



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4307 Name Michael Ryan Corps R.G. **CR. 4307**

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Michael Ryan</u> .....             |
| 2. What is your full Address? .....  | 2. <u>Yorvis Arm, Nfld.</u> .....        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>3</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Carman</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, Michael 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.

Michael Ryan SIGNATURE OF RECRUIT.  
Robert Peel Signature of Witness.

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

I, Michael 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.....

on this 11th day of Jan'y 1918

W. H. L. - Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date Jan'y 11th 1918 .....

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 Michael Ryan  
 Apparent age 20 years 13 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 1/4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John R. Ryan  
R. Morris' Arm R. S. Day. | 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 Re-serve 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>11-1-1918</u>									
Joined at <u>Stobhis</u> on <u>January 11-1918</u>									
<del>Discharged July 18 1919</del>									
Embarked <u>Stobhis</u> for train to <u>Malabar</u> <u>28.3.18.</u>									
Embarked for <u>156.3.</u> <u>31.8-18</u> joined <u>156th.</u> <u>5.9.18</u> <u>Hocunda</u> <u>14.10.18</u>									
Admitted to the <u>156th S.W. High</u> <u>4.10.18</u> Admitted to the <u>156th</u> <u>15.10.18</u>									
Went to <u>5th Coy</u> <u>1.11.18</u> joined <u>156th</u> <u>3.11.18.</u>									
Returned to the field <u>9.11.18.</u> Admitted to the <u>156th</u> <u>17.3.19</u>									
Went to <u>156th</u> <u>25.3.19.</u> joined <u>156th</u> <u>25.3.19.</u> Admitted to the <u>156th</u> <u>8.4.19</u>									
Went to <u>156th</u> <u>17.4.19.</u> Arrived <u>156th.</u> <u>23.4.19</u> Arrived <u>156th</u> <u>23.4.19</u>									
Went to <u>156th</u> for demobilization <u>22.5.19.</u> Arrived <u>156th</u> <u>1.6.1919</u>									
Total Service forfeited as above <u>Demobilization</u> <u>Stobhis</u> <u>18.7.1919</u>									
Total Service towards Engagement to <u>18-7-1919</u> (date of discharge) <u>1</u> years <u>189</u> days									
Pensions " " " " " " " " " " " "									

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

# MEDICAL HISTORY

OF

Surname Piper

Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish Norris' Arm N.D. Bay. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	11th day of Jan'y 1918	St. John's	day of	191
Declared Age	20 years	3 Months	years	days
Trade or Occupation	Seaman			
Height	5 feet	7 inches	feet	inches
Weight		135 lbs.		lbs.
Chest Measurement	Girth when fully expanded	27 inches		inches
	Range of Expansion	1		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/10	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	11th day of Jan'y 1918	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1st Royal Nfld Regt 4307			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				



**Casualty Form - Active Service.**

Regiment or Corps Royal Newfoundland 11-10-1897

Rank Pt Surname Ryan Christian Name Michael

Religion R.C. Age on Enlistment 20 years 3 months

Enlisted (a) 11-1-18 Terms of Service (a) Duration Service reckons from (a) 11-1-18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { ..... } Re-engaged { ..... } Qualification (b).....  
or Corps Trade and rate.....

Occupation Cumbernaw Signature of Officer. [Signature]

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.
Date	From whom received				
<u>26-8-18</u>	<u>[Signature]</u>	<u>AE</u>	<u>Embarked ...</u>	<u>3 AUG 18</u>	
			<u>Disembarked</u>	<u>3 AUG 18</u>	
			<u>ARRIVED</u>	<u>SEP 18</u>	
			<u>14-10-18</u>	<u>5 SEP</u>	
	<u>3 Avelete St</u>	<u>La Partridge</u>		<u>17/3/19</u>	<u>HA 8522</u>
	<u>54 Gen St</u>		<u>Amegue</u>	<u>17/10/18</u>	<u>HA 30381</u>
	<u>Roussell</u>		<u>Boulogne</u>	<u>24/10/18</u>	<u>HA 30876</u>
	<u>15" St</u>	<u>arrived</u>	<u>London</u>	<u>3/1/18</u>	
	<u>10c</u>	<u>Revd Bril</u>	<u>Field</u>	<u>9/1/18</u>	<u>HA 13</u>
	<u>8 Gen St</u>	<u>Adm: Deabres mtd</u>		<u>17-3-19</u>	<u>HA 8522</u>
	<u>Next of Kin: Father John Ryan</u>	<u>Revd Dep</u>		<u>85-2-19</u>	<u>HA 8562</u>
		<u>Norru Ann W.D. Bay N12</u>			

