



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Joseph Burn
aged Twenty years conducted at Bell Island
Date: Aug 26 Recruiting Officer: N. J. Nowel

NO. OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 normal
- 11 normal
- 12 normal
- 13 normal
- 14 normal
- 15 normal
- 16 normal
- 17 normal
- 18 normal
- 19 normal
- 20 normal
- 21 normal
- 22 normal
- 23 normal
- 24 normal
- 25 normal
- 26 normal
- 27 none
- 28 normal
- 29 normal
- 30 normal
- 31 none
- 32 normal
- 33 no
- 34 5 ft 6 inches
- 35 145 lbs
- 36 Inspection 25 1/2 Expiration 33
- 37 Seventy-five dollars per month
- 38 James Burn Bell Island
- 39 There isn't any person

Foreign Service

Fit 257

Signature of Medical Examiner:

H. A. Giovannetti
Army Macpherson M. D.



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 257.

Name in full Joseph Burn Age 20

Address Bell Island C.B.

Married Single Height 5ft 11" Weight 150 lb

Color Fair Hair Light Eyes Light Blue

Other distinguishing marks none

Nearest relative Father

Address Bell Island Bay

Dependents none

Occupation miner Present Wage \$17.00 per month

Previous service none

Decorations _____

General Remarks _____

Date of Enlistment _____

I, Joseph Burn, 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 conditions of my service.

*Removal of
duration of War
Alfred J. Burn
14 Aug 14*

Declared before me this 14th day of September 1914

Joseph Burn
Eric Shyne

pp. 2

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 257

Name Joseph Burn

Apparent age 20 years months. Height 5 feet 4 inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks Color: Fair, Hair: Light, Eyes: Blue

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin - - - Burn, Bell Island, St. John's East

Relationship Father

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension	Service in Reserve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries.
					years days	years - days	
Service towards limited engagement reckons from <u>2/9/14</u>							
Joined at <u>St. John's</u> on <u>2nd September '14</u>							
Total Service forfeited as above ...							
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days							
" " " Pension " _____ (") _____ " _____							

DESCRIPTIVE REPORT ON ENLISTMENT.

Applicable to all ranks. To correspond with entries on the Medical History Sheet. **Reg. No. 257**

Name **Joseph Burn**
 Apparent age **20** years _____ months. Height **5** feet **4** inches.
 Chest measurement { Girth when fully expanded _____ inches.
 { Range of expansion _____ inches.
 Distinctive marks **Color: Fair, Hair: Light, Eyes: Blue.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Burn, Bell Island, St. John's East.**
 | Relationship **Father**

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension	Service in Re-serve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries
					years	days	
Service towards limited engagement reckons from 2/9/14							
Joined at St. John's on 2nd September '14							
<i>Embarked S.S. Herzog for Cork 3rd Dec.</i>							<i>Disembarked Plymouth 19th Dec.</i>
<i>Time Expired Newton, N.W. Coy</i>							<i>10th Dec 15th</i>
<i>Scotland</i>							<i>21st</i>
Total Service forfeited as above							
Total Service towards Engagement to 21-10-15 (date of discharge)					1 years	50 days	
" " Pension " (") " " "							

J. Byrne

257.

P. + R. O.

No. 257 Name Byrue J.

Sqn., Batty., or Company A

Corps First Newfoundland

Date of enlistment Aug 31st 1914 G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. H. T. Cash Company, etc.

Character

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

Army Form B. 122

SYPHILIS CASE-SHEET.

1-11-15
21-4-15

Regtl. No. *257* Rank and Name *Pfc Byrne J.* Corps *1st Nfld Regt.*
 Placed on Syphilis Register at *Edmtdge* on _____ No. in Register *58*
 Disease contracted at *Edmtdge* Primary sore appeared on (date) *March 16 1948.*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *hidradoma, at junction of knee & forearm.*
 Lymphatic glands *left groin*
 Skin (nature and distribution of rash) *macular erythema.*

Mucous membranes *nothing to note.*

Other symptoms *nil.*

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Method employed (original or modification)

Wassermann reaction Result (positive or negative)

Station _____ Date _____ Signature of M.O. _____

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register {
 (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army } _____

Station _____ Date _____ Signature of M.O. _____

PAY LIST of "P" Squadron
Troop
Battery, or
Company, 1/Newfoundland Regiment or Corps,
 for the period from 28/8/15 to 24/9/15 Voucher No. _____

ACCOUNT OF HOSPITAL STOPPAGES

due from the "P" ~~Squadron, Troop, Battery, or~~ Compy., for Soldiers and Boys in the Military Hospital
 at Hole, on Tyne Workhouse during the above period.

