

THE ROYAL NEWFOUNDLAND REGIMENT

No. 5353 Name of whom Walsham KC.
Questions to be put to the Recruit before Enlistment.
I. What is your name?
2. What is your full Address?
3. Are you a British Subject?
4. What is your age? Months
5. What is your Trade or Calling? 5.
6. Are you Married? 6.
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac-
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?
11. Are you willing to serve upon the conditions as embodied in the roll of service to be \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
made by me to the above questions are true, and that I am willing to fulfil the engagements made. **Clahsignature of Recruit.** Signature of Witness.
OAT TO BE TAKEN BY RECRUIT ON ATTESTATION.
Ido 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 delivered
on this day of
†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:
Date
Place
† The signature of the Approving Officer is to be affixed in the presence of the Recruit. ‡ Here insert the "Corps" for which the Recruit has been enlisted.

DESCRIPTIVE REPORT ON ENLISTMENT To correspond with entries on the Medical History Sheet. Name. Apparent age Height Girth when fully expanded inches Chest Measurement Range of expansion Distinctive marks ... INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship 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. (c) (a) (6) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-Signature of Officers certi-fying correctness of entries serve not allow-ed to reckon to-wards G. C. Pay Corps in Rgt. or high served Depot Promotion, Reductions, Casualties, &c. Army Rank Dates Days Years Days

[date of discharge]

Total Service forfeited as above

C.R. 5353

Bu ract from Daily Orders partil, from Unit The Royal N214.Regt.St.John's, da.ed July 25,1918.

The following man emberhod his overseas on H.M.S. "Columbella" July 22,1918.

#5353 Pte.William Walsh.

C.R. 3/353

Extract from Daily Orders Part 11 Unit the Royal Mfld.
Regt. St. John's, July 15-1919.

The discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot with effect from 26-7-19.

5353 Pte. Wm. Walsh.

C.R. 5353

Extract from Dafly Orders Roytmill Unit The Royal Nfld.
Rogt. St. John's, July Sadyland

Reported in Principle to 224-39 in tinesection which briled Bilenow 247% June 1914.

5353 Pte. W. Walsh.

Roportol at Headquarters 1-7-19 or "Caseautra" which sailed Diascon Jane 8455,1919s

St. Schaff, Stre Schiller

Regt, St. Johnson Coly 198, 1986

C.R. 5353

Extract from Daily Orders Part II Royal Newfoundland Regiment Depot st. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from noted date 9-8-19.

5353 Pte. Wm. Walsh.

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

#5353 Pte. William Walsh.

Attested for General Service with the Royal Nfld Regt. from 23.5.18

W Webs.

CR 5355

www.	C.R.	533 3
AAC		

Nº 6143



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS William Wedch , Regl. No. 5 3 5 3 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.: Allotment begins Augus! 1 1918 Identity Certificate No. Whether Wife, Child, other Relative or Friend AMOUNT (each person) NAME (in full) 4463 mother Mrs John (Ellen) Et Marys 60 Total Allotment, S 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.) William Kulsh Officer Commanding St Johns July 2 191 5

No. 21612/2499/P.&.A	6 2 10 17 Dad N.F.P. 179.
Chief Paymaster & 0.1/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street, London, S.W. 1.	Officer Commanding, A/Da Reyal Nfld. Rgt, Hazeley Down Camp, Winchester.
q30th December, 1918	2-1-1919
With reference to the following telegram (11296) from the Hon. Minister of Militia, received Pay to 5353 Walsh, £4.0.0. Draft £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon. Chief Paymaster & 0. 1/c Records.	Receipt hereunder. COMMANDING BY RECEIVED THE REPORT OF ACCOUNT OF CABLE PROJECT ON ACCOUNT OF CABLE PROJECT ON Newfoundland. Ste W Walsh No. 5353 Rank Pte Witness AMaundles

06598

N.F.P./79.

NEWFOUNDLAND

From:

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

Officer Commanding. 2/Bn Royal Nfld. Regt. Winchester.