[Handwritten initials]



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4307 Rank Pte. Name Ryan, M.  
 Intended place of residence Norris Arm.  
 2. Occupation Lumberman  
 Classification of soldier E Medical Category AF

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S .....  
 Date JUL - 2 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, ST. JOHN'S .....  
 Date JUL - 2 1919 .....  
 Signature of soldier M. Ryan  
 Signature of witness Ch. Louson

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S .....  
 Date JUL - 2 1919 .....  
 Signature of soldier M. Ryan  
 Signature of witness G. W. Chancy

### STATEMENT OF SERVICE

7. Enlisted for service 11-1-18 ..... No. of days on Military  
 Discharged from service 4-7-19 ..... Plus 14 days Service 254 .....

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S .....  
 Date JUL 4 1919 .....  
 Officer in Charge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S .....  
 Date July 18/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

27B 2079/3096

21  
28  
31  
20  
31  
20  
18  
189

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4307 Rank Plt Name Ryan M  
 Date of Enlistment 11-1-18 Address North Arm District St John's  
 Occupation Lumberman Classification for Discharge E Medical Category A.I.  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	2	Board Ist.	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	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 3-6-19 P. O. C. Discharge Depot. Mrs H

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

M Ryan

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.100

(b) Clothing Supplied \_\_\_\_\_

W. B. Johnston Lt

Date 2-7-14

O. i. c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 82136 to his home at Norm's arm and Release Certificate No. 3094 issued.

Date 2-7-19

*J.A. Snowball*  
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 18-7-19

Date 2-7-19

*J. Newsitt*  
Depot Paymaster.

Discharged approved for 4-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P[30	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
B179c	B 120	M 93		

*1/2 Form B*

Date 2-7-19

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

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

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 4 1919**

Date .....

*R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date .....

## Medical Report on an Invalid.

Station Hazley D Camp  
Date 30 4 19

- |   |  |
|---|--|
| <p>1. Unit <u>Royal Newfld</u></p> <p>2. Regimental No. <u>4307</u></p> <p>3. Rank <u>Pte</u></p> <p>4. Name <u>Ryan, M.</u></p> <p>5. Ago last birthday <u>21</u></p> <p>6. Enlisted { on <u>15. 1. 18</u><br/>at <u>St John</u></p> | <p>7. Former Trade } <u>Farmer</u><br/>or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|--|

### 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). Nil
- (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? *he complains of no 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? *na*
- (d) Off duty?

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

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

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

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?

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?

*J. P. Hought* Major  
*J. P. Hought* in medical charge of case.

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

Station *H. S. Camp*

Date *30. 11. 19*

\_\_\_\_\_  
Officer in charge of 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.

C.R. 4307

Extract of Daily Order s part 11, from Unit 4/1st  
Royal Newfoundland Regiment. dated January 11, 1918.

#4307 Pte. M. Ryan.

Attested for General Service with the 1st  
Newfoundland Regiment with effect from 11/1/18.

C.R. 4307

Extract from Nominal Roll Embarked St. John's for Overseas,  
Mar. 26th, 1918.

4307 Pte. Ryan M.

C.R. 4307

Extract from Nominal Roll Draft #51, to B.E.F. Embarked Folke-  
stone, 51, B-15.

4307 Pte. Ryan H.

C.R. 4307

Extract from O.R.D.F.R.S. by Lt. Col. G. Mathias, D.S.O.,  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5.9.19.

The following arrived today and is posted to the following  
REGIMENT Company.

B. COMPANY.

4307, Pte. M. Ryan.

C.R. 4307  
Cable No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_ Dept of Militia \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated

Oct 25th, 1918

To

John Ryan, Morris Arm, N.D.B.

Regret to inform you that Record Office, London, officially reports Bo. 4307, Private Michael Ryan at 55th General Hospital Aubengne, Oct 15th suffering from G.S.W. thigh severe.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chgo Dept of Militia.

Minister of Militia.

FOR TYPEWRITER



C.R. 4307

Extract from War Office List No. H. A. 20381, dated Oct. 24th. 1918.

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ADMITTED TO 54 GEN. HOS. AUBENGUE 15th., OCTOBER 1918.

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BC.,

# 4307 PTE. N. RYAN.

G.S.W. RIGHT THIGH?

C.R. 4307

Extract from War Office List. NO. H. A. 30876.

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ADMITTED & CAN. DEP. BOULOGNE. 24th OCT. 1918.

#4307 Pte. W. Ryan.

G.S.W., R. THIGH. SLIGHT.

BC.

C.R. 4307

Extract from War Office List No. H. A. 31089.

ADM. 10 CON. DEP. ECAULT 26th. OCT. 1918.

#4307 Pte. M. Ryan.

G.S.W. THIGH R. WD.

C.R. 4307

Extract from War Office. List. No. C. 1732 1. 11. 18.

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# 4307 pte. M. Ryan.

Wounded 14. 10. 18.

BC.

C.R. 4307

Extract from War Office List No. H.A. 31407.

Disg to 5 Rest Camp St. Martins Boulogne ex 10 Con. Dep 1. Nov. 1918.

4307 Pte. M. Ryan

G.S.W. R. THIGH.

C.R. 4307

Extract from telegram received from Synoptical London, Jan. 6th, 1919.

In answer to ur telegram Jan, 3rd 4307 Ryan  
discharged to # 5 Rest Camp, Boulogne. *Nov. 11th.*

C.R. 4307.

Extract from Casualties.....Sgt List No. H.A. 845522

4307 Pte. M. Ryan.

Adm. 8 Gen. Hosp. Rouen. 17 Mar'19 Scabies Mild.

C.R. 4307

Extract of War Office List No. H.A. 35652 dated April 2nd/19.

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DIS TO RESERVE DEP BY 7th General Hospital, Rouen 25th/March. 19

4307, Pte. M. Ryan.

SCABIES.MILD.



C.R. 4307

Extract from W. O. List Dated H.A. 35718.

4307 Pte. M. Ryan.

Adm. 8 Gen. H. Rouen 30th. March 1919.

Frec. Thumb R. & Sciatica. *mild.*

C.R. 4307

Extract from War Office List NO.H.A. 35991.

DIS. TO DUTY EX 8 GEN. H. ROUEN 17 April 1919.

4307 Pte. M. Ryan

Sambies Mild.

C.R. 4307

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.

#4307 Pte. M. Ryan.

C.R. 4307

Extract from Daily Orders Part II Depot, St. Johns,

Date

June 18th 1919.

4307 Pte. M. Ryan.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4307

Extract from Daily Orders Part 11 Unit The Royal Rifles.  
Regt. St. John's, July 23/19.

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

4307 Pte. Ml. Ryan.



## 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

*Ryan, Michael*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*4307*

Intended address

*Norris Ave. N.S.B.*

Height on discharge

*5* Feet *8*

Color of hair on discharge

*Black*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

*Scar on R Leg*

Figure on discharge

*Widow*

Christian name of Father

*John*

Christian name of Mother

*Bridget*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*St Bonavents Bay. 19 20 March. 1898*

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)

*Mike Ryan*

(Rank)

*[Signature]*

Station

*St John's*

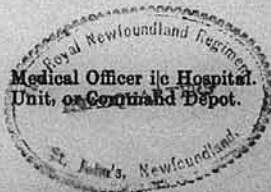
Date

*30 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.

Station

Date



## Medical Report on an Invalid.

Station Hazley Down.Date 30/4/19

1. Unit Royal Newfoundland. 7. Former Trade } Farmer.  
or Occupation }
2. Regimental No. 4307 7A. If with previous service in Army, state—
3. Rank Pte (a) Former Unit;
4. Name Ryan M. (b) Regimental No.;
5. Age last birthday 21 (c) Date of Discharge;
6. Enlisted { on 15/8/18 (d) Cause of Discharge.  
at St John's

## 8. Disability in respect of which invaliding is Proposed.

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

nilStatement 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). nil
- (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?

*Accomplish 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?

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. 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.

20. Do you recommend—

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

*Repatration*

*Major*

*Major D.D.S.*

\_\_\_\_\_  
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 *30/3/19.*

\*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.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Regiment of 1st Royal Nfld.

Number of Sheets One.

Signature of O. C. Company Whitely E.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>1307</u> <u>Regan M.</u>	Age on	years	months		Trade <u>Bookbinder</u> Religion <u>R. C.</u> Place of Birth
Joined		Date	Place and Date of Enlistment	with Colours		
Joined		Date	with Reserve	years.		
Joined		Date	with Colours	years.		
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
				<i>Demobilized St. John's, 18 7/19</i>					

To be carried over

Army Form B. 121.

Receipt for Army Book 64

No. 4307 Name M Ryan

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

Date July 25<sup>th</sup> 1921

Place Norman, Ariz

Name M Ryan

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

C.R. 4307

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 *Apr. 20*.....

Place *North. Am.*.....

Name

*4307 EX Mt: M. Ryan*

C.R. 4307

Extract from Daily Orders Part II Unit The Royal RIF.  
Regt. St. John's, July 5th, 1919.


The discharge of the undersigned on demobilization has been  
APPROVED by D.C. Discharge Depot with effect from 2-7-19.

4307 Pte. M. Ryan.

C.R. 4307

Extract from telegram to Synoptical London, Jan. 3rd,  
1919.

Inform condition ~~EF~~ 4307 Ryan.



## NEWFOUNDLAND POSTAL TELEGRAPHS

Received \_\_\_\_\_ m. By \_\_\_\_\_

Sent out for delivery 7:30 m. By arm 3No. \_\_\_\_\_ Place from \_\_\_\_\_ No. of Words 9

To

J R Bennett  
men of militia



Advise condition 4307

ple Mike Ryan  
 wounded fifteenth

October

Mrs John Ryan

C.R. 4307

Jan. 3rd 1919.

Dear Madam:-

I am directed by the Minister of Militia to acknowledge receipt of your cable of Jan. 3rd, in which you are making enquiries regarding the condition of your son #4307 Pte. Michael Ryan, and in reply I beg to state that we have forwarded your enquiry on to our Pay and Record Office, London, and upon receipt of an answer we will immediately communicate with you.

Yours faithfully,



Lieut.

Casualty Officer.

Mrs. John Ryan,  
Morris' Arm.

WVW/MP.

*H. Ryan*

C.R. 4307

*H. H. H.*



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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.T.O.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4307	Pvt	Ryan. M.	\$2.50	

I have the honour to be, Sir,  
~~Very truly yours,~~  
Your obedient servant.

Date

June 26<sup>th</sup> 1918

M. Ryan



Ryan, L

4307

Ray Sept

July 19<sup>th</sup> 1919

#4307 Pte. Michael Ryan,

Norris Arm, N.D. B.

Dear Sir:-

Please find enclosed Discharge Certificate #3096.

Yours truly,

Captain,  
Seymour & Co. i/c Records

# The Royal Newfoundland Regiment

Class for Demobilization:—

*B*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*30.6.19*

Regimental No *4307*

Name

*Ryan Michael*

Rank

*OR*

Address

*Torris Arm*

Present Medical Category

*A-1*

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R. H. Last Major*  
O.C. Discharge Depot.

*L. Pederson*  
Senior Medical Officer

*J. C. Birden*  
M. O. Depot

# The Royal Newfoundland Regiment

4307  
916

## DEMOBILIZATION OF

Reg. No. 4307 Rank Pl. Name Ryan, M.  
 Date of Enlistment 11-1-18 Address North Arm District Gate  
 Occupation Lumberman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3404	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 30-6-19 O. C. Discharge Depot. Mrs. H.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment

I am \_\_\_\_\_ in a position to resume civilian occupation.

*M. Ryan*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$68.10

(b) Clothing Supplied \_\_\_\_\_

*W. Blouster*

Date 2-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2136 to his home at Thomas Ann and Release Certificate No. 3094 issued.

Date

2-7-19

*J.A. Snowball*  
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 15-7-19

Date

2-7-19

Depot Paymaster

Discharge approved for

4-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

1/2 Form B

Date

2-7-19

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Warrant for War Service Gratuity

Date

JUL 4 1919

O. C. Discharge Depot.

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

Date

July 18/19

*[Signature]*

## 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.

*M Ryan*  
Signature of Man.

Reg. No.

*J. H. Snowball*  
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date JUL -2 1919 191



July 24, 1919

#4307 Pte. Michael Ryan,  
Norris Arm,  
Swillingate.

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.

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... *Michael* 2. Surname... *Ryan*.....

3. Rank... *Private*..... 4. Regt. No. *4307*.....

5. Address in full to which future payments of gratuity are to be forwarded, *Norris Arms*.....

6. Date of enlistment in the Regiment. *25th January 1918*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *N.P.*

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. *France Belgium Germany*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *17 months and a half*

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

..... *No* .....

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

..... *No* .....

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

..... *No* .....

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

..... *No* .....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?  
(b) If so, was such reversion in consequence of Misconduct or inefficiency?

..... *No* .....

19. Are you now serving in the Regt.? *No* ... If not give - (a) date of discharge *July 2<sup>nd</sup> 1919* (b) Reason for discharge. *Removal*

.....

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.

..... *Yes Oct 1918* .....

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

..... *No* .....

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:

*Michael Bryan*

Place of Residence:

*Kovis Arm*

Declared before me at:

*St Johns*

This

*3<sup>rd</sup>*

day of

*July*

19*.19*....

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

*Mr James R*

POST DISCHARGE PAY

Date paid  
Soldier  
Dependent

War Service  
Gratuity

Net amount  
due

.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Certified correct.

Paymaster

Signature of Barrister

Place of Residence

Declared before me at

This

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

No. 4307 Name Pte Ryan. M Sqn., Batty., or Company } P B Corps Royal Field Date of enlistment } 1st Dec 1892 G.C. 2nd } 1st Service or Proficiency Pay } 1st

Date of last entry in Company Conduct Sheet } 1st Dec 1918 No. and date of last drink } 1st Dec 1918 Period not reckoning towards freedom from extra fine } 1st Dec 1918 Sheet No. 50680 Signature O.O. Company, etc. } W. Long Character } Best Good

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>1st 14/12/18</u>



Army Form B. 122.

No. 4307

Name

*W. C. Ryan*Sqn., Batty.,  
or Company

"B" Corps

*1st Royal Newfoundlnd*

Date of enlistment

G.C. Badges

Service or Proficiency Pay

*Temporary Sheet.*

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.

*W. S. Smith*

Character

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

Army Form B. 122



FORM K

No 3977



4 1ST. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, Michael Ryan, Regl. No. 4307  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
5 Dollars and 00 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:  
 Allotment begins March 1 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3730	Wife	Myr John (Bridget) Ryan	Morris Ave M. O. B.	50
Total Allotment, \$				50

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]  
 Officer Commanding  
 Company [Signature]  
Feb 27 1918

(S) Michael Ryan  
 (Rank) Pte



February 2<sup>nd</sup> 1918.

Royal Newfoundland Regiment,

To Pte. 4307 M. Ryan.

To Board and Lodging at Mrs. J.D. Coleman, Badgers Brook,  
(1/3 cost of accompanying Bill while awaiting train from  
Friday to Tuesday P.M. Incl.)

\$6.00.

*OK*

ACCOUNT	<i>M. Ryan</i>	INITIALS	<i>MR</i>
CH. NO.	<i>4307</i>	INITIALS	<i>MR</i>
IND. LEDGER	<i>R</i>	INITIALS	<i>MR</i>
PAY LEDGER	<i>BM</i>	INITIALS	<i>MR</i>
GEN. LEDGER		INITIALS	

*W. H. H. H.*  
Adjutant  
Depot, First Newfoundland Regiment,  
1-3-18. St. John's, Nfld.

*Michael Ryan*

Bridge Bl. Feb 26 1918  
Received from <sup>4207</sup> Post Ryan <sup>4207</sup> Walgood <sup>+320</sup>  
for 36 meals. \$18.00 <sub>100</sub> Dollars  
\$18.00 Mrs J D Coleman

ST. JOHN'S, JUL 2-1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pt. M. Ryan

Billeting Soldiers as undermentioned

from June 13/19 to June 28/19

4307 Pt. M. Ryan 15' 50

ACCOUNT	<u>B. M.</u>
CH NO	<u>2091</u> INITIALS <u>EW</u>
IND LEDG	INITIALS
PAY LEDG	INITIALS
GEN LEDG	INITIALS

Certified correct for \$ 15.50

J. A. Shaw Capt.  
Billeting Officer.

M. Ryan

Cell?