



FIRST NEWFOUNDLAND REGIMENT

[ATTESTATION] OF

No. *1297*

Name *Errol Day* Corps *A.C.*

4/18
9-4-18

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. *Errol Day*
- 2. What is your full Address? 2. *Post Office, St. John's, N.D. Day*
- 3. Are you a British Subject? 3. *yes*
- 4. What is your age? 4. *20* Years Months
- 5. What is your Trade or Calling? 5. *Cook*
- 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 } 11. *yes*
(to be signed by you if you are accepted?)

I, *Errol Day* 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.

Errol Day witness *J. W. Pittman*
 Signature of Recruit. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Errol Day* 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. John's* on this *18th* day of *April* 191*5*.

Signature of Attesting Officer *J. James*

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*5*
 Place
 Approving Officer *J. James*

† 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 Ernie Day
 Apparent age _____ years _____ months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Day, 17 Stone St., N.D. Bay | 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 <u>9-4-1918</u>									
Joined at <u>St John's</u> on <u>April 9-1918</u>									
<u>Discharged, St John's, Sep. 2/1918</u>									
<u>Embarked St John's train to Halifax N.S. 11-6-1918.</u>									
<u>Remained in Hospital at Halifax N.S. 7-7-1918.</u>									
<u>James depot St John's from Halifax 12-5-1918</u>									
<u>Discharged Medically Unfit to Active Service</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 2-9-1918 (date of discharge) in years 147 days
 " " Pensions " " " " " " " " " " " "

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. <u>4397</u>	Army Rank <u>Private</u>
Name <u>Leyril Day</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland</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>September 2nd 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. Description at the time of discharge.	
Age <u>21</u> years <u>6</u> months Height <u>5</u> feet <u>4 1/4</u> inches Chest measure- { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>brown</u> Hair <u>dark brown</u> Trade <u>Fisherman</u> Intended place of residence <u>Fortune St. N.B.D.</u> (To be given as fully as practicable) <u>Nfld.</u>	Descriptive marks. <u>Scar at base of little finger of left hand</u>
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</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>Welp</u>	
4. Character awarded in accordance with King's Regulations:—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.	
_____ <small>Initials of Commanding Officer.</small>	
Army Form B. 2083 has been issued to* _____	

Carl B. ...

MEDICAL HISTORY SHEET

Temporary
Madat

Surname *Day* Christian Name *Cyril*

Examined { on 9 day of April 1918
at St Johns Rd. fld
Birthplace { City or Town Fortune Hill, N. York, Me.
County R. fld. Rank _____ M.O.
Apparent age 20 yrs
Trade or occupation _____ M.O.
Height 5 feet 7 1/4 inches _____ M.O.
Weight 118 lbs. _____ M.O.
Chest measurement { Minimum 32 inches _____ M.O.
Maximum expansion 34 inches _____ M.O.
Physical development _____ M.O.
Small-pox Marks _____ M.O.
Vaccination Marks { Arm Right Left _____
Number _____ Date Result _____
When Vaccinated last _____ M.O.
(a) Marks indicating congenital peculiarities or previous disease _____ M.O.
_____ M.O.
(b) Slight defects but not sufficient to cause rejection _____ M.O.
_____ M.O.
_____ M.O.

Enlisted on _____ day of _____ 191_____ at _____

	CORPS	REG'T. NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	<i>Newfield Regt.</i>	<i>4394.</i>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>Salisbury</i>	<i>1-8-17</i>	<i>debility</i>	<i>Fit for office</i> <i>et al</i>

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Reg. No. 4397 Rank Pte. Name Day C.

Attested 9/4/18. Address Fortune St. N. D. C.

Allotment 50 Allottee James Day (Father)

Date of Allotment 16-6-18. Returned from Overseas

Embarked for Overseas 11-6-18 Cause



Vacc 9/4/18.

1st Inc. 27-4-18, 2nd Inc. 4-6-18, 3rd Inc. 10/31

A.S. from 23-5-18 to 2-6-18.

MEDICAL HISTORY OF AN INVALID

43

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Halifax, N.S. DATE July 31-1918.

1. 1 (a) Unit No. 6. Casualty Co. (b) Regimental No. 4597. (c) Rank Pte.
 (d) Surname Day. (e) Christian name Cyril.

