

11656

Recruiting
Form A, 1914.



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1178

Name in full Michael Joseph Boland Age 21
 Address 126 Duckworth Street
 Married _____ Height 5.4 Weight 115
 Single _____ Color _____ Hair _____ Eyes _____

Other distinguishing marks _____
 Nearest relative Mrs. Dr. P. Boland. (Mother)
 Address 126 Duckworth Street

Dependents _____
 Occupation Painter Present Wage \$1.00 per Day

Previous service _____
 Decorations _____
 General Remarks _____
 Date of Enlistment 17th Feb. 1915

Recruited by Michael J. Boland

Rated H Suit Dr. All Duckworth Aug. 16/15

I, Michael J. Boland, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in, any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Michael C. B. Boland

Declared before me this 27th day
 of Feb. 1915.

[Signature]

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1148

Name Michael Joseph Boland
 Apparent age 21 years months. Height 5 feet 4 inches.
 Chest measurement { Girth when fully expanded inches.
 Range of expansion inches.
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs. W.P. Boland, 126 Duckworth St., St. John's
 | Relationship Mother
 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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service 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>17/3/15</u>									
Joined at <u>St. John's</u> on <u>17th February '15</u>									
<u>Wage Bill</u>					<u>21/10/15</u>				
<u>Discharged from <u>Dumfries</u></u>					<u>21/10/15</u>				
<i>Enlisted 1st Battalion 1st Lt. 22/15. Transferred to 6th Co. 20/15. Remained 1st Lt. and</i>									
<i>encompassed for 1st Lt. 21-4-15. Commissioned 22-4-15. 1st Lt. 22-4-15. 1st Lt. 22-4-15.</i>									
<i>Admitted 5th Royal Scots 20-12-15. Enlisted 20-12-15. Admitted 20-12-15. Admitted 20-12-15.</i>									
<i>Admitted 2nd Battalion 20-12-15. Enlisted 20-12-15. Admitted 20-12-15. Admitted 20-12-15.</i>									
<i>Admitted 1st Battalion 20-12-15. Enlisted 20-12-15. Admitted 20-12-15. Admitted 20-12-15.</i>									
<i>One leave to duty with unit 2-11-16. Transferred to 1st Lt. 2-11-16. 1st Lt. 2-11-16.</i>									
<i>Released on certificate 1st Lt. 9-1-19. Transferred from 1st Lt. 9-1-19. 1st Lt. 9-1-19.</i>									
<i>to be considered for promotion 2-1-19. Transferred from 1st Lt. 2-1-19. 1st Lt. 2-1-19.</i>									
<u>Demobilization 17-3-19</u>									
Total Service forfeited as above									
Total Service towards Engagement to <u>17-3-19</u> (date of discharge) <u>4</u> years <u>29</u> days									
" " " Pension " " " " " " " " " " " " " "									

Demobilization Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1148 Rank Pvt. Name M. Boland
 Intended place of residence 126 Duckworth St. St. John's
2. Occupation Painter
 Classification of soldier B Medical Category F
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
 Date MAR 3 1919 *H.M. [unclear] H.*
 for 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 3-3-19
 Signature of soldier *M. Boland*
 Signature of witness *P.O. Dicks Capt.*

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 ST. JOHN'S 3.3.19.
 Signature of soldier *M. Boland*
 Signature of witness *P.O. Dicks Capt.*

STATEMENT OF SERVICE

7. Enlisted for service 7. 2. 15 No of days on Military
 Discharged from service 3. 3. 19 per warrant Service 1490
~~1499~~

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S *R.H. [unclear] Capt.*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date MAR 3 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed *M. Bowley Capt.*
 Place St. John's, Nfld. Officer in Charge of Records
 Date March 17/1919 The Royal Newfoundland Regiment

158209/1287

12
17
19

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[532] W1867/004 400m 2/15-1 53 56Forms
H. 121.
28.Number of Sheet 1Regiment of 1st NewfoundlandSignature of O. C. Company James Alexander Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>1148 Roland Michael</u>	Age on	<u>21</u> years <u> </u> months	<u>Painter</u>	
Joined	Date	Place and Date of Enlistment	<u>H. John's</u> <u>17.2.15</u>	Religion	
Joined	Date	Period of	{ with Colours <u>129</u> years. with Reserve <u>565</u> years.	Place of Birth	
Joined	Date			<u>H. John's</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Newton on Camp</u>	<u>1916</u> <u>Apr. 27</u>	<u>Plt</u>		<u>absent from 9.15 parade</u>	<u>Cpl. Williams</u>	<u>3 days CS.</u>	<u>1.5.16</u>	<u>Lieut. Bremner</u>	<u>45</u>
				<u>Demobilized</u>	<u>H. John's</u>	<u>17</u> <u>3</u> <u>19</u>			
				<u>To be carried over</u>					

Army Form B. 121.

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1148 Rank Pte Name M. Boland

Intended place of residence 126 Duckworth St., St. John's.

2. Occupation Painter

Classification of soldier B Medical Category B

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. *W. J. Eaton*
Commanding Discharge Depot

Date Mar. 3/19 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. (SGD) ROBERT M. BOLAND
Signature of soldier

3-3-19 (SGD) C. B. DICKS, CAPT.
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 ST. JOHN'S. (SGD) M. BOLAND
Signature of soldier

3-3-19 (SGD) W. J. EATON
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-2-15 No of days on Military

Discharged from service 3-3-19 (plus 14 days) Service 1490

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 *R. H. Eaton*
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date Mar 3/19

CONFIRMATION OF DISCHARGE

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

Place

Date Officer i/c Records
The Royal Newfoundland Regiment

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1357

Regtl. No. 1168 Rank Lt Name Michael Boland

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Dec 22nd 1919

Pensionable disability Less than 20 months for 20 months

Pension granted:

\$ per month for months

or Gratuity granted:

\$ 75 payable in 3 equal monthly insts.

Granted to:

Name Michael Boland

Address 126 Stuckwood St.

City

Date case disposed of

MAR 8 - 1919

Approved by:

Members of Board

[Signature] Chairman

[Signature]
[Signature]

[Signature]

Remarks:

Stamm-lager:
Principal-camp:

Limburg a. L.

Datum der Ausfertigung:
Date:

5 SEP 1917

oder
or

Tag: 3 Monat: 7 Jahr: 17
Day: Month: Year:

Lazarett:
Hospital:

Et.

Zuname:
Surname:

Poland

Vorname:
Christian name:

Mich.

Rang:
Rank:

Sold.

Reg. oder Korps:
Reg. or Corps:

1. New Foundl.

Reg. Nr.:
Reg. Nr.:

Komp.:
Komp.:

Erkennungsmarke Nr.:
Number of identification disc:

Gefangennahme:
Capture:

Ort:
Place:

Vimy

Datum:
Date:

14. 4. 17

Ob verwundet,
Whether wounded,
Bezeichnung der Wunde:
Description of wound:

Gewehrseh. Kopf s. l. Klein

Geburt:
Birth:

Ort:
Place:

M. Johns

Datum:
Date:

1. 8. 94

Heimatort:
Home place:

Adresse des nächsten Verwandten:
Address of next-of-kin:

Mr. Poland M. Johns New Foundl.

Stammlager: _____

Datum der Ausfertigung:

Principal-camp:

Date:

oder

or

Tag: 20. Monat: 4. Jahr: 17.

Day: Month: Year:

Lazarett:

Hospital:

St. Clotilde Hawaii

Zuname:

Surname:

Boland

Vorname:

Christian name:

Michael

Rang:

Rank:

Pfc

Reg. oder Korps:

Reg. or Corps:

I Infanterie

Reg. Nr.

Reg. Nr.:

Komp.:

Komp.

5

Erkennungsmarke Nr.:

Number of identification disc.:

11.48

Gefangennahme:

Capture:

France

Ort:

Place:

Vincennes

Datum:

Date:

14. 4. 17

Ob verwundet,

Whether wounded,

Bezeichnung der Wunde:

Description of wound:

by sniper's head and left leg

Geburt:

Birth:

Newfornit

Ort:

Place:

St. Johns

Datum:

Date:

1894

Heimatort:

Home place:

164 Boland

Adresse des nächsten Verwandten:

Address of next-of-kin:

St. Johns Newfornit Cant
in Cheparrt

Müller
Obersteher

Casualty Form—Active Service.

14656

Regiment or Corps Newfoundland

Regimental No. 1148 Rank Pte Name Boland M.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) enlistment

Date of promotion } _____ Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged 18/8/15 ^{Duration of War} Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's NFLD. Disembarked Alexandria Embarked for Gallipoli		20/3/15 1/9/15 13/9/15	
16/10/15	"Glenark Castle"	Ill, Pyrexia A 36	H.S. "Glenark Castle"	15/10/15	Auth C 4120
20/10/15	Comdt., Malta,	Admitted Dangerous Out of danger		20/10/15 31/10/15	A 16900 A 16828
27/12/15	"Nevassa"	Invalided to England	H.S. "Nevassa"	10/12/15	B 798

(Signed) W.L. Jackson ^{Captain}
 Officer i/c Records 11 & 15 Batts.
 3rd. Echelon, G.H.Q. M.S.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shooting Smith, etc., etc., also special qualifications in technical Corps duties.



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **ST. JOHN'S**.....

Date **FEB. 20TH. 1919**.....

- | | |
|------------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 25 |
| 2. Regimental No. 1148 | 6. Enlisted on FEB. 1915 |
| 3. Rank PTE. | at ST. JOHN'S |
| 4. Name HOLAND MICHAEL | 7. Former trade or PAINTER
occupation |
| 8. Disability | |
| G.S.W. L.HEEL. FOOT. SCALP. | |

9. History **WOUNDED L.FOOT 12TH. OCT 1916. (SLIGHT) —**
" L.FOOT & HEAD 14TH APRIL 1917 & WAS PRISONER OF WAR U
NTIL DEC 1917. TRANSFERRED TO SWITZERLAND 20 DAYS ILL WITH INFLUENZA.

10. What is his present condition? **COMPLAINS OF DEBILITY & HEADACHE. WDS. FOOT & HEAD WELL HEALED. SLIGHT PAIN FOOT.**
 (This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium advised and refused? **NO.**
operation

12. Do you recommend discharge as permanently unfit? **YES.**

Signature **ARCH. C. TAIT.**

Rank or Qualification **FOR M.O. DEPOT.**

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as aggravated-by:-
due to

(a) Service during this war. (b) ~~Climatic~~ (c) ~~Ordinary-Military-Service~~
Remarks if any:-

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES. SCALP WD. AT MARGIN OF HAIR NO LOSS OF BONE. HAS COMPLETE MOVEMENT AT ANKLE JOINT & THE TOES.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **LESS THAN 20%.**

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **LESS THAN 20%.**
(State in percentage.)

Remarks if any:-

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation is:- (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:-

19. If fit subject for Hospital do you recommend admittance to } General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
retention-in-

Remarks if any:-

A111

N.S. FRASER

President

Signatures **J.S. TAIT**

L. PATERSON MAJOR

Place **ST. JOHN'S**

Date **FEB. 22ND, 1919**

APPROVED

FEB 22 1919

Station **No.**

Date **NEWFOUNDLAND**

(SGD) **CLUNY MACPHERSON MAJOR**

Administrative Medical Officer

DEPARTMENT OF VETERANS AFFAIRS

Memorandum:

Mr. Kirkwood.

Reference telephone conversation - Mr. Heppenstall's Office - 15 Nov 49 - herewith the only available information relating to 1148 Boland, M.

There is no record of this man having served during World War II.

May the att. pension file 1357, be returned when it has served its purpose. (Att'n: R2B - Mr. Rule)

16 Nov 49

NOV 22 1949
Returned
with stamps
TEZ

P.A.
23/11/49

P. Gallowsy

B.P.C. FOR N. FILE NO. *1357*

FLAGS
MAIL

REQ. OR B.F.'S

DATE	CHARGE TO	CLERK		DATE	CHARGE TO	CLERK		DATE	WAITING MAIL	DATE	WANTED BY OR FOR
		OUT	IN			OUT	IN				