



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2300 Name John J. Ryan Corps

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

- 1. What is your name? ..... 1. John J. Ryan
- 2. What is your full Address? ..... 2. 227 Thebe Hill
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 25 Years 5 Months
- 5. What is your Trade or Calling? ..... 5. Engineer
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

THE DURATION OF THE WAR

I, John J. 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.

John J. Ryan SIGNATURE OF RECRUIT.

R.P. Hellam Signature of Witness.

F. March 23

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

I, John J. 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 duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's

on this 25 day of March 1916

Signature of Attesting Officer R.P. Hellam

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Bn.

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

Date.....1916 } Approving Officer.

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.

\* 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 John J. Ryan  
 Apparent age 21 years 5 months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John J. Ryan  
227 Webster Hill St. N. York Relationship Father  
 Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [ " " ] _____ " _____ "									



# DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name John J. Ryan  
 Apparent age 21 years 5 months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John J. Ryan  
227 Chester Hill St. N.Y.C. Relationship Brother  
 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>23-3-16</u>									
Joined at <u>St John's</u> on <u>March 25<sup>th</sup> 16</u>									
<u>Discharged at John's Apr. 13/1918</u>									
<u>Embarked at John's S.S. Dublin for U.K. 9<sup>th</sup> 16</u>									<u>Embarked for B.C. 3<sup>rd</sup> 16</u>
<u>Joined unit in the field 14<sup>th</sup> 16</u>									<u>Admitted 87<sup>th</sup> H. Coy L. Arm 23<sup>rd</sup> 17</u>
<u>Invited to England 5<sup>th</sup> 17</u>									<u>Admitted 32<sup>nd</sup> H. Maudslayi 5<sup>th</sup> 17</u>
<u>Admitted Queen Mary's Conv. Dep. SW. 3<sup>rd</sup> 17</u>									<u>Discharged from King George Hosp 15<sup>th</sup> 17</u>
<u>Left Arm Hospital granted furlough to 5<sup>th</sup> 18 with orders to report to 88<sup>th</sup> Central Postal Directory to 14-2-18</u>									<u>Proceeded to join depot 17<sup>th</sup> 18</u>
<u>So transferred for discharge 20-2-18 Arrived Liverpool 25-2-18</u>									
<u>Discharged Medically Unfit. 13-4-18</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>13-4-18</u> [date of discharge] <u>2</u> years <u>22</u> days									
Pension [ " " ] " " "									



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of

*John J. Ryan*

aged

*21*

conducted at

*Chas B*

Date:

*Wed 20/16*

Recruiting Officer:

NO OF TEST

FINDING

1

*No.*

2

*No.*

3

*No*

4

*No*

5

*No.*

6

*No.*

7

*Yes.*

8

*Yes.*

9

*No. / No -*

10

*u*

11

*u*

12

*u*

13

*Sp plate.*

14

*u*

15

*u*

16

*u*

17

*u*

18

*u*

19

*Sp Both*

20

*u*

21

*u*

22

*u*

23

*u*

24

*u*

25

*u*

26

*u*

27

*u*

28

*u*

29

*u*

30

*u*

31

*u*

32

*u*

33

*Yes. 3 scars left arm & 2 on S. 27/16*

34

*5 1/2*

35

*139 pds*

36

*34 1/2*

37

*\$3000 worth*

38

*parents. Mr. John J. Ryan 227 Theatre Hill*

39

*None*

*FW*

*2300*

*Originals*

This space to be left blank for the Chelsea Number.

Army Form B. 268.

### Proceedings on Discharge.

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

No. 2300 Army Rank Private

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

Corps 1st Batta. Royal Newfoundland Regiment  
Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. Description at the time of discharge.

Age 22 years \_\_\_\_\_ months

Height 5 feet 10 inches

Chest measurement { girth when fully expanded 37 1/2 ins.  
range of expansion 3 1/2 ins.

Complexion Fresh

Eyes Blue

Hair Brown

Trade Fishing

Intended place of residence { 227 Theatre Hill  
St Johns  
Newfoundland

(To be given as fully as practicable)

Descriptive marks.

*Amputated Left Arm*

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.P. 38 No. 2911/2  
22 FEB 1918  
DATED 21 FEB 1918

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Wounds received in Action

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

3. Military character:—

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

To be filled in on the soldier quitting the Colours.

*Reversed 2-1-59*

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

\* Strike out if not applicable.



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

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

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

6. Campaigns, Medals and Decorations

{ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

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

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

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

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

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

(Place) St John's Wood \_\_\_\_\_ (Signature of Soldier.)

(Date) 13/4/18 \_\_\_\_\_ (Signature of Witness.)

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

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

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

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

10. Statement of service.

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

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

Total ... .. " "

11. Confirmation of discharge.

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

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

Signature \_\_\_\_\_

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

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



RESERVATIONS- REFERRED TO- AT PARA. 8.

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

---

No Reservations

J. Ryan

C. C. Oke SSM

## Casualty Form—Active Service.

Regiment or Corps

*1st Rfld*

Regimental No.