2. Age last birthday 20. Date of birth March 15-1898.

3. Enlisted at St John Nfld. on April 9-1918.

4. Personal description:—

(a) Height 5ft 5.1/2" (b) Weight 118. (c) Complexion Dark.
(stripped)
 (d) Colour of hair Black. (e) Colour of eyes Brown. (f) Identification marks.....
Scar at base of little finger? (left hand)

5. Address after discharge (for the use of the Board of Pension Commissioners).....
Fortune Harbour, Notre Dame Bay, Nfld.

6. Former trade or occupation..... Fisherman.

(a) Service	Years		Days	
	PERIODS			
	From	To		
<u>Royal Nfld Regt.</u>	<u>April 9-1918.</u>			

(b) Has he been overseas? No. 8. Original disease or disability
Debility.

(a) Date of origin Previous to enlistment. (b) Place of origin Fortune Harbour.

(c) Cause Constitutional.

(d) Present disease or disability Debility.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Patient complains of cough, and precordial pain. He becomes easily fatigued. Dyspnoea on exertion. Pulse and respirations at rest 72 and 18. After 1/2 minute Scoville's marked time: Pulse is 84 and respirations are thirty. Chest expansion is poor. His general appearance is that of no energy. Listlessness, appetite poor. Inguinal glands are slightly enlarged. Patient of fair development, poorly nourished.



9. Present condition.—(Continued.)

.....
.....
.....
.....
.....
.....

(b) [Are the following systems normal? If not, briefly state abnormality.....

Nervous **Yes.** Digestive **Yes.** Respiratory **Yes.** Cardiac **Yes.**
Genito-Urinary **Yes.** Skin, Middle Ear, Eye or any other part **Yes.**



10. History: (a) of Condition referred to in "a" section 8.

Due to (a)

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Scar on outer side of right leg.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

One year.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

None.

OPINION OF THE MEDICAL BOARD



14. (Continued)

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why.)

17. Recommendations I recommend that No. 4597 Pte. G. Day
be placed in Category C-1.

J. M. Winchell
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Witness to his mark
Corpe J. Hogbin

H. Mark
G. Day
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

19. Is the soldier fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service, (Canada only),
- (d) Temporarily unfit,
- (e) Unfit for service in Categories A, B and C,

- (Category A) (Yes or No)
- " B) (Yes or No)
- " C) (Yes or No)
- " D) (Yes or No)
- " E) (Yes or No)

20. It is specified that the soldier

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD (Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation)

Placed in Category. C-2.



Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

H. H. Jones President.
R. F. Brown Members.

PLACE Halifax, N.S.

DATE July 31 1918

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 5-8-18



DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

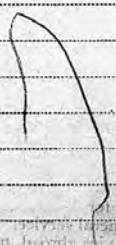
Witness _____ Signed _____
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE _____

DATE _____

President.

Members.



C.R. 4397

Extract from Daily Orders East 11 Unit The Royal BFLD.
Regt. St. John's, dated Sept. 5th, 1918.

4397 Pte. Cyril Day.

Having been found medically unfit is struck off the strength
from 2-9-18.

C.R.

4397

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

4397 Pte. C. ~~Reese~~ Day

Discharged 2 - 9 - 18, Medically unfit

Depot 4397

St John's, Newfoundland,
Sept. 4th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR:

The undermentioned men have been discharged on the dates given. Kindly note and post in Daily Orders Part II.

I have the honour etc.

(sgnd) ~~XXXXXXXXXXXX~~,
~~XXXXXX~~.

H.M.MADDICK,
Lieut.
For Paymaster

1986	Sergt.	Halfyard, Wallace	Sept. 2/18	Med. Unfit
5274	Pte.	Budden, Geo.	Do.	Do.
670	"	Roper, Henry H.	Do.	Do.
136	"	Janes, Thomas P.	Do.	Do.
3330	"	James, Henry J.	Do.	Do.
4397	"	Day, Cyril	Do.	Do.
4601	"	Carew, James	Do.	Do.
4862	"	Peddle, Wm.	Do.	Do.
5124	"	White, Wm.	Do.	Do.
5115	"	Kelligrew, H.J.	Do.	Do.

