



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *2660*

Name *John Doran* Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <i>John Doran</i> |
| 2. What is your full Address? | 2. <i>41 Duckworth St. St. John's</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>18</i> Years Months |
| 5. What is your Trade or Calling? | 5. <i>Savouring</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
DURATION OF THE WAR FOR PEACE |
| 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, *John Doran* 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. May 1st SIGNATURE OF RECRUIT.
Hayward Marshall Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *John Doran* 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 *1st* day of *May* 191*4*

Signature of Attesting Officer *H. H. ...*

† 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*4*

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 *John Doran*
 Apparent age *18* years _____ months. Height *5* feet *6* inches.
 Chest Measurement { Girth when fully expanded *35* inches
 Range of expansion *2 1/2* inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Mrs Isabel Doran*
 | Relationship *Mother*

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. *2660* Name *John Doran* Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|---|
| 1. What is your name?
2. What is your full Address?
3. Are you a British Subject?
4. What is your age?
5. What is your Trade or Calling?
6. Are you Married?
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vaccinated?
9. Are you willing to be enlisted for General Service?
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.....
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? | 1. <i>John Doran</i>
2. <i>41 Duckworth St. St. John's</i>
3. <i>yes</i>
4. <i>18</i> Years Months
5. <i>Labouring</i>
6. <i>No</i>
7. <i>No</i>
8. <i>Yes</i>
9. <i>Yes</i>
10. Name
Corps
11. <i>Yes</i> |
|---|---|

I, *John Doran* 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. May 1st SIGNATURE OF RECRUIT.
Hayward Marshall Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *John Doran* 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 *1st* day of *May* 191*6*

Signature of Attesting Officer *H. M. T. Dodge*

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

Date..... 191.....
 Place..... } 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 be completed with entries on the Medical History Sheet.

Name John Doran
 Apparent age 18 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Isabel Doran
 | Relationship Mother
 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 raising the rate of pension		Service to be reckoned to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-5-16</u>									
Joined at <u>M. S. Doran</u> on <u>10/21/16</u>									
<u>Statement of the services of John Doran</u>									
Embarked for <u>India</u> <u>13-12-16</u> <u>Admitted 21st Coy. Grenadier 24/1/17</u> <u>Embarked for 2nd Bn. Buffs. 27/1/17</u>									
<u>6 Bn. Detach. 16-2-17</u> <u>Rejoined 2nd Bn. Buffs. 6-3-17</u> <u>Admitted 16th Coy. Buffs. 17-4-17</u>									
<u>Admitted 16th Coy. Buffs. 21-4-17</u> <u>Invalided to Camp 24-4-17</u> <u>Admitted 3rd Coy. Buffs. 27-4-17</u>									
<u>Embarked for 16th Coy. Buffs. 2-6-17</u> <u>Embarked for 16th Coy. Buffs. 5-8-17</u> <u>Home sent - 16 Feb 1817</u>									
<u>Wounded 21-9-17</u>									
<u>Wounded 21-9-17</u> <u>Died of Wounds</u> <u>18-9-17</u> <u>18-9-17</u>									
<u>Place of Burial</u> <u>Canadian Trench</u> <u>2 1/2 miles NE of Ypres</u>									
Total Service forfeited as above.									

Total Service towards Engagement to 23-9-17 (date of discharge) 1 years 126 days
 Pension



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 *John Doran*
aged *18* conducted at *62 B*
Date: *Apr 27/16* Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no*
- 10 *-*
- 11 *-*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/6 Both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

26/60

May 12 11

One box

no
5'-6"
125 lbs
32 1/2 35
at 28 months

mother Mrs John Doran 41 Duckworth St
mother

Fit

Signature of Medical Examiner: *William Roberts*

C.R. 2660

Extract from Nominal Roll of Mfld. Regt. Draft No.28
from 2nd Bn. Depot, 1st. B.E.F. Embarked Folkestone,
5/8/17.

2660 Pte. J. Doran.

C. 2660

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.

2660
~~2904~~ Pte. J. Doran.

Apr 1 4 1918.

Mrs. Isabel Doran,
41 Duckworth Street,
City.

Madam:-

The following description of Grave site,
has been received from the Pay & Record Office,
London, of:-

"#2660 Pte. J. Doran, (Report
"Silverdinghe 17.29) Class of
"Grave Canada Farm British
"Cemetery, 2 1/2 miles N.W. of
"Poperinghe. Reported by
"Graves Registration Units."

I have the honour to be,

Madam,

Your obedient servant.

W. F. Rendell
Major Chief Staff Officer.

M

October 4, 1917.

Dear Madam,

I regret to inform you that the
Record Office of the First Newfoundland Regiment,
London, to-day reports No. 2660, Private John
Doran, died as a result of shell wounds, causing
fracture of both legs and skull, at the 87th
Field Ambulance Hospital, September 23rd.

Yours sympathetically,

Colonial Secretary.

Mrs. Isabel Doran,
41 Duckworth St.

M

October 4, 1917.

Dear Dr. Kitchin,

I regret to inform you that news has just been received, through the Pay and Record Office, London, that No. 2660, Private John Doran, son of Mrs. Isabel Doran, Duckworth Street, died of wounds at the 87th Field Ambulance Hospital, on September 23rd, both of his legs and his skull had been fractured as a result of shell wounds.

I shall be very glad if you will break the sad news to Mrs. Doran as soon as possible as I propose to publish this list immediately after dinner.

Yours faithfully,

Colonial Secretary.

Rev. Dr. Kitchin,
City.

2660 Pte. John Doran. ✓

Ext. of Casualty list received Oct 4th., 1917.
Shell Wounds, both Legs Fractured and Skull,
Died of Wounds at 87th Field Ambulance
Hospital, Sept 23.



SICK AND WOUNDED N.C.O.s & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 2660

MACHINE GUN CORPS RECORD OFFICE.
50166 Pte. Banker, W.
73143 " Fenn, W.
22953 L/C. Hall, W.H.
073457 Pte. Jess, L.R.

20211 " Morrison, A.
12417 L/C. Duncan, W.
16814 Pte. Piper, A.

152/MGC.3/A. & S.H. PUO.....Adm.1
111/MGC.10/R.Fus. Diarrhoea Slt.Ac.
21/MGC.19/Manch.R. ICT.Foot L.Sev.
59/Co.1/Div.Sup.ASC. PUO.Sev.
att.Hvy.Br.MGC.Tanks.
153/MGC.1/7 Gord.High.GSW.Hand R.Slt.
99/MGC.3/R.Innis.Fus PUO.Slt.
103/MGC.1/Bevon R. Spr.knee R.

LIST NO. H.A. 8851.
Adm.1 Can.Gen.H. Staples 23 Apl.17.

-do-
-do-
-do-
-do-
-do-
-do-

0671

NEWFOUNDLAND CONTINGENT

2660 Pre. Doran, J. 1/Newfoundland R.

LIST NO. H.A. 8851.

Tonsillitis Ac.Slt.Adm.1 Can.Gen.H. Staples 23 Apl.17.

CAVALRY RECORD OFFICE, YORK

1001 Pte. Wallace, B.Sqd.S.Ir.Horse.
2494 Spr. Rennolf, T. 2-Sqd.York Hussars.

LIST NO. H.A. 8851.

Debility.Slt....Adm.1 Can.Gen.H. Staples 23 Apr.17.
Boils Knee R.Slt.

-do-

WARWICK RECORD OFFICE.

30062 Pte. Slater, A. 1/4 R.War.R.
21588 Pte. Gough, G. 2/O. & B.L.I.
6120 " Lavender, A. 4/Worc.R.
22538 " Norwood, L.H. 2/O. & B.L.I.

10531 Pt. Wallay, E. 3/R.Berks.
10566 " Worcester, F. 4/Worc.R.
33751 " Gardiner, E. 5/R.Berks.R.

LIST NO. H.A. 8851.

SW.Head & Neck...Adm.1 Can.Gen.H. Staples 23 Apr.17.
Contus Knee R, Acc.Slt.
SW.Forearm L.Sev.
Synovitis Knee R.Slt.

Neuraesthesia Slt.
SW.Foot.L.Sev.
PUO.Slt.

-do-
-do-
-do-
-do-
-do-
-do-

27 APR 1917

C.R 2660

SICK AND WOUNDED N.C.OS. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

MACHINE GUN CORPS RECORD OFFICE

LIST NO. H.A. 8775

34415 Pte. Baldwin, L. 45/MGC.
 45074 Pte. Hannan, W. 51/MGC.
 32497 Pte. Culshaw, J. c/Bn. HB. MGC.
 82235 Pte. Dyer, A.E. 50/MGC.
 3879 Pte. Swann, H. 50/MGC.
 42065 Pte. Abbott, C. 86/MGC.
 72873 Pte. Barrow, A. W. 50/MGC.
 64347 Pte. Budge, G. 45/MGC.
 13593 Pte. Dodd, W. 3.RB/101 MGC
 75632 Pte. Jones, W.S. c.Bn. HB. MGC.

Scabies Mild. Adm. 6 Sty. H. Prevent 20 Apr. 17.
 Conjunctivitis Mild. -do-
 PUO. Mild. -do-
 Diarrhoea Mild. -do-
 Scabies Mild. -do- 21 Apl 17.

Sw. Sh. R. Thigh L. Mild. -do-
 Haemoptysis Mild. -do-
 ICT. Scrotum Mild. -do-
 PUO. Mild. -do-
 Tonsillitis Mild. Adm. 6 Sty. H. Prevent & Trans. to 7 AT. 21 Apr. 17.

625 Pte. Abbott, D. 9 RH/44 MGC.
 66887 Pte. Robertson, J. 76/MGC.
 16396 Pte. Sharpe, V. 9 RH/44 MGC.
 65014 Pte. Morgan, B. 9/MGC.
 22652 Pte. Merrin, W. 52/MGC.

DAH Mild. -do-
 Rheu. Fever Mild. -do-
 Impetigo Mild. -do-
 Incon. Urine Mild. Trans. to 7 AT. ex 6 Sty. H. Prevent 21 Apr. 17.
 ICT. Hand L. Mild. -do-

7055 Dvr. Wilde, G. 76/MGC.
 54104 Pte. Catterall, W. 50/MGC.
 64496 Pte. May, E.H. 86/MGC.

ICT. Legs Mild. Adm. 6 Sty. H. Prevent & Trans. to 7 AT. 21 Ap. 17.
 ICT. Ft. R. Mild. -do-
 ICT. Legs Mild. -do-

WINCHESTER RECORD OFFICE

LIST NO. H.A. 8775

531 Pte. Detheridge, J. 8/Rif. Bde.
 12526 Pte. Liles, J. 20/KRRC.
 31766 Pte. Heaton, T. 20/-do-
 37627 Pte. Harris, W.E. 13/-do-
 16300 Cpl. Bridges, E. 13/-do-
 8473 Pte. Sullivan, W. 9/Rif. Bde. Base Det.

Cornl. Ulcer L. Mild. Adm. 6 Sty. H. Prevent 21 Apr. 17.
 Debility Mild. Adm. 6 Sty. H. Prevent & Trans. to 7 AT. 21 Apr. 17.
 Otorrhoea Mild. Trans. to 7 AT. ex 6 Sty. H. Prevent 21 Apr. 17.
 PUO. Mild. Adm. 6 Sty. H. Prevent & Trans. to 7 AT. 21 Apr. 17.
 PUO. Mild. -do-
 Scabies Slt. Dis. ex 5 Sty. H. Dieppe 21 Apr. 17.

13593 Pte. Dodd, W. 3 RE/101 MGC.

PUO. Mild. Adm. 6 Sty. H. Prevent 21 Apr. 17.

NEWFOUNDLAND CONTINGENT

LIST NO. H.A. 8775

2560 Pte. Doran, J.

1/Newfndlnld Inf. Tonsillitis Mild. Adm. 6 Sty. H. Prevent 21 Apr. 17.

1219

April 26, 1917.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 2660, Private John Doran, has been admitted to Wandsworth suffering from tonsillitis.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mrs. Isabel Doran,
41 Duckworth St.

C.R. 2660

Extract from Casualties received from Pay & Record
Office, London, dated April 26, 1917.

#2660 Pte. J. Doran.

Tonsillitis.

Admitted 3rd Lon. Gen. Hosp. Wandsworth. April 24, 1917.

CR 2660

Extract from Nominal Roll Embarked St. John's for Overseas,
28/8/18.

2660 Pte. J. Doran.

C.R. 2660

John Doran was attested for General Service with
the NEWFOUNDLAND CONTINGENT on May 1st 1916
Regimental No. 2660 was allotted to Pte J.Doran

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 28th 1919

L. Donnan

C.R.

2660

Per O

~

L

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

MEDICAL HISTORY

Surname Danan

OF
Christian Name John

Table I.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Birthplace:—Parish.....	County.....			
Examined	on <u>27</u> day of <u>April</u> 191 <u>4</u>		on <u>1</u> day of <u>August</u> 191 <u>7</u>	
at	<u>St. John's</u>		<u>St. John's</u>	
Declared Age.....	<u>18</u> years <u>18</u> days		<u>18</u> years <u>18</u> days	
Trade or Occupation.....	<u>Labouring</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>125</u> lbs.			lbs.
Chest Measurement { Girth when fully expanded... Range of expansion.....	<u>35</u> inches <u>2 1/2</u> inches		<u>35</u> inches <u>2 1/2</u> inches	
Physical Development.....				
Vaccination Marks { Arm				
Number.....				
When Vaccinated	<u>6/6</u>			
Vision	R. E.—V= <u>6/6</u> L. E.—V= <u>6/6</u>		R. E.—V= <u>6/6</u> L. E.—V= <u>6/6</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>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at	
	on <u>27</u> day of <u>April</u> 191 <u>4</u>		on <u>1</u> day of <u>August</u> 191 <u>7</u>	
Joined on Enlistment	Corps. <u>1st New Brunswick Regiment</u>	Regtl. No. <u>2600</u>	Corps.	Regtl. No.
Transferred to.....	<u>Newfoundland</u>			
Became non-effective by.....	on _____ day of _____ 191 <u>4</u>		on _____ day of _____ 191 <u>7</u>	
(Signature).....				
(Rank).....				



Table II.—Only for admission to hospital or to the sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks (except syphilis, admission of to)
	Day	Month	Year	Day	Month	Year			
3 RD LONDON GENERAL HOSPITAL WANDSWORT	25	4	14	24	5	14	Tonsillitis	29	

list in case of Warrant officers treated in quarters.

ing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of
erns and re-admissions to hospital will be shown. The subsequent progress, including particulars
reatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Reported sick in France 16.4.17
12.5.17 Tonsillectomy performed.
Furlough

G. C. Hall Capt RMB

ORIGINAL FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company B Company
 Regimental No. 2660 Rank Private

Surname DORAN, J. Christian Names _____

Died { Date Sept. 23rd., 1917. Place France or Belgium.

Cause of Death Died of Wounds received in Action.

Nature and Date of Report Memo, 24/9/17.

By whom made O.C., 87th. Field Ambulance. SENT TO

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____

By whom reported _____

State whether he leaves { (a) in Pay Book (Army Book 64) Not to hand (b) in Small Book (if at Base) Not to hand
 a Will or not { (c) as a separate document do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will be found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date 29/9/17. Signature of Officer in charge of Section [Signature]
 Adjutant-General's Office at the Base

[402] W587/M:50 500,000 1004 JFW [E222] Form B 2090A/1

0 1/c Net Reg Infanterie

G.H.O.



O.C. HQ
 ST. JOHNS, N.F.L.D.
 N.F.P.S.S. NO. 1000/1000

MAJOR

TRIPPLICATE

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company } B Company

Regimental No. 2640 Rank Private

Surname DORAN, J. Christian Names

Died { Date Sept 26th, 1917. Place France or Belgium.

Cause of Death* Died of Wounds received in Action.

Nature and Date of Report Memo, 31/9/17.

By whom made O.C., 87th. Field Ambulance.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.



Burial { Place _____ Date _____

By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not to hand (b) in Small Book (if at Base) Not to hand (c) as a separate document do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } 29/9/17. Signature of Officer in charge of Section } [Signature]
Adjutant-General's Office at the Base

(142) W2027/1430 500,000 1415 JFW (2222) Form B.2090a.1

MAJOR

6/10 Not Reg Infants' Section

C.S.G. and Adjutant

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *2660*

Rank

Newfoundland Private

Name *Doran J.*

Died (a) *11-NOV-18* at

France

on the *28* of *September* 191 *7*

Deserted at

on the of 191 *7*

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.			
		£	s.	d.		£	s.	d.	
	Balance Dr. last month	3	12	9	Balance Cr. last month				
	Cash issues (Date of each issue to be stated)	4	2	9	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	1	4	9	Balance due to the Paymaster	4	2	9	
		£	3	12	9	£	4	2	9

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 1 4 9 is correctly chargeable against the Public (b).

Dated at

this 11 day of

191

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 Army Form B. 2090 or Army Form O. 1815.

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

Regiment or Corps 2/1 Newfoundland Regt
 Rank Pte Surname Doran Christian Name Joseph 2087
 Religion R. C. Age on Enlistment 28 years 11 months.
 Enlisted (a) 1/5/16 Terms of Service (a) Duration Service reckons from (a) 1/5/16
 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>Stamptown</u>	<u>30/11/16</u>	
		Disembarked ...	<u>France</u>	<u>1/12/16</u>	
	<u>Unit</u>	<u>Joined Batta</u>	<u>France</u>	<u>12/2/16</u>	<u>B213</u>
			<u>With BATT.</u>	<u>28.1.17</u>	
	<u>21 CCS</u>	<u>Admitted</u>	<u>France</u>	<u>24/1/17</u>	<u>ED 9046</u>
	<u>S. Stg Hoop</u>	<u>Admitted</u>	<u>Wimereux</u>	<u>27/1/17</u>	<u>HA 6314</u>
	<u>1 Co. Def</u>	<u>Admitted</u>	<u>Boulogne</u>	<u>1/2/17</u>	<u>HA 6453</u>
	<u>29 A.B.D.</u>	<u>Joined Base Def</u>	<u>France</u>	<u>15/2/17</u>	<u>Homb Coll.</u>
<u>17.3.17</u>	<u>O.C.</u>	<u>Joined Battalion</u>	<u>Unit</u>	<u>6 MAR 1917</u>	<u>B 213</u>
<u>24.4.17</u>	<u>36 F.A.</u>	<u>Ad</u>	<u>France</u>	<u>17.4.17</u>	<u>Ed 3394</u>
<u>30.4.17</u>	<u>1 Comd. Hoop</u>	<u>Ad</u>	<u>Etaples</u>	<u>25.4.17</u>	<u>H.A. 887</u>
	<u>1st Antwerp</u>	<u>Ad</u>		<u>24.4.17</u>	<u>W 3053</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such engagement or enlistment to be entered.
 (b) Signaller, Shoeing Smith, &c.



3 1ST. NEWFOUNDLAND REGIMENT 9

ALLOTMENTS

I, John Joseph Boran, Regl. No. 2660

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and Seventy 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 Aug 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2791</u>		<u>Mother Mrs John (Label) Boran</u>	<u>41 Duckworth St. St John's</u>	<u>60</u>
		<u>Commencing 1/9/16</u>		
Total Allotment, \$				

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. Chas. H. Aye Capt.

Officer Commanding
15 Company

July 28th
St John's
1916

Sig. John Boran

(Rank) Private

7694/47
Claims 141

FM/WF

31st, July

7

Command Paymaster Scottish Command,
52, North Bridge,
Edinburgh.

POLICE EXPENSES.

A. F. O. 1618, relating to 2660, John Doran,
1st. Newfoundland Regiment is forwarded to you for
payment, please.

Major,
Paymaster & O i/c Records.

Doran, J.

2660

Ray Dept

L

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **2660**

Rank **Private**

Name **Doran, J.**

Died^(d) **WELL No. 3634**

France

on the **28rd** of **September**

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.

Date	Dr.	£ s. d.			Cr.	£ s. d.		
	Balance Dr. last month	33	9	2	9			
	Cash issues (Date of each issue to be stated)							
		£	s.	d.				
	191							
	"							
	"							
	"							
	Consolidated stoppage							
	Balance due by the Paymaster							
		£	4	2	9			
						£	4	2
								9

Balance Cr. last month
 Pay days at _____ from _____ to _____
 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
 Amount of Savings Bank balance, including
 interest (if no balance to be repaid)

This account is in accordance with information received at the Pay & Record Office to 11/12/17 and is therefore subject to amendment if, and as may be found necessary.

CHECKED
M. 450
11/17/17

I hereby Certify that the above account is correct in every particular, and that the

subter balance of £4-2-9 is correctly charged against the **NEWfoundland and CONTINGEN**

Dated this

day



191

(a) Here state whether the soldier has been or whether he has not been in the latter case the date when he was received in the hospital, if not already sent to the Officer with Army Form 2, 2020 or Army Form 12, 1215.
 (b) Where an allowance for the purchase of kit is made it shall be in accordance with the following:-

PAY LIST

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **2680**

Rank **Private**

Name **Doran, J.**

Died^(a) **Wall No. 309^b France**

on the **28rd** of **September** **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	25/8/17	4	2	9	Balance Cr. last month				
	Cash issues (Date of each issue to be stated)	£ s. d.			Pay days at from to					
	191				Efficiency, Service or good conduct pay days at from to					
	"				Messing allowance days at from to					
	"				Kit allowance					
	Consolidated stoppage				Amount produced by the sale of Effects from Form 2					
	Balance due by the Paymaster				Amount of Savings Bank balance, including interest (if no balance, to be so stated)					
		£	4	2	9		£	4	6	9

This account is in accordance with information received at the Pay & Record Office to 11/12/17 and is therefore subject to amendment if, and as may be found necessary.

CHECKED
No. 111
11/17/17

I hereby Certify that the above account is correct in every particular, and that the debit balance of **14-2-1917** is properly chargeable against the **INDENT CONTINGENT**

Dated at this day 1917

(a) Name state whether the soldier died in consequence of wounds or disease in service. If not already done by the Officer with Army Form G 2000 or Army Form G 1912

(b) Where in list to be inserted, and if none, there is no insertion required

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **2660**

Rank **Private**

Name **Doran, J.**

Died^(a) **Wall No. 363^t France**

on the **25rd of September 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	25	3	17	4	2	9					
	Cash issues (Date of each issue to be stated)											
		£	s.	d.								
	191											
	"											
	"											
	Consolidated stoppage											
	Balance due by the Paymaster											
		£	4	2	9				£	4	2	9

Balance Cr. last month

Pay days at from to

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

Amount of Savings Bank balance, including interest (if no balance, to be omitted)

This account is in accordance with information received at the Pay & Record Office to 11/12/17 and is therefore subject to amendment if, and as may be found necessary.

CHECK
11/17/17

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £4-2-9 is correctly chargeable against the Public Contingent

Dated, at

this

day

191 .

- (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. FIELD SERVICE.

Army Form B. 2090a.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR COMPS NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company B Company
Regimental No. 2660 Rank Private
Surname LORAN, J. Christian Names _____

Died Date Sept. 23rd., 1917. Place France or Belgium.
Cause of Death* Died of Wounds received in Action.

Nature and Date of Report Memo, 24/9/17.

By whom made O.C., 87th. Field Ambulance.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial Place _____ Date _____
By whom reported _____

State whether he leaves a Will or not (a) in Pay Book (Army Book 64) Not to hand (b) in Small Book (if at Base) Not to hand
(c) as a separate document do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date 20/9/17. Signature of Officer in charge of Section Adjutant-General's Office at the Base Sacramento

(1428) W2027/M:30 500,000 10/16 JFW (E222) Form B.2090a/2



W.O. 11
Reg Infantry Section
G.H.Q. 2nd Echelon

Casualty Form-Active Service.

Regiment or Corps Newfoundland
 Regimental No. 2666 Rank Pt. Name Doran, John
 Enlisted (a) 1/5/16 Terms of Service (b) Duration Service reckons from (a) 1/5/16
 Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (d) _____

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	Southampton	5.8.17	
		Disembarked	Raven	7.5.17	
		Joined Battalion		28.8.17	B 213
27.9.17	O'Leary	Wounded in Action		23.9.17	B 213
24.9.17	872A	Died of Wounds (Wounds both legs fract. and C.F. Skull fract.)		23.9.17	2/13020/1
					(Sgd) E Aldridge Majr Cpl Coy Reg Inf Section G.H.Q. 3rd Echelon

(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) e.g., Signaller, Shooting Smith, etc., etc., also special qualifications in technical Corps duties.

SEPARATION ALLOWANCE.

Claimant. *Doran, Elizabeth (mother, widow)*

On account of *John J. Doran* No. *2660* Rank. *Pte*

Decision. *Refused*
Another single son did not offer for
enlistment

Date *Jan 18/1920*

R. Higgins C.S.
W. F. Hendee Lieut. Col.
M. Bowley Major

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

Allotment of *60¢* per day payable to *Mr John Doran*
his *mother* from *1/8/16* to *rate current*
Discontinued on account of

L. C. Sgt

NOTICE.

ROYAL HESPOUNDED REGIMENT.
(Separation Allowance Branch)

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, 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.
John J. Doran. private 4th Bn. 2660.
2. Age of soldier. Married or Single.
20 years old. Single.
3. Name in full of mother. Age. Occupation. Permanent Address.
Elizabeth Doran. 50. 41 Duckworth St.
4. Give name of your husband. Age. Occupation Where Employed.
5. If your husband is not supporting you state the reason.
6. If your husband is a chronic invalid and totally incapacitated, state nature of maledy. (A Medical Certificate must be enclosed with this document stating from what date husband had 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.
Died 1893 from injuries received while repairing Nets of the H.M.C. Sea
8. Have you married again since death of above mentioned husband?
No.
9. Names of your other children. Address in full. Age. Occupation Married or Single.
My only son living now is James, lives with me. Have no daughters - age 22 years old. Single.

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

11. State amount and source of any other income.

None.

12. State value of real property belonging to you and your husband.

None

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.

Not Any

15. Actual amount contributed by soldier during the year prior to enlistment. *Was Employed By W. H. Wooddy for \$5.00 a week and Board*

for Six Months. Remainder on Steam Boats Earned \$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.

farm help, and on the Steam Boats.

19. State amount of his wages per week.

from \$2.00 to \$11.00.

20. State name and address of his last employer. *what he contributed for his board per week was*

Before Enlistment was on the Boats, and before with W. H. Wooddy. (Quidi Vida)

21. State amount of monthly support from son since enlistment.

\$1800

22. State amount of allotment received by you from son since enlistment.

\$1800

23. State from what date did you receive allotment?

August 1916.

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

I have only one son from \$300 to \$400 per week. But Not Constant.

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.

27. With whom are you residing at present?

41 Buckworth St

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

I did not know Separation Allowance was given.

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

None.

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.

\$5.00 per month

31. Was the soldier at the time of his enlistment an employee of the B.M.I. Government.

No.

32. In what capacity and in what place?

✓

33. 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..... Elizabeth Moran

Place of Residence..... 41 Buckworth Street St. Johns.

Declared and subscribed before me at St. Johns this 24th day of March 1919

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

Blas Cant
Notary Public

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..... (P. J.) Greene

Signature of member of the Patriotic Fund Committee, P. J. [Signature]

May. 13, 1919

Mrs. Elizabeth Beran,
#41 Duckworth St.,
City.

Dear Madam:-

Referring to your application for
Separation Allowance, will you kindly inform
me if your son James has offered for enlistment,
and if so, what is the number of his Rejection
Badge if he has one.

Yours truly

Captain,
Paymaster & C. i/c Records

41 Duckworth St

Mar 9 1912

7818

Captain J. W. Howley
Militia Building
St Johns.

Dear Sir:

Several months ago I sent
in my application for Separation Allowance and I
have not received an answer since.

Will you kindly inform me why.

This claim has not been up
before the Board yet

Yours Truly

Elizabeth Moran.

Elizabeth Moran

Jan. 16/'20

Mrs. Elizabeth Doran,
#41 Duckworth St.,
City

Dear Madam:-

With reference to your application for separation Allowance, I have been directed to inform you that same cannot be granted, because you have another single son of Military age who has not offered for enlistment.

The Regulations provide that where there are two single sons of Military age, the Allowance will only be granted when the second one enlists.

Yours truly

Major

Paymaster.

8213

January 8th
1920.

Major J. W. Hawley
Militia Building
City.

Dear Sir:

with reference to your
inquiry of the 4th inst. asking if my Son, James
had offered for enlistment. Replying beg to
state that he had not offered for enlistment
and has no Regation Badge.

Yours Truly

Elizabeth Moran.

April 23. 20

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

Re No. 2660, John Doran

The amount paid in continuance of the above
man's allotment is \$428.20


Paymaster

Major

LM-


L

D

368

WILL

No. 2860, Pte. J. Doran.



 Mrs Isabel Doran M
 41 Durburgh St

COPY SENT TO	A 2.
	B279/156
Letter	No
Date	20/12/17

In the event of my
 death I give the
 whole of my money
 due to me to my
 mother, Mrs John
 Moran. 41.

Richworth Street
 St Johns
 Rfld

2660

Signature John Moran

Rank and Regt. private Rfld

Date December 23.

1916

306
NEWFOUNDLAND CONTINGENT

COPY OF WILL

of

No. 2660, Pte. John Doran.

In the event of my death I give the whole of my money
due to me ⁺yo my mother, Mrs. John Doran, 41 Duckworth Street,
St. John's, Nfld.

(Signature) John Doran,
Private Nfld.

December 23 1916.

Certified True Copy.

F. A. Marshall
LIEUTENANT,
ASST. PAYMASTER,
FOR MAJOR,
CHIEF PAYMASTER & OFFICER I C RECORDS.

DUPLICATE
MAIL COPY
Posted 3 - JAN 1918



ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

..... Aug. 25, 1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 2660 Rank PL
Name John Doran
Royal Newfoundland Regt.

..... Elizabeth Doran (d.)

..... Mother..... Relationship.

Address..... 41 Duckworth St.

Casualty Form—Active Service.

Regiment or Corps *Newfoundland*
 Rank *Private* Surname *Doran* Christian Name *John*
 Religion *Roman Catholic* Age on Enlistment *18* years *2* months
 Enlisted (a) *1. 1. 1917* Terms of Service (a) *Duration* Service reckons from (a) *1. 1. 1917*
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended () Re-engaged () Qualification (b) _____
 or Corps Trade and Rate _____
 Occupation *Labourer* Signature of Officer *Catley Col.*

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 26, 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.26, or other official documents.
Date	From whom received				
			Embarked <i>Shampton</i>	<i>18.17</i>	
			Disembarked... <i>Rouen</i>	<i>7.17</i>	
			Joined Battalion	<i>28 AUG 1917</i>	<i>B 213</i>
<i>27.9.17</i>	<i>O.C. Unit</i>	Wounded in Action		<i>23 SEP 1917</i>	<i>B 213</i>
<i>24.9.17</i>	<i>87 F.A.</i>	Died of Wounds (<i>both legs fract. & b. f. skull penetr.</i>)		<i>23.9.17</i>	<i>N/13020/1</i>

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38
 DATED _____



Sacramento

Casualty Form—Active Service.

Regiment or Corps Newfoundland
 Rank Private Surname Doran Christian Name John
 Religion Roman Catholic Age on Enlistment 18 years 0 months
 Enlisted (a) 1.1.16 Terms of Service (a) Duration Service reckons from (a) 1.1.16
 Date of promotion to present rank Date of appointment to lance rank
 Extended () Re-engaged () Qualification (b)
 or Corps Trade and Rate
 Occupation Labourer Signature of Officer Cataly Capt.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.21, Army Form A, 35, 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.21, Army Form A, 35, or other official documents.
Date	From whom received				
			Embarked <u>Hampton</u>	<u>5.8.17</u>	
			Disembarked... <u>Rover</u>	<u>7.8.17</u>	
			Joined Battalion	<u>28 AUG 1917</u>	<u>B 215</u>
<u>27.9.17</u>	<u>O.C. Unit</u>	Wounded in Action		<u>23 SEP 1917</u>	<u>B 215</u>
<u>24.9.17</u>	<u>87 F.A.</u>	Died of Wounds (Sh. Wds both legs, fract. R. & L. Skull penetr.)		<u>23.9.17</u>	<u>N/13020/1</u>

John

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P. 38. No.
 DATED



Sacramento