14th December 1918

Subject: 5353, Pte. W. Walsh, 18

With reference to the following telegram (10820) from the Hon. Minister of Militia, received

Pay to 5353 Walsh £4:0:0

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

20 - 12-1918

Receipt hereunder

Received the sum of

Pounds on account of

cable remittance from Newfoundland.

No. 3353 Rank _pto

Witness H. Maunder Lot

8 cy PB. 100196

No. 8547/1614 From: NEWFCUNDLAND Chief Paymaster & O. i/c Records, To: Officer Commanding, Newfoundland Contingent, 2/Bn. Regal Nfld7 Regtig'o Pay & Record Office, 58. Victoria Street. Winchester. London, S.W. 1. UUZ 1919. 12th June 1919 5353. Pte. W. Walsh Receipt hereunder. With reference to the following telegram from the Minister of Militia / /19 (230): COMMANDATE COM BRIDGE DELLE BOOK AND REGT. "Pay to-5353 Walsh £2:1:0 O lince yell the sum of Two founds. Cheque £ 2:1:0 is enclosed. in respect of for payment to this Soldier. Kindly obtain his receipt telegraphic remittance from the heroon. Minister of Militia. Miswerd Mas No 5353 Rank /6 Chief Paymaster & O. i/c Records. Witness: WKHodle.

Chief Paymaster & O. i/c Records.

From. NEWFOUNDLANI	O CONTINGENT
Chief Paymaster & Di/c Records, Newfoundland Contingent, Pay & Record Office. 58, Victoria Street, London, S.W. 1.	To: Officer Commanding. 2nd Batt. Ryl. Nfl.d Regt. Winchester.
12th March 1919 191	Jack 14th 1919
5353. Pte. Walsh. W.	Receipt herender.
With reference to the following telegram from the Minister of Militia / / (75)	COMMANDING 2ND BN. ROYAL NEWFOUNDLAND RI
"Pay to-5353 Walsh £2. 9. 0.	Officer CommdgBatt'n.
Cheque £2. 9. 0 is enclosed. for payment to this Soldier.	Received the sum of Yurfauces
Kindly obtain his receipt hereon.	telegraphic remittance from the Minister of Militia.

P

Witness

No. 353 Rank Ple

Walsh, De

5353

Hay Loepl.

August 14,1919

#5353 Pte.william walsh, St.Mary's.

Dear Sir:-

Please find enclosed Discharge Certificate #3674.
Yours truly,

Captain & faymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

	FROCEDINGS ON DISCHARGE					
	Intended place of residence. M. Manys.					
2	Classification of soldier. & Medical Category. A.I.					
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 12.1919. 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 OSignature of soldier					
	Date JUL. 1.9. 1919 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 IOHN'S William Weelsh					
	Place, ST. JOHN'S JUL 1 2 1919 Signature of soldier					
	Date Signature of witness					
	STATEMENT OF SERVICE					
7.	Enlisted for service. 23.5-18. Discharged from service. JUL 26 1919 Plus 14 days No. of days on Military Service. 444					
	APPROVAL OF DISCHARGE					
	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 JUL 26 1919 Officer Commanding Discharge Depot The Powel Noveled Hard Being Allert Being and Being Allert Being All					
	Date					
	CONFIRMATION OF DISCHARGE					
).	Place, ST JOHN'S Date Cugust 9/1919 The discharge of above mentioned soldier is hereby confirmed Social Cuglos Social Cuglos Social Cuglos Social Cugust 9/1919 The Royal New Oundrand Regiment					

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Report of Demobilization

The Koyal Pewfoundland Kegiment

Class for Demobil-

1zation: —	Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal Newfoundla	nd Regiment
Discharge Depot. Readquarters The Royal Readquarters	Date July 11/19
Regimental No. 353 53	
Name Walsh Will	him
Address It Mary	.j.
	(a) Immediate discharge
. Necommended for.	(b) Standing Medical Board
	O.C. Discharge Depot.
	· Wakerson
Members of Board	Senior Medical Officer
	Twoorden
	M.O. Depot

The Royal Newfoundland Regiment

Reg. No. 5.35.3. Rank. Ptz. Name Walsh W.				
Date of Enfistment 7.3.5.1.8 Address St. Many District Placerters				
he had the second to the second to				
Occupation Sheel work Classification for Discharge Medical Category				
Recommendation S.M.B				
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				
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 " 6				
B 179c				
Date. Joshy 4419 O. C. Discharge Depot.				
PARTICULARS FOR DEMOBILIZATION				
I amin a position to resume civilian occupation.				
r. Civil Re-Establishment. I amin a position to resume civilian occupation.				
I. Civil Re-Establishment.				
r. Civil Re-Establishment. I amin a position to resume civilian occupation.				
r. Civil Re-Establishment. I am in a position to resume civilian occupation. Particulars passed to Vocational Officer for information and action. Date.				
z. Civil Re-Establishment. I amin a position to resume civilian occupation. Particulars passed to Vocational Officer for information and action.				
z. Civil Re-Establishment. I amin a position to resume civilian occupation. Particulars passed to Vocational Officer for information and action. Date				
r. Civil Re-Establishment. I am in a position to resume civilian occupation. Particulars passed to Vocational Officer for information and action. Date				

3. Transportation and Release Certificate.
The above named has been provided with I ravelling Warrant Noto his home
at . St. Many.S and Release Certificate No issued.
Date Marwegot
Demobilization Officer
A Day and Allowance
4. Pay and Allowances. The herein named soldier's accounts have been correctly balanced and all matters in connection
$\lambda = 8 - 19$
therewith settled. He has received pay and allowances to
Date 12 7 19 Depot Paymaster.
Discharge approved for. 26-7-19
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
Б 178 W 3494 В 122 Board 1st " 2
B 178a D 400A B 1915
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 " 6
B 179c
Date
APPROVED.
Documents as above forwarded to:—
Officer i c Records. Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratuity
10010:
Date JUL 26 1919 WW. Coole Colo. O. C. Discharge Depot.
Pensived the share noted decuments from O. C. Discher, D
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.

William Walsh
Signature of Man

Reg. No. 535-3

Signature of the Vocational Officer or his Representative.

Place

S'IMMOT, TR

Date 12 -7-19.

191

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

MEDICAL HISTORY

Surname M alsh,	• OF	Christian Nam	no mien	Eur
Birthplace:—Parish	Table I.—GENERA	AL TABLE	Mos	
Examined	on SPECIAL RESE	RVE 1918.	REGULA on day o	
Declared Age	at Dr. your	days	at years	days
Trade or Occupation	Steel of only	la.		
-Height	5 feet	// tnches	feet	inches
Weight	143.	lbs.		lbs.
Chest Girth when fully expanded Measure Range of Expansion	364	inches		inches
	34	menes		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks Arm Number		Seav.		
When Vaccinated	3 years ago.			·
Vision }	R.EV =		R.E.—V=	
	L.EV=		IE.—V=	
	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease	(4)			
and or present disease	Contract State Contract	1		
	(b)	•	(b)	
(b) Slight defects but not sufficient to cause rejection				
	> '_			
Approved by (Signature)	Land Pet	432		
(Rank)	non			
	(A			Medical Officer.
Enlisted	at 2370 140	6	at	
*	on day of Ma	legtl. No.	on day o	f 191 Regtl. No.
Joined on Enlistment	Keyaethea.	()		
(Regiment. S	383.		
Transferred to				
Became non-effective by	AND THE RESERVE OF THE PERSON			
(Signature)	on day of	191	on day o	f 191
(Rank)		44		
		4		[P.T.o.

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.

Table IV.—SERVICE TABLE. Date of Arrival or Rumbarkation Disembarkation Date of Rumbarkation Disembarkation	Date	1002505000 00010	escaled Section 1975	Brief Details, and Signatures	number of the forest of the contract of the co
13-6-18 TAB 2 11-7-18 TAB 2 It is hereby cartified that this soldier has been by rea Travelling M. dient Board, and has been classified that the soldier has been described and has been classified that the soldier has been by read on the soldier has been by read on the soldier has been by read that the soldier has been classified that the soldier has been classified that the soldier has been classified to sold		12.7		Dia Petanojana Olganajesi)	and the second s
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	Station or Troops	ship Arriva	al or Departure or	Station or Troopship	Arrival or Departure or
		\$ "			



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

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.

ed in

Changes occuring in the description subsequent to the date of admission to pension should be not red ink.
Name in full William Walsh.
Regiment from which discharged Royal Pewfoundland
Regimental number るうろう
Intended address M. Mary.5 Height on discharge 5 Feet //
Height on discharge Feet //
Color of hair on discharge Sark
Complexion fair
Color of eyes Blue
Descriptive Marks
Figure on discharge Latt
Christian name of Father John
Christian name of Mother Helan
Wife's maiden name in full
Date and place of marriage
Christian names of children
Place and date of soldier's birth St. Mary 5 4-1 age . 21-1898
Nature and locality of civil employment required
I declare that I am the soldier referred to above and that all the particulars contained in the statement are, to the best of my knowledge, correct

above

(Soldier's signature in full)

William Walsh

(Rank) P/E

Date July 8 th 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.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 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 Boar Transfer to Class W., W. (T), P.,	ded Prior to Discharge or or P. (T), of the Reserve.
1. Unit and Corps. Raya! Newfoundland. 2. Regtl. No. 3 3 3 3 Rank. O. 1. 4. Name Walsh (Christian Names) 5. Age last birthday. 2 6. Posted for duty on at	7. Former Trade or Occupation }
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 (b) Where (c) Opinion of Court Note.—The foregoing particulars are to be filled in and A.F.B. 179 is seen by the Officer in charge of the case. 	(d) Particulars of Pension or Gratuity (if any)
Note.—The answers to the following questions are to be filled in by them he will take care to confine himself exclusively to the medical aspecin the invalid's military and medical documents. He will also carefully dis disease. 10. If brought forward for invaliding, disability in respect (Other disabilities should be reported upon in answer to go the should be reported up	the Medical Officer in charge of the case. In answering t of the case and to such information as may be recorded stinguish and clearly state when cases are due to venereal of of which invaliding is proposed to be stated here.
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.

	14	State whether the disabilities are	(a) attributable to	(b) aggravated by
		(i.) Service during the present war		
		(ii.) Previous active service	V.,	
		(iii.) Climate in pre-war servicé		
	ing.	(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?	0	
In all cases such as facial injuries, eye, ear, mose and threat, 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 Comple Disah	aino J_ 500 ility
	16.	Was an operation performed? If so, when and what was its nature?		
	17.	If not, was an operation advised and declined?		
		*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 treat- ment 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?		
			12:-	
			Nepal	rialion
	20	. Do you recommend—	1	
		(a) Discharge as permanently unfit?		
		(b) Change to United Kingdom?		
1		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	5. Trocum	ir. Papshau
	Śt	ation Mageley Sown	Medical Officer in	charge of case.
	D	ate 3 4/19		
	it	 Loss of teeth on or immediately after active service, sh is due to some other cause 	ould be attributed thereto, i	inless there is evidence that

August 191919

Mr.william Walsh, St. Mary, 's.

Dear Sir :-

Referring to your application I enclose cheque for Seventy dollars (\$70.00), being amount of first payment due you on account of war Service Gratuity.

Yours truly,

Captain & Paym ster.

DEPARTMENT OF MILLITIA.

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 dakhes. 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. walsh Christian name. William 2. Surname... 5.Address in full to which future payments of gratuity are to be forwarded. To mary's. 66 Date of enlistment in the Regiment.... Thow. 1918...... 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... 8. Relationship of such dependents...... 9. Address in full of such dependents..... 10. Is said dependent, now, or was said dependent at my time in receipt of Separation Allowance on account of another soldier?..... 11. Were you on active service only in Hfld, II so, give dates and particulars of such service 12. Give total langth of time which you served on active service, whether in Hild.or Oversees.... Fourteen months

13. Have you had more than one enlistment? If so give particulars
of discharge and re-onlistments, and under what regimental numbers
, Mo
14. Have you already received any payment of Poet Discharge pay or
War Service Graduity? If so, state amount you and your dependents
have already received and by whom paid
•••••••••••••••••••••••••••••••••••••••
15. Have you been issued with a War Service Bedge?
16. Have you, during the present war, served in the Imperial Derees
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Ray 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
renk 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 Rost.?
of discharge. July 16/19. (b) Reason for discharge. Wemobilization
Memobilization.
······································
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 Wivil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
that Committee
And I take this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if

Signature of Applicant: William Welsh
Place of Residence: St Monio,
Declared before me at: or Johns.
This 19 day of July 19.19....

Signature of Barrister of the John Malarthy
Supreme Court, Stipendiary Harist
trate; Notary Public, Bustice of the
Peace, or Commissioner of affidavits.

Da te	paid	DISCHARGE Paid Soldier.	Paid Dependent	Wer Service Gretuity.	Net amount due
				· · · · · · · · · · · · · · · · · · · ·	
• • • •		Cortified	cources.	;	Eaymester

Nº 6143

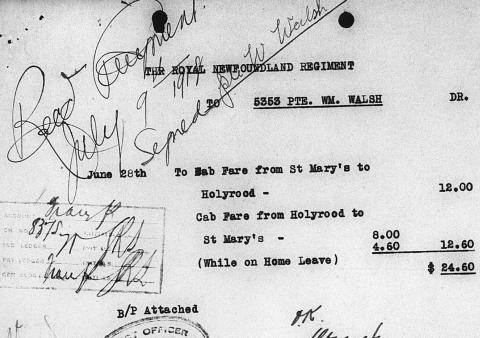


THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

No.	Whether Wife, Child. other Relative or Friend	Name	(in full)	Address	DUNT person)
463	Mother	Mrs John	(Ellen)	Of mary	6
21		Welc	h	Placente	
		•			
1				Total Allotment, S	6

5353 Walsh Blease make one pay N. S. G. 14/7/19 7. S.





Depot The Legal Newfoundland Regiment

St. John's, Nfld.

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY	VOUCHER.
\$ 7000	VOUCHER. July 14 19/9
Received from the	First Newfoundland Regiment Dollars.
the sum of Seventy	Dollars.
belance of Pay. Will.	W Walshy
Ch. No. 2940 Initials.	Regtl. No.
Pay Ledger. 272 Initials. W. Gen. Ledger. Initials.	Regil. No.

Mo. 8353 Rank 86

B 121. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay No. Place and Date of Enlistment Joined Joined Date) with Colours / 79 years. Place of Birth Toined Date Toined Date of award or of order dispensing with trial Date of Name of Place OFFENCE Punishment awarded By whom awarded Offence REMARKS Witnesses To be carried over.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

The Royal Newfoundland Regiment

neul/353

DEMOBILIZATION OF
Reg. No. 5353 Rank P/E Name Walsh Wa
Date of Enlistment 23.5.18 Address Atmanys District Placertes
Occupation . Alech worker Classification for Discharge Medical Category . A.T
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36
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
B 179b 18 103 ME 2 " 6 " 6
B 179c B 120 M 93
Date, July 1/19. C. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.
I amin a position to resume civilian occupation.
: William Worleh
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing. Certified that Clothing Regulations have been complied with:—
X1 013
(a) Clothing Allowance payable (A. 10.0)
(b) Clothing Supplied
Date 12-7-19 Quilc Re-clothing

3. Transportation and Release Certificate.									
The above named has been provided with Travelling Warrant No to his home									
at									
and I will									
Date									
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 12 7 19 Depot Paymester.									
Discharge approved for 26-7-19									
Forwarded with following documents to O.C Discharge Depot.									
The second of th									
N.F. P 36. B 268 B 121 N.F. Med D.F. 1 5 178 W 3494 B 122 Board 1st " 2									
B 178a									
B 179 D 400B Form L do 3rd " 4									
B 179a D 400C Form K do 4th " 5									
B 179b									
B 179c B 120 M 93									
19 19 Day Dank Dall									
Date Demobilization Officer.									
APPROVED.									
Documents as above forwarded to:—									
Officer ilc Records. Board of Pension Commissioners.									
with following additional documents. Eligible for War Service Gratulty									
1001									
Date JUL 28 1919 O. C. Discharge Depot.									
O, C. Discharge Depot.									
Received the above noted documents from O. C. Discharge Depot.									
dy 15									
- aunto									
Date aug 711 9									

Reg. No. 5353 Rank 96. Name Walsh WA	
Attested Address It Mary's	
A 11-14-1	
Date of Allotment Returned from Overseas UL 1 191	9
Date of Allotment	•
	1
/27 / PASSED TO DEMODRIZATION SIGNIFICA	
267 19	
DISONARGE APPROVED ON DEMOBILISATION.	
	" """"

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under part 3.32, twi. or x). King Regulations, and in cases of discharge under para, 392 (vi.), King Regulations, when the polor has undered in health since his entry into military service, or in cases of classift or (Clas F., dg. 10 th M. 19-eve.

In cases of soldiers not discharged or transferred to the Regular or two considerations of the constant of the service to consideration for a Service Pension this Form is to be sent to the electricary, 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. Wyar Reurander. 2. Regtl. No. \$35.3 3. Rank. plc.	7. Former Trade or Occupation Select Cooks 7a. If the soldier claims previous service in Army, he should state—
4. Name Walsh Wing (Christian Names) 5. Age last birthday.	(a) Former Regts. or Corps ; with Regtl. Nos.
6. Posted for duty on	

- 8. If the disability is an injury was it caused
 - (a) in action
- (b) on field service
- (c) on duty
- (d) off duty?
- 9. If a Court of Inquiry was held on an injury state :-
 - (a) When
 - (b) Where
 - (c) Opinion of Court

- (b) Date of Discharge;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

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 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.
- 12. Place of origin of disability.
- 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.

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		(v.)		's part.	ence of	miscor	iduct o	n the				•••		
	14 (a)	. If	not d	ue to	any of ition de	these o	causes, tribute	to what	}					
all cases such	15. W	hat i	s his p	resent co	ndition	?		The	0	on	pla	ins	1.	no
s, eye, ear. see and throat, sabilities, &c., specialist's re- ort is to be ttached with			(A not	should	be made ly to a	as to W	eight in lence of	all cases the pro-		2	Des	aii	lity	
here possible; ad in cases of														
nputation the ract position ould be stated.														
										-				
	16. W		opera		ormed	If so,	when a	nd what						
	17. If				ion adv	ised and	decline	ed?						
	18. * I	directle direct	the tly at ice und	result tributab	of wou le to ac condit	nds, inj tive ser	ury or vice or	e loss of disease through al treat-						
	19. Gi	not Stat have war,	in the e whet been a	mselves her or r aggravat so, to w	sufficient they ed by so	nt to ca are attended ervice du	ause inv tributab tring the	ing, but validing. ble to or present military						
									0					
	20. De	o vou	recon	mend—					/ly	pal	ua	tur		
					permai	ently u	ofit ?		/					/
						ingdom i								
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	Station Date		Zele 3	400	ων	••••		υ <u>υ</u> .		Medic	al Office	er in ch	arge of c	ase.
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	it is du	e to s	ome ot	ier cause		and	-CHVC S	or vice, she	vard pe	attribut	there	to, unle	ss there is	evidence that