*2300*

Rank

*Pte*

Name

*Ryan J J*

Enlisted (a)

*23<sup>3</sup>/<sub>16</sub>*

Terms of Service (a)

*Duration of War*

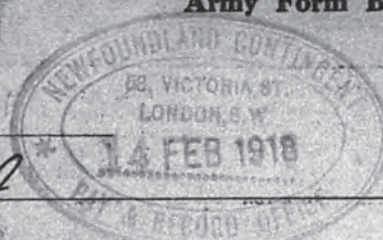
Service reckons from (a)

Date of promotion to  
present rankDate of appointment  
to lance rankNumerical position on  
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
			<i>Embarked Southampton</i>	<i>3/10/16</i>	
			<i>Disembarked Rouen</i>	<i>4/10/16</i>	
			<i>Joined Battalion</i>	<i>14/10/16</i>	
			<i>With do</i>	<i>23/1/17</i>	
<i>24.2.17</i>	<i>Pl Unit</i>	<i>Awarded 14 days FP 2</i>	<i>In the field</i>	<i>8/2/17</i>	<i>Q 1810, 9c</i>
<i>25/4/17</i>	<i>do</i>	<i>Wounded in Action</i>	<i>France</i>	<i>23/4/17</i>	<i>B 213</i>
<i>28/4/17</i>	<i>87 FA</i>	<i>Admitted GSW L. Arm</i>	<i>CCS</i>	<i>23/4/17</i>	<i>ED 3703</i>
		<i>"Stad Antwerpen" Invalided to England ex</i>		<i>5/5/17</i>	<i>W 3083</i>
		<i>22 Genl Hosp. Dannes Camiers</i>			
			<i>Sgt R Toohine Lt Jnr</i>		
			<i>O/c No 1 Reg Inf Section</i>		
			<i>1st Lt 3rd Battalion</i>		

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

(b) s.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Regiment or Corps 1<sup>st</sup> Rfld  
 Rank Pte Surname Ryan Christian Name J.J.  
 Religion R.C. Age on Enlistment 21 years 5 months 174  
 Enlisted (a) 23/3/16 Terms of Service (a) Duration of war Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.I.D.  
 Report  
 Date 22 FEB 1918 From whom received \_\_\_\_\_  
 DATED 22 FEB 1918

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., 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
			Embarked ...	Embarked Southampton	3 OCT 1916
			Disembarked ...	Disembarked ROUEN	4 OCT 1916
		Joined Battalion		14 OCT 1916	
				With BATT. 28. I. 17	
24.2.17	O.C. Unit	Awarded 14 days F.P. 2	In the Field	8.2.17	O 1810, 9c
25.4.17	do	Wounded in Action	France	23 APR 1917	B 213
25.4.17	87 F.A.	Ad. 1 trans. G.S.W. L. Arm	C. G. L.	23.4.17	C.D. 3703
	"Mad Antwerpen"	Invalided to England		5.5.17	W 3083
		22 Genl. Hosp., Dannes-Baniers			

*Dooley*  
 FOR  
 O. i/c No. 1 Reg. Infantry Section  
 G.H.Q.. 3rd Echelon



(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. [P.T.O.]





No. \_\_\_\_\_  
Regtl. No. 2300  
Rank Private  
Name R. J. [unclear]  
Regiment R. [unclear]  
Date from 19-2- 1918  
to Nov 22- 1918

To proceed to \_\_\_\_\_  
**NEWFOUNDLAND CONTINGENT** Hospital

150, VICTORIA ST.,  
Station LONDON, S.W.

Date 19-2-18

**PAY & REVENUE OFFICE**

Address whilst on furlough to which any  
orders will be sent:

\_\_\_\_\_

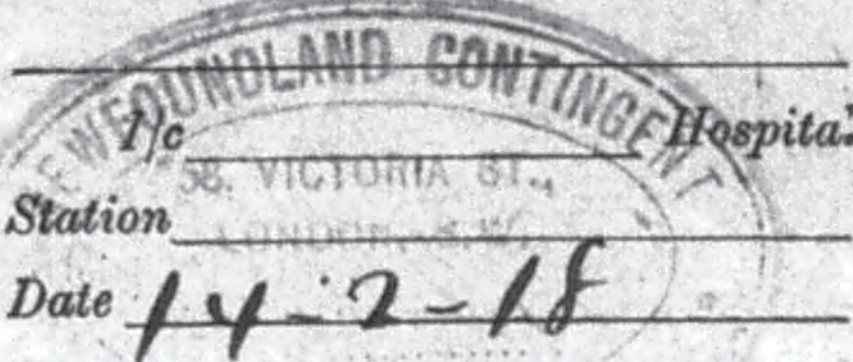
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. \_\_\_\_\_  
Regtl. No. 2300  
Rank Private  
Name Ryan  
Regiment B Rifle  
Date from 14-2-1918  
to 10AM 19-2-1918

To proceed to \_\_\_\_\_

  
Station 1/c  
Date 14-2-18

Address whilst on furlough to which any orders will be sent:

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

CERTIFIED TRUE COPY

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service



No. 2300

Rank PL

Name (surname first) Ryan J.

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

*[Handwritten line]*

2. State the name and address of your last, or any other employer before enlistment, etc. the nature of employment and how long you were employed?

Newfoundland  
Fisherman

3. What is the nature and locality of the employment you desire?

Returning to Newfoundland

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

No.

Date 10-11-17

Signature Sgd J. Ryan.

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (988) W:017/2124 1000m 6/15s 93 56

Forms  
B. 121.  
29.

Regiment of 1st. Newfoundland.

Number of Sheet Just.  
 Signature of O. C. Company Chas. A. C. Capt.

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>2300</u>	<u>Ryan, J.J.</u>	Age on	<u>21</u> years <u>5</u> months	<u>Engineer.</u>	COPY SENT TO O. C. H. Q. ST. JOHNS, N.F.L.D. N.F.P. 38, No. <u>2911/12</u> DATED <u>22</u> FEB 1918	
Joined	Date	Place and Date of Enlistment	<u>St. Johns</u> <u>23/3/16</u>		Religion		
Joined	Date	Period of	with Colours <u>2</u> <sup><u>22</u></sup> years.		Place of Birth		
Joined	Date		with Reserve <u>3</u> <sup><u>15</u></sup> years.				
Joined	Date			<u>Roman Catholic</u>	<u>St. John's.</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>St. John's</u>	<u>June 9/16</u>	<u>pte</u>		<u>Recklessness at table dining hall</u>	<u>Sgt. Holloway</u>	<u>3 days C.B.</u>		<u>C. Ryan Capt</u>	<u>SLB</u>
<u>Que.</u>	<u>1/8/16</u>	<u>1/c</u>		<u>Insubordination</u>	<u>Sergt. Haddinton</u>	<u>7 days C. B.</u>	<u>2/8/16</u>	<u>W. G. Kendall, major</u>	<u>R.P.H.</u>
"	<u>29/7/16</u>	"		<u>Interfering with the Police in the discharge of their duties</u>	<u>Sergt. Whelan</u> <u>Mc White</u>	<u>7 days C. B.</u>	<u>7/8/16</u>	"	<u>R.P.H.</u>
"	<u>5/8/16</u>	"		<u>Late for 6.30 A.M. Parade</u>	<u>Sergt. South</u>	<u>5 days C. B.</u>	<u>7/8/16</u>	"	<u>R.P.H.</u>
"	<u>7/8/16</u>	"		<u>Absent from 8.45 A.M. Parade</u>	<u>Corp. McQuill</u>	<u>3 days C. B.</u>	<u>8/8/16</u>	"	<u>R.P.H.</u>
"	<u>7/8/16</u>	"		<u>Absent from 10. P.M. Parade</u>	<u>Corp. McQuill</u>	<u>3 days C. B.</u>	<u>8/8/16</u>	"	<u>R.P.H.</u>
<u>Priviling Camp</u>	<u>15-12-17</u>	"		<u>From 5: P.M. to 12 midnight</u> <u>Absent from Hosp without leave</u>		<u>Forfeits one days pay</u> <u>v. de N.W.-4 fined one days pay</u> <u>17/12/17</u>		<u>Richard Mark Brighton</u>	<u>J.P.A.</u>
				<u>Medically Unfit 13 1/8</u>					

To be carried over

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Gilbey & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 [1454] W.P.G. 11/25/28 250m 7/17a 22 66

Regiment of 1st Newfoundland.

Number of Sheet First  
 Signature of O. C. Company Chas R Dyer Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>2300</u>	Age on	<u>21</u> years <u>5</u> months	<u>Engineer</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u> <u>23/2/16</u>	Religion	
Joined	Date	Period of	<u>Roman Catholic</u>	Place of Birth	
Joined	Date	with Colours	years.	<u>St Johns</u>	
Joined	Date	with Reserve	years.		



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>St Johns</u>	<u>June 9/16</u>	<u>Pte</u>		<u>Misbehaviour at table</u> <u>dining hall</u>	<u>L Holloway</u>	<u>3 days CB</u>		<u>Ch Dyer Capt</u>	<u>SR</u>
<u>Dyer</u>	<u>1/8/16</u>	<u>Pte</u>		<u>Insubordination</u>	<u>Sgt Hoddinott</u>	<u>7 days CB</u>	<u>2/8/16</u>	<u>W Rendell Major</u>	<u>RPH</u>
<u>"</u>	<u>29/7/16</u>	<u>"</u>		<u>Interfering with the Police</u> <u>in the discharge of their</u> <u>duties</u>	<u>Sgt Whelan</u> <u>The White</u>	<u>7 days CB</u>	<u>7/8/16</u>	<u>" " "</u>	<u>RPH</u>
<u>"</u>	<u>5/8/16</u>	<u>"</u>		<u>Late for 630 AM Parade</u> <u>Absent from 845 AM parade</u>	<u>Sgt Booth</u> <u>Cop. McGrath</u>	<u>5 days CB</u>	<u>7/8/16</u>	<u>" " "</u>	<u>RPH</u>
<u>"</u>	<u>7/8/16</u>	<u>"</u>		<u>Absent from 10pm parade</u>	<u>Cop. McGrath</u>	<u>3 days CB</u>	<u>7/8/16</u>	<u>" " "</u>	<u>RPH</u>
<u>Carlisle Gun Hoop</u> <u>Brighton</u>	<u>15/12/17</u>	<u>"</u>		<u>Absent from Hoop. without leave</u> <u>from 5pm to 12 midnight</u>		<u>Forfeits one days pay</u> <u>for 1st day &amp; joined one</u> <u>days pay</u>	<u>17/12/17</u>	<u>Sgt West</u> <u>Wm Brighton</u>	<u>W.C.</u>

To be carried over

Army Form B. 121.

11468

118716

38C

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



MEDICAL HISTORY

Ryan

Christian Name John J.

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 22 <sup>nd</sup> day of March 1916		on day of 191	
	at St. John's Nfld.		at	
Declared Age	21 years 5 months		years days	
Trade or Occupation				
Height	5 feet 7 1/2 inches		feet inches	
Weight	139 lbs.		lbs.	
Chest Measurement	Girth when fully expanded... 37 1/2 inches		inches	
	Range of expansion... 3 1/2 inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number	2		
When Vaccinated	2 yrs ago.			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a) COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. No. 2911/2 DATED 22 FEB 1918	
(b) Slight defects but not sufficient to Cause Rejection	(b)			
Approved by (Signature)	L. M. Patterson			
(Rank)	Capt. Medical Officer.		Medical Officer.	
Enlisted	at St. John's		at	
	on 22 <sup>nd</sup> day of March 1916		on day of 191	
Joined on Enlistment	Corps.	15 <sup>th</sup> Regt. 2300	Corps.	
	Regtl. No.		Regtl. No.	
Transferred to	Newfoundland			
Became non-effective by	on day of 191		on day of 191	
(Signature)				
(Rank)				



COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. No. 2911/2 DATED 22 FEB 1918

77 u.B. 14.37

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


Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4TH SCOTTISH GENL. HOSPITAL, GLASGOW	9	AUG	1916	12	8	16	Wreck ribs 707	3	Transferred to Workhouse Military Hospital Newcastle-on-Tyne.	At Ambrose Capleauy
BRIGHTON GROVE MILITARY HOSPITAL NEWCASTLE-ON-TYNE.	12	8	16	21	8	16	Soft Sore	10		H. Hodgson CAPTAIN R.A.M.C.
3rd London Genl Hosp Hammersmith	5	5	17	10	9	17	(Chrapel) G. S. W. L. wrist Amput. forearm	128	Wounded in France 23.4.17. L. forearm Amput. Shunt very septic. To Pavilion Unit Hosp Brighton.	G. C. Hall Capt. Med
General Hospital Pavilion, Brighton.	11	9	17	3	11	17	Acpt. L. Forearm.	53	Wounded in France. — Operation 24/9/17. 2 Bulbs removed.	W. D. W. M. G.
General Hospital Pavilion, Brighton.	15	12	17	12	1	18	Acpt. L. Arm	28	Wd in France 23/4/17 - Acpt 28/4/17 L. Arm. middle No operations in this Hosp.	W. D. W. M. G.
	12	1	18	31	1	18	Amputation Left Arm	20	ARTIFICIAL LIMB PROVIDED.	W. H. Nicholas Captain Adjutant Queen Marys Convalescent Hospital

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination for Field or Foreign Service, Extension, Re-engagement, or prolongation of Service; Issues of Surgical appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
July 1 <sup>st</sup> 10 <sup>th</sup>	1 <sup>st</sup> Inoculation <i>J.P.</i> 2 <sup>nd</sup> do <i>J.P.</i>
30. 9. 16	Vaccination <i>J.P.W.</i>
22-9-16	Paratyphoid inoculation <i>H.W.</i>
29-9-16	Fit for Foreign service. <i>H.W.</i>

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

Ward 3 Hospital. J. G.  
 No. of Bed 36 Date 12.9.17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
<u>2300</u>	<u>Pte Ryan J.</u>	<u>Newfoundland</u>	

SHORT HISTORY OF CASE.  
 (To be completed by M.O. i/c case.)

2. Inflammation

REPORT ON RESULT OF X-RAY EXAMINATION.  
 (To be completed by Radiographer.)

No. of Plate 3872

normal

Signature of M.O. [Signature]

Date 12-9-17.

Signature of Radiographer [Signature]

Date 12/9/17

(9 25 40) W372—M1960 150,000 9/17 HWV(M1351) Forms/W3201/2



Army Form W. 3201.

(in pads of 50.)

FOR USE IN THE CASE OF A SOLDIER SENT TO HIS HOME

From a Hospital or Unit as "Medical Unit"

No. 2300, Rank

Newfoundland (Regiment).  
Mc, Name

(Regiment).

Ryan J.  
5/2/18

has orders to proceed to his home:

(Address

58 Victoria St.

S.D.

and there to await further instructions as to his discharge from the Service.

Place

31-118

G. H. Munn

Officer Commanding.

LIEUT. R.A.M.C.

Date

\*Here enter name of Hospital or Unit from which the Soldier proceeds.

**Descriptive Return of a Soldier discharged on account of Disability.**

L.A.  
165

**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 Commissioners of Chelsea Hospital.  
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

**A Name in full** *John Ryan*  
**Regiment from which discharged** *1 Newfoundland.*  
**Regimental Number** *2200.*  
**Where born (Parish, Town and County), and when** *St. Johns Newfoundland. 16.10.1894.*  
**Intended address** *227 Theatre Hill. St. Johns. Newfoundland*  
**Height on discharge** *5 Feet 10 Inches*  
**Colour of Hair on discharge** *Brown* **Colour of Eyes** *Blue.*  
**Descriptive marks** *Amput. R. arm.* **Complexion** *Fair*  
**Figure on discharge** *Lean.* **Tattoos** *Left arm*  
**Christian name of Father** *John.*  
**Christian name of Mother** *Bridget.*  
**Wife's Maiden name in full** }  
**Date and Place of Marriage** } *Single.*  
**Christian names of Children** }  
**Nature and locality of civil employment desired** *Undecided*

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) *John Ryan* (Rank) *Pte.*  
**Station** *Rochampton House* **Date** *10-11-17*

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



*W. H. Nichol* **Capt. i/c** **Lt. Col. Commandant.**  
**Queen Marys Convalescent Hospital.**  
**Date** *1 ONOV 1917*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days	Station	
							India	S. Africa
Disallowed ...							COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.E.P.38. NO. <i>2911/2</i> DATED <i>22</i> FEB 1918	
Service towards Pension ...								
Date inclusive to which pay has been issued							Sum due on account of advance of Pension }	
Sums due on account of public debts ...								

**Rank on Discharge**  
**Character (as on Certificate of discharge)**  
**Where born, and on what date**  
**Date and Place of first Enlistment**  
**Trade on Enlistment**  
**Cause of Discharge**  
**Number of G.C. Badges** **Medals**  
**Wounds, and Actions in which received**

Other distinguishing marks

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

**Station** \_\_\_\_\_ **Officer in Charge**  
**Date** \_\_\_\_\_ **Records.**



**Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.**

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St., S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date **14** days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Ryan, Christian names (in full) John

Regt. No. and Rank 2300 Pte. Regt. or Corps (If T.F. this should be stated) 1/ Newfoundland.

His address on discharge will be 227 Theatre Hill, St. Johns, Newfoundland.

This information is for the Central Army Pension Issue Office only.

The Soldier states that Dependants. allowance is being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station \_\_\_\_\_

Date 30.1.18.



[Signature]  
President of Board  
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

11468

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Army Form B. 179.

# Medical Report on an Invalid.

3rd London General Hospital,  
WANDSWORTH, S.W.

Station \_\_\_\_\_

Date 2<sup>o</sup> Aug 1917

*Original*  
11468

1. Unit 1st Newfoundland  
2. Regimental No. 2300  
3. Rank Pte.  
4. Name J. Ryan

5. Age last birthday 22  
6. Enlisted { on 22/3/1916  
at St. Johns  
7. Former Trade { Fishing  
or Occupation {

### 8. Disability.

G. S. W. wrist left amputation **A**

### 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. 23. 4. 17  
10. Place of origin of disability. Arras - France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.  
Wounded by shrapnell on the left wrist. Taken to No 22 General Hospital at Camieres where the left forearm was amputated at the junction of upper & middle 1/3 of left radius. Admitted here 6. 5. 17 Stump very septic

12. (a) Give your opinion as to the causation of the disability.  
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

Active Service  
G. S. W.

COPY SENT TO  
O.C. H.Q. :  
ST. JOHNS, N.F.L.D.  
REP. 38. No. 2941/2  
DATED 22 FEB 1918

18. 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.

Stump quite healed  
General health good

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

- (a) In action ? *yes*
- (b) On field service ? *yes*
- (c) On duty ? *yes*
- (d) Off duty ? *No*

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 ?

*Amputation 29.4.17*

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

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 ?

19. Do you recommend

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

*M. O'Brien  
H. P. D. M. C. T.*

*L. Zeitline* *M.D.*

Officer in medical charge of case.

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

except† *3rd London General Hospital,  
WANDSWORTH, S.W.*

*H. E. Duncanson*

Station \_\_\_\_\_  
Date *3<sup>rd</sup> Aug 1917*

~~Officer in charge of Hospital~~ *M. C. T.*

Comdg. 3rd. London Gen. Hospital.

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

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

**Opinion of the Medical Board.**

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

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Active Service*  
*G.S.W.*

21. Has the disability been aggravated by
- (a) Intemperance?
  - (b) Misconduct?
  - (c) Any of the conditions mentioned in question 20, and if so, which?

*} No*

22. Is the disability permanent?
23. If not permanent, what is its probable minimum duration?  
*To be stated in months.*

*Yes*

**23a. Is he fit for discharge from the service as an out-patient? and will he require out-patient treatment on discharge from Hospital?**

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- In defining the extent of his inability to earn a livelihood, estimate it at 1/2, 1/3, or total incapacity.*

*Total 2/12 then 1/2*

- 24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?
25. If an operation was advised and declined, was the refusal unreasonable?
26. Do the Board recommend

*—*  
*—*

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

*Yes*

Signatures:—

*Maflah* *Robt* President.  
*P. Warren* Capt. *Comd.*  
Members.

Date 30 JAN 1918

Approved.

*Maflah*  
Administrative Medical Officer.

30 JAN 1918



# Descriptive Return of a Soldier discharged on account of Disability.

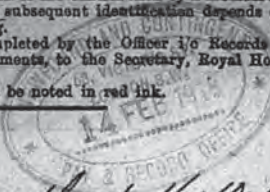
**INSTRUCTIONS.**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

Part A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confidence in 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, to be completed by the Officer in Charge of Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

**A Name in full** *John Ryan*  
**Regiment from which discharged** *1st Newfoundland*  
**Regimental Number** *2300*  
**Where born (Parish, Town and County), and when** *St. John's Newfoundland 16.10.94*  
**Intended address** *227 Theatre Hill St. John's Newfoundland*  
**Height on discharge** *5* Feet *10* Inches  
**Colour of Hair on discharge** *Brown* **Colour of Eyes** *Blue*  
**Descriptive marks** *Amput. Lt. Arm. Letter L. Arm.* **Complexion** *Flesh*  
**Figure on discharge** *Normal*  
**Christian name of Father** *John*  
**Christian name of Mother** *Bridget*  
**Wife's Maiden name in full** *Single*  
**Date and Place of Marriage** *Single*  
**Christian names of Children** *Single*  
**Nature and locality of civil employment desired** *Undecided*



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) *Sgd John Ryan* (Rank) *Pte*  
 Station *Roehampton House* Date *10-11-17*

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.

*Queen Mary's Conv. Hospital* *Sgd. W.A. Nicholson Capt. R.C.* Medical Officer i/c  
 Station *Roehampton* *Queen Mary's Convalescent Hospital* Date *10-11-17*

**B Period of Service and in what Corps ...**

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		
Disallowed ...	...	...			
Service towards Pension ...	...	...			
Date inclusive to which pay has been issued	Sum due on account } of advance of pension }				
Sums due on account of public debts ...					

**Rank on Discharge**  
**Character (as on Certificate of discharge)**  
**Where born, and on what date**  
**Date and Place of first Enlistment**  
**Trade on Enlistment**  
**Cause of Discharge**  
**Number of G.C. Badges**  
**Wounds, and Actions in which received**

**Medals**

**Other distinguishing marks**

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

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

C.R. 2300

*Ranks*  
Extract from Nominal Roll of RFLA, Regt. 2nd Lt. Mann  
from 2nd In. Depot, to 1st In. B.N.F. Embarked Southampton,  
5.10-16.

2300 Pte. J. Ryan.

C.R. 2300

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Royal Regiment, St. John's, dated April 16/18.

#2300 Pte. J. Ryan.

Having been found Medically Unfit is discharged from  
13/4/18.

C.R. 2300

Extract from Preliminary Report, from The Director of  
Medical Services, To Officer Commanding Depot, dated  
April 1st, 1918.

#2300 Pte. J. Ryan.

Recommended Discharge as Permanently Unfit.



C.R. 2300

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, March 26, 1918.

The following man reports to Depot on 25/3/18 from  
Overseas:-

#2300 Pte. J.J. Ryan.

C.R. 2300

Extract of Casualties received from Pay & Record Office,  
London, dated February 11, 1918.

The undermentioned ~~and~~ is given extensions of furlough  
to 10 a.m., 14/2/18, with orders to report at the Pay  
and Record Office.

#2300 Pte. Ryan. ✓

Auth:- Officer i/c Records.

C.R. 2300

FOR DISCHARGE.

Extract of Casualties received from Pay & Record  
Office, London, dated February 5, 1918.

The following men awaiting repatriation have his  
furlough extended to 10 a.m., 11/2/18.

#2300 Pte. J.J.Ryan.

Authority:- Officer i/c Records.

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NEWFOUNDLAND CONTINGENT

CASUALTIES

FOR DISCHARGE:

2300, PTE. J. RYAN (amputation left arm)  
ex King George Hospital 31/1/18, is granted furlough  
to 5/2/18 with orders to report at 58 Victoria  
Street on the latter date for disposal. To be  
repatriated.

---

Authority for Discharge:- A.F. B.179.

C.R. 2300

May 4, 1917.

*Dear Sir,*

*I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that*

No. 2300, Private John J. Ryan, was admitted to 22nd General Hospital, Darnes Camiers, April 25th, suffering from gunshot wound left wrist.

*I trust that later reports will bring news of his convalescence.*

*Any further information received at this Office as to his condition will be at once notified to you.*

*Yours faithfully,*

*Colonial Secretary.*

Mr. John F. Ryan,  
227 Theatre Hill.

May 7, 1917.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 2300, Private John J. Ryan, has been admitted  
Wandsworth.

Yours faithfully,

Colonial Secretary.

Mr. John F. Ryan,  
227 Theatre Mill

C.R. 2300

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Sivilian" July 19, 1916.

2300 Pte. Ryan J.

C.R. 2300

John J. Ryan was attested for General Service with  
the NEWFOUNDLAND CONTINGENT on March 23rd 1916

Regimental No. 2300 was allotted to Pte J.J. Ryan

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919



A2300

April. 1st. 1918.

From Officer Commanding,  
Depct.

To Paymaster and Officer i/o Records,  
Department of Militia.

- 989 Pte. Rowe, G.
- 4090 Pte. Lush, G.
- 4188 Pte. Hopkins, E.
- 2300 Pte. Ryan, J.
- 1349 Pte. Cummins, W.

Marginally noted men were recommended for  
Discharge as permanently unfit by Medical Board held on  
March 30th. 1918.

I am sending them herewith for your attention  
and necessary action, please.



D. Ryan

C.R.

2300

Pd P. O.



LAST PAY CERTIFICATE

N.F.P./94.

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

Regtl No 2800 Rank pte Name J. J. Ryan Uni Royal Newfoundland R who was Repatriated  
 to Newfoundland on 25/2/18 Authority A.F.B. 179 Cause Class A  
 DR. STATEMENT OF ACCOUNT OR.

PERIOD: From 22/12/17 To 25/2/18	PARTICULARS					£	s	d	£	s	d
	£	s	d	£	s						
	Balance Dr. from							Balance Cr. from 21/12/17	15	17	6 ✓
	Allotment 64 days @ 40¢	25	60 ✓	5	5	2 ✓		Pay 64 days @ £1.00	64	00	13 3 0 ✓
	Cash Payments: P. & R. O.			25	5	0 ✓		Field Allow 64 days @ £.10	6	40	1 6 4 ✓
	Other Debits:							Other Allowances days @ £			
	Total Debits			50	10	2 ✓		Other Credits:			
	Balance due by Paymaster			1	6	10 ✓		Ration allowance period,-			
				51	17	0 ✓		31/1/18-14/2/18, 15 days @ 2/-		1	10 0 ✓
								Total Credits		31	17 0 ✓
								Balance due to Paymaster		31	17 0 ✓

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

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

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S. W. to 11/3/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

11th March 1918

Chief Paymaster & Officer i/c Records.

No. 2300 Rank Pvt Name Ryan J J

Pay	F.A. Wkg	Total	N.F.P/33
100	10	110	<i>[Signature]</i>
Less Allotment		40	
Net Rate		70	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d	
						From	To						
Dept 20 days pay			9	0	Balance		8 6/17				24	19	4
Balance					Pay @ Net Rate	9 6/17	31 1/18	237	70	165	90	34	19
Acquittance Rolls					Ration Allowances							12	0
Hospital Advances		4	1	6	31 1/18 to 5 2/18								
A.B. 64.					6 days @ 2/-								
P.&.R.O. Payments		33	15	0	21-7-7	12 1/18	19 2/18	19	70	13	30	2	14
<del>38 5 6</del>					3.2.3								
Cheque 7506		21	0	0									
Cash 5952	19/10/18	3	5	0									

~~59 13 1~~  
67.7.9

59.5.6

CHECKED  
*[Signature]*  
31 1 18

ADMITTED TO  
Queen Mary's Hospital  
ROEHAMPTON.

Army Form W. 3202.  
(In books of 100.)

12-1-18

**NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.**

Soldier's } 2300. Rank Pl  
Regtl. No. }

Name Ryan J.  
(Surname first)

Corps or Regiment } Newfoundland  
(also Unit if known) }

To Officer i/c of Records 56 Victoria St

Regimental Paymaster do

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 30-1-18, has been sent to 56 Victoria St on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and ~~a suit of plain clothes~~.

He proceeded on (date) 31 JAN 1918

to (full address) 56 Victoria St

Date 31 JAN 1918 G. H. Mann { Officer  
Comm.

Place \_\_\_\_\_ Hospital.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

12-1-18

**NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.**

Soldier's } 2300 Rank Plt  
Regtl. No. }

Name Ryan J.  
(Surname first)

Corps or Regiment } 1 Newfoundland  
(also Unit if known) }

To Officer i/c of Records 58 Victoria St SW

Regimental Paymaster do

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 30-1-18, has been sent to 58 Victoria St on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and~~

31 JAN 1918

He proceeded on (date) \_\_\_\_\_

to (full address) 58 Victoria St SW



Date 31 JAN 1918 G. Hoffmann { Officer  
Comm.

Place \_\_\_\_\_ LIEUT., R.A.M.C. Hospital.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.







The National Orthopaedic Hosp  
234 Gt. Portland St  
London W. 1

20-11-17

To, Pay Master,  
H. F. Ltd. Pay. Office

Sir,

Would you kindly forward me a statement of my account to the above mentioned address and oblige

Yours obediently

2300 Pl. J. Ryan,

NEWCASTLE BRANCH PAY & RECORD OFFICE	
Ref. No.	✓ 4045
Rec'd.	21 NOV 1917
Ac'd.	ap sup
Am'd.	The
FRG NO.	

BRANCH	
Pay	
ACTED UPON	
BY	J. Ryan
DATE	21/11/17

23-7-14

To Pay Master  
1st Lt. F. L. A. Pay Office  
in

Receipt No  
36937

£300 W. J. Ryan  
wishes to draw £5 (five pounds)  
on his account.

W. J. Ryan  
24/7/14

L. Zeitline C.S.  
3rd London General  
Corp.

6/19  
£5.0.0

8-4-17

To The Pay Master  
1<sup>st</sup> Lt. & Lt. Pay Office.  
Sir.

2300 P. J. Ryan  
wishes to draw £5. (five pounds)  
on his account.

Signed.

L. J. Atherton C.S.

3<sup>rd</sup> London General Hosp.

28-8-17

To The Pay Master  
1<sup>st</sup> Lt H. F. Lt. Pay Office

OK  
RFH 29/8/17

2300 Pte. J. Ryan wishes  
to draw £5. (five pounds) on his  
account.

Receipt No  
3914

R F Walker

Trav. Off: S. Gen. Hosp. Hospital  
Aug 28. 1917 -

W.O. Letter 27/Gen.No./4784.

Regimental Paymaster,

58 Victoria St. W. 1

DATE	96
BY	47
NO.	48
IN	47
CH	46

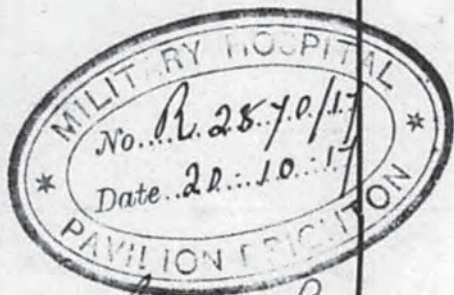
*[Handwritten signature]*

Please forward the sum of £. 5 s. - d. on account of

pay due to No. 2300 Rank Pte Name J J Ryan

Regt. 1st 2nd F L D to 1/2 O.C. Pavilion Gen. Hosp.

Brighton



OK 5 £  
aw 22/10/17

Signed J J Ryan

Countersigned [Signature]

L O.C., Pavilion General Hospital,

BRIGHTON.

PAV & RECORD OFFICE	47
No. <u>6091</u>	38
Date <u>22 OCT 1917</u>	37
Ans'd. <u>11018</u>	36
File No.	

11018/5

23rd, October

Pavilion Military

Brighton.

2300 Pte. J. J. Ryan.

5. 0. 0.

7



1/6  
29/10

No. 11018/5

N.F.P./48.

NEWFOUNDLAND CONTINGENT

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

23rd, October 1917.

To: Officer in Charge,

Pavilion Military Hospital,

Brighton.

With reference to request of:

(No) 2300 (Rank) Pte. (Name) J.M.J. Ryan.

Cheque No. 6915 for £ 5. 0. 0. is enclosed for payment  
to this Soldier as may be deemed fit.

Kindly complete Receipt Form on back of cheque before  
presenting at a Bank, please.

*H.A. Guinness* Major,

Paymaster & Officer i/c Records.

Recd 1 $\frac{1}{2}$  £ 27/10/17 J Ryan

Recd 4 £ 3-11-17 J Ryan

From A. C.

PAVILION MILITARY HOSPITAL, BRIGHTON.

To Regt. Paymaster  
58 Victoria St. L'don.  
3. 11. 17.

Herewith signatures of Pte. J. Ryan for five pounds (£5) forwarded by you on 23<sup>rd</sup> ult; please

X

J. Ryan  
for

C. H. Amis 17th  
Officer Commanding  
MILITARY HOSPITAL  
PAVILION



**QUEEN MARY'S CONVALESCENT AUXILIARY HOSPITALS,**

**3902**



**ROEHAMPTON, S.W.**

*Duplicate*

TO THE OFFICER IN CHARGE OF RECORDS.

*Newfoundland Contingent*

I beg to inform you that the undermentioned men have been admitted as patients to this Hospital.

*55 Victoria St. SW*

Regt. No.	Rank and Name.	Unit.	Date of Admission.
2300	<i>1st Lie Ryan J</i>	<i>1 Newfoundland</i>	<i>3.11.17</i>

After these men have been fitted with artificial limbs, they will appear before a final Invaliding Board for the purpose of discharge from the Service.

*M. H. Malbon* **Captain**  
for **Commandant.**

*Nov. 5<sup>th</sup>* 1917.

Queen Mary's Convalescent Hospital.

No. \_\_\_\_\_

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. (1).

*[Handwritten signature]*

Please remit to \_\_\_\_\_

Bearer

4454

the sum of Three pounds \_\_\_\_\_ shillings, on  
account of any balance that may be due to me.

(£ 3.00).

Regtl No. 2300 Rank Pte

Name Ryan, J.

Approved [Signature]

Officer i/c.,

THE ROYAL NATIONAL ORTHOPÆDIC HOSPITAL,  
234, GREAT PORTLAND STREET, W. Hospital.

Dated at London

17 - XI - 1917

Ryan, J. J.

2300

Ray Sept

LAST PAY CERTIFICATE

N.F.P./94.

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

Regtl No. 2300 Rank Pte Name J. J. Ryan Unit Royal Newfoundland R who was Repatriated  
 to Newfoundland on 23/ 2/18 Authority A.F.B. 179 Cause Class, A  
 DR. STATEMENT OF ACCOUNT OR.

PERIOD: From 22/12/17 To 23/2/18	PARTICULARS					£	s	d	Balance Cr. from 21/12/17	£	s	d
	£	s	d	£	s							
	Balance Dr. from							Balance Cr. from 21/12/17	15	17	8	
	Allotment 64 days @ 40¢	25	60	5	5	2		Pay 64 days @ \$1.00	64	00	13 3 0	
	Cash Payments: P. & R. O.			25	5	0		Field Allce 64 days @ \$ .10	6	40	1 6 4	
	Other Debits:							Other Allces days @ \$				
	Total Debits			30	10	2		Other Credits:				
	Balance due by Paymaster			1	6	10		Ration allowance period,-				
				31	17	0		31/1/18-14/2/18, 15 days @ 2/-			1 10 0	
	Total Credits							Balance due to Paymaster			31 17 0	
											31 17 0	

CHICKED.  
*[Signature]*  
 11/3/18

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

\_\_\_\_\_  
 (Place) \_\_\_\_\_ (Date) \_\_\_\_\_ 191\_\_\_\_\_  
 O.C. " " Company.

Made up & checked in accordance with information received in the Pay & Record Office London, S. W. t5 11/3/18  
 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

11th March 1918

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

N.F.P./94.

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

Regtl No. 2500 Rank Pte Name J. J. Ryan Unit Royal Newfoundland R who was Repatriated  
to Newfoundland on 25/ 2/18 Authority A.F.B. 179 Cause Class.A

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS	£			s			d			
	£	s	d	£	s	d	£	s	d	
Balance Dr. from							Balance Cr. from 21/12/17			
Allotment 64 days @ 40¢	25	60		5	5	2	Pay 64 days @ \$1.00	64	00	13 5 0
Cash Payments: P. & R. O.				25	5	0	Field Allow 64 days @ \$ .10	6	40	1 6 4
Other Debits:							Other Allowes days @ \$			
Total Debits				30	10	2	Other Credits:			
Balance due by Paymaster				1	6	10	Ration allowance period,- 31/1/18-14/2/18, 15 days @ 2/-			1 10 0
				31	17	0	Total Credits			31 17 0
							Balance due to Paymaster			31 17 0

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

(Place)

(Date)

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S. W. to 11/3/18 and is therefore subject to amendment if so and as may be found necessary.

Pay & Record Office, London,

11th March 1918



*A. J. Munnell*  
Chief Paymaster & Officer i/c Records.

CHECKED  
11/3/18

PERIOD: FROM 22/12/17 TO 25/2/18

DUPLICATE  
MAIL COPY  
Posted

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... *John* ..... 2. Surname... *Ryan* .....  
3. Rank... *Private* ..... 4. Regtl. No. ... *12500* .....  
5. Address in full to which future payments of gratuity are to ~~far~~ be forwarded... *227 Theatre Hill* .....  
*St. John's* .....  
6. Date of enlistment in the Regiment... *March 23<sup>rd</sup> 1916* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...  
~~mother~~ ..... *Mrs. B. Ryan* .....  
8. Relationship of such dependents... *mother* .....  
9. Address in full of such dependent... *227 Theatre Hill* .....  
*St. John's* .....  
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... *no* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Two Years and* .....  
*21 days* .....



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

*Only one enlistment and discharge*

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.....

*from Officer i.c. Rec. 18.85.50  
Office Pay and Recrd.*

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

*Yes*

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

*No*

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

*None*

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

*No*

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

*No*

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

*April 13<sup>th</sup> 1918*

*being*

(b) Reason for discharge.....  
*no longer physically fit on account of wounds sustained in action*

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.....

*Every where the Reg. served from 12<sup>th</sup> Oct - 1916 to 23<sup>rd</sup> April 1917*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

*No*

(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:

*J. Ryan*  
*227 Theatre Hill*

Place of Residence:

Declared before me at:

*St John's*

This

*27<sup>th</sup>*

day of *February* 19.19

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

*Chas. Caber*  
*Barrister-at-Law*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>3.1.19</i>	<i>100.10</i>		<i>5.40</i>	<i>550.00</i>
			<i>Less RDP</i>	<i>100.10</i>
				<i>249.90</i>
Certified Correct.			Paymaster.	



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15<sup>00</sup>/<sub>100</sub>

Mar. 25<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of  Fifteen  Dollars.  
on account of Pay.  
 balance

J. Ryan

Regtl. No.

Rank

Ch. No. 5091	Initials JH
Pay Ledger JH	Initials JH
Gen. Ledger JH	Initials JH

No. 2300

Rank Pte

Name J. J. Ryan

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$16.<sup>72</sup>/<sub>100</sub>

Apr. 5<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Sixteen <sup>72</sup>/<sub>100</sub> Dollars.  
on account of Pay. to 31/3/18  
balance

J. Ryan

Regtl. No. Rank

Ch. No. 5365	Initials. aw.
Pay Ledger 149	Initials. [Signature]
Gen. Ledger [Signature]	Initials. [Signature]

[Signature]

No. 2300 Rank Pte

Name J. Ryan

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$53.<sup>00</sup>/<sub>100</sub>

Apr 13<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Fifty three <sup>00</sup>/<sub>100</sub> Dollars.  
on account of Pay when Discharged  
balance

J. Regan

Ch. No. 5610	Initials EW
Pay Ledger 119	Initials EW
Gen. Ledger 20	Initials EW

Regtl. No. Rank

EW



No. 2300

Rank Pte

Name J Ryan

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 85 <sup>50</sup>/<sub>xx</sub>

Jan 3 1919

Received from the First Newfoundland Regiment  
the sum of Eighty five <sup>50</sup>/<sub>xx</sub> Dollars.  
~~on account~~ of Pay. P.D. balance

J. J. Ryan  
Troop Leader

Ch. No. 774	Initials. EW
Pay Ledger 353	Initials. AWL
Gen. Ledger.....	Initials.....

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

No. 2300 Rank Pl

Name Ryan J