August 21st, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

4397 Pto. C. Day
4601 " J. Carew

The marginally noted men were overseas to Halifax and returned recently. They were recommended for discharge as permanently unfit by Medical Board held on Monday, August 19th. I am sending them herewith for your attention and necessary action, please.

Their accounts are not on Company Pay Sheets.

C.R. 4397

PRELIMINARY REPORT

Extract from Medical Board held Aug. 19th, 1918.

4397 Pte. Day, C.

Recommended Discharge -- Permanently Unfit.

C.R. 4397

Extract from Daily Orders Part 11 Unit The Royal Hfld.
Regt. St. John's, dated August 14-18.

4397 Pte. C. Day.

Returned from Halifax and reported to Depot 12-8-18.

C.R.

4397

Aldershot Camp. July 27, 1918.

To M.O. Station Hospital,

Halifax. N.S.

4397 Pte. Cyril Day.

The marginally named arrived at Aldershot camp yesterday with a draft of Newfoundland Troops, evidently he has escaped from some hospital or Casualty Unit, evidently he is unfit for duty and is being returned for admission to Hospital where he should be brought before a board for further disposal if necessary
A.P.M. Halifax

(Sgd) H.M. Haynes

Colonel A.D.M.S.

C.R. 4397

July 3rd 1918.

Mr. James Day,
Fortune Harbour,
N. D. B.

Sir,

The following information has just been received that
your son 4397 Pte Cyril Day who left here with last draft
is now at Rockhead Hospital, Halifax.

Yours faithfully,

W. V. W.

Lieut.

for Lieut. Colonel.

C.R. 4397

**Extract from Nominal Roll of Casualties from C.C. Embarkation
Casualty Section No.6 Depot, Halifax, Canada.**

The undermentioned Man has been returned to Newfoundland.

4397 Pte. C. Day, Reported from Aldershot 27-6-18 Mfld. 8-8-18

MM.

C.R. 4397

Extract of Casualties from O.C. Draft, Royal Newfoundland Regiment, to
D.O.C., H.Q., dated 24/6/18.

4397 Pte. C. Day

In Hospital particulars forwarded, A.F's N. 178a, with medical authorities
all other documents in charge of Adjutant Casualty Company, Wellington
Barracks, Halifax.

C.R. 4397

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

4397 Pte C. Day.

Embarked for Overseas with draft 11-6118.

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

#4397 Pte. C. Bay

Attested for General Service with the ~~Royal~~ Newfoundland
Regiment from 9/4/18. To report 9/~~4~~/18.

FORM K

No 4671



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cyril Day, Regl. No. 4397
 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:

Allotment begins. 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4311	Father	<u>James Day</u> <u>Fortune St</u>	<u>N. D. Bay</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

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.) J. Nunns
Capt
 Officer Commanding
A Company
St. John's
10-6 1918

(S) Cyril Day
 (Rank) Plt

1918-1919.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 74⁵⁰

Aug Sept 2nd 1918

Received from the First Newfoundland Regiment
the sum of Seventy Four ⁵⁰/₁₀₀ Dollars.
on account of Pay.
balance

Ch. No. 2041	Initials EW
Pay Ledger... 103	Initials WMA
Gen. Ledger.....	Initials J

Regtl. No. Rank

No. 4397.

Rank

PL-

Name

Day - C.

Sept. 16th, 1918.

Pte. Cyril Day,
Fortune Harbor, N.D.B.

Dear Sir,-

I enclose herewith cheque for \$74.50, being the balance of pay due you at date of Discharge, also Certificate of Pay.

I also enclose Certificate of Discharge, dated Sept. 2nd, 1918, together with special form, which kindly sign and return to this office.

Yours faithfully,

Capt.
Paymaster & C. i/o Records.

Enclosures 3.

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.

Date Sept 26 / 18 Sig. of Soldier April Day ^{Pen}

Place Fortune Harbor Sig. of Witness Jas Bingham

C. S. C.

J. M. Cowley Paymaster & Records

SEPARATION ALLOWANCE.

Claimant *James Day* *Father*
On account of *Gene Day* No. *4397* .. Rank *Pte*

Decision *Refused*
Applicant not totally incapacitated

Date *July 27/1920*
W. B. Russell, Capt. Be
McRowley, Major

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

Allotment of *5.00* per day payable to *James Day*
his *father* from *16/6/18* to *2/9/18*.
Discontinued on account of *being discharged*.

