

4478



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4478 Name Michael Clancy

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Michael Clancy
- 2. What is your full Address? 2. Newtown Road
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years 0 Months
- 5. What is your Trade or Calling? 5. Longshoreman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service?.. 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... 11. Yes

I, Michael Clancy, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

a-18-4-18

Jas W Pittman SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Clancy, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 18th day of April 1918

Signature of Attesting Officer James Stewart

†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 complied with. I accordingly approve, and appoint him to the If enlisted by special authority, such will be attached to the original attestation.

Date 191 Place

Signature of Approving Officer James Stewart

† 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.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Michael Clancy
 Apparent age 18 years — months. Height 5 feet 4 1/4 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Clancy, New Town
Rd 2, St. John's | 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	Rgt. or L'epot.	Promotion, 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>18-4-18</u>									
Joined at <u>St. John's</u> on <u>April 18-1918</u>									
<u>Discharged June 29/19</u>									
<u>Embarked St. John's train to Halifax Nov. 11 6-1918.</u>									
<u>Embarked for B.C. 23-11-1918.</u>									
<u>Disembarked France 28-11-1918.</u>									
<u>Joined D'Alton France 5-1-19</u>									
<u>Arrives in tent from B.C. 23-11-1919</u>									
<u>to Newfoundland for demobilization 29-5-1919</u>									
<u>Arrives Newfoundland 1-8-1919</u>									
<u>Demobilization St. John's 29-6-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-19 [date of discharge] 1 years 73 days
 Pensions _____

Reg. No. 4478 Rank Pr. Name Causey Mo.
Attested 18.4.18 Address City
Allotment 60 Allotee John Causey father
Date of Allotment 6 6/18 Returned from Overseas _____
Embarked for Overseas 1856-18 Cause _____

Wacc 23 4/18, 1st 3 9/18, 2nd 10 5/18

C.P 4478

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 30th, 1919

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 29-6-19.

4478 Pte. Ml. Clancy.

C.R! 4478

Extract from Daily Orders Part 11 Unit The Royal WFL. Regt.
St. John's, June 19th, 1919.

The Discharge of the undersigned on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 19-6-19.

4478 Pte. M. Ciancney.

C.R. 4478

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 18th 1919.

4478, Pte. M. Clancy.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4478

Extract from Nominal Roll from 1st Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Harre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4478 Pte. ?. Clarney.

C.R. 4478

Extract from Nominal Roll received from Pay and Record Office
London, of Draft No. 56 from the 2nd., Battalion, Winchester
to the 1st., Battalion E. A. F., Embarked Southampton 23/11/16..

#4478 Pte. M.

Blancey
~~Chancey~~

C.R. 4478

Extract from Orders by Lt. Col., B. J. BARTON,
COMMANDING 2nd., BATTALION OF THE NEWFOUNDLAND
REGIMENT? DATED 31-10-18.

#4478 pte. M. Clancey
THE ABOVE MENTIONED HAVING REPORTED BACK FROM THE 1st., BATTALION
IS TAKEN ON THE STRENGTH AND POSTED TO H. CO.,

BC..

C.R. 4478

Extract from Daily Orders Part 11. from Unit The Royal Wfld.
Regiment, St. John's, dated June 14th 1918.

4478 Pte. M. Clancey.

Embarked for Overseas with Draft 11-6-18.

C.R. 4478

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 20, 1918.

#4478 Pte. M. Clancey.

Attested for General Service with the Royal Newfoundland
Regiment, from 18/4/18.

M. Claucey

C.R.

4478

P. H. C.

Medical Report on an Invalid.

Station Hazeley D Camp
Date 1. 5. 19

1. Unit Royal Newfd
2. Regimental No. 4478
3. Rank Pte
4. Name Clancey M.
5. Age last birthday 27
6. Enlisted { on April 18. 1918
at St John
7. Former Trade or Occupation } Labourer
7A. If with previous service in Army, state—
(a) Former Unit ;
(b) Regimental No. ;
(c) Date of Discharge ;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition?

He complains of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na

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

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W. E. Proctor
Sgt. W. M. Major
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *F. D. Camp*

Date *1 5 19*

Officer in charge of Hospital.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

No 4349



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Blaney, Regl. No. 4478
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}/_{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.:

Allotment begins 6-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4116	Father	John Blaney	Newtown R.	
			St. John's.	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)
Officer Commanding
A Company
St. John's.
6-6-18

(S) Michael Blaney
(Rank) Pte.

FORM K



N^o 4349 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Blancey, Regl. No. 4478

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}/_{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. :

Allotment begins 6-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4-116	Father	John Blancey Newtown R.R.	St. John's.	60
Total Allotment, \$				60

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.) J. M. ...
Officer Commanding
'A' Company
St. John's.
6-6-1918

(Sig.) Michael Blancey
(Rank) Pte.

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite me name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4478 4098	Pte	Clancey ^{M.} N.	\$250	M. Blance

I have the honour to be, Sir,
Your obedient servant.

Date

July 1/18

M. Blance

Claucey, h

4478

May 1898

June 29, 1919

#4478 Pte. Michael Glancey,
Newtown Road,
City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2817.

Yours truly

Captain
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4478 Rank Pte Name Blaney M
 Intended place of residence Newtown Rd St John's
 2. Occupation Labourer
 Classification of soldier 2 Medical Category #1

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 JUN 13 1919
 Date ST. JOHN'S
 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 JUN 13 1919
ST. JOHN'S
 Signature of soldier M. Blaney
 Signature of witness Am. G. Houston St

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
JUN. 13. 1919
 Signature of soldier M. Blaney
 Signature of witness W. J. Ratton Que

STATEMENT OF SERVICE

7. Enlisted for service 18-4-18 No of days on Military
 Discharged from service 15-6-19 Plus 14 days Service 438

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 15 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld
 Date June 29/1919
 Office i/c Records
 The Royal Newfoundland Regiment

R. H. 2079/2517

The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: 12.6.19

Regimental No. 4448

Name Clancy M. J.

Rank SG

Address Newtown R

Present Medical Category A1

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board—

R. H. Last Cap
O.C. Discharge Depot.

H. Aspin
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4478 Rank Private Name Plancy T.M.
 Date of Enlistment 18.4.18 Address St. John's District St. John's
 Occupation Laborer Classification for Discharge 6 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 12.6.19 for O. C. Discharge Depot. M. J. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. L. L.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Ambleton

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Hemington Rd. Egham and Release Certificate No. 2737 issued.

Date

13-6-19

J.A. Snow Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-6-19

Date

13-6-19

J. H. W. H.
Depot Paymaster.

Discharged approved for

13-6-19

Forwarded with following documents to O. C. Discharge Depot.

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1916	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date

13-6-19

J.A. Snow Capt.
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 15 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former occupation

M. Blancoz
Signature of Man.

Reg. No. *4478*

J. D. Snowcliff
Signature of the Vocational Officer or his Representative.

Place

Date

13-6-19

191

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

MEDICAL HISTORY

Surname Pacey

Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish S. John

County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>18</u> day of <u>April</u> 191 <u>9</u>	on	day of	191
	at <u>S. John</u>	at		
Declared Age	<u>18</u> years		years	days
Trade or Occupation	<u>Saltwater</u>			
Height	<u>5</u> feet <u>4 1/4</u> inches		feet	inches
Weight	<u>112</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>33 1/2</u> inches		inches
	Range of Expansion..	<u>3 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Arm	<u>9/10/190</u>		
	Number	<u>12 cas.</u>		
When Vaccinated				
Vision	R. E.—V=	<u>6/15</u>	R. E.—V=	
	L. E.—V=	<u>6/10</u>	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)	<u>L. M. P. Pacey</u>			
(Rank)	<u>Magr.</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. John</u>	at		
	on <u>18th</u> day of <u>April</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps. <u>The Royal Rifles</u>	Regtl. No. <u>4178</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				

Medical Report on an Invalid.

Station Hazley Down
 Date 1-5-19

1. Unit Royal Newfoundland
 2. Regimental No. 4478
 3. Rank Pte
 4. Name Blancey M.
 5. Age last birthday 21
 6. Enlisted { on April 18th 1918
 at St Johns
 7. Former Trade or Occupation } Labourer
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
 10. Place of origin of disability. no
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
no

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na

No complaints of no disability

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

na

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

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W. P. Provenier

Major

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

Officer in charge of Hospital.

Date *1-5-19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Blancey Michael*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *24478*
 Intended address *Newton Rd*
 Height on discharge *5* Feet *7*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Wry*
 Christian name of Father *John*
 Christian name of Mother *Mary*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *St John 22 May 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 above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Blancey m

(Rank)

Station **ST. JOHN'S.**

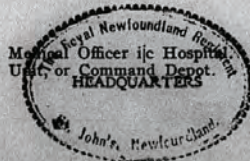
Date

11-6-19

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

Station

Date



Casualty Form - Active Service.Regiment or Corps..... 21st ROYAL NEWFOUNDLAND REGT.Rank..... Pte Surname..... Clancy Christian Name..... MichaelReligion..... A. C. Age on Enlistment..... 18 years..... monthsEnlisted (a)..... 18/4/18 Terms of Service (a)..... DURATION Service reckons from (a)..... 18/4/18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....

S { } or Corps Trade and rate.....

Occupation..... Longshoreman Signature of Officer..... J. M. Guinness

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.215, Army Form A.66, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.215, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...		<u>28 NOV 1918</u>	
		Joined Batt.		<u>5 JAN 1919</u>	
		Arrived in UK		<u>12/4/19</u>	

(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 in the next column, showing Smith No.

Next of kin: Father: John Clancy Newtown Road St. John's N.F.S.D.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Michael* S. Surname *Clancy*

3. Rank *Pte* 4. Regt. No. *4478*

5. Address in full to which future payments of gratuity are to be forwarded *Newtown Rd., St. John's*

6. Date of enlistment in the Regiment *Apr 14/18*

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 any time in receipt of Separation Allowance on account of another soldier?

11. Were you on active service only in Hfld. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *From Apr 14/18 to June 12/19*

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

..... *No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *No.*

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

.....

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge..... *No.*

(b) Reason for discharge..... *Temporary Demobilization*

20. Did you at any time serve at the front in an actual theatre of war? If so give particulars of places, and dates of such service....

France & Germany - From. April 1918 to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com., (b) If so are you in receipt of full pay and allowances from that Committee..... *No.*

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

M. Blancey

Signature of Applicant:

Place of Residence:

Declared before me at:

This

13th day of

*Newtown Rd. St. John's
St. John's, Nfld*

*Aug 1919
John M. Coffey*

Signature of Barrister of the
Supreme Court, Stipendiary Legis-
trate; Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid Paid Paid
Soldier. Dependent.

War Service
Gratuity.

Net amount
due

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

Paymaster

Signature of Barrister of the
Supreme Court, Stipendiary Legis-
trate; Notary Public, Justice of the
Peace, or Commissioner of affidavits.

No 4349



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Michael Blancey*, Regl. No. *4478*
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} _{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.:

Allotment begins *6-6-18*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4-116</i>	<i>Father</i>	<i>John Blancey</i>	<i>Newtown Rd. St. John's.</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) *[Signature]*
Officer Commanding
'A' Company
St. John's.
6-6-1918

(Sig.) *Michael Blancey*
(Rank) *Pte.*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
H 121.
39.Number of Sheets oneRegiment of Royal NewfoundlandSignature of O. C. Company Garnish

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4478 Clancey Michael</u>	Age on	18 years - months	<u>Single seaman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	16.4.18	R. C.	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colours 73 years.	with Reserve 365 years.	<u>St John</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>Prince's Point</u>	<u>19th 8</u>	<u>Pte.</u>		<u>Absent from Guard turn up 9.50 PM.</u>	<u>Lt. Huskell</u> <u>Lt. H. Donald</u>	<u>3 Days C.B.</u>	<u>20th 8</u>	<u>Lieut. Murphy</u>	<u>(S)</u>
<u>Hazey Bay Camp</u>	<u>2-5.18</u>	<u>"</u>		<u>1. Provaning in the lines</u> <u>2. Refused to fix net in</u> <u>1. Quarters.</u>	<u>Lt. Helmsley.</u>	<u>4 Days C.B.</u>	<u>2.8.11</u>	<u>Capt. Emerson</u>	<u>J.M.B.</u>
<u>Hazley Bay Camp</u>	<u>14.9.18</u>			<u>I Insolence to an N.C.O.</u> <u>II Inattention on parade</u>	<u>Sgt Lench</u>	<u>7 days C.B.</u>	<u>18.9.11</u>	<u>Lt. Lt. Barton</u>	<u>D.S.</u> <u>J.M.B.</u>

Demobilized St. John's. 29th 6

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 44478 Rank Private Name Glancey W.
 Date of Enlistment 18.11.18 Address St. John's District St. John's
 Occupation Labourer Classification for Discharge 6 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178b	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12.6.19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied _____

Date 12-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 1/2 mile from Red Bank and Release Certificate No. 2737 issued.

Date 13-6-19

J. P. Snow Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 19-6-19

Date 13-6-19

J. P. Snow Capt.
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. F36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 13-6-19

J. P. Snow Capt.
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919

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

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

Date June 27/19

J. P. Snow Capt.
Records

Reg. No. *474* Rank *Sgt* Name *Mauley, M. F.*

Attested Address *Newtown Ct.*

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas *29.1.19.*

Returned on S.S. *Connaught* Cause *Discharge*

12.6.19.
15.6.19.

~~PASSED TO DEMOBILIZATION OFFICE~~

~~DISCHARGE APPROVED ON DEMOBILISATION~~