



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5315 Name John Walsh Corps R. C.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>John Walsh</u>                         |
| 2. What is your full Address? .....  | 2. <u>Goates Cove</u><br><u>Bay de Verde</u> |
| 3. Are you a British Subject? .....  | 3. ....                                      |
| 4. What is your age? .....   | 4. <u>20</u> Years ..... Months              |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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 .....<br>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, John Walsh 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.

22/5/18

Pte R. Power SIGNATURE OF RECRUIT.  
Signature of Witness.

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

I, John Walsh 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 22 day of May 1918

Signature of Attesting Officer Ansicks 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 compiled with. I accordingly approve, and appoint him to the .....

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

Date May 22 1918  
Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
\* Do not 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) .....



Reg. No. 5315 Rank Pvt Name Walsh John 8. Co  
Attested 22-5-18 Address Grates Cove T. B.  
Allotment 60 Allottee Thos Duggan Friend  
Date of Allotment 1-7-19 Returned from Overseas  
Embarked for Overseas JUL 22 1918 Cause

25<sup>th</sup> Dec 15<sup>th</sup> 1918 1st Troop 2nd Div 20<sup>th</sup> 4<sup>th</sup> 3rd Troop 30<sup>th</sup> 6<sup>th</sup> 18  
H.P. 28<sup>th</sup> 8<sup>th</sup> 10.6.18

C.R. 5315

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, Depot St. John's, dated October 20th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted date  
3-9-19.

5315, Walsh, J.

C.R. 5315

Extract from Daily Orders Part II Royal Newfoundland Regiment.  
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has  
been approved by O.C. Discharge Depot from noted date  
23-7-19.

5315, Pte. J. Walsh.

C.R. 5315

Extract from Daily Orders Part II Unit The Royal Field. Page.  
St. John's, July 24th 1919.

5315 Pte. J. Walsh.

Reported at Headquarters 1-7-19 ex "Cassardra" which sailed  
Glasgow 24th June, 1919.

C.R. 5315

22nd., April 1919.

Hon. J. R. Bennett,  
Minister of Militia.  
City.

Sir:-

Since Mr. Peters wrote you this morning, I have received received similar applications re 5285 Daniel Norris and 5315 John Walsh. These men with 5997 Patrick Howard referred to in Mr<sup>s</sup> Peters letter - their people are very anxious to get out to prosecute the fishery. I would suggest that you kindly wire England and find out what the prospect are of getting them out and would appreciate a reply as soon as possible.

Yours very truly

JOHN C. GROSBIE, Pte. J.P.

Copy in file 5285

C.R. 5315

Apr. 24th 19

Hon J.C. Grosbie,  
City.

Dear Sir:

I am in receipt of your letter of April 22nd, dealing with the matter of repatriation of No. 5285, Pte. Daniel Norris, and No. 5315, Pte. John Walsh.

A number of applications have been received by this Department to have men repatriated for the purpose of prosecuting the fishery. My letter to Mr. Peters of this date will explain to you the difficulties under which we are labouring in the matter. I am afraid that the draft leaving on May 20th will be the earliest available opportunity for repatriating these men.

Yours faithfully,

Minister of Militia.

1 Copy Pleon



CR. 5315

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

The following man embarked for overseas on U.S.S.  
"Columbellia" July 22, 1918.

#5315 Pte. John Welch.

Extract from Daily Orders part 11, from Unit The Royal B21d.  
Regt. St. John's, dated May 23, 1938

#5315 Pte. John Walsh.

Attested for General Service with the Royal B21d. Regt.  
from 22.5.18

J. Wals

C.R. 5315

110



No. 8726/1634

B 100 209

N.F.C. 1919.

From: NEWFOUNDLAND CONTINGENT

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

TO: Officer Commanding,  
2nd Batt. Ryl. Nfld. Regiment  
Winchester, Hants.

NEWFOUNDLAND CONTINGENT  
EST. VICTORIA  
LONDON  
20 JUN 1919  
PAY & RECORD OFFICE

17th June 1919

18th June 1919

5315 Pte. J. Walsh

Receipt hereunder

With reference to the following  
telegram from the Minister of  
Militia / / 19 ( 239 ):

"Pay to- 5315 J. Walsh  
£2. 0. 0.

*O. Kern*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n.  
R.N.R.

Received the sum of Two Pounds

Cheque <sup>2</sup> £5. 0. 0. is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

in respect of  
telegraphic remittance from the  
Minister of Militia.

*A. C. Minusset Maj.*  
Chief Paymaster & O. i/c records.

*J. Walsh*  
No 5315 Rank Plt

Witness: W. R. Hooper

No 2921/414.

N.F.P./79.

FROM NEWFOUNDLAND CONTINGENT

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

To: *RC*  
Officer Commanding,  
2nd/Bn. Ryl Nfld Regt.

Winchester.

19th February 1919

*February 21* 1919

5315. Pte Walsh J.

Receipt hereunder:

With reference to the following telegram from the Minister of Militia / / (36.)

*Okain*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT,  
Officer Commdg. *2nd* Batt'n.

"Pay to 5315. Walsh.

£5.0.0.

Received the sum of *Five pounds*

Cheque £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

in respect of telegraphic remittance from the Minister of Militia.

*A. S. Mansel May*

Chief Paymaster & O. i/c Records.

*J Walsh*  
No. *5315* Rank *Private*

Witness *M. Rockett*

Walt. John

5315

Ray Sept.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Sept 3, 1919

#5315 Pte. Jehn Walsh,  
Grates Cove,  
Bay de Verde.

Dear Sir:-

Please find enclosed Discharge Certificate #5820.

Yours tr ully.

*Send  
Cheque*

Captain & Paymaster.



Sept 3, 1919

#5315 Pte. John Walsh,  
Grates Cove,  
Bay de Verde.

Dear Sir:-

Please find enclosed Discharge Certificate #3820.

Yours tr ully.

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5315 Rank Pte Name Walsh J  
 Intended place of residence Grake Cove  
 2. Occupation Interpreter  
 Classification of soldier 2 Medical Category A7

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 21 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 21 1919  
 Signature of soldier  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date 21 7 19  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22.5.18 No. of days on Military  
 Discharged from service 23.7.19 Plus 14 days Service 442 3

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty eight days from date.  
 Place, ST. JOHN'S  
 Date 23. 7. 19  
 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  
 Date August 6 1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

Ans B 207913820

19  
20  
21  
26  
27

COPY.

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—

**E**

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 19-7-19

Regimental No. 5315

Name Walsh, John

Address Grates Cove

Present Medical Category A1

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

Members of Board { L. R. COOPER, CAPT.  
O. C. Discharge Depot.  
(sgnd) L. Paterson  
Senior Medical Officer  
" F. W. Burden  
M. O. Depot

Military Service: 442 days



# The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *H* *July 19* 1919

Regimental No. *5315*

Name *Walsh John*

Address *Scates Cove*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

*[Signature]*  
Senior Medical Officer

*[Signature]*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5215 Rank Pvt Name Walsh J  
 Date of Enlistment 22.3.19 Address Forty Cape District B.A.T.  
 Occupation Subaltern Classification for Discharge 4 Medical Category 1F  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date July 19 1919 O. C. Discharge Depot. W. Walsh

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

J. 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 Amelobrook

Date 21-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2572 to his home  
at Grates Cove and Release Certificate No. 3754 issued R

Date 21-7-19

Ambrose  
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 6-8-19

Date 21-7-19

H. H. H.  
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
F 178	W 3494	B 122	Board 1st.	" 2.
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 22-7-19

Ambrose  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date 22.7.19

L. R. COOPER, CAPT.  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*J. H. H. H.*

Signature of Man.

*A. M. C. B. R. H.*

Reg. No. 3318

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *26-7-18.*

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

# MEDICAL HISTORY

OF

Surname

*W. A. S.*

Christian Name

*Alfred James*

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

*W. A.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	22	day of May 1918		day of 191
Declared Age	20	years		years days
Trade or Occupation	<i>F. Sherman</i>			
Height	5	feet 2 inches		feet inches
Weight	117	lbs.		lbs.
Chest Measurement	Girth when fully expanded... 35 1/2 inches			inches
	Range of Expansion... 2 1/2 inches			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>4/6</i>	R.E.—V=	
	L.E.—V=	<i>4/6</i>	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)	<i>Lamont Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>S. Johns</i>	at	
	on	22 day of May 1918	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment	<i>The Royal</i>			
	<i>W. A. Dept 5315</i>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Date	Brief Details, and Signatures
23-5-18	Vacc. <i>AB</i>
13-6-18	T A B } <i>40</i>
20-6-18	T A B } <i>40</i>
27-6-18	T A B } <i>40</i>
	<p style="text-align: center;"><del>It is hereby certified that the soldier has been before a Travelling Medical Board and has been classified as for Discharge on Dependent Medical category</del></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
			<p style="text-align: center;"><del>It is hereby certified that the soldier has been before a Travelling Medical Board and has been classified as for Discharge on Dependent Medical category</del></p> <p style="text-align: center;"><i>6</i></p> <p style="text-align: center;"><i>July 19 1919</i> Date of F.M.B.</p> <p style="text-align: right;"><i>J. M. S. H.</i> Captain Assistant Adjutant Discharge Hospital—Howland</p>		

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Soldier*
2. Regtl. No. *2315* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Walsh* *J. S.* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on ..... at .....  
in category (or grade) .....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to                 | (b) aggravated by        |
|--|-------------------------------------|--------------------------|
| (i.) Service during the present war .. .. .                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. .                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? *He complains of no disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

16. Was an operation performed? If so, when and what was its nature?  
 17. If not, was an operation advised and declined?  
 18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?  
 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatiation*

Station *Hazley Down* .. .. .

Date *3/14/19* .. .. .

*W. B. Proemin*, *Capt RMC*  
 Medical Officer in charge of case.

\* 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



## 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

*John Walsh*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*535*

Intended address

*Grates Cove*

Height on discharge

*5 Feet 3*

Color of hair on discharge

*Dark*

Complexion

*Dark*

Color of eyes

*Brown*

Descriptive Marks

Figure on discharge

*Short*

Christian name of Father

*Thomas*

Christian name of Mother

*Beed*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Barbados. 10-10- age. 20-1899*

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)

*J Walsh*

(Rank) *6/15*

Station **ST. JOHN'S.**

Date

*July 17<sup>th</sup> 1919*

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



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

Date

1-  
Sep 3

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.

1. Christian name..... Johan ..... 2. Surname..... Walsh .....
3. Rank..... Pte ..... 4. Regt. No. .... 231st .....
5. Address in full to which future payments of gratuity are to be forwarded..... Grakes Lane, B St V. Dist .....
6. Date of enlistment in the Regiment..... May 1918 .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
No .....
8. Relationship of such dependents.....  
No .....
9. Address in full of such dependents.....  
No .....
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 field. If so, give dates and particulars of such service.....  
Overseas .....
12. Give total length of time which you served on active service, whether in field or Overseas.....  
fourteen months .....
- ..... 1. 2. ....

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.

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

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.

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?

19. Are you now serving in the Regt.? If not give: (a) Date of discharge. *August 4, 1918* Reason for discharge.

*Demob*

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.

*England*

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.

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

Signature of Applicant: *J. Kelly*  
 Place of Residence: *Israhel Conn.* *B. A. V. Dist*  
 Declared before me at: *St Johns*  
 This *21* day of *July* 19*19*....

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

POST DISCHARGE PAY.				Net amount due
Date paid	to said Soldier	to said Dependents	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Registrar





5315 Walsh

P.M.

Please make first pay W.S.G.

7/7/9

J. C. D. W. P. K.

5315

June 10, 1919

Mr. John Walsh,  
80, Hamilton Street,  
C i t y.

Dear Sir:

With reference to your letter of June 6th. I beg to advise you that if you were in an Imperial Regiment, it is necessary for you to apply to the Imperial authority regarding Separation Allowance for your mother, as we cannot deal with it through this Department.

Yours truly,

Lieut.  
For Paymaster

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 21 19-9

Received from the First Newfoundland Regiment

the sum of Seventy J. E. S. Dollars.

on account of Pay. W. S. G.  
balance

S. Selok

Ch. No. 3581	Initials. J. E. S.
Pay Ledger 329	Initials. W. S. G.
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank .....

No. 5315

Rank

Pt

Name

Walsh J

ST. JOHN'S, JUL 18 1919

# Royal Newfoundland Regiment.

Billeting Account,

To *Lt. J. Walsh*

Billeting Soldiers as undermentioned

from *July 1<sup>st</sup> 19* to *July 16<sup>th</sup> 19*

*5315. Lt. J. Walsh 16 60*

*BTM*

ACCOUNT	
CH NO	<i>3343</i>
IND. LEDGER	INIT
PAY LEDGER	INITIALS
GEN LEDGER	DATE

Certified correct for \$ *16 60*

*M. Blouston*

Billeting Officer.

*R.J. S. Welch*



5315

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5315 Rank A/C Name Walsh  
 Date of Enlistment 27.5.18 Address Grater Cube District B.A.T.  
 Occupation Fisherman Classification for Discharge 6 Medical Category II  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date July 19 1919 O. C. Discharge Depot H. H. H.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$ 65.00
- (b) Clothing Supplied \_\_\_\_\_

Date 21-7-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2372 to his home at Franklin Avenue and Release Certificate No. 3734 issued.

Date 2-1-7-19

Amel Johnston  
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 4-7-19

W. M. Smith  
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 23-7-19

Amel Johnston  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date 23.7.19

**L. R. COOPER, CAPT.**

O. C. Discharge Depot.

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

Date Aug 30/19

W. M. Smith

Reg. No. 5315 Rank Pvt Name Walsh John

Attested ..... Address Grates Cove

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas JUL 1 1919

Returned on S S Cassandra Cause Discharge

11-7-19

**PASSED TO DEMOBILIZATION OFFICER**

13-7-19

**DISCHARGE APPROVED ON DEMOBILISATION**

C.R. 315  
Army Form B, 179

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi), King's Regulations, and in cases of discharge under para. 392 (vi), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

# Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland* ..... 7. Former Trade or Occupation } *Madonna*
2. Regtl. No. *5315* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Walsh* *John* ..... (a) Former Regts. or Corps, with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday..... *20* .....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to general disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war .....
- (ii.) Previous active service .....
- (iii.) Climate in pre-war service .....
- (iv.) Ordinary military service before the war .....
- (v.) Serious negligence or misconduct on the man's part. } .....

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*He complains of no disability*

16. Was an operation performed ? If so, when and what was its nature ?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*W.E. Proemier* *Capt* *Rams*

Medical Officer in charge of case.

Station *Hasely Down* .....

Date *3/2/19* .....

\* 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.