R. Fenimore

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

(MATER)

NOTICE.

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 same 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 Hqld.

1. Name in full of soldier Seral Day Rank. Seral Day Regt. or Unit #397 Regt. No. #397
2. Age of soldier 23 years Married or Single. Single
3. Name in full of father James Day Age. 56 Occupation Labourer Permanent Address. Fortin Harbor
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.) Right leg amputated
5. Names of your other children. 4 children Fortin Harbor Address in full. Harbor Occupation Married Married or single. single
6. State amount earned by yourself per month. 7.50 Per month
7. State date and place of death of your wife. 25 years old Fortin Harbor 1912
8. State amount and source of any other income. one dollar 6 Dollars Per month
9. What is the value of your real property. 1000 Dollars worth land fish street

10. State actual amount contributed by soldier during year prior to enlistment.

11. Was this amount contributed weekly or monthly. *no*

12. Did this amount include payment of son's board etc. *no*

13. State your son's trade or occupation prior to enlistment *labrin*

14. State amount of his wages per week. *\$2.00 Dollars Per month*

15. State name and address of his last employer. *—*

16. State amount of support monthly from son since enlistment. *None*

17. State amount of "assigned pay" received by you from son monthly. *5.00 Dollars*

18. From what date have you received "Assigned Pay".

19. Actual amount contributed by other children. Weekly Monthly.

20. If not receiving support from other children, state cause. Answer fully. *no*

21. Are any of these children in your employ. *yes*

22. Have you made a previous claim for Separation Allowance? If not, why. Give particulars. *NO was sent paper yes I had it and lost it*

23. What is the value of your personal property? *None*

24. With whom do you reside at present? *my own home*

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 Nfld. 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?

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..... *T. J. Day*

Place of residence..... *Fortune St. N.B.*

Declared and subscribed before me at..... *St. John's Nfld*

this..... *18th*day of..... *July*19.....*19*.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary, Public or Justice of the Peace..... *John McGearty*

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..... *Rev. A. T. Penouf*

Signature of member of Patriotic Fund Committee..... *Rev. G. J. ...*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Regiment of The Royal RiflesNumber of Sheets one
Signature of O. C. Company W. J. Jamieson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4297 Cyril Day</u>	Age on	<u>20</u> years - months	<u>Fisherman</u>	
Joined		Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined		<u>24-18</u>	<u>R.C.</u>		
Joined		Period of	with Colours <u>14 7/8</u> years.	Place of Birth	
Joined		with Reserve <u>36 5/8</u> years.	<u>Fortune</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
				<p><i>Discharged Medically Unfit.</i></p> <p><i>St. John's, 2 9/8</i></p>					

To be carried over

Army Form B. 121.



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 Cyril Day

Regiment from which discharged 1st. Newfoundland

Regimental number 4597

Intended address Fortune St. R.D. B.

Height on discharge 5 Feet 4 $\frac{1}{4}$

Color of hair on discharge Dark Brown.

Complexion Fair.

Color of eye Brown

Descriptive Marks —

Figure on discharge Medium

Christian name of Father James.

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. Fortune St. March. 1897

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) Cyril Day

Station St. John's Date Aug 12th 1918. (Rank) Pte.

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

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

Station St. John's Date 13th Aug 1918

Jan. 6, 1920.

Mr. James Day,
Fortune Harbor, N. D. B.

Dear Sir:-

Referring to your application for Separation Allowance, will you kindly furnish the following information:

- (1) The Names, Ages and Occupations of your various children, and whether they are married or single.
- (2) Certificate from your Dr. showing the nature of your own incapacity, and the date from which it can be considered to have commenced.
- (3) The per-centage by which your earning power is decreased on account of it.

If you have any married sons their Marriage Certificates must be furnished

In your application it is stated that Assigned Pay has been received by you, to the extent of Fifty dollars (\$50.00) monthly. We would like to have an explanation of this, as there is no record of your son making Assignment of any of his Pay to you, and you certainly could not have received Fifty dollars (\$50.00) per month, when his whole pay was only Thirty three dollars (\$33.00) monthly.

When the necessary information is received from you, your claim will have further consideration

Yours truly

Major

Paymaster.

9681

Fortune Harbor

I am so / 120

the Wt of militia

Dear Sir you
asked me for the names of my
children and occupations well
Martin is the oldest 25
Blanche 22 these two are
married Cyril ²¹ and Maggie ¹⁶
Mary Ann Beatrice these are
all young counting from
10 to 4 they have no
occupation as for earning
I have not done any
thing since my leg was
taken three years ago
you must have made a
mistake in me saying

The ~~Dr~~ Dr is not in the
country he is in Boston
U.S.A but I can certify
to James Wey incapacity
he lost his leg ~~on the~~
Oct. 1918 I was his nurse
up until he was discharged
from our hospital at
Pillips Island any further
information concerning
his operation will be
given by me for asking
M M Booney

I have received fifty dollars I could not get that for
 I have not received one cent for as they are married
 up to now or any separation in town and are living
 allowance I picked up that there I had to be hauled
 from last spring and I two miles to my must
 did so and I never heard to day to get this note
 a word about it since my
 three sons went to the way
 and were not pressed or
 forced to go I think that
 ye will do your best in
 this matter as I am
 very much in need
 of it now at present as
 I have only one leg to
 get around on you
 asked for the certificate
 of this marriage will

Yours Respect

James Way

P.S) as I hope this will be
 the last time I shall
 have to write about
 this I know you will
 do your best in this
 matters

James Way

Fortune Harbor

Feb 18 /20

To the Dept of militia

Dear Sir. I have received
your letter of January 6th
asking me to fill in the names
ages and occupations of my
children also asking for a
certificate from my doctor
showing the nature of my
incapacity the percentage by
which my earning is decreased
on account of it I have already
filled in these questions as
far as I am able but fearing
it hasent turned up all
right on account of the
mails been so irregular I

decided to write again besides
 the person who wrote it did
 not understand writing the forms
 because instead of saying
 fifteen dollars they said
 fifty for reference of this
 wages had been given by
 Cyril to me you can apply
 to Capt Jundrigan Royal
 W 7 I d I am a very poor
 man and am not earning
 any thing and my wife
 is an invalid as far as
~~ex~~ my doctor is concerned
 he is out of the country
 now but his nurse is here
 and she will do as well
 hoping this will
 reach you with out further
 delay i Remain yours
 Resht
 James W ea

as far as Furports and it
is hung up there by the
Customs with one hundred
and twelve dollars due on
it since last summer
and he cant raise money
enough to pay the duty
on it and i feel sure you
will do all in your power
for him in this matter

Yours Respt
Richard
Dunk

Fortune Harbor

Feb 18 /20

Mr Howley Dear sir
it was i was speaking about
James Weas separation money
it is a pity if he dont get it
as he needs it so badly and
his wife is old and she
is very sickly in fact
she is an invalid it is no
doubt the two boys he has
does all they can for him and
some of his children are
small not able to earn any
thing and to make this
thing still worse he sent
seventy dollars to the
Artificial Limb Co. for an
leg and it come all right

April 1, 1920

Mr. James Day,
Fortune Harbor, P.B.

Dear Sir:-

Referring to your application for Separation Allowance, and your letters of January 20th and February 18th., I beg to refer you again to my letter of January 6th., in which I asked you to furnish me with Marriage Certificates of such of your sons who are married. In the case of Martin, you have not done so, and I have to request that you let me have Marriage Certificate as soon as possible.

Also, will you kindly let me have Birth Certificate of your son Cyril.

I must also request that the information asked for regarding yourself be supplied, particularly, Certificate from your Doctor showing: Nature and extent of your incapacity.

Further, you must produce proof that your son contributed \$15.00 per month after his enlistment, as we have no record of his having declared an allotment.

It is impossible to deal with this case until such information as asked for, is supplied.

Yours truly

Major

Paymaster.

before you will write me and
tell me if you can get
same for me.

Yours etc

James Day
Fortune H^{rs}
Notre Dame Bay.

Fortune H^{rs}
July 8th 1920

Department of Militia
St John's
Newfoundland.

Dear Sir:-

Your letter dated April
1st 1920. reached me last
mail (July 5th 1920). The delay was
due to the letter being sent to
Fortune Bay. In Answer to
same I beg to say I am
enclosing my son Cyril's
Birth certificate. The
certificate of Amputation
by D^r Gilliam. An a
note Sgd by Jas Bingham

general merchant. with whom
I had dealings. And who
changed some of Cyril's
cheques. Re the marriage
certificate of my son Martin
I have not that at hand. but
am notifying the clergy in
St Johns who married him
to forward same to your
department. And I have no
doubt same will reach you
in due time. As this is
the information you
require. I trust that
it will have the desired
effect of obtaining for
me the separation allowance
hoping it wont be long

Explains
July 7, 1920.

Major Hawley:-

Dear Sir:-

In October 1918 I amputated
the leg of James Day of Fortuna Harbor.
The amputation being done 6 inches
below the knee, on the right side.
He now goes around on crutches, and
the leg is entirely healed.

Yours Respectfully.

J. H. Williams M.D.

Certificate of Baptism.

St. Anne's Church,
Fortune Harbor, Newfoundland.

Child's Name *Edward Cyril*
Date of Birth *November 3rd 1898*
Date of Baptism *" " 1898*
Father's Name *James Day*
Mother's Maiden Name *Mary S. Swaney*
Sponsors { *William Carey*
Ellen Day
Sacrament Administered by Rev. *R. Walsh p.p.*

I certify that the foregoing has been correctly copied from the Baptismal Register of the above Church this *Eight* day of

July 1920

J. J. Galan p.p.

Hortons Harbor

I change Cheque ^{July 8th / 20} that was drawn
in favor of Cecil Day \$ 15.00 in the
Winter of 1918

Gas Bingham

C. S. B

Cecil Days was changed
by His Father Gas Day

JHH, III.

August 19, 1920

James Day,
Fortune Hr.

Dear Sir:

With reference to your claim for Separation Allowance, I have been directed to inform you that same cannot be granted, because it is not shown that you are totally incapacitated, and the nature of your disability, under our standard of disabilities, is not of total incapacity, consequently you cannot be considered to be dependent upon our son.

Yours truly,

Major
Paymaster.

May 24th
Grand Falls
Station

Dear Sir:-

I am writing to
you I have lost discharge
badge and discharge
papers, I lost it in
1921, and I never got
any trace of it since.

So I was talking to
Mr. L. Moore, and
Mr. L. R. Cooper, and he
told me to write to
you for another one,
for I need it, and
I hope you will send
me one, which I
know you will.

It was a silver badge

Address.

Mr. Cyril Day
Grand Falls
Station
Nfld.

and my number was
four thousand, three
hundreded and ninty
seven, and my
name was on the
back of it, I know
I don't want to tell
you any more about
it. because all you
got to do is look
over the books, and
then you will know
my character in the
the Royal Newfound-
land Regiment.

I enlisted went three
times before and did

not pass, but the
forth time I went,
I passed, and when
the war was over
I came home, my
discharge papers, was
given to me, and also
my Discharge Badge,
for King and Country,
my service was
recohered, but I would
go to-morrow, if they
need me, so I hope,
you will send me a
brother. ^{you will} Cyril Day, which I know



The Great War Veterans' Association of Newfoundland

(INCORPORATED)

DOMINION COMMAND



TELEPHONE 609
CABLE "WARVETS"
IN REPLY REFER
TO GEA:MOG

ADDRESS
DOMINION SECRETARY
G. W. V. A.
ST. JOHN'S, NFLD.

June 9th, 1934.

Secretary,
Board of Pension Commissioners,
City.

Dear Sir:

I am enclosing herewith a communication from
Mr. Cyril Day, Grand Falls, which is self-explanatory.

I would ask you to kindly give this your usual
attention.

I am,

Yours truly,
GREAT WAR VETERANS' ASSOCIATION, INC.

4397 *C. Day*

G. W. Adams
DOMINION SECRETARY.

Enc. 1.



June 19th., 1934.

Mr. Cyril Day,
Grand Falls' Station.

Dear Sir:-

I regret that I am unable to furnish you with duplicate Discharge Papers, but I beg to enclose herewith a Certificate of your service which I trust will be of some use to you.

Yours very truly,

Secretary.

BTE



TO WHOM IT MAY CONCERN:

This is to certify that #4397 -
CYRIL DAY, enlisted on April 9th., 1918
and was discharged on September 2nd., 1918,
having served 147 days.

SECRETARY.

June 19th., 1934.

CCO/BT: