



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2162 Name William Donnelly Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>45</u> <u>William Donnelly</u> |
| 2. What is your full Address? | 2. <u>45</u> <u>Wickford Street</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> <u>2</u> <u>Years</u> <u>Months</u> |
| 5. What is your Trade or Calling? | 5. <u>710</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>Yes</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. <u>Yes</u> |
| 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> |

FOR THE DURATION OF THE WAR

Name
Corps

I, William Donnelly 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.

E. Feb. 25th W. Hallaway SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Donnelly 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 25th day of February 1916

Signature of Attesting Officer W. Hallaway

† 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.....1916 }
Place..... } 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 William Somerville

Apparent age 19 years 2 months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Somerville
45 Wafford Street St Johns. 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pension " " " " [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *2162* Name *William Donnelly* Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|---|
| 1. What is your name? | 1. <i>William Donnelly</i> |
| 2. What is your full Address? | 2. <i>45 Wickford Street
St. John's</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>19</i> Years <i>2</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Laborer</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 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. <i>Yes</i> |

I, *William Donnelly* 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.

William Donnelly SIGNATURE OF RECRUIT.

E. Feb. 25th *R.P. Hallaway* Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION

I, *William Donnelly* 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 *25th* day of *February* 191*6*

Signature of Attesting Officer *R.P. Hallaway*

†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 *1st*

If enlisted by special authority, such will be attached to the original attestation.

Date.....191

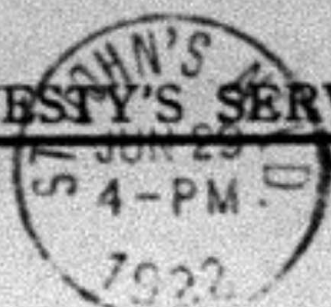
Place.....

} 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)

ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,

DEPARTMENT OF MILITIA,

ST., JOHN'S, Nfld.

2162

540169

To ensure that as far as may be possible none of the
• next of kin of those who have fallen in the War shall fail to
receive the Memorial Plaque, it is requested that on receipt
of the enclosed Plaque this card be signed at the bottom
and posted. No stamp is required.

Mrs Mary Donnelly

(2249) WL 21551/AP659 10/15 900M (20) D St.

45 Westford Street

C.R. 2162

Extract from Nominal Roll of Mfld. Regt. Embarked from
Southampton, from 2nd Bn. Depot, to 1st Bn. B.E.F. (Draft
No 14.) 30-11-16.

2162 Pte. W.A. Donnelly.

2162

C.R. 2162

St. John's

Ms

To

Mr. W. Prindle

March 7th 1918

Sir

I have received the
photograph of my dear son
William Donnelly
yours respectfully

W Donnelly
45 Wickford Street

C.R. 2162

Extract of Communication received from Pay & Record
Office, London, dated October 16, 1917.

#2162 Pte. W. Donnelly.

Posted as "Missing" 14/4/17 and presumed Dead for
official purposes 17/11/17.

C.R. 2162

Extract of Cablegram received from Pay & Record Office,
London, dated May 13, 1917.

#2162 Pte. W. Donnelly, D.CO.,

Reported "Missing" April 14th.

— May 13th, 1917. —

Dear

Sir,

I regret to inform you that a report has been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 2162, Private William Donnelly,

has been posted as

missing April 14th.

Should any further information be received concerning him, the same will be at once communicated to you.

Yours faithfully,

Colonial Secretary.

Mr. William Donnelly,

45 Wickford St.

C.R. 2162

Extract from Nominal Roll Embarked at St. John's for
Overseas S.S. "Sicilian" July 19, 1916.

2162 Pte. W. Donnelly.

C.R. 2162

Wm. Donnelly was attested for General
Service with the NEWFOUNDLAND REGIMENT ON February 25th 1916
Regimental No. 2162 was allotted to Ptes Wm. Donnelly

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

W. Donnelly

C.R.

2/62

R & Co

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

MEDICAL HISTORY

OF

Surname Donnelly Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish		County			
		SPECIAL RESERVE.		REGULAR ARMY	
Examined	.....	on <u>24</u> day of <u>February</u> 191 <u>6</u>	at <u>St John's fld.</u>	on	day of 191
Declared Age	.....	<u>18</u> years	days	years	days
Trade or Occupation	.....			
Height	.....	<u>5</u> feet	<u>8</u> inches	feet	inches
Weight	.....		<u>130</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded...		<u>35½</u> inches		inches
	Range of expansion..		<u>3½</u> inches		inches
Physical Development	.....			
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated	.....			
Vision		R.E.—V= <u>4/5</u>		R.E.—V= <u>4/5</u>	
		L.E.—V= <u>5/8</u>		L.E.—V= <u>5/8</u>	
(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>Samuel Paterson</u>			
(Rank)		<u>Capt</u> Medical Officer.			Medical Officer.
Enlisted	at	at <u>St John's</u>		at	
	on	on <u>24</u> day of <u>Feb</u> 191 <u>6</u>		on	day of 191
Joined on Enlistment		Corps.	Regtl. No.	Corps.	Regtl. No.
		<u>1st Nfd. Reg.</u>	<u>2162</u>		
Transferred to	.....			
Became non-effective by	.....	on	day of 191	on	day of 191
(Signature)					
(Rank)					

No. 2162 Name *Donnelly, William* Sqn., Batty., or Company } *C5 Corps 2/1. nfd Regt.* Date of enlistment } *25/2/16* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } *10 absent 12/10/16* No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } *1* Signature O.C. Company, etc. } *J. Hedderley Capt.* Character } *Fair*

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
<i>Review</i>	<i>3.12.16</i>	<i>Pte</i>	-	<i>While on active service being deficient of duty</i>	<i>Sm. Channel</i>	<i>2 days' Pay</i>	<i>4.12.16</i>	<i>H. Col. G. G. G.</i>	<i>H.K.H.</i>
<i>Drink</i>	<i>9.2.17</i>			<i>(1) without leave from 9 am (parade)</i>	<i>CSM B. B. B.</i>				
	<i>10.2.17</i>			<i>(2) - - - - -</i>	<i>Sgt. B. B. B.</i>	<i>7 Days' P.I.</i>	<i>12.2.17</i>	<i>Sgt. B. B. B.</i>	<i>H.K.H.</i>
	<i>13.3.17</i>			<i>(1) - - - 7.15 am - - -</i>	<i>Cpl. M. Thomas</i>				
				<i>(2) - - - 9 am - - -</i>	<i>Sgt. B. B. B.</i>	<i>14 - - - 1</i>	<i>14.2.17</i>	<i>Do.</i>	<i>H.K.H.</i>
	<i>6.4.17</i>			<i>(1) - - - 9.30 am parade</i>	<i>Sgt. B. B. B.</i>				
				<i>(2) - - - 11.30 - - -</i>	<i>Sgt. B. B. B.</i>	<i>28 - - - 1</i>	<i>6.4.17</i>		



Army Form B. 159

Wm Donnelly

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (6-6) W4017/2124 1000m 6/15ss 93 50

Forms
B. 121.
29.

Regiment of

Newfoundland

Number of Sheet

1 out of 1

Signature of O. C. Company

[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. <i>7167</i>	<i>Rousselly W.</i>	Age on	<i>19</i> years <i>2</i> months	<i>Labourer</i>	
Joined <i>Sept</i>	Date <i>5/9/16</i>	Place and Date of Enlistment		Religion	
Joined	Date	<i>St. Johns</i> <i>25/4/16</i>		<i>Roman Catholic</i>	
Joined	Date	Period of		Place of Birth	
Joined	Date			with Colours	years.	St. Johns
		with Reserve	years.		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order expiring with trial	By whom awarded	REMARKS
<i>St. John's</i>	<i>Jan 1916</i>	<i>Private</i>		<i>Leaving Rank without permission</i>	<i>1st Lt. Butt</i>	<i>3 days C.B.</i>		<i>C. R. Olyon</i>	<i>[Signature]</i>
<i>St. John's</i>	<i>July 6-16</i>	"		<i>Absent from duty by police in Seaman's Institute</i>	<i>1st Lt. Moore</i>	<i>6 days C.B.</i>	<i>21-9-16</i>	<i>Major Montgomerie</i>	<i>Forfeit 6 days pay</i>
<i>St. John's</i>	<i>July 26-16</i>	"		<i>Breaking barracks window on duty</i>	<i>1st Lt. Moore</i>	<i>48 hours det.</i>	<i>26-7-16</i>	<i>Major Montgomerie</i>	<i>Forfeit 2 days pay</i>
<i>St. John's</i>	<i>Aug 6-16</i>	"		<i>Next over free A.M. 5-8-16</i>	<i>1st Lt. Moore</i>	<i>24 hours det.</i>	<i>2-8-16</i>	<i>Major Montgomerie</i>	<i>Forfeit 1 day pay</i>
<i>St. John's</i>	<i>" 6-16</i>	"		<i>Next over free A.M. 6-8-16</i>	<i>1st Lt. Moore</i>	<i>24 hours det.</i>	<i>8-8-16</i>	<i>Major Montgomerie</i>	<i>Forfeit 1 day pay</i>
<i>St. John's</i>	<i>" 22-16</i>	"		<i>Absent from 7.15 am parade</i>	<i>d.o.</i>	<i>2 days C.B.</i>	<i>22-8-16</i>	<i>Capt. Olyon</i>	
<i>Bay</i>	<i>Ep. 18</i>	"		<i>Absent from 12.00 to 1.00 early parade Sep 19th</i>	<i>1st Lt. Blounton</i>	<i>2 days C.B.</i>	<i>19-9-16</i>	<i>Capt. Ledingham</i>	<i>[Signature]</i>
<i>Bay</i>	<i>" 23</i>	"		<i>Absent from 12.00 to 10.15 parade Sep. 21st</i>	<i>1st Lt. Blounton</i>	<i>2 days C.B.</i>	<i>25-9-16</i>	<i>W. D. Kelly</i>	<i>[Signature]</i>
"	<i>" 28</i>	"		<i>Absent from 8 PM Parade</i>	<i>1st Lt. Quirk</i>	<i>14 days C.B.</i>	<i>29-9-16</i>	<i>W. D. Kelly</i>	<i>[Signature]</i>
"	<i>" 30</i>	"		<i>Absent from 1st parade July 23rd 1917</i>	<i>Sgt. Oka</i>	<i>14 days F.P. No 2.</i>	<i>2-10-17</i>	<i>D. W. Whitaker</i>	<i>Forfeit 1 day pay by R.W.</i>
"	<i>" 30</i>	"		<i>Absent from 2nd parade July 23rd 1917</i>	<i>Sgt. Oka</i>				
				<i>To be carried over 2-2-17 to 9-2-17.</i>					

Army Form B. 121.

Refs.	Date	Place	Description	Officer	Days	Officer	Remarks	
	3-10-16	Pha	Brought forward Breaking out of Guard Tent while in Detachment from 4.00 AM. 3-10-16 to 9.30 P.M. 4-10-16.	Sgt O'Toole	96 F.P. 2	5-10-16	Lt. Col. Whitaker	Infants 2 days pay by R.M. 45
"	12/10/16	.	1. Absent from 7 AM to 9 AM. Parade 2. . . . 8 P.M. Parade	Conf. Morrison	3 days C.B.	15/10/16	Capt. Ledingham	Infants 1 days pay R.M.



SEP 18 1916

3

31

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

William J Donnelly

2162

I, *William J Donnelly*, Regl. No.

hereby agree, until further notification by me, and in similar official form to make an Allotment of *Fifty* Dollars and *00* 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 *July 1st 1916*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>2584</i>		Bank of Montreal St John in Name of Wm J Donnelly 45 Wickford St St John Father		<i>50</i>
	<i>Mother</i>	<i>Mary Donnelly</i>	<i>45 Wickford St</i>	
		<i>commencing 2/7/16</i>		
Total Allotment, \$				

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.) *Chas. H. Aye Capt.*

Officer Commanding Company

St John's Regt
July 6th 1916

(Sig.) *W. J. Donnelly*

(Rank) *Private*

Office Copy.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **2162**

Rank **Private**

Name **Donnelly, W.**

Died ^(a) **Intestate** at **France**

on the **14** of **April** 1917.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 14 4/17			14 3 1/2
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at			
	"				from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster			14 3 1/2	Balance due to the Paymaster			
		£		14 3 1/2		£		14 3 1/2

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

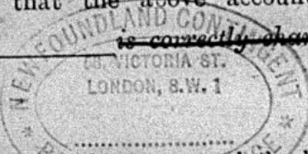
Dated at

this

day of

191 .

CHIEF PAYMASTER & OFFICER IN CHARGE



(a) Here state whether the soldier died *intestate*, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

Donnelly, W.

2162

Gay & Sept

ORIGINAL.

Army Form O. 1023.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or Coy. ROYAL NEWFOUNDLAND REGIMENT.

No. 2/62 Rank Private

Name Donnelly W.

Died (a) Intestate at France

on the 14 of April 1917.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	14	3	1/2
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	191				Proficiency, Service or good conduct pay days at from to			
	"				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage							
	Balance due by the Paymaster			14 3 1/2	Balance due to the Paymaster			
		£		14 3 1/2		£		14 3 1/2

This account is in accordance with information received at the Pay & Record Office to 22/4/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED. 22/4/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 14 3 1/2 is chargeable against the NEWFOUNDLAND CONTINGENT.

Dated at this day of 24 APR 1918

CHIEF PAYMASTER & OFFICER IN CHARGE

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

ORIGINAL.

Army Form O. 1025.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT.

No. 2/62 Rank Private

Name Donnelly W.

Died Intestate at France

on the 14 of April 1917.

Deserted at

on the _____ of _____ 1917.

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage							
	Balance due by the Paymaster				Balance due to the Paymaster			
		£				£		

This account is in accordance with information received at the Pay & Record Office to 22/4/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.

AC
22/4/18

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £~~ NEWFOUNDLAND CONTINGENT

Dated at

this

day of



191

H. O. Munnell Pay.
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

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

**DUPLICATE
MAIL COPY**

Army Form O. 1625.

PAY LIST.

91 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or Corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **2162**

Rank **Private**

Name **Donnelly, W.**

Died (or Intestate) at **France**

on the **14** of **April** 191**7**

Deserted at

on the . of 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 14 4/17			14 3/2
	Cash issues (Date of each issue to be stated)				Pay days at: from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
	Consolidated stoppage							
	Balance due by the Paymaster			14 3/2	Balance due to the Paymaster			
		£		14 3/2		£		14 3/2

This account is in accordance with information received at the Pay & Record Office to **22/4/18** and is therefore subject to amendment if, and as may be found necessary.

CHECKED.
[Signature]
22/4/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ **14 3/2** is correctly chargeable against the Public.

Dated at

this

day of



91

[Signature]
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.
Paymaster.

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

**DUPLICATE
MAIL COPY**

Army Form O. 1625

PAY LIST.

91 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or Corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **2162** Rank **Private** Name **Donnelly, W.**
 Died (or) **Intestate** at **France** on the **14** of **April** 191**7**
 Deserted at on the . of 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

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	Balance Dr. last month				Balance Cr. last month 14 4/17			14 3/2
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at			
	"				from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
	Consolidated stoppage							
	Balance due by the Paymaster			14 3/2	Balance due to the Paymaster			
		£		14 3/2		£		14 3/2

This account is in accordance with information received at the Pay & Record Office to **22/4/18** and is therefore subject to amendment if, and as may be found necessary.

CHECKED

22/4/18

I hereby Certify that the above account is correct in every particular and that the debtor balance of £ **14 3/2** is *currently payable against the Public* **NEWFOUNDLAND CONTINGENT.**

Dated at _____ day of _____ 191**8**



[Signature]
CHIEF PAYMASTER & OFFICER IN CHARGE OF RECORDS
Paymaster.

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

April 23 20

From: Paymaster & O i/c Records
To : The Board of Pension Commissioners
for Nfld.

Re No. 2162, W. Donnelly

The amount paid in continuance of the above man's
allotment is \$403.50.

Paymaster Major

LM-

SEPARATION ALLOWANCE.

Claimant..... *Donnelly, Mary*

On account of *Tom Donnelly* No. *2162* Rank.....
Jeremiah Donnelly *3572*

Decision..... *Approved*
Payable from date of Jeremiah's enlistment

Date..... *Aug. 26th / 1920*

.....
W. F. Hendree Lieut. Col.
M. Howley Major

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

Allotment of per payable to
his from to
Discontinued on account of

\$148 ⁶⁰/₁₀₀

.....
Paid 9-11-17 To 20-11-17

Cheque Delivered to Applicant

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

MOTHER

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, Specially 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 Reg't No.

~~Jeremiah Donnelly~~ ~~William Donnelly~~ Plts. *Royal Nfld* 3512
2162

(2) Age of soldier Married or single

~~Jeremiah~~ ~~William~~ 20 18 *Single*

(3) Name in full of mother Age Occupation Permanent Address

Mary 59 None 45 *Wickford St*

(4) Give n of your husband Age Occupation Where employed

William Donnelly 65 None *Not working*

(5) If your husband is not supporting you give the reason.

Husband is an invalid

(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).

Suffer from Serious Stomach trouble also defective eyesight

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

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

(9) Names of your other children. Address Age Occupation, Married or single

Charles offered on 4/12/14 45 *Wickford St* 28 *Expressman* *Single*
Mary *Montreal* 26 *office clerk* *do*
Eizabeth 45 *Wickford St* 20 *Tailor* *do*

(10) State amount earned by (a) Yourself (b) Your husband

None

(11) State amount and source of any other income

Receive \$7.50 from Charles for board

- (12) State value of real property belonging to you and your husband *Dwelling on Wickford St. Value about \$1000.*
- (13) State value of personal property belonging to you and your husband *None*
- (14) If husband is dead state value of real and personal property left by him _____
- (15) Actual amount contributed by soldier during the year prior to his enlistment *Jeremiah contributed about \$500
Wm. about \$300.*
- (16) Was this amount contributed weekly or monthly *Weekly*
- (17) Did this amount include payment of son's board, etc? *Yes.*
- (18) State your son's trade or occupation prior to enlistment *Jeremiah - Labourer
William - do.*
- (19) State amount of his wages per week *Jeremiah - from \$11⁰⁰ to \$12⁰⁰
William \$6⁰⁰*
- (20) State name and address of his last employer *Jeremiah: Monroe TC
William: J. Malone*
- (21) State amount of monthly support from son since enlistment *Allotments only money received*
- (22) State amount of allotment received by you from son since enlistment *Jeremiah 18 per month
William 15⁰⁰ do.*
- (23) State from what date did you receive allotment? *From first month after enlistment.*
- (24) Actual amount contributed by other children *Weekly Monthly*
*\$ 7⁵⁰ from Charles
for board - weekly*
- (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. *Other children only earning sufficient to keep themselves.*
- (27) With whom are you residing at present? *With husband*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

No.

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

No.

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

No.

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

No.

(32) In what capacity and in what place?

(35) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? 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

Murray Downes

Place of Residence

45 Wickford Street

Declared and subscribed before me at

St John's

this

23rd

day of

August

19*20*

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

[Signature]
Barnes & Co

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 member of the Patriotic Fund Committee

Signature of Clergyman

J. J. Kernatt V.S.

Medical Certificate

For information of Separation Allowance Department.

1. Name and regimental number of soldier or sailor in respect of whom Separation Allowance is claimed } *Jeremiah Donnelly*
3572
-
2. Name and age of said soldier or sailor's father, ~~or other relative~~ } *William*
68 years
-
3. Is said father ~~or other relative~~ a Chronic Invalid and totally incapacitated? } *Yes*
-
4. Of what nature is disability? } *Blind*
Chronic Peritonitis (terminal)
-
5. From what date has this total incapacity been existent? } *Has not worked for 7 years.*
-
6. How long is total incapacity likely to continue and what will be the effect on earning power? } *Permanently*
-
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date? } *—*
-
8. Are you the regular attending physician?) *No*
-
- 66
or sailor
9. Relationship to soldier of applicant?) *Nil*
-

I certify that the above statements are correct.

St John
.....place

Aug 26/20
.....date.

[Signature]
.....
Physician.



1635

This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

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

Examination of William Donnelly
aged 18³/₄ conducted at C. A. 6.
Date: April 21st 1915 Recruiting Officer:

NO OF TEST FINDING

1	No
2	No
3	No
4	No
5	No
6	No
7	Yes
8	Yes
9	No
10	No
11	No
12	No
13	No
14	No
15	No
16	No
17	No
18	No
19	27 ¹⁸ / ₁₀₈ O. F. ¹⁸ / ₇₂ 9/9 right 1/6 left.
20	2
21	2
22	2
23	2
24	2
25	2
26	2
27	2
28	No
29	2
30	2
31	2
32	2
33	2

Examined 9/16
Feb. 24/16
" "

5-8 in
130 lbs.
28.32 32-35 1/2
1.22 a day.

Father William 45 Wickford Street
Done.

Signature of Medical Examiner: H. J. Ghalis



This Form is to be used in connection with Pamph.

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

Examination of *Wm. Donnelly*
aged *18 yrs.* conducted at *C. L. B.*
Date: *Feb. 24/16* Recruiting officer:

NO. OF TEST

FINDING

1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no - no
10	no
11	no
12	no
13	no
14	no
15	no
16	no
17	no
18	no
19	3/4 right - 1/8 left
20	no
21	no
22	no
23	no
24	no
25	no
26	no
27	no
28	no
29	no
30	no
31	no
32	no
33	no
34	5-8
35	130 lbs
36	Today 32-35 1/2
37	Father, William - 45 Churchford St.
38	Nobody.
39	

2, 162

Signature of Medical Examiner: *Geo Burden*

JW

1917 - 1918

DEPARTMENT OF MILITIA
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 13⁰⁷/₁₀₀

Oct. 14th 1918

Received from the First Newfoundland Regiment
the sum of Thirteen ⁸⁷ — Dollars.

~~an amount~~
balance of Pay. Estate.

Mary Donnelley

Ch. No. 8668	Initials. EW
Pay Ledger 35.	Initials. UA
Gen. Ledger.....	Initials.....

Regtl. No. Rank

No. 2162

Rank O6.

Name Donnelly, W.

Wm Donnelly, Sub
45 Wickford St.

In replying the date of this
letter should be quoted.

B.



October 14, 1918.

Sir:

As the estate of Private William Donnelly, a deceased member of the Royal Newfoundland Regiment, consists only of the balance due from the Pay & Record Office, and as that balance is not large enough to justify the taking out of Letters of Administration, I have the honour to authorize you to pay the balance, viz: \$13.07, to his father, William Donnelly, the bearer of this letter. Kindly give him a cheque for same.

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

Deputy Minister of Justice.

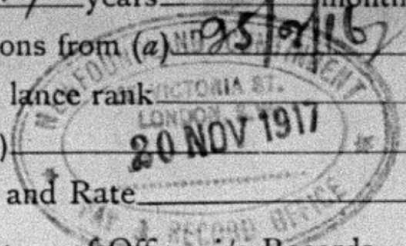
Capt. J. M. Howley,

Paymaster,

Royal Nfld. Regt.

Casualty Form—Active Service.

Regiment or Corps 2/1 Newfoundland Regt.
 Rank Pte Surname Donnelly Christian Name William
 Religion R.C. Age on Enlistment 19 years 2 months.
 Enlisted (a) St John's Terms of Service (a) Duration Service reckons from (a) 25/1/16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 Signature of Officer i/c Records.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ... <u>Southampton</u>	<u>30/1/16</u>	
			Disembarked ... <u>Rouen</u>	<u>1/12/16</u>	
	<u>29 A B D Unit</u>	<u>Deprived 2 Days Pay (Depo of Kit)</u> <u>Joined Battalion</u>	<u>Gouen</u> <u>France</u>	<u>3/12/16</u> <u>12/12/16</u>	<u>01810, 47 B.</u> <u>B 213</u>
			<u>With BATT. 25. 1. 17</u>		
<u>31.3.17</u>	<u>O.C. Unit</u>	<u>Awarded 7 days F. p. 10</u>	<u>In the Field</u>	<u>10.2.17</u>	<u>01810, 14 c.</u>
<u>24.3.17</u>	<u>Do</u>	<u>Do 14</u>	<u>Do</u>	<u>13.3.17</u>	<u>01810, 13 c.</u>
<u>14.4.17</u>	<u>Do</u>	<u>Do 28</u>	<u>Do</u>	<u>6.4.17</u>	<u>01810, 16 c.</u>
<u>15 APR 1917</u>	<u>O.C. Bn.</u>	<u>MISSING</u>	<u>France</u>	<u>11 APR 1917</u>	<u>B 213</u>
			<u>Sweeney</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.
 (b) Signaller, Shoeing-Smith, &c.

R St. John's Feb 16th 1920.

Dear Sir C.R. 2162
I received the
Memorial Scroll, of my too
dear Son;

Yours faithfully.

Mr William Connelly

Other Sons 3572

C.R.

2162

Jan 22

1922

Dear Sir

I received the photographs
of the grasses
Thanking you for them

Yours faithfully

W. William Donnelly