

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5826 Name Michael Connor Corps R.C.

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <u>Michael Connor</u> |
| 2. What is your full Address? .....  | 2. <u>Conception Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>            |
| 4. What is your age? .....   | 4. <u>20</u> Years ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fishing</u>        |
| 6. Are you Married? .....  | 6. <u>No</u>             |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>             |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>            |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>            |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....           |
|  | Corps .....              |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>           |

I, Michael Connor 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.

..... SIGNATURE OF RECRUIT.  
O. Connor Signature of Witness.

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

I, Michael Connor 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 ..... on this ..... day of July ..... 191.....

Signature of Attesting Officer O. Connor

### † 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 20-7-18 ..... 191.....  
 Place St. John's ..... } Approving Officer.

† 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 Connor  
 Apparent age 20 years          months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Connor  
Conception St | 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 Depot	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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5826 Name Michael Connors Corps R.C.

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Michael Connors</u> .....       |
| 2. What is your full Address? .....  | 2. <u>Conception Pt.</u> .....        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                   |
| 4. What is your age? .....   | 4. <u>20</u> Years ..... Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fishing</u> .....               |
| 6. Are you Married? .....  | 6. <u>No</u> .....                    |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....                    |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                   |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....         |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u> .....                  |

I, Michael Connors 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.

Michael Connors SIGNATURE OF RECRUIT.  
Pte Connors Signature of Witness.

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

I, Michael Connors 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 19 day of July 1918

Edwards Lieut Signature of Attesting Officer

### †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 20-7-18 1918  
 Place St. Johns } Approving Officer.

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

5826

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

Name Michael Connor  
 Apparent age 20 years 0 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Connor  
Conception Ave | 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 Depot	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 <u>United Kingdom</u> reckons from <u>19-7-18</u>									
Joined at <u>St John's</u> on <u>July 19-1918</u>									
<u>Embarked St John's train to Halifax N.S. 22-9-18</u>									
<u>1. Re-embarked for demobilization 24-6-1919</u>									
<u>Arrived St John's 1-7-1919</u>									
<u>Demobilization St John's 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 17 days  
 " " Pensions " [ " " ] " " " "

Reg. No. 5826 Rank Pte Name Connors Michael F

Attested 20-7-18 Address

Allotment 604 Allottee Mrs Mary Connors (Mother)

Date of Allotment 1-10-18 Returned from Overseas

Embarked for Overseas SEP 22 1918 Cause

Val 22-8-18 1814-9-18, 6  
1. Leave without pay from 19-7-18 to 15-8-18  
2. extension of leave from 31-8-18 to 7-8-18.

C.R. 5826

Extract from Daily Orders Part II Royal Newfoundland  
Regiment. Depot St. John's dated 4-8-19.

The discharge of the undersigned on demobilisation has been  
CONFIRMED by officer i/c Records from noted date  
4-8-19.

5826, Pte. M. Connors.

C.R. 5826

Extract from Daily Orders part II Royal Newfoundland  
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by U.C. Discharge Depot with effect from  
the following date 21-7-19.

5826, Pte . M. Connors.

St. John's, July 3rd, 1919.

C.R. 5826

Extract from Daily Orders Regt. St. John's The Royal Nfld.

Regt. St. John's, July 3rd, 1919.

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

5826 Pte. M. Connors.

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

St. John's, July 3rd, 1919.

Extract from Daily Orders Regt. St. John's The Royal Nfld.

Regt. St. John's, July 3rd, 1919.



C.R. 5826

Extract of Orders By MAJOR M.S. SULLIVAN,  
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,  
19/11/18.

---

The undermentioned having arrived from the 2nd Battalion  
Royal Newfoundland Regiment is attached to the strength from  
this date and posted to to the following Company.

5826 Pte. A. Connors.

"C" Company.

C.R. 5826

Extract from Nominal Roll Entrained At St. John's for  
Overseas Sept. 22, 1918. "C"<sup>102</sup>

5826 Connors Michael (Pte)

C.R. 5826

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, dated August 20th, 1918.

5826 Hte. M. Connors.

Granted leave without pay from 19-7-18 to 15-8-18.

Extract from Daily Orders part 11, from Unit The Royal  
Kfile Regt. St. John's, dated July 20, 1918.

#5826 Pte. Michael Connors.

Attested for General Service with the Royal Kfile Regt.

19-7-18

M. Connors

C.R.

5826

1890

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

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

1. Unit and Corps. *Royal Fusiliers*
2. Regtl. No. *5826* 3. Rank. *P/E*
4. Name *Connors* *Michael*  
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on ..... at .....  
 in category (or grade) .....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | —                   | —                 |
| (ii.) Previous active service.. .. .                               | —                   | —                 |
| (iii.) Climate in pre-war service .. .. .                          | —                   | —                 |
| (iv.) Ordinary military service before the war .. .. .             | —                   | —                 |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | —                   | —                 |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

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

*Re Complaint of disability*

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W. S. Proctor*  
*Cap*  
*Rome*

Medical Officer in charge of case.

Station *Agley, B.M.* .. .. .

Date *9/1/19* .. .. .

\* 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







# THE ROYAL NEWFOUNDLAND REGIMENT

I, Michael Bonner, Regl. No. 5826

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons concerned, viz.:

Allotment begins October 1<sup>st</sup>

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6041	Mother	Mrs Mary Bonner	Conception N.L.	60
			Total Allotment, £	<u>60</u>

ENTERED  
PAY LEDGER RS 27-12-18  
NUM. ROLL  
ALLOT. INDEX  
REGISTER  
EXAMINED [Signature]

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.) A. H. Small / 14  
Officer Commanding  
7 Company  
St Johns  
Sept 20<sup>th</sup> 1918

(Sig.) Michael Bonner  
(Rank) Pvt



Connors, M

5826

Ray sept.

August 4th 1919.

#5826, Pte.M.Connors,  
Conception Harbor,

Dear Sir:

Enclosed please find Discharge Certificate  
#3497.

Yours truly,

Capt.& Paymaster

RS/.

August 11, 1919

Mr. Michael Connors,  
Conception Hr., C.B.

Dear Sir :-

Referring to your application I enclose cheque for  
seventy dollars (\$70.00), being amount of first payment due  
you on account of the War service Gratuity.

Yours truly,

Captain & Paymaster.

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* ..... 2. Surname..... *Connors* .....

3. Rank..... *Rte* ..... 4. Regtl. No..... *1826* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Conception Harbor C.B.* .....

6. Date of enlistment in the Regiment..... *July 1 18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*no*

8. Relationship of such dependents..... *no* .....

9. Address in full of such dependents..... *no* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twelve months* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.  
no

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

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

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the Regt.? no If not give:- (a) Date of discharge Aug 2/19 (b) Reason for discharge Remob

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

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *Michael Bonner*

Place of Residence: *Conception St. C.B.*

Declared before me at: *St John's*

This *19* day of *July* 19*19*.....

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

POST DISCHARGE PAY.					Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Paymaster

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5826 Rank Pte Name Comms J.B.  
 Intended place of residence Conception N.E. N.E. Main

2. Occupation Fisherman  
 Classification of soldier E Medical Category A 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, ST. JOHN'S .....  
 Date JUL 19 1919 .....  
.....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S .....  
 Date JUL 19 1919 .....  
.....  
 Signature of soldier  
 M. Donston  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S .....  
 Date JUL 19 1919 .....  
.....  
 Signature of soldier  
 James O'Sullivan  
 Signature of witness SP1

### STATEMENT OF SERVICE

7. Enlisted for service... 19-7-18 ..... No. of days on Military  
 Discharged from service... 21-7-19 ..... Plus 14 days Service... 382 .....

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S .....  
 Date JUL 27 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 .....  
 Date August 4/1919 .....  
.....  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*A.F.B. 2079/3497.*



# The Royal Newfoundland Regiment

Class for Demobilization:—

*8*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 18/19*

Regimental No.

*5826*

Name

*Connors Jr.*

Address

*Conception Str.*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*D.R. Cooper Capt.*  
O.C. Discharge Depot.

*Watson*  
Senior Medical Officer

*Dee Berden*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5876 Rank A/C Name Thomas M.  
 Date of Enlistment 19.7.18 Address Conception St. District H. Mans.  
 Occupation Fisherman Classification for Discharge 16 Medical Category A.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date July 18/19.....

O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. [Signature]

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.....

(b) Clothing Supplied [Signature].....

Date 19-7-19.....

O i/c. Re-clothing. [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2500 to his home at Conception, N.S. and Release Certificate No. 3722 issued.

Date 19-7-19

*[Signature]*  
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 4-8-19

Date 19-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

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

*[Handwritten]* 2 Form B

*[Signature]*  
Demobilization Officer.

Date 19-7-19

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 21 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date .....

# Civil Re-establishment Committee



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

To resume former Occupation.

*m. lannan*

Signature of Man.

Reg. No. 5826

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

19. 7. 19

191

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

# MEDICAL HISTORY

OF

Surname

*Bannock*

Christian Name

*Michael*

Table I.—GENERAL TABLE

Birthplace:—Parish

*Conception Pt*

County

*Newfoundland*

### SPECIAL RESERVE

### REGULAR ARMY

Examined	on <i>19</i> day of <i>July</i> 191 <i>8</i>	at	on	day of	191
Declared Age	<i>21</i> years	days	years	days	
Trade or Occupation	<i>Yeoman</i>				
Height	<i>5</i> feet	<i>6</i> inches	feet	inches	
Weight	<i>117</i> lbs.				<i>116</i> lbs.
Chest Measurement	Girth when fully expanded	<i>35</i> inches			<i>35</i> inches
	Range of Expansion	<i>4</i> inches			<i>4</i> inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm				
When Vaccinated					
Vision	R.E.—V=	<i>4/9</i>	R.E.—V=		
	L.E.—V=	<i>6/9</i>	L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)				
(b) Slight defects but not sufficient to cause rejection	(b)				
Approved by (Signature)	<i>Linn St. John</i>				
(Rank)				Medical Officer	Medical Officer
Enlisted	at <i>St John</i>	on	at		
	on <i>19</i> day of <i>July</i> 191 <i>8</i>	on	day of		191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.	
	<i>Royal</i>	<i>5826</i>			
Transferred to	<i>1st Bn</i>				
	<i>Regiment</i>				
Became non-effective by	on	day of	on	day of	191
(Signature)					
(Rank)					





# 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 *Connors, Richard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *582 C*

Intended address *Conception Hs. H. Hair*

Height on discharge *5 Feet*

Color of hair on discharge *Light brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Red hair*

Figure on discharge *Thomas*

Christian name of Father *Mary*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Conception Hs. 9-8-1898*

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) *Michael Connors* (Rank) *Ho*

Station *ST. JOHN'S* Date *17-7-19*

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.



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

Date

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5826* 3. Rank..... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Connors*..... *Michael* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday.. *21*.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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



14. State whether the disabilities are
- |   | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war .. .. .                     | ✓                   |                   |
| (ii.) Previous active service .. .. .                           |                     |                   |
| (iii.) Climate in pre-war service .. .. .                       | ✓                   |                   |
| (iv.) Ordinary military service before the war .. .. .          | ✓                   |                   |
| (v.) Serious negligence or misconduct on the }<br>man's part. } | ✓                   |                   |

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

15. What is his present condition?

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

*He complains of no disability*

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

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

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

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

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W.E. Proctor* - *Captn Rowe*

Station *Kazely Down*

Date *9/4/19*

Medical Officer in charge of case.

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



SEPARATION ALLOWANCE.

Claimant... Mary Connor (Mother)  
On account of Michael Connor No. 5826 Rank Pte

Decision... Approved  
.....  
.....  
.....

Date... Dec 10/1919  
W. Kendell Lieut. Col  
W. Howley Major

Instructions.....  
.....  
.....

Allotment of 60<sup>¢</sup> per day payable to Mary Connor  
his ~~mother~~ mother from 1/10/18 to paid current  
Discontinued on account of 4-5-19  
W. H. Pike

6937

# 202 67

**NOTICE.**

ROYAL NEWFOUNDLAND REGIMENT. — MOTHER.  
(Separation Allowance Branch)

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 and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.

Bonnors Michael. Pte Royal Nfld. Regt. 5826

2. Age of soldier. Married or Single.

22 yrs. Single.

3. Name in full of mother. Age. Occupation. Permanent Address.

Mary Bonnors. 49 Housewife Healey's Pond  
Conception Nfld.

4. Give name of your husband. Age. Occupation Where Employed.

Thomas Bonnors. 53. None at present.

5. If your husband is not supporting you state the reason.

My husband do contribute to my support but not to any great extent owing to ill health.

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

7. If you are a widow, state date and place of death of your husband.

*Wavy scribble*

8. Have you married again since death of above mentioned husband?

*Wavy scribble*

9. Names of your other children. Address in full. Age. Occupation Married or Single.

Alice Bonnors. Bell Island 20 Single.  
Mary Bonnors Conception 13 { Domestic Servant }  
Frank Bonnors 11  
Bessie Annie & Cyril aged 9. 6. & 3 yrs respectively.

10. State amount earned by (a) Yourself *None*  
(b) Your husband.  
*At the Labrador fishery in 1918. My husband earned about \$80.00*
11. State amount and source of any other income.  
*but nothing since.*  
*No other income except Son's Allotment.*
12. State value of real property belonging to you and your husband.  
*\$120*
13. State value of personal property belonging to you and your husband.  
*About \$120.*
14. If husband is dead state value of real and personal property left by him.  
*None*
15. Actual amount contributed by soldier during the year prior to enlistment.  
*About \$45.00*
16. Was this amount contributed weekly or monthly.  
*Fishery money all together and other money monthly*
17. Did this amount include payment of son's Board etc., *the home*  
*No. This amount was for my personal use, and to keep.*
18. State your son's trade or occupation prior to enlistment.  
*Fishing during. Mining during winter.*
19. State amount of his wages per week.  
*About \$16 on an average.*
20. State name and address of his last employer.  
*D. J. & S. Co. Bell Island*
21. State amount of monthly support from son since enlistment.  
*\$18.60*
22. State amount of allotment received by you from son since enlistment.  
*\$2232.00 (for 1 1/2 Service)*
23. State from what date did you receive allotment?  
*I have received it monthly since his enlistment. in July 1918*
24. Actual amount contributed by other children  Weekly  Monthly  
*None.*
25. Are any of these children in the employ of you or your husband?  
*No.*

