

Walsh. Albert;

2 Bugler

Records

C.R. ✓

Extract from Daily Orders part II,
Depot St. John's dated Feb. 15/1919.

The discharge of the undernoted on
demobilization have been CONFIRMED
by Officer i/c Acc rds on noted
Date. 13-2-19.

#Drummer A. Walsh.

C.R. ✓

Extract from Daily Orders part II, depot St. John's
dated January 20th., 1919.

The discharge of the undernoted on Demobilization have
been APPROVED by O. C. Discharge depot on 16-1-19.

#Drummer A. Walsh.

C.R.

Extract of Daily Orders part 11, from Unit The Royal
Field. Regt. St. John's, dated April 6th, 1918.

Albert Walsh.

Attached to Drum & Bugle Band B/4/18.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. Rank *Drummed* Name *Richard A.*
 Date of Enlistment Address *St Johns* District *St Johns*
 Occupation Classification for Discharge *A* Medical Category *Special*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date *15.1.19*

W. M. Cum-
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Richard Walsh.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *\$65.00*

(b) ~~Clothing~~ Supplied *Joseph A. Snow*

Date *16-1-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *his* to his home
 at *St Johns* and Release Certificate No. *812* issued.

Date *16-1-19*

C. B. Dicks Capt.
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to *13-2-19*

Date *16-1-19*

Money Capt.
 Depot Paymaster.

Discharge approved for *16.1.19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122	Board 1st	" 2	1	<i>Forwarded</i>
B 178a	D 400A	B 1915	do 2nd	" 3	2	
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 *16.1.19*

C. B. Dicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

JAN 16 1919

Date

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

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

Date *Jan 20 1919*

R. H. Sait Capt.
Major Records

Reg. No. _____ Rank *Bugler* Name *Walsh A.*
Attested *3. 4. 18* Address *City*
Allotment _____ Allotee _____
Date of Allotment _____ Returned from Overseas _____
Embarked for Overseas _____ Cause _____

22 1/2 Reported from Sick leave. To off duty
H. Leave from 7-9-18 to 12-9-18. Also 12-9-18.

15-1-19 PASSED TO DEMOBILIZATION OFFICER

16-1-19 DISCHARGE APPROVED ON DEMOBILISATION.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. _____ Rank *Drummer* Name *Walsh A.*

Intended place of residence..... *Battery St. John's City*

2. Occupation *Clerk*

Classification of soldier *A.* Medical Category *atn*

3. The above named man is discharged in consequence of.....
.....
.....
DEMOBILIZATION

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* *W. H. Kelly Capt*

Date *JAN 16 1919* Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date *St. John's Nfld.* *A. Walsh*

16-1-19 *W. H. Kelly Capt*
Signature of soldier
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date *Jan 16th 1919* *A. Walsh*

ST. JOHN'S. *J. H. ... Capt*
Signature of soldier
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *6-4-18* No of days on Military

Discharged from service *16-1-19 plus 28 days* Service *364 days*

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* *R. H. ... Capt*

Date *JAN 16 1919* Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place *St. John's Nfld.* *W. Bowley Capt*

Date *February 15 1919* Officer in Charge
The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. Rank *Drummer* Name *Estabek A.*
 Date of Enlistment Address *St. John's* District *St. John's*
 Occupation Classification for Discharge *A* Medical Category *A*
 Recommendation S.M.B. Disability Rating *Special*
 Passed to Demobilization Officer with following documents:—

N.F. P/36.	B 268.	B 121.	N.F. Med.	D.F. 1.	<i>1.</i>
B 178.	W 3494.	B 122.	Board 1st.	" 2.	
B 178a.	D 400A.	B 1915.	do 2nd.	" 3.	<i>3.</i>
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 *15.1.19*

W. W. East
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

I Walsh

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *\$60.00*
 (b) Clothing Supplied *Joseph A. Snowling*

Date *16-1-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *nil* to his home
 at and Release Certificate No. issued.

Date
16-1-19
W. B. Dicks Capt.
 Demobilization Officer

4. Pay and Allowances.

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

Date
16-1-19
W. B. Dicks Capt.
 Depot Paymaster.

Discharge approved for.....

Forwarded with following documents to O.C Discharge Depot.

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

Date
16. 1. 19
W. B. Dicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

JAN 16 1919

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

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work a Clerk

U. Walsh

Signature of Man.

Essie's Caff

Reg. No. Summer

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date Jan 16th 1919



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 *Albert Walsh.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *Drummer.*

Intended address *St. John's.*

Height on discharge *5* Feet *2.*

Color of hair on discharge *Light.*

Complexion *Fair.*

Color of eyes *Grey.*

Descriptive Marks *None.*

Figure on discharge *Handsome.*

Christian name of Father *Johanna.*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's, Nov. 1902.*

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) *Albert Walsh.*

Station *St. John's*

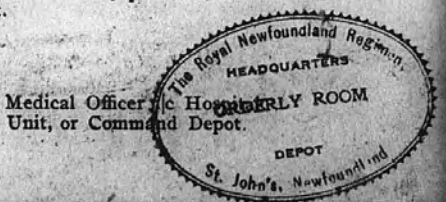
Date *16.1.19*

(Rank) *Drummer.*

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



The Royal Newfoundland Regiment

Class for Demobilization:—

a

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *January 15. 1919*

Regimental No.

Name *Albert Walsh* (Drummer)

Address *Battery Road, St. John's East.*

Present Medical Category *Sound*

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

*It is hereby certified that this soldier
has been before a Travelling Medical
Board and has been classified as*

fit for Discharge on *Home* *Discharge*
tion. Medical category *Members of Board*

15.1.19
Date of T.M.B.

Walsh
Captain
Adjutant
Discharged from Newfoundland

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

H. P. ...
Senior Medical Officer

Geo Burden
M. O. Depot

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

1. Surname *Maloch* 2. ~~Surname~~ ^{Christian name} *Albert*
3. Rank... *Drummer* 4. Regtl. No. *None*
5. Address in full to which future payments of gratuity are to ~~be~~ forwarded... *Battery Rd.*
6. Date of enlistment in the Regiment... *March 22nd. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *None*
8. Relationship of such dependents... *None*
9. Address in full of such dependent... *None*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *None*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *I was in the Band until I wheared of military age but the Amnesty was signed before that time*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *March 22nd. 1918. April 16th. 1919 January*

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

I enlisted twice in 1917 but was rejected being to not being of Military Age

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... *I received 109.60*

from the Paymaster at the Empire Barracks as Post Discharge Pay.

15. Have you been issued with a War Service Badge?.... *no*

16. Have you, during the present war, served in the Imperial Forces. *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *None*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.... *no*

(b). If so, was such reversion in consequence of misconduct or inefficiency?.... *None*

19. Are you now serving in the Regt.? *no*. If not give:- (a) Date of discharge... *Jan'y 16/19* (b) Reason for discharge... *Swing to Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *no*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? *no*

(b). If so, are you in receipt of full pay and allowances from that Committee.... *None*

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: *Albert Walsh*
 Place of Residence: *Battery Road.*
 Declared before me at: *St. John's.*
 This *3rd* day of *March 1918*

Chas. O'Neill Curry
 Signature of Barrister of the *Not Public*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.					Net amount due
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		
.....	<i>Nil.</i>
.....
.....
Certified Correct.				Paymaster.	