Rank.	Regtl. No.	*NAMES.	Whether suffering from Venereal Disease or Alcoholism. †	Date of Admission.	Period.		No. of days in Hospital, etc. including day of admission.	No. of days on which Medical Comforts have been issued.
					From	To		
Pte.	257	Burns, J.	Venereal	9/9/15	10/9/15	20/9/15	11	
Totals carried forward								11

Charged How Effective of No 49
Sh

*(Names, &c., to be filled in in the order of admission from the Admission and Discharge Book.)

†"Venereal" or "Alcoholism" should be entered in red ink, and in the handwriting of the Medical Officer, opposite the name of any man suffering from either of those diseases, and "NO" in other cases.

NOTE.—In the case of an Officer treated in hospital this form is to be used, any necessary amendments being made in manuscript.

This space to be left blank for the Chelsea Number.



Army Form B. 268.

Proceedings on Discharge.

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

No. 257 Army Rank Private

Name Burn, Joseph (Berne)
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st Newfoundland Regiment

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c. or to General Staff of the Army, it should be so stated.)

Date of discharge October 15th 1915 **OCT 21 1915**

Place of discharge (on board Ss Borithian) New York

1. Description at the time of discharge.

Age <u>21</u> years <u>—</u> months	Descriptive marks.
Height <u>5</u> feet <u>4</u> inches	
Chest measurement { girth when fully expanded <u>—</u> ins. range of expansion <u>—</u> ins.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Light</u>	
Trade <u>miner</u>	
Intended place of residence <u>Bell Island, NB</u>	
(To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Term expiring

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Fair

4. Character awarded in accordance with King's Regulations:— Should do well in civil employment

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2087* and that Army Form D. 489 was awarded in this case. C. W. J. MAJOR, COMMANDING DEPOT, N.F.C.D.

Army Form B. 2088 has been issued to* NEWTON-ON-AIR, N.B.

5. He is in possession of the following number of G.C. badges (if the man is a N. C. O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class

6. Campaigns, Medals and Decorations

Blank lines for listing campaigns, medals, and decorations.

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with the Regulations.

(Place) * No. 21 OCT 1915
(Date) NEWTON-ON-AYR, SCOTLAND

Commanding *C. Whiteaker* MAJOR,
COMMANDING DEPOT, N. F. L. D. REGT.,
NEWTON-ON-AYR, N.B. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) * No. OCT 1915
(Date) NEWTON-ON-AYR, SCOTLAND

Joseph Burns (Signature of Soldier)
Stewart (Signature of Witness)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Joseph Burns (Signature of Soldier.)

10. Statement of service.

Service towards engagement to *27/11* (the date to which the record of service is completed) *1* years *—* days.
Further service " " *27/11* (the date of confirmation of discharge) " *19* "
Total .. *1* " *19* "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for *Oct 21/1915* (date)

(Place) *Newton-on-ayr ayr*
(Date) *October 21st 1915*

Signature *C. Whiteaker* MAJOR,
COMMANDING DEPOT, N. F. L. D. REGT.,
NEWTON-ON-AYR, N.B.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)



None

Joseph Byrne



No 5 PAY LIST. October 2nd to October 29th 1915. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2nd Lt Newfoundland
 No. 257 Rank Private Name Byrne J.
 Died (a) _____ at _____ on the _____ of _____ 1915
 Discharged at Newton Park School on the 21st of October 1915.
 Deserted at _____ on the _____ of _____ 1915.

I Certify to the correctness of above in every particular.

E. S. [Signature] Commanding Squadron, Troop,
O. B. F. [Signature] Battery or Company.

STATEMENT OF ACCOUNT. [FORM 1.]

Date	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month.....					Balance Cr. last month.....	3	15	11
	Cash issues (Date of each issue to be stated)					Pay 20 days at <u>£1.00</u> from <u>2nd</u> <u>21st</u> <u>£20.00</u>			
		£	s.	d.		Proficiency, Service or good conduct pay			
						days at _____ from _____ to _____			
<u>Oct 8th</u>		191	5	4 50		Messing allowance <u>20</u> days at <u>1/10</u> from <u>2nd</u> to <u>21st</u> <u>200</u>			
<u>" 22th</u>		"	5	8 8		Clothing and kit allowance <u>22.00</u>	4	10	5
				4 13 8 1/2		Amount produced by the sale of Necessaries			
<u>Forfeit 11 days pay for absence</u> <u>£12.00</u>						Personal Clothing and Effects from Form 2...			
<u>Allotment for 20 days</u> <u>£10.00</u>						Amount in Savings Bank balance including interest (if no balance, to be so stated)			
	Consolidated stoppage <u>£22.12</u>	4	10	10		Deferred <u>Exchange Balance</u>	1	10	2 1/2
	<u>Hospital 7 days</u> <u>£6.5</u>		6	5		Balance due to the Paymaster.....			
				3 7 1/2					
	Balance due by the Paymaster								
		£	9	14 6 1/2			£	9	14 6 1/2

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at London
 this 2nd day of November 1915. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

FIRST NEWFOUNDLAND REGIMENT.

I Joseph Burn-----

having completed my term of service in the Newfoundland Regiment and being desirous of obtaining my discharge there from in the United Kingdom, hereby renounce my claim against the Government for repatriation in Newfoundland and hereby absolve the Government of Newfoundland from all liability in respect of such repatriation.

Witness Name. Robertson
Rank Lt. Col. ADJUTANT,
DEPOT, NEWFOUNDLAND REGIMENT.
No. -----
NEWTON-ON-AYR, N.B.

Name. Joseph Burns
Rank. Private
No. 257-----

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



MEDICAL HISTORY

OF

Surname Byrne

Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at	191	at	191
Declared age	years	days	years	days
Trade or occupation				
Height	feet	inches	feet	inches
Weight		lbs.		lbs.
Chest Measurement {	Girth when fully expanded	inches	inches	inches
	Range of expansion	inches	inches	inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number				
When vaccinated				
Vision	R.E. - V =		R.E. - V. =	
	L.E. - V =		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)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at		at	
	on	day of 191	on	day of 191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Lairbagh	14	15	21	14	15		Syphilis ^{4.3}	21	Haemorrhage of soft palate by injection of arsenic; subsequent to injection	L. J. G. [Signature]

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

MEDICAL HISTORY

Surname Burn OF Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish		County					
		SPECIAL RESERVE.		REGULAR ARMY.			
Examined	on	day of	191	on	day of	191
		at			at		
Declared age	<i>20</i>	years	days	years	days	
Trade or occupation	<i>Miner</i>					
Height	<i>5</i>	feet	<i>4</i>	inches	feet	inches
Weight	<i>150</i>		lbs.		lbs.	
Chest Measurement	Girth when fully expanded			inches		inches	
	Range of expansion			inches		inches	
Physical development						
Vaccination marks	Arm ...	Right		Left		Right	Left
	Number						
When vaccinated						
Vision	R.E.—V=			R.E.—V=		
	L.E.—V=			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)							
(Rank)							
				Medical Officer.			Medical Officer.
Enlisted	at	<i>St John's 70 7th</i>		at		
	on	day of	191	on	day of	191
Joined on enlistment		Corps	Regtl. No.		Corps	Regtl. No.
		<i>Newfoundland</i>	<i>257</i>			
Transferred to						
Became non-effective by						
		on	day of	191	on	day of	191
(Signature)							
(Rank)							

C.R. 259

Bell Island

Jan 23rd 1922

W. J. Rendell Esq

I beg to inform you that Pti 259
Joseph Byrne has a father living on Bell
Island James Byrne he is a very old
man and is almost destitute at the present
time his address is James Byrne

Bell Island West Indies

yours respectfully

Lieut J. Inverissey

ENCLOSURE

DUPLICATE.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

N^o 9677/470/P&A **C.R.** 257

From
PAY AND RECORD OFFICE,

58, VICTORIA STREET,
LONDON, S.W.1.

To **The Minister of Militia**

St. John's,

Newfoundland.

WF/BC

July 17 1919

SUBJECT:

EX. NO. 257 PTE. J. BYRNE.

Reference Nos.

REPLY

Dated Sep. 14th, 1919 191

Please return **ORIGINAL** and retain **DUPLICATE.**

Exchange of telegrams confirmed :

"Received 6/6/19 (224):
"Synoptical London
"One-payment of War Service Gratuity
"has been made-257-Byrne-to-
"finalize-that-account-fullstop-"
"He was discharged-United King-
"dom-has he-any-balance-on your-
"books-please-fullstop-"

MILITARY".

"Despatched 14/7/19 (290):
"Military St. John's
"With reference to your telegram
"6th June-257-Byrne-credit
"balance-5/8d-"

SYNOPTICAL"

Delay in replying is very much regretted and it is hoped no serious inconvenience has been caused thereby. Last Pay Certificate for this soldier is enclosed please.

[Signature]
Major
Chief Staff Officer (London).

Noted, please.

Minister of Militia.

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94.

to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 257 Rank Pte Name Byrne J. Unit Royal Nfld Regt. who was discharged
 in United Kingdom on 21/10/15 Authority _____ Cause _____ Time expired _____

STATEMENT OF ACCOUNT

	BC	STATEMENT OF ACCOUNT										CR.		
	PARTICULARS	£	s	d	£	s	d	PARTICULARS	£	s	d	£	s	d
	Balance Dr. from							Balance Cr. from Prev. Pay Books				5	4	1
	Allotment 20 days @ .50¢	10	00		2	1	1	Pay 20 days @ \$ 1.00	20	00				
	Cash Payments:							Field Allce 20 days @ \$.10	2	00				
	8/10/15 Payment				4	5	0		22	00		4	10	5
	21/10/15 Casual Pay					8	8	Other Allces days @ \$						
	Other Debits							Other Credits:						
	Hospital Stoppages					8	5							
	20/10/15 Forfeits 11 days Pay	12	10		2	9	8							
	Total Debits				9	10	10	Total Credits				9	14	6
	Balance due by Paymaster					3	8	Balance due to Paymaster				9	14	6
					9	14	6							

PERIOD: FROM 2/10/15 TO 21/10/15

MS

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

191

(Place) _____ (Date) _____

checked in accordance with information received in the Pay & Record Office, London to 16/7/19
 and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London, 16 July 1919

A. O. Munnell
 Chief Paymaster & O. i/c Records.

C.R. 257

July 16th., 1919

No. 257, Ex Pte. Jos. Byrne
Bell Island, C. B..

Dear Sir:-

With reference to our telegram to our Pay & Record Office regarding the credit balance due to you at that Office, I beg to say that reply has now been forwarded informing that the credit balance due to you is \$3 84, which will be paid to you upon application to this Office

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 257

Extract from telegram received from Synoptical, London,
July 14th, 1919.

With reference to your telegram June 6th
257 Byrne credit balance 3s.8d..

C.R. 257

Extract from ~~Handbook~~ Telegram sent to Synoptical, London
June 6th, 1919.

One payment of War Service gratuity has been made
to 257 Byrne to finalize that account silvergod he was
discharged in United Kingdom has he any balance on your
books please.

C.R. 257

August 22, 1918.

Mr. Burn,
Bell Island, C.B.

Sir:-

I am writing to inform you that I am forwarding by "S.S. Mary" one Kit Bag, which belongs to your son No. 257 Pte. Joseph Burn of the Royal Newfoundland Regiment.

Trusting you will received same in good condition,

I am,

Yours faithfully,

W.V.N.

Lieut.
for Chief Staff Officer

C.R. 257

Extract from Roll of Officers, N.C.Os. and Men Discharged
from the Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
257	Pte.	J. Byrne	31/3/16	Time expired.

C.R. 257

Extract from list of men discharged from the Royal Newfoundland
Regiment on various dates.

#257 Pte. J.Byrne, Time expired.

Co. No. 257

Extract from Nominal Roll of Royal Nfld. Regt.
Discharged in United Kingdom. 21-10- 15.

257 Pte. J. Burns.

Time expired (Ayr)

CR

257

JOSEPH BURN was attested for General service
with the NEWFOUNDLAND REGIMENT on .Sept. 2. 1914..

Regimental No 257 was allotted to Pte. JOS. ~~BURN~~. *Byrne*

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of _____

Number of Sheet

Signature of O. G. Company

47 Capt. Capt.

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	Byrne J.	Age on	19 years months	Nomer	
Joined Date		Date of Enlistment	2 nd Sept 1914		
Joined Date		Period of	with Colours / 50 years.	R. C.	
Joined Date					with Reserve years.

Place	Date of Offence	Rank	Charge of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Jt George	1914 18 th Dec	Pte		Absent from morning parade	Sgt Maj Pares	2 days CB	18/12/14	Capt Carley	cust
Jt George	19 th Dec	Pte		Absent from tattoo till 245 pm 23 Dec	Cpl Newman Cpl Penny	5 days CB	24/12/14	Lt Col Burton	forfeits 5 days pay under Rv
Jt George	1915 Jan 2 nd	Pte		Absent from tattoo 2 1/2 to 3 pm 6/1/15	Cpl Penny Pte Vail Pte Legsons	7 days CB	7/1/15	Capt Carley	cust forfeits 5 days pay under Rv
Jt George	Jan 10 th	Pte		Absent from church parade	Sgt Clare	3 days CB	11/1/15	Capt Carley	cust
Jt George	Jan 16 th	Pte		Absent from tattoo to 8.30 pm 19/1/15	Cpl Fox	8 days CB	20/1/15	Lt Col Burton	forfeits 4 days pay under Rv
Edinburgh	10/3/15	Pte		Absent from tattoo until 8.00 p.m. the 12/3/15.	Corp. Green	6 days C.B.	13/3/15	Lt. Col. Burton	forfeits 3 days pay R.H.S.
Edinburgh	11/3/15	Pte		Absent from 9.10 am parade	Corp. Ryall	3 days C.B.	21/3/15	Capt. Carley	R.H.S. Lt.
				To be carried over	Discharged Newton-on-Ay, Scotland, T. X. 21/1/15.				

Brought forward

Edinburgh	30 ⁴ / ₁₅	Pte.	Absent from Tattoo until 10 pm. 1 ⁴ / ₁₅ .	Copt Ryan	3 days C.B.	3 ⁴ / ₁₅	Capt. Carty	Forfeit 1 day pay J.P.B. 2 ²⁰ / ₁₅ Lt.
Stob. Camp	19 ⁶ / ₁₅	Plk.	Absent from Tattoo until 7 a.m. 22 ⁴ / ₁₅	Cpl Manning	3 days C.C.	22 ⁶ / ₁₅	Lieut. Raley	Forfeit 2 days pay J.P.B. 2 ²⁰ / ₁₅ Lt.
Aldershot	4 ⁸ / ₁₅	Plk.	In Quarters during Parade, alleging sick, did not report on sick Parade	Lieut. Aw. Wakeford	2 days C.B.	5 ⁸ / ₁₅	Capt. Carty	J.P.B. J.P.B.
Newton on Clay	27. 9. 15	Pte.	Absent from 2. 30 pm Parade	H. Binick	2 days C.B.	28. 9. 15	Capt. Carty	
do.	1. 10. 15	"	In bed until 7. 30 am	Lt. Major Taylor	2 days C.B.	1. 10. 15	Capt. Carty	

Byrne J.

257

Ray Dem-

Proceedings on Discharge.

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

No. <u>257</u>	Army Rank <u>Private</u>
Name <u>Dyane Joseph</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regt.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>Dec 26/15</u>	
Place of discharge <u>on board S.S. Cornubian Newton-on-Ayr</u>	
1. Description at the time of discharge.	
Age <u>21</u> years — months	Descriptive marks.
Height <u>5</u> feet <u>11</u> inches	
Chest measurement (girth when fully expanded) _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Light</u>	
Trade <u>Miner</u>	
Intended place of residence <u>Bell Island CB.</u> <small>(To be given as fully as practicable)</small>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Time Expiring</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :- <u>Fair</u>	
5. Character awarded in accordance with King's Regulations :- <u>Should do well in Civil Employment.</u>	
<small>Certified that the above is an accurate copy of the character given by me on Army Form B. 268* and that Army Form B. 489 was awarded in this case.</small>	
<u>(Sgd) Cow</u> Initials of Commanding Officer.	
<u>Commanding Depot</u>	

To be filled in on the soldier quitting the Colours

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Newton-on-Ayr

(Date) Dec 21/15

(Sgd) Cowthelake Major
Commanding Depo of the 1st Bn. 1st Regt. Buffs.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Newton-on-Ayr

(Date) Dec 21/15

(Sgd) Joseph Byrne (Signature of Soldier.)
(Sgd) J. Robertson (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Sgd) Joseph Byrne (Signature of Soldier.)

10. Statement of service.

Service towards engagement Dec 21/15 (the date to which the record of service is completed) 1 years — days.

Further service " Dec 21/15 (the date of confirmation of discharge) " 19 "

Total; ... 1 " 19 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for Dec 21/15 (date)

(Place) Newton-on-Ayr

(Date) Dec 21/15

Signature (Sgd) Cowthelake Major
Commanding Depo of the 1st Bn. 1st Regt. Buffs.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

FORM K

No. 357



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, J. Byrne., Regl. No. 257
 hereby agree, until further notification by me, and in similar official form, to make an Allotment of
 Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made
 on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or}
 Persons concerned, viz:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
	<u>Father.</u>	<u>J. Byrne.</u>	<u>Bell Island</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

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.) Augustus B. Brien

Officer Commanding

B, Company
(Sig.) Joe Brien(Rank) Plt

OCT 10 1914

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PAY LIST. to 21st October 1915 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland
 No. 257 Rank Private Name J. Byrne
 Died (a) at on the of 191 .
 Discharged at 21st of October 1915 .
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues				Short credited		10	1
	(Date of each issue to be stated)				Pay days at from to			
	191	£	s.	d.	Proficiency, Service or good conduct pay			
	"				days at from to			
	"				Messing allowance days at			
	"				from to			
	Hospital Stoppage				Clothing and kit allowance			
	11 days @ 7d.		6	5	Amount produced by the sale of Necessaries			
	Consolidated stoppage				Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including			
					interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster		3	8	Balance due to the Paymaster.....			
		£	10	1		£	10	1

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ is correctly chargeable against the Public CONTINGENT.

Dated at this day of 1915



J. H. Marshall
 PAYMASTER & OFFICER

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

FIRST NEWFOUNDLAND REGIMENT.

I *Joseph Burn*

Having completed my term of service in the Newfoundland Regiment and being desirous of obtaining my discharge therefrom in the United Kingdom, hereby renounce my claim against the Government for repatriation in Newfoundland and, hereby absolve the Government of Newfoundland from all liability in respect of such repatriation.

Witness Name *Stokson (sgt)*
Rank *Act Adj.*
No.

(sgt) Joseph Byrne
Name
Rank *Pte*
No. *257*

085



Army Form O. 1625.

No. 5 PAY LIST. October 2nd to October 29th 1915. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2/1st Newfoundland

No. 257 Rank Private Name Byrne, J.

Disch^d at _____ on the _____ of 1915.
Discharged at Newton Park School, Ayr. on the 21st of October 1915.
Deserted at _____ on the _____ of _____ 1915.

I Certify to the correctness of above in every particular.

(Sgd) E.S. AYRE, Captain (Commanding Squadron, Troop,
 O.C. "F" Company) Battery or Company.

STATEMENT OF ACCOUNT. [FORM 1.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month				Balance Cr. last month	3	13	11	
	Cash issues (Date of each issue to be stated)				Pay 20 days at \$1.00 from 2nd to 21st \$20.00				
		£	s.	d.	Proficiency, Service or good conduct pay				
Oct. 8th	1915	4	5	0	days at _____ from _____ to _____				
" 22nd	" 5	"	8	8	Field living allowance 20 days at 10 cts				
	" "				from 2nd to 21st ... \$22.00				
		4	13	8	Clothing and kit allowance	4	10	5	
	Forfeits 11 days pay for absence .. \$12.10				Amount produced by the sale of Necessaries				
	Allotment 20 days @ 50 cts. .. \$10.00				Personal Clothing and Effects from Form 2...				
	Consolidated stoppage.. \$22.10	4	10	10	Amount of Savings Bank balance, including interest (if no balance, to be so stated)				
	<i>Hospital 11 days</i>		6	5	Exchange Balance	1	10	2 1/2	
	Balance due by the Paymaster		3	14	Deferred pay				
		£	9	14	Balance due to the Paymaster.....				
						£	9	14	6 1/2

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(a).

Dated at London
 this 2nd day of November 1915. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
(654) W.5017/2121 1000m G/15a 53 50Forms
B. 121.
29.

Regiment of

Number of Sheets
Signature of C. O. Company

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.		Age on	months	<i>Miner</i>			
Joined	Date	Place and Date of Enlistment		Religion			
Joined	Date			<i>R. C.</i>			
Joined	Date	Period of	(with Colours years.	Place of Birth			
Joined	Date		(with Reserve years.				

Place	Date of Offence	Rank	Case of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Dorchester</i>	<i>1914</i> <i>Dec 18</i>	<i>Pts</i>		<i>absent from morning parade</i>	<i>Sgt. J. Pave</i>	<i>2 days C.B.</i>	<i>14/1/15</i>	<i>Capt. Carty</i>	<i>aw. St.</i>
	<i>Dec 19</i> <i>1915</i>			<i>absent from tattoo Lie</i>	<i>Cpl Newman</i>	<i>5 days C.B.</i>	<i>24/1/15</i>	<i>Lt Col. Barton</i>	<i>20 days</i>
	<i>Jan 2</i>			<i>2.45 pm. 23/12/14</i> <i>absent from tattoo 2 1/2</i>	<i>Cpl Kenny</i>	<i>7 days C.B.</i>	<i>7/1/15</i>	<i>Capt. Carty</i>	<i>aw. St. 20 days</i> <i>pay R.W.</i>
	<i>" 10</i>			<i>to 3 pm. 4/1/15</i> <i>absent from Church</i>	<i>Pte Vail</i> <i>Pte Le Gros</i>	<i>3 days C.B.</i>	<i>11/1/15</i>	<i>Capt. Carty</i>	<i>aw. St.</i>
	<i>. 16</i>			<i>parade</i> <i>absent from tattoo</i>	<i>Cpl Cox</i>	<i>8 days C.B.</i>	<i>24/1/15</i>	<i>Lt Col. Barton</i>	<i>20 days 14 days</i> <i>pay R.W. aw. St.</i>
<i>Edinburgh</i>	<i>10/3/15</i>			<i>to 5.30 pm. 19/1/15</i> <i>absent from tattoo until</i>	<i>Cop Green</i>	<i>1 day C.B.</i>	<i>13/3/15</i>	<i>Lt Col. Barton</i>	<i>20 days 7 days</i> <i>pay R.W. aw. St.</i>
	<i>22/3/15</i>			<i>8 pm. 1/3/15</i> <i>absent from 9.20 am.</i>	<i>Capt. Ryan</i>	<i>3 days C.B.</i>	<i>24/3/15</i>	<i>Capt. Carty</i>	<i>aw. St.</i>
				<i>Parade</i> <i>to be carried over</i>					

Army Form B. 121.

Edinburgh	30/4/15	Pk.	Absent from tattoo until 10 pm. 1/5/15	^{Brought forward} Capt Russell	3 days CB.	3/4/15	Capt Carby	Deposit 1 day pay J. Fox Lt.
Stobslamp	19/6/15		Absent from tattoo until 7 pm. 22/6/15	Cpl Manning	3 days CC	22/6/15	Lieut Raley	Deposit 2 days pay under R.D.
Alleshot	4/8/15		In quarters during parade alleging sick & did not report on sick parade	Lieut A. W. Wakefield	2 days CB	5/8/15	Capt Carby	R.T.D. 7/15
Newton-on Ayr	27/9/15	Pk.	Absent from 2.30 pm. parade	Cpl Cornick	2 days CB.	28/9/15	Capt Ayre	
	1/10/15	..	In bed until 7.30 am.	C. S. Taylor	2 days CB	1/10/15	Capt Ayre	

11
257

SEPARATION ALLOWANCE.

Claimant James Byrne Father

On account of Joseph Byrne No Rank

Decision Refused.
Applicant not totally incapacitated
during period of sons service

.....
W. F. Rende
Mr. Bowley

Date Nov. 5/1920

Instructions
.....
.....

Allotment of 50[¢] per day payable to Mr. J. Byrne.
his father from 10/10/14 to 21/10/15
Discontinued on account of time expired.

R. K. Sumner

ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch.)

NOTICE

FATHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace:

The Provisor:
Separation Allowance Branch
St. John's, Nfld.

(1) Name in full of soldier Rank Reg't or Unit Reg't No
Joseph Byrne Sgt Royal Wfld

(2) Age of soldier Married or Single

(3) Name in full of father Age Occupation Permanent Address
of soldier
James Byrne 74 Welder Bell Island

(4) If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue). Yes

(5) Names of your other children Address Occupation Married or
in full single
John Byrne Bell Island 11 years
Peter Byrne 9 "
Richard Byrne 6 "

(6) State amount earned by yourself per month
Not earning the past eleven months, sick

(7) State date and place of death of your wife.

(8) State amount and source of any other income None

(9) What is the value of your real property. No property

(10) State actual amount contributed by soldier during year prior to enlistment. £10.00 per month

(11) Was this amount contributed weekly or Monthly? Monthly

(12) Did this amount include payment of son's board, etc?

Yes

(13) State your son's trade or occupation prior to enlistment.

Seamster

(14) State amount of his wages per week.

\$10.00 to \$12.00

(15) State name and address of his last employer.

Yon Scotia Street Y Coal Co

(16) State amount of support monthly from son since enlistment.

Half pay while away, what he can afford to give. He gives his return

(17) State amount of "Assigned Pay" received by you from son monthly

\$10.00

(18) From what date have you received "Assigned Pay"?

(19) Actual amount contributed by other children

Weekly

Monthly

Nothing

(20) If not receiving support from other children, state cause. Answer fully.

Too young

(21) Are any of these children in your employ?

(22) Have you made a previous cl. in for Separation Allowance? If so, why. Give particulars.

No

(23) What is the value of your personal property?

Little value

(24) With whom do you reside at present?

I live in a live-in shack with my wife

(25) Are you already in receipt of Separation Allowance from any source. If so, how much?

No

(26) Are you in receipt of assistance from any Patriotic Fund. If so, how much?

No

(27) Was the soldier at the time of enlistment an employee of the Newfoundland Government?

No

(28) In what capacity and in what place.

(29) Is he in receipt of a salary as such while serving in the 1st Nfld. Regt. If so, how much?

Not applicable

I herewith make this solemn declaration conscientiously believing the same to be true; and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of applicant

James Byrne

Place of Residence

Bell Island.

Declared and subscribed before me at

Bell Island

this

26th

day of September 1920

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace

D. G. Power, Esq.

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the soldier first mentioned above is the sole support of the applicant

Signature of Clergyman

J. J. Smith P.P.

Signature of member of Patriotic Fund Committee

Chas. J. ... Patriotic Fund Committee

Medical Certificate

For information of Separation Allowance Department

1. Name and regimental number
of soldier in respect of whom
Separation Allowance is claimed

*Joseph Byrne
Bell Island
257*

2. Name and age of said soldier's
father or other relative

*Bell Island, 75 years
Father*

3. Is said father or other relative a chronic
invalid and totally incapacitated

Yes

4. Of what nature is disability?

Rupture Hydrocele

5. From what date has this total
incapacity been existent?

Eleven months

6. How long is total incapacity
likely to continue and what will be
the effect on earning power.

Long.

7. If not totally incapacitated by what
per cent in your opinion is capacity
for work reduced and from what date?

None. Is. red to ans.

8. Are you the regular attending physician?

No.

9. Relationship to soldier or Reservist of
applicant?

Father

I certify that the above statements
are correct.

Bell Island
.....Place.

Oct 4/1910
.....Date.

Wm. Carrochan
.....
Physician.

JMH/EM

November 17, 1920

Mr. James Byrne,
Bell Island.

Dear Sir:

With reference to
your application for Separation Allowance, I have
been directed to inform you that same cannot be
granted, because, during the period of your son's
service, you were not totally incapacitated, consequently
you were not totally dependent upon him.

Yours truly,

Major

Paymaster.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ ~~69~~/~~10~~

19

Received from the First Newfoundland Regiment
the sum of Eighty nine Cents Dollars.
on account of Pay.
balance

mess Shuttle

Ch. No.	3180	Initials	ew
Pay Ledger	33	Initials	ew
Gen. Ledger		Initials	

Regtl. No.

Bank
J. C. S.

No. 257

Rank

Pte

Name

Joe

Byrne

EXTRACT

From Synoptical, London.

~~July 14th 1919.~~

Allotments of pay to be cancelled 3850 Power, 4690 Harris
undergoing sentence *noted J.C.*

X With reference to your telegram June 6th 257, ^{Jan.} Byrne credit balance
3s. 8d. *6/10*

no Do not settle account of 2659 Kane, 4194 Howell before receiving
last pay certificate. *J.C.*

June 6th

One payment of War Service Gratuity
has been made to 257. Before to
finalize that account. He was
discharged in USK. Has he any
balance of on your books please.

J. J.

257 Byrne

~~AM~~
Lynn ton 14/7/19 "With ref to your
Lynn ton June 10. 257 Byrne credit balance
3/8^d. He is ill. Can cheque be
Given to Mrs. Theather, his sister, please.

17/7/19



985 Victoria Road
Sydney, N.S.
25/5/20.

To Lt Col Rendell

Dear Sir
I am writing this letter to ask if you can
give me any information about gratuity in connection
with the 1st Newfold Regt, as I have been told that there
is entitled to one month's gratuity being a member of the
above Regt and my Regt number was 11; hoping you will
let me know as soon as possible what I am entitled to.

Yours respectfully,
William Habing,

send application


LM-

June 15, 1920

William Earley,
985 Victoria Road,
SYDNEY, N.S.

Dear Sir:

With reference to your letter of 25/5/20,
to Lieut-Col. Rendell, I enclose form which kindly have
completed in the presence of a Magistrate, or a Justice
of the Peace and return to this Office.

Yours truly,

Major
Paymaster.

Enc.

Telephone:
VICTORIA 4923 & 4.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 9677/479/P&A 257

From
PAY AND RECORD OFFICE,

To **The Minister of Militia**

**58, VICTORIA STREET,
LONDON, S.W.1.**

**St. John's,
Newfoundland.**

WF/BC

July 17 1919

SUBJECT:

REPLY

EX.NO. 257 PTE. J. BYRNE.

Dated **Sep. 14th. 1919**

Reference Nos.

Please return **ORIGINAL** and retain **DUPLICATE.**

Exchange of telegrams confirmed::

Noted, please.

"Received 6/6/19 (224):
"Synoptical London
"One-payment of War Service Gratuity
"has been made-257-Byrne-to-
"finalize-that-account-fullstop-"
"He was discharged-United King-
"dom-has he-any-balance-on your-
"books-please-fullstop-"

A. E. Huxman
Minister of Militia.

MILITARY"

"Despatched 14/7/19 (290):
"Military St. John's
"With reference to your telegram
"6th June-257-Byrne-credit
"balance-3/8d-"

SYNOPTICAL"

Delay in replying is very
much regretted and it is hoped
no serious inconvenience has been
caused thereby. Last Pay Certificate
for this soldier is enclosed
please.

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos IN	5678
Rec'd	6 OCT 1919
Ack'd	Ans'd
Ref. Nos. OUT	
AC 20 DEPT	
BRANCH	
Comd.	
P & A.	
R & G.	
B & F.	
P.S.	

A. J. Munroe
Major
Chief Staff Officer (London).

DUPLICATE.

LAST PAY CERTIFICATE

N.F.P./94.

to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

gtl No. 257 Rank Pte Name Byrne J Unit Royal Nfld Regt. who was discharged
 in United Kingdom on 21/10/15 Authority _____ Cause _____ Time expired _____

STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d
PERIOD: FROM 2/10/15 TO 21/10/15	Balance Dr. from						Balance Cr. from <u>Prev. Pay Books</u>			5	4	1
	Allotment 20 days @ .50¢	10	00	2	1	1	Pay 20 days @ \$ 1.00	20	00			
	Cash Payments:						Field Allowance 20 days @ \$.10	2	00			
	8/10/15 Payment			4	5	0		22	00	4	10	5
	21/10/15 Casual Pay				8	8	Other Allowances days @ \$					
	Other Debits						Other Credits:					
	Hospital Stoppages				5	5						
	20/10/15 Forfeits 11 days Pay	12	10	2	9	8						
	Total Debits			9	10	10	Total Credits			9	14	6
	Balance due by Paymaster				3	8	Balance due to Paymaster			9	14	6
			9	14	6				9	14	6	

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

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(Place)

(Date)

O.C. Company.

has been checked in accordance with information received in the Pay & Record Office London to 16/7/19
 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
 16 July 1919

Chief Paymaster & O. i/c Records.