



# FIRST NEWFOUNDLAND REGIMENT

*At 6.*

## ATTESTATION OF

No *2967* Name *Edmond L. Murphy* Corps *Coops*

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

1. What is your name? ..... 1. *Edmond Lawrence Murphy*
2. What is your full Address? ..... 2. *31 Central St. St. John's*
3. Are you a British Subject? ..... 3. *yes*
4. What is your age? ..... 4. *18* Years *11* Months
5. What is your Trade or Calling? ..... 5. *Coops*
6. Are you Married? ..... 6. *no*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. *no*
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. *yes*
9. Are you willing to be enlisted for General Service? ..... 9. *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. *yes*

I, *Edmond L. Murphy* 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.

*Edmond L. Murphy* ..... SIGNATURE OF RECRUIT.  
*Edmond L. Murphy* ..... Signature of Witness.

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

I, *Edmond Lawrence Murphy* 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 *17* day of *July* 191*6*

Signature of Attesting Officer .....

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

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

Date ..... 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 correspond with entries on the Medical History Sheet.

Name Samuel Lawrence Murphy  
 Apparent age 15 years 11 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion 6 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Patrick Murphy  
31 Leinster St. | Relationship father  
St. John 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.	Atty 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 " _____ [ " " ] _____ " _____ "									

2967



# FIRST NEWFOUNDLAND REGIMENT

*Ab.*

## ATTESTATION OF

No. *2967* Name *Edmond L. Murphy* Corps *Cooper*

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

- 1. What is your name? ..... 1. *Edmond Lawrence Murphy*
- 2. What is your full Address? ..... 2. *31 Central St  
St. John's*
- 3. Are you a British Subject? ..... 3. *yes*
- 4. What is your age? ..... 4. *18* Years *11* Months
- 5. What is your Trade or Calling? ..... 5. *Cooper*
- 6. Are you Married? ..... 6. *no*
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. *no*
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. *yes*
- 9. Are you willing to be enlisted for General Service? ..... 9. *yes*
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. *yes*

I, *Edmond L. Murphy* do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

SIGNATURE OF RECRUIT. *Edmond Murphy*

Signature of Witness. *ac. [illegible]*

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

I, *Edmond Lawrence Murphy* 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 *17* day of *July* 191*6*

Signature of Attesting Officer *[Signature]*

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date..... 191

Place.....

} 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 Samuel Lawrence Murphy  
 Apparent age 18 years 11 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Patrick Murphy  
31 Courthouse St. | Relationship father  
St. John's 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>17-7-16</u>									
Joined at <u>St John's</u> on <u>July 17<sup>th</sup> 16</u>									
<u>Embarked St John's S.S. Sicilian for U.K. 28<sup>th</sup> 16</u>									
<u>Joined unit 12-12-16 Admitted 1st Lt. 16<sup>th</sup> Dec 17</u>									
<u>Regained Batha in the field 31.3.17</u>									
<u>Missing 14-4-17</u>									
<u>Killed in Action 14-4-17</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>14-4-17</u> (date of discharge) - years <u>2 1/2</u> 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 *Edmond L. Dunphy*  
aged *19 yrs.* conducted at *C. & B.*

Date: *July 19/16.* 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 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *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*

*So get letter from his mother saying that she was willing for her to go.*

*Monday 19/16.*

*2963*

33 *yes 10 yrs ago left arm 1 scar*

34 *5-8*

35 *150 lbs*

36 *33-39*

37 *\$2.40 a day*

38 *parents Mr Patrick Dunphy 31 Central St.*

39 *none*

*JL*

Signature of Medical Examiner:

*J. W. Burden*

## REPORT ON SELF INFLICTED WOUNDS

To Fourth Army 'A' (through 88th Brigade and 29th Division)

Number Rank Name and  
Unit of man wounded

2967 Pte. E. DUNPHY

Date of Casualty  
23/12/16.Nature, Location and  
severity of wound.

Wounded in left arm with bayonet.

Circumstances of the  
case, giving particu-  
lars as to how where and  
when the casualty  
occurred.At Amenois on Dec 23 Pte. Dunphy was cleaning his  
Bayonet. He slipped and fell, the point of the  
bayonet puncturing an artery in the left arm.Opinion of the O.C. Unit  
as to whether the wound was  
caused

- (a) Wilfully
- (b) Negligently
- (c) Accidentally

Accidentally

24/12/16.

Sd/ J. Forbes Robertson Major  
Comdg 1/Newfoundland Regt.

and remarks if any.

Opinion of Brigadier and  
order as to disciplinary  
action.

Accidental. Disciplinary action unnecessary

24/12/16

Sd/ J.E. CAYLEY Brigadier General  
Commanding 88th Brigade.Orders and remarks (if  
any) By Divl. Commander.

No action necessary.

26/12/16.

Sd/ W.F. WILLIAMS Brig.Genl.  
Commanding 29th Division.

*J. M. Burchell* CAPTAIN.  
for Officer i/c No. 1 Regular Infantry Section  
General Headquarters, Ord. Location.

Copy

Dec 23rd 1916.

EVIDENCE

concerning 2967 Pte. E. Dunphy.

\*\*\*\*\*

No. 2410 Pte. J. Sears states:-

On the 23rd December about 1-30 p.m. I saw ~~244~~.  
No 2967 Pte. E. Dunphy cleaning his bayonet. He was standing on the  
doorstep of the Billet. He had his Bayonet in his left hand,  
blade resting on the forearm. I saw him fall. He arose himself  
and the next thing I saw was the blood pouring from his left arm. He  
took off his coat and No 2601 Pte. C. Meyers bound the wound up and  
took him to the R.A.M.C.

Sd/ J. SEARS

No 2601 Pte. Meyers states :-

On the 23 of December about 1-30 p.m. I saw Pte E. Dunphy  
cleaning his Bayonet. I saw him slip from the step he was on.

I heard him say "my coat is out . I looked at the tunic, and  
I saw the blood on his hand. He took off his tunic, and, seeing  
that the wound was serious by the flow of blood, I tied my handker-  
chief above the wound, and took him to the R.A.M.C.

Sd/ C. MEYERS.

Copy.

France

Dec 23rd 1916.

EVIDENCE

concerning No 2967 Pte. E. Dunphy.

-----  
No 2967 Pte. E. Dunphy states :- I was cleaning my bayonet  
about 1-30 p.m. Dec 23rd The point of the bayonet was towards my  
body. I slipped and fell. When I arose I felt my arm warm. I looked  
and it was covered with blood. I took off my tunic and Pte. Meyers  
tied a handkerchief around my arm and took me to the R.A.M.C.

sd/ R.G. PATERSON Lt.

sd/ R.G.PATERSON Lt.

sd/ S.R. SMITH 2nd Lt.



C.R. 2967

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

2967 Pte. E. Dunphy.

C.R. 2967

Extract of Cablegram received from Pay & Record Office,  
London, dated May 14, 1917.

Previously reported Missing now reported  
Killed in Action April 14th.

#2967 Dunphy.

M

May 14, 1917.

Dear Sir,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, to-day reports that your son No. 2967, Private Edmund L. Dunphy, who was previously reported missing, is now reported killed in action on April 14th.

Yours sympathetically,

Colonial Secretary.

Mr. Patrick Dunphy,  
31 Central St.

C.R. 2967

Extract of Casualties received from Pay & Record Office,  
London, dated May 14, 1917.

# 2967 Pte. E. Dunphy.

Killed in Action 14-4-17 R/B, Mag O.C. Bn 4-5-17.

C.R. 2967

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

#2967 Pte. L.E. Dunphy, C. Co.,

Reported "Missing" April 14th.

May 13, 7.

191

Sir,

Dear

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. 2967, Private ~~Edmund~~ L. Dunphy,

missing April 14th.

has been posted as

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

Yours faithfully,

Mr. Patrick Dunphy,  
31 Central St.

Colonial Secretary.

C.R. 2967

Extract of Casualties received from Pay & Record Office,  
London, dated January 17, 1917.

#2967 Pte. E. Dunphy.

N.Y.D. slight. ✓

Admitted 1. City. Hospital, Rouen, January 10, 1917.

C.R. 2967

Extract from Casualties.....Unit No. H.A. 5940.

2967 Pte. E. Dunphy.

Trans. to 3 Amb. Trn. ex NE Sty. H. Amiens 10th Jan 17th.

VDS.



C.R. 1967

Extract of Nominal Roll Draft (All Ranks) to 1st Bn.,  
B.E.F. embarked Southampton.

2967 Pte. E. Dunphy.

30-11-16.

C.R. 2967

Extract from *Memorial* Embarked St. John's for Overseas,  
20/8/16.

2967 Pte. E. Dunphy.

C.I. - 2967

Edmund L. Dunphy, was attested for General Service  
with the NEWFOUNDLAND REGIMENT on .... July. 17th. 1916  
Regimental No. 2967 was allotted to Pte E.L. Dunphy

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

E. Dunphy

C.R.

2967

~~1110~~

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

# MEDICAL HISTORY

Surname Dumphy OF Christian Name Emound L.

Table 1.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 15 day of July 1916	on day of 191	on day of 191	on day of 191
	at St. John's Par.	at	at	at
Declared Age	18 years 11 months	years	years	days
Trade or Occupation				
Height	5 feet 8 inches	feet	feet	inches
Weight	150 lbs.	lbs.		lbs.
Chest Measurement	Girth when fully expanded	39 inches		inches
	Range of expansion	6 inches		inches
Physical Development				
Vaccination Marks	Arm	left arm		
	Number	1 scar		
When Vaccinated	10 years ago.			
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	Emound Dumphy			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St. John's	at	at	
	on 15 day of July 1916	on day of 191	on day of 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st Lt. P. Coy	2967		
Transferred to				
Became non-effective by				
	on day of 191	on day of 191	on day of 191	on day of 191
(Signature)				
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature	
28-7-16	1 <sup>st</sup> Inoculation	T.P.P. LP
<del>31-7-16</del>	2 <sup>nd</sup> "	LