



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5641 Name John Foley Camp Regt

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. John Foley
- 2. What is your full Address? 2. West. Beacon B.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 11 Months
- 5. What is your Trade or Calling? 5. Labourer
- 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.
- 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

I, John Foley 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 Foley SIGNATURE OF RECRUIT.

John Foley Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Foley 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 5th day of June 1915

Signature of Attesting Officer [Signature]

† 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 [Post].

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

Date 1915 }
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Boyle

Apparent age 19 years months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Boyle
101st St. N. W. | 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

" " Pensions " _____ [" "] " _____ "

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5641 Name John Souley Corp Capt

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Souley
2. What is your full Address? 2. Hearts Delight St.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 16 Years Months
5. What is your Trade or Calling? 5. Fisherman
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.
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

I, John Souley, 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 Souley SIGNATURE OF RECRUIT.
Fisherman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Souley, 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 Johns on this 24 day of June 1918.

Signature of Attesting Officer C. Dicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

56.41

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

Name John Foley

Apparent age 19 years months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Foley
Hearts Delight | 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 <u>8-6-18</u>									
Joined at <u>M. P. Co.</u> on <u>June 8-1918</u>									
<u>Enlisted</u> <u>St. John's</u> <u>Nov. 30/1918</u>									
<u>Embarked</u> <u>M. P. Co.</u> <u>St. Columbkille Co. Mayo</u> <u>11.22.18</u>									
<u>Admitted</u> <u>Military Hosp.</u> <u>St. Mary's</u> <u>17.9.18</u>									
<u>Discharged</u> <u>for repatriation</u> <u>5.10.18</u>									
<u>to be re-embarked</u> <u>for demobilization</u> <u>16.10.18</u>									
<u>Arrived</u> <u>St. Columbkille</u> <u>8.11.18</u>									
<u>Discharged</u> <u>medically unfit</u> <u>30.11.18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-11-1918 [date of discharge] years 176 days

" " Pensions " [" "] " " " "

C.R.

5641

Extract from Daily Orders, Part II, UNIT: The Royal Newfoundland Regiment, dated Dec. 10th. 1918.

STRENGTH. PARADES.

5641 Pte. John Suley

Having been found Medically Unfit is Discharged from 30/11/18.

C.R.

5641

Extract from Daily Orders part 11, from Unit The Royal
Bfld. Regt. St. John's, dated July 25, 1918.

The following men embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5641 Pte. John Suley.

C.R. 5641

Extract from ~~Telegrams~~ Daily Orders part 11, from Unit
The Royal Nfld. Regt. St. John's, dated June 10, 1918.

#5641 Pte. John Seoley.

Attested for General Service with the Royal Nfld. Regt.
from 8.6.18

C.R. 5641

Extract from Medical Board held on Saturday Nov. 16th,
1918.

5641 Pte. J. Sooley,

Recommended Discharge- Permanently Unfit and admission to
JENSEN CAMP.
MM.

C.R. 5641

Extract from daily Orders part 11, Depot.gd. John's
dated Nov. 14th., 1918.

The undermentioned returned from Overseas and reported
at depot. 8/11/1918.

#5641 Pte. J. Sooley

BC.

C.R. 5641

Extract from Nominal Roll of Repatriation Draft Embarked
for Newfoundland 16-10-18.

DISCHARGED UNDER A.F. B.179.

5641 Pt. . Sooley, J.

MM.

C.R. 5641

Extract from Telegram to Military St. John's, dated October 27th., 1918.

Being sent here for discharge:

5641 Soley.

J. Soley

C.R.

5641

L.H.O.

Duplicate

Medical Report on an Invalid.

Station Hazley Lewis Camp
Date 5-10-18

1. Unit Regal N.F.L.P.
2. Regimental No. 5641
3. Rank Pfc
4. Name ~~Marley~~
5. Ago last birthday 19 yrs
6. Enlisted { on 8 June 1918
 { at St Johns N.F.L.P.

7. Former Trade } Sisterman
 or Occupation }
7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge; { N-9
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Tuberculosis / Lung

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.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

2 August 1918
Hazley Lewis Camp. Winchester
to state that during first week
of training he used to get
dizzy on parade and later
he developed cough and pain
in chest reported sick was
sent to Hosp and suggested
of T.B. discharged from Hosp.
with clinical confirmation
and for repatriation arranged
by strain of military
service conditions constituted

N-9

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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 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.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station _____

Date _____

APPROVED BY MEDICAL SERVICES

Station _____

Date _____



President.

Members.

Members.

Administrative Medical Officer
D. N. S. NEWFOUNDLAND.

13. What is his present condition?

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

*He is very thin spare patient
scantiness bone flat chested
extensive poor history while
in Hosp. of night sweats cause
great and easily rises of Temp
J.B. Not found.*

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

N.Y.

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

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

N.Y.

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

N.Y.

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

N.Y.

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?

N.Y.

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.

N.Y.

*discharged as permanently
unfit for active service*

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

W. H. C. P. R.

Officer in medical charge of case.

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

Station _____ Officer in charge of Hospital.

Date _____

*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.

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.

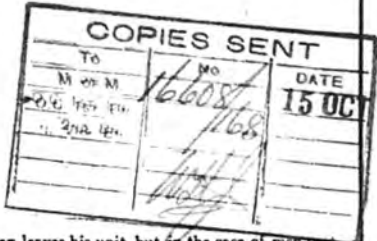


Proceedings on Discharge.

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

No. <u>5641</u>	Army Rank	<u>Private</u>	
Name <u>Looley John.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>			
Battalion, Battery, Company, Depot, &c. _____ <small>(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.)</small>			
Date of discharge _____			
Place of discharge _____			
1. <i>Description at the time of discharge.</i>			
Age <u>19</u> years _____ months	Descriptive marks.		
Height _____ feet _____ inches			
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.			
Complexion _____			
Eyes _____			
Hair _____			
Trade _____			
Intended place of residence { _____ (To be given as fully as practicable)			
<small>(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.)</small>			
2. The above-named man is discharged in consequence of _____			
<small>(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.)</small>			
3. Military character :— _____			
4. Character awarded in accordance with King's Regulations :— _____			

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* _____			



To be filled in on the soldier quitting the Colours.

Medical Report on an Invalid.

Station Angley's Co. C.
 Date 5-70-78

1. Unit 1st Royal Nfld Regt.
 2. Regimental No. B241
 3. Rank Plt.
 4. Name SODLEY John.
 5. Age last birthday 19.
 6. Enlisted { on June 15 18.
 at St John's Nfld.

7. Former Trade } Ironman.
 or Occupation }
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

"Tubercle of Lung"

COPIES SENT		
To	No.	DATE
M. OF M.	<u>16608/68</u>	15 OCT 1918
O.C. 1ST EN.		
" 2ND EN.		

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. ?

10. Place of origin of disability. Angley's Co. C. Wickett.

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

He states that during first week of training he used to get dizzy or fuddle, and later developed cough and pain in chest reported in card sent to hospital as suggestive of T.B.

Discharged from hospital with chest X-ray negative, and for re-examination

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

aggravated by other facilities service conditions.

Constitutional

Ra.

13. What is his present condition?

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

He is, my Sir, Ofen, pale, and debilitated - loose, flat chested, soft from poor - history which in Hospital of 14 weeks, loss weight, and evening rise of temperature. T B not found.

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

na.

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?

na.

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

na.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Discharge as permanently unfit to military service.
W.M.K.
Capt. Dore.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

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

MEDICAL HISTORY

OF

Surname Dooley

Christian Name John

Table I.—GENERAL TABLE

Birthplace:—Parish St. Peter's Delight County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>8</u> day of <u>June</u> 191 <u>8</u>	at <u>St. John's</u>	on	day of 191
Declared Age	<u>19</u> years	<u>19</u> days	years	days
Trade or Occupation	<u>fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches			
Weight	<u>133</u> lbs.			
Chest Measurement	Girth when fully expanded	<u>36</u> inches		
	Range of Expansion	<u>3</u> inches		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/6/10</u>	R.E.—V=	
	L.E.—V=	<u>6/6/10</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	

COPIES SENT		
To	No.	DATE
M. OF M.	<u>16608/108</u>	<u>15 OCT 1910</u>
O.C. INT. EN.		
" 2ND. EN.		

Approved by (Signature)

L. Amund Peterson

(Rank)

Major

Medical Officer.

Medical Officer.

Enlisted

at St. John's
on 8 day of June 1918

at

on day of 191

Corps Regtl. No. Corps Regtl. No.

Joined on Enlistment

Royal Nfld 56th
Regiment

Transferred to

Became non-effective by

on day of 191 on day of 191

(Signature)

(Rank)

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 future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	2	9	18	5	10	18	Tubercle of lung Bronchitis	33	Chronic cough. Night sweats. Loss of weight T. B. got found in sputum. Temp rises of 100° at night Discharged to unit for repatriation	W. J. Wren Capt. R.A.M.C.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Sooley, Regl. No 5641

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 ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins July 15, 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4555	Father	Richard Sooley	Agents Delight Point Bay	50cts
Total Allotment, \$				60 ⁰⁰

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

(Sig.) H. G. James
Officer Commanding
Per Jones Company
June 27 1918

(Sig.) John Sooley
(Rank) Pvt



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Sooley, Regt. No 5641
hereby agree, until further notification by me, and in similar official form to make an Allotment of
50 Dollars and 50 Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
concerned, viz.:

Allotment begins

July 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4555</u>	<u>father</u>	<u>Richard Sooley</u>	<u>Apart's Delight</u> <u>Priny Bay</u>	<u>50cts</u>
Total Allotment, \$				<u>60</u> ^p

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.) H. G. James
H. G. James Officer Commanding
F Company
Jan 27 1918

(Sig.) John Sooley
(Rank) Pvt

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T); of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Barton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Sooly (Surname) John (Christian name, in full)

Unit from which discharged 1st Bn R. W. Newfoundland Regt.

Regimental Number 5641 Rank on discharge Private Age on discharge 19.

Married, widower with children, or single No.

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life Sailor & Fisherman

Nature and locality of employment desired Seaman

Full postal address to which proceeding on discharge Sooly John, Heart's Delight, Linnity Bay

Name of Approved Society (if any) None

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed

Service towards pension

PART C. Number of G.C. badges medals

Wounds and actions in which received

PART D. Where born (parish, town and county), and date

Colour of hair on discharge Brown Colour of eyes Brown Complexion Fair

Christian name of father Richard

Christian name of mother Lydia

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

**Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.**

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Sooley John
(Surname) (Christian names in full)

A. Unit from which discharged 1st Division R. Newfoundland Regt.

Regimental Number 5641 Rank on discharge Private Age on discharge 19

Married, widower with children, or single W

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life Sailor & Fisherman

Nature and locality of employment desired Seaman

Full postal address to which proceeding on discharge Sooley, John Hearts Delight, Trinity Bay

Name of Approved Society (if any) None

PART B. Nature of medical unfitness Tubercle Lung.

Service with Colours 9/12 years _____ days, of which _____ years
_____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable None

Date of discharge 5. 10. 1918.

Station Angley Down Camp.

Date 5. 10. 18. Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.
NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

REC
24 SEP. 1918
COUNTY LAB.

Outfit Number... 4

Result of the examination of the specimen of *Sputum* taken from

Reg. No. *5644* Rank *Pvt* Name *Boley James*

Corps *H. F. I. S.*

Result *Tubercle bacilli not found*

TO BE LEFT BLANK.

24th Sept 1918

for *Dr. Licot*
Capt. Rame T.
Specialist Sanitary Officer.

RECEIVED
17 SEP. 1918
COUNTY LAB.

Outfit Number... *A*

Result of the examination of the specimen of *sputum* taken from

Reg. No. *5641* Rank *Pte* Name *Tadley James*

Corps *2/1 Bty Newfoundland*

Result *Tubercle bacilli not found*

SPECIALIST SANITARY OFFICER

17 SEP. 1918

THE CASTLE, WINCHESTER 191.....

R. A. Myer

Specialist Sanitary Officer.

TO BE LEFT BLANK.

LAST PAY CERTIFICATE

OFFICE COPY 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.

Regt No. 5644 Rank Pte Name Sooley J Unit ROYAL NEWFOUNDLAND REGT. who was Transferred
to Newfoundland on 1/1 Authority "D.O." Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£	¢	£	s	d	PARTICULARS	£	¢	£	s	d	CR.
PERIOD: FROM 28/9/18 TO 15/10/18	Balance Dr. from 28/9/18 - 16/10/18						Balance Cr. from 28/9/18 - 16/10/18						
	Allotment 18 days @ 60	110	80	12	4	5	Pay 18 days @ \$1.00	118	00				
	Cash Payments: 5/10/18 12/10/18			1	0	0	Field Allowance 18 days @ \$1.00	11	80				
				1	0	0	Other Allowances days @ \$			14	1	4	
	Other Debits: Banack Damages Laundry Clipping Rents (Franker)					6	Other Credits: Pass from previous Pay Book			11	17	0	
					2	6							
	Total Debits	10	80	14	7	4	Total Credits	19	80				
	Balance due by Paymaster			11	18	07	Balance due to Paymaster			15	18	4	
				15	18	04				15	18	4	

TO	No	DATE
M. OF M.	114 P.38	30-10-18
O.C. 1ST. BR.	16854/508	P/A
" 2ND. BR.		

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

P. Coy
28/9/18 - 25/10/18
(Pte) SHARLEY DOWN CAMP.

191
(Date) 16/10/18

W.P. Piper Capt.
O.C. "1st" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

Sooley John

Nov 1

Ray Sept

COPY.

Copy

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. 5641 Army Rank Private

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

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depôt, &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 November 30/1918

Place of discharge St. Louis, U.S.A.

1. Description at the time of discharge.

Age <u>19</u> years <u>6</u> months	Descriptive marks.
Height <u>5</u> feet <u>6</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Brown</u>	
Hair <u>Light brown</u>	
Trade <u>Fisherman</u>	
Intended place of residence (To be given as fully as practicable) { <u>Acacia Delight</u>	

(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.)

23
21
21
20
21
20
176

2. The above-named man is discharged in consequence of being no longer
physically fit for war service

(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.

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. 2068 has been issued to*

* Strike out if not applicable.

[OVER.]

COPY.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Looley Christian Name John

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. John's County Newfoundland

Examined ... (on 8 day of June 1918 at St. John's)

Declared Age ... 19 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 6 inches.

Weight ... 135 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.

{ Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left Number

When Vaccinated ...

Vision ... { R.E.—V—6/6 L.E.—V—6/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Sped. Lamont Paterson (Rank) Major Medical Officer.

Enlisted ... at St. John's on 8 day of June 1918.

Joined on Enlistment ...	Corps. <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	Regtl. No. <u>5641</u>
Transferred to ...		

Became non-effective by on ... day of ... 191 ...

(Signature) (Rank)

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future 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				
<i>Lazley Down</i>	<i>2</i>	<i>9</i>	<i>18</i>	<i>5</i>	<i>10</i>	<i>18</i>	<i>Tubercle of Lung</i>	<i>33</i>	<i>Chronic Cough Night Sweats, Loss of weight TB not found in Sputum Temp rises of 100° at night. Discharged to unit for Repatriation</i>	<i>Ydell C. A. Virian Capt. USMC</i>

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

Date	Brief details, and signature
10-6-18	Vacc SP
13-6-18	} TMS SP
27-6-18	} SP
4-7-18	} SP
5-10-18	<p>Branded Hazelton Down Camp marked E Category Tubercle of Lung (Anthony M J M Letter) Genl J A Knight Capt. R. M. C.</p>

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

LAST PAY CERTIFICATE

DUPLICATE MAIL COPY
 to be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19; 28/5/17.
 Regt No. 564 Rank Pte Name Sooly J. D. O. Unit ROYAL NEWFOUNDLAND REGT. who was transferred
 to Newfoundland on 16/10/18 Authority J. D. O. Cause Repatriation

R.F.F./3

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d				PARTICULARS	£ s d			
		£	s	d	£		s	d		
	Balance Dr. from 28/9/18 - 16/10/18					Balance Cr. from 28/9/18 - 16/10/18				
	Allotment 18 days @ 604	110	80	12	4	5	15	00		
	Cash Payments: 8/10/18			1	0	0		1	80	
	12/10/18			1	0	0			14	1
	Other Debits: Barrack Donages					6				4
	Laundry Hoffages			2		5			1	7
	Booked Barber								6	0
	Total Debits	10	80	4	7	45			19	20
	Balance due by Paymaster			1	1	04			15	15
				15	18	4				4
	Total Credits									
	Balance due to Paymaster									
									15	18
										4

PERIOD: From 28/9/18 to 15/10/18

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

B. Boy
 (Placed 28/9/18 to 28/10/18 (Date) 1918)

Peter Capt
 O.C. 5th Company.
 to 27/9/18

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

Pay & Record Office, London,
 28 OCT 1918 191

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

ORIGINAL

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. 564, Rank Pte Name Soley J Unit ROYAL NEWFOUNDLAND REGT. who was
to Newfoundland on 16/10/18 Authority 50 Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d					PARTICULARS	£ s d					CR.
		£	s	d	£	s		d	£	s	d		
PERIOD: From 26.9.18 To 15.10.18.	Balance Dr. from 25/9/18 - 16/10/18						Balance Cr. from 25/9/18 - 16/10/18						
	Allotment 18 days @ 60¢	10	80	2	4	5	Pay 18 days @ \$ 1.00	15	00				
	Cash Payments: 5/10/18 15/10/18				1	0	0	Field Allowance 15 days @ \$.10	1	80			
					1	0	0	Other Allowances days @ \$			4	1	4
	Other Debits: Barrack Damage Laundry (Stuffed paper) Post & Banker)						6	Other Credits:					
					2	5		Bal. from previous Book.		1	17	0	
Total Debits		10	80	4	7	4	Total Credits			5	18	4	
Balance due by Paymaster				1	15	4	Balance due to Paymaster						
				1	5	18				1	5	18	4

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

10 Company
Period 25/9/18 - 25/10/18
(Place) HAZELEY DOWN CAMP

(Date) 16/10/18

W. H. Carr
10.C. " of Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

23 OCT 1918 191

W. H. Carr
Chief Paymaster & Officer i/c Records.



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 *Soolley, John.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5641*
 Intended address *4 carts Delight*
 Height on discharge *5* Feet *6 in*
 Color of hair on discharge *light brown*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *Richard*
 Christian name of Mother *Lydia*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *4 carts Delight June 1/1899*
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *John Soolley* Pte. (Rank)
 Station *St Johns* Date *Nov. 14th 1/18*

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.

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

Station *St Johns* Date *Nov 14/18*

Medical Report on an Invalid.

Station Hazeley Down Camp.

Date 5-10-18.

- 1. Unit **ROYAL NEWFOUNDLAND**
- 2. Regimental No. **5641**
- 3. Rank **Pte.**
- 4. Name **SOOLEY, JOHN**
- 5. Age last birthday **19 years**

- 7. Former Trade }
or Occupation } **Fisherman**
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge; **N.A.**
(d) Cause of Discharge.

6. Enlisted { **on June 8th '18.**
 { **at St. John's, Nfld.**

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

TUBERCULOSIS - LUNG.

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.
- 10. Place of origin of disability. **Hazeley Down Camp, Winchester.**

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

He states that during first week of training he used to get dizzy on parade, and later he developed cough and pain in chest. Reported sick. Was sent to Hosp. and suggestive of T.B. Discharged from Hosp., with clinical confirmation and for repatriation.

- * 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). **Aggravated by strain of Military Service conditions.**
 - (b) constitutional or hereditary, and not aggravated by service during the present war. **Constitutional.**
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **N.A.**

13. What is his present condition?

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

He is very thin, spare, pale, and debilitated. Force(?). Flat-chested. Expansion poor. History whilst in Hospital of night sweats cause great and easily rises of temp. T.B. not found.

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

N.A.

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

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

N.A.

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

N.A.

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

N.A.

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?

N.A.

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.

N.A.

20. Do you recommend—

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

Discharged as Permanently Unfit for active service.

~~J. St.P. Knight, Capt. R.A.M.C.~~
Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 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.

21. (a.) State whether the disability is clearly attributable to— **Weight 132 lbs. Pulse 120.
Left apex affected.**

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ; **----- Yes, aggravated.**
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary. **Yes, probably - came on two months after enlistment.**

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? **Exposure and hardship.**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Total while in Hospital.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend— **Yes**

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

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium; **----- Jensen, Yes.**
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures :—

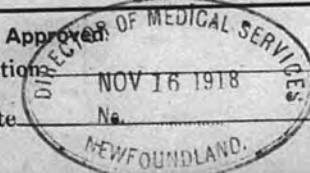
N. S. FRASER President.

Station St. John's

J. S. TAIT } Members.

Date Nov. 15th '18.

L. PATTERSON, Major



Station _____

(Sig) CLUNY MACPHERSON, Major.
Administrative Medical Officer.
R. N. S. NEWFOUNDLAND.

Date _____

Dec. 12th. 18.

Pte. J. Seoley,
Heart's Delight, T.B.

Dear Sir,-

I enclose herewith Gilivila Clothing
guarantee, which kindly fill out and return to this
office, and on receipt of which I will forward you
cheque for \$60.00

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Enclosure 1.

No 6051



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Sooley, Regl. No. 5641

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins July 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4555	Wife	Richard Sooley	Spants Delight Dixy Bay	50 cts
Total Allotment, \$				60 4

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.) W.G. James

Officer Commanding

St Johns F Company

June 29 1918

(Sig.) John Sooley

(Rank) Private

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.

Date Jan 2nd 1919

Sig. of Soldier W. J. Sweeney

Place Hearts Delight

Sig. of Witness E. Worthman

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 5641 Rank. Pte Name J. Sooley
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 4 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00 xx

Date Jan 2nd 1919

No. 5641 Pte J. Sooley
 Signature of Soldier

Hearts Delight. 303

E. Worthman
 Signature of Witness

Kindly sign and return this Form
 at your convenience.

June 9th 1920.

Major Howley,
O. I. G. Pay & Records.

J. Sooley 5641

Please pay to the man named above,
the sum of eleven dollars and forty five cents,
being the cost of transportation to St. John's and board allowance.
Charge same to the Civil Re-establishment Committee.

\$11.45

J. C. B. B. Bechall,
Vocational Officer.

ACCOUNT		
CHK. NO.	39227	INITIALS <u>MB</u>
IMP. L.S.		INITIALS
PAY L.S.		INITIALS <u>MB</u>
GEN. L.S.		INITIALS <u>MB</u>

J Sooley

July 17 1920

Major Howley
O. I. C. Records

Please pay to J. Sooley 5641
the sum of four dollars and sixty seven cents
in payment of arrears of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$4.67

Pension Nil

ACCOUNT	<i>7212</i>	INITIALS	<i>AS</i>
CHK. NO.		INITIALS	
INB. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

J.P.H.

W. Macchell

Vocational Officer

J. Sooley

BB/OR.

July 24, 1920.

Major Howley,
O.I.C. Pay and Records.

Please pay to J. Sooley,
the sum of four dollars and sixty seven cents
being amount of allowance due him.
Charge same to Civil Re-establishment Committee.

\$4.67

J. B. A.

W. W. McNeill

Vocational Officer.

ACCOUNT	
CH. NO. 1004	INITIALS <i>J.S.</i>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS <i>J.S.</i>
GEN. LEDGER	INITIALS

J. Sooley

July 9 1920

Major Howley
O. I. C. Records

Please pay to J. Sooley, 5641
the sum of fourteen dollars and sixty eight cents
in payment of arrears of allowance for 22 days to July 10
and charge same to Civil Re-establishment Committee

\$14.68

Pension

N11

J.P.H.

W.W. McCall

Vocational Officer

J. Sooley

ACCOUNT		INITIALS	<i>[Signature]</i>
CH. NO.	475	INITIALS	<i>[Signature]</i>
INL. LEDGER		INITIALS	<i>[Signature]</i>
PAY LEDGER		INITIALS	<i>[Signature]</i>
GEN. LEDGER		INITIALS	<i>[Signature]</i>

Sept 27 1920

Major Howley
O. I. C. Records

Please pay to J. Sooley, 5641
the sum of sixty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$60.00

Pension Nil

ACCOUNT		
CHK. NO.	2752	INITIALS <i>JS</i>
INL. LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN. LEDGER		INITIALS

J. C. A.
W. M. McCall

Vocational Officer

J. Sooley

56 41 Pte. J. Sooley
b. b. clothes

ch. 6499

\$ 60 ⁰⁰/₁₀₀

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet

One

Regiment of Royal Newfoundland

Signature of O. C. Company

C. P. Dickson Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<u>5641</u>	<u>Sooley John</u>		<u>19</u>		
Joined	Date	Place and Date of Enlistment	Religion		
Joined	Date	<u>St. John's</u>	<u>C. P. E.</u>		
Joined	Date	Period of } with Colours <u>176</u> years. with Reserve <u>365</u> years.	Place of Birth		
Joined	Date		<u>Heath's Delight T. B.</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically Unfit</u>	<u>St John's</u>	<u>30th 18</u>			



To be carried over.



5641

THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

St. John's, Newfoundland,

191

Dec. 7th. 1918

Officer Commanding.

Headquarters.

Sir:-

The under-mentioned men have been discharged on the dates given. Kindly note and post in Daily Orders, Part II.

I have the Honour to be,
Sir,
Your obedient Servant.

Sgd.J.M.Howley,
Capt.
Paymaster & O. i/c Records.

	Nov. 29th. 1918.	Med. Unfit.
4202. Pte. Wellon, Stewart		
3235. L/C. Pike, Thos.	do	do
4123. Pte. LeDrew, Edward J.	do	do
5555. " Langdon, Chas.	do d	do
5395. " Coleman, Bartholomew	do	do
4200. " Stickland, James	do	do
4265. " Morris, Willis. H.	21 30th	do
5662. " Verge, Thos.	do	do
5641. " Sooley, John.	Do	do.

Nov. 18th, 1918

From Officer Commanding
Depot.

To Paymaster and Officer i/c Records
Militia Department

4265 Pte. Morris, W.H.
5641 " Sooley, J.

The marginally noted men have been recommended for discharge as permanently unfit and admission to the Jensen Camp by Medical Board held on Saturday, Nov. 16th, 1918.

I am sending them herewith for your attention and necessary action, please, and have given them verbal instructions to report to Director Medical Services after they have finished their business with you.

Copy to D.M.S.

LWC

Reg. No. 5641 Rank Pte Name Soolby J.

Attested Address.....

Allotment..... Allottee

Date of Allotment..... Returned from Overseas 8-11-18

Embarked for Overseas Cause Discharge

16-11-18 Rec-Dis-Per-unfit & admission to Jensen Camp.

1-12-18 **DISCHARGED—MEDICALLY UNFIT**