26. If not receiving support from other children, state cause. Explain fully. *My daughter Alice is a domestic on Bell Island and can scarcely do for herself*

27. With whom are you residing at present? *With my husband* *the children are minors*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No I was not aware that there was a Separation allowance.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*

31. Was the soldier at the time of his enlistment an employee of the H.M. Government. *No.*

32. In what capacity and in what place? *Miner on Bell Island.*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *My Son received no salary except his Regt. Pay.*

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... *Marie X Connor*

Place of Residence... *Nealy's Pond, Conception*

Declared and subscribed before me at... *Conception Harbour*

this... *7<sup>th</sup>* ... day of... *July* ... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *Wm. A. Toole S. M.*

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 above mentioned is the sole support of the applicant.

Signature of Clergyman... *Joseph V. Connolly - P. A. Conception*

Signature of member of the Patriotic Fund Committee. *Timothy Wade Leacher.*

Sept. 17, 1919

Mrs. Mary Connors,  
Healey's Pond,  
Conception Hr.,

Dear Madam:-

Referring to your application for  
Separation Allowance, I have been directed to  
request that the enclosed Medical Certificate  
be completed by your Doctor, on account of  
your Husband, and returned to me.

Yours truly,

MAJOR & PAYMASTER.

Encl. 1.

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number ) *Michl. Connors*  
of soldier in respect of whom )  
Separation Allowance is claimed ) *5826*
2. Name and age of said soldier's ) *John Connors.*  
father or other relative. ) *53*
3. Is said father or other relative ) a chronic)  
invalid and totally incapacita- ) *No*  
ted. )
4. Of what nature is disability ? ) *Rheumatism*
5. From what date has this total )  
incapacity been existent ? ) *—*
6. How long is total incapacity )  
likely to continue and what will ) *—*  
be the effect on earning power. )
7. If not totally incapacitated by ) *50% since 1916. Subject*  
what per cent in your opinion is ) *to severe attacks which*  
capacity for work reduced and ) *incapacitate him for weeks.*  
from what date. )
8. Are you the regular attending ) *Yes*  
physician ? )
9. Relationship to soldier of ) *Father*  
applicant ? )

I certify that the above statements are correct.

..... *Avondale* ..... Place,

..... *Sept 25 / 19* ..... Date.

..... *W. E. Jones.* .....  
Physician.



Dec.17,1919

Mrs. Mary Connors,  
Healey's Pond,  
Conception Hr., C.B.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for two hundred and two dollars and sixty seven cents (\$202.67) in payment of same.

You are truly

Major

Paymaster.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland Regt*

Signature of O. C. Company

Number of Sheet *One*  
*A. B. Dickson*  
*Lieut.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Michael Connor</i>	Age on	<i>20</i> years <i>0</i> months	<i>John</i>	
Joined	Date	Place and Date of Enlistment	<i>St John</i> <i>19-7-18</i>	Religion <i>R.C.</i>	
Joined	Date	Period of	with Colours <i>1 1/2</i> years.	Place of Birth <i>Conception N.W.</i>	
Joined	Date				

Place	Date of Offence	Rank	Grade of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>4</i>	<i>8</i>		<i>19</i>

To be carried over.

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

Fold Here

OCT 15 1921 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

Michael Connors

in respect of his service as No. 5826 Rank Pte.

Name M. Connors Royal Nfld. Regt.  
~~Nfld. Fusiliers Corps.~~

Receipt of the same should be acknowledged hereon.

Received Silver Medal

Signature Michael Connors

Date Nov. 26. 1921.

Address Conception Harbor

[P.T.O.]

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5826 Rank Plt Name Conroy M  
 Date of Enlistment 19.7.18 Address Conception St. District St. John's  
 Occupation Fisherman Classification for Discharge 6 Medical Category A-I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date July 15/19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2500.....to his home at Abney Station H and Release Certificate No. 3722..... issued.

Date 19-7-19..... Alub...  
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 4-8-19.....

Date 4-7-19..... H. Mans H  
Depot Paymaster.

Discharge approved for 21-7-19.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 19-7-19..... Alub...  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
Officer in Records.  
Board of Pension Commissioners.  
with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 21 1919..... L. R. COOPER, CAPT,  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date Aug 11 19..... [Signature]