4. Regtl. No. *4826*.....

5. Address in full to which future payments of gratuity are to be forwarded.....
Berchy Cove, B. N.

6. Date of enlistment in the Regiment.....
Apr 1/18

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.....

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
No

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

12. Give total length of time which you served on active service whether in Nfld. or Overseas.....
From Apr 1/18 to

June 5/19 date of temporary discharge

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

No

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

Clothing allowance back pay 80.60

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

No

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

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

No

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

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge

*June 5/19
Temporary*

No

(b) Reason for discharge

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France, Belgium & Germany - From Oct 1918 to April 1919 -

21. (c) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

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

Signature of Applicant:

his James X Ryan
Mark

Place of Residence:

Birchy Cove, B. B.

Declared before me at:

St. John's, Nfld

This

5th

day of

June

19*19*

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

John M. Carthy

POST DISCHARGE PAY.

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

The Department of Militia,

\$5⁰⁰

The sum of five Dollars is due

Mr. Thos Ryan Birchy Corp for drawing

Reg. No. H. 8. 26 Rank. Pte Name Ryan J

From Bonavista 701 Birchy Corp B.B.

Came of for \$5.⁰⁰/₁₀₀
J.A. Carter

ACCOUNT	<u>Trans</u>
CH. NO.	<u>8034</u>
INITIALS	<u>Rfe.</u>
Captain	
IND. LEDGER	---
INITIALS	---
Demobilization Officer.	
GEN. LEDGER	---
INITIALS	---

J. Carter
 DISTRICT OFFICER
 NEWFOUNDLAND
A. H. Carter
 AUG 15 1919
 COMMANDING

No. *567*

TRAVELLING WARRANT

500

Date *5-6-19*

The Royal Newfoundland Regiment

pleas

General

signed J Ryan

Please issue 1st Class Passage and Meals for

no 4826

No. *4826*

Rank *1st Lt*

Name *Ryan J. J.*

From - ~~ST. JOHN'S~~

To *Birchy Cove*

Boninista

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. H. Snow Capt.

SIGNATURE OF ISSUING OFFICER.

Discharge Dept. Newfoundland

June 12th
1919

To Mr Thomas Ryan

Brekeby Cove

Bonanista Bay

Newfoundland

August 22, 1919

Mr. Thos. Ryan,
Birchy Cove,
B.B.

T. C. R.

Dear Sir:

I enclose herewith cheque
for \$5.00, amount due you on account of driving
Pte. J. Ryan from Bonavista to Birchy Cove, B.B.

Yours truly,

Capt.
Paymaster .

LM/

J. Ryan

C.R. 4826

P. & P. Q

C.R. 4826

Extract from Daily Orders Part 11 Unit The Royal NZIA.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/o Records with effect from 3-7-19.

4826 Pte. Jas. Ryan.

C.R. 4826

Extract from Daily Orders Part 11 Unit The Royal RFLA.
Regt. Depot, St. John's, June 9th, 1919

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

4826 Pte. Jas. Ryan.

C.R. 4826

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 7th, 1919

4826 Pte. Jas. Ryan.

Reported at Headquarters 1-6-19.
which sailed Liverpool May 22/1919.

bx "Corsican"

C.R.

4826

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4826xPte. J. Ryan.

C.R. 4826

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Bn. 4-11-18

4826 Pte. J. Ryan.

D Coy.

C.R. 4826

Extract from General Staff Re-inforcement Draft No. 45, General Staff,
26/10/18, from 1st Bn, Royal Newfoundland Regiment, Stanley Camp, Camp,
St. John's, to 1st Bn, Royal Newfoundland Regiment S. P.

4826 Pte Ryan, J.N.

C.R. 4826

Extract from Daily Orders part 11, from Unit The Royal
2212. Regt. St. John's, dated June 14th, 1918.

#4826 Pte. J.S. Ryan.

Embarked for overseas with draft 21-6-18

C.R. 4826

Extract from Daily Orders part 11, from Unit The Royal ^Nfld.
Regt. St. John's, dated May 2nd, 1918.

#4826 Pte. James M. Ryan.

Attested for General Service with the Royal ^Nfld. Regt. from
1/5/18.

Medical Report on an Invalid.

Station Hazelton Downs Camp.Date 1 - 5 - 19

1. Unit Royal Newfoundland
2. Regimental No. 4826
3. Rank Pte
4. Name Ryan James
5. Age last birthday 22
6. Enlisted $\left\{ \begin{array}{l} \text{on } \textit{May 1/18} \\ \text{at } \textit{St John's} \end{array} \right.$
7. Former Trade $\left\{ \begin{array}{l} \text{or Occupation} \end{array} \right. \textit{Fisherman}$
- 7a. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
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). 2a.
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

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.

He complains of no disability.

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?

na.

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

na.

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?

na.

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.

na.

Repetitions

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W. B. Swenier *Capt R.A.M.C.*

Officer in medical charge of case.

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

Station *Hazley Down*

Officer in charge of Hospital.

Date *1-5-19*

*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.

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

To: - The Chief Paymaster,,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1826	Plt	Ryan J.	\$250	J Ryan

I have the honour to be, Sir,
Your obedient servant,

Date

July 1/18

J Ryan

No 6168/321

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1st Batt. Ryl. Nfld. Regiment,
B.E.F.

P 22nd April 1919

_____ 191

4826 Pte. J.N. Ryan

With reference to the following telegram from the Minister of Militia, / / (146)

"Pay to-4826 J.N. Ryan
£3. 0. 0.

Yes

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Chief Paymaster & O. i/c Records.

Deposited

To: William Ryan

Bunchy Cove

Benavista Bay

Maple

Cable thus passed
through Malitia

4826 Pl. 9. Ryan

238

C.R.

4826

RECORD.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE *Jan 23rd 1920*

PLACE *Buick's Cove...*

NO. *4826*. NAME *James M. Ryan*

C.R.

4826

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

*
Date.....

11/2-17/19

Place.....

Birchy Lane
B. 13.

Name.....

H. 8. 26 X Pte James Ryan

Receipt for Army Book 64

No. 4826 Name .. J Ryan

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

Date .. July 24th 1920
Place .. Biehy Bone

Name .. James Ryan 4826

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
30.

Number of Sheet 621

Regiment of Royal New Brunswick

Signature of O. C. Company Wm. Churchill Sewell

Regimental Number and Name		Enlistment	Trade	Good Conduct Badge, Service pay or proficiency pay
No.	<u>4826 Ryan Jason</u>	Age on <u>20</u> years <u>0</u> months	Trade <u>Postman</u>	
Joined	Date	Place and Date of Enlistment	Religion	
Joined	Date	<u>1.5.18</u>	<u>Method</u>	
Joined	Date	Period of } with Colours <u>6 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date		<u>Burby Cove B. N.</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>Demobilized St John's</u>		<u>7</u>			
						<u>19</u>			

To be carried over

The Royal Newfoundland Regiment

4826

DEMOBILIZATION OF

Reg. No. 4826 Rank Private Name James Ryan

Date of Enlistment 1-5-18 Address St. John's District St. John's

Occupation Postman Classification for Discharge 17 Medical Category H. 1

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 1916	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 4-5-19

O. C. Discharge Depot H. M. Ryan

PARTICULARS FOR DEMOBILIZATION

1. C.I. Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.14428567 to his home at Burkey Cove and Release Certificate No. 2309 issued.

Date 5-6-19

J.A. Shaw Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 19-6-19

Date 5-6-19

Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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 5-6-19

J.A. Shaw Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 10 1919

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

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

Date James M. 1919

James M. 1919
Demobilization Officer.

Reg. No. *4826* Rank *Pte* Name *Ryall, J*

Attested Address *Birchy Cove*

Allotment Allottee

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

Returned on *S. Corsican* Cause *Discharge*

4879

PASSED TO DEMOBILIZAT

CER

19-6-19

DISCHARGE APPROVED ON DEMOBILISATION

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

OTTAWA 4, ONTARIO.
Date ~~MARCH 9, 1966~~

Attention of

NAME RYAN James Newman.

SERVICE 4826 ROYAL NFLE P.C. No.
NUMBER (REG.T) W.V.A. No. 200882

NAVY
ARMY
R.C.A.F.

The DEPARTMENT has received information from

DIST. AUT. W.V.A. P.O. BOX 5368, ST. JOHN'S NFLE, MARCH 7, 1966.
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death NOT STATED
Cause of Death
Place of Death NOT STATED

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~XXX~~
~~DDX~~
H.O.

} Destroy form if advice of death already received.

C.C. Richards
for
Chief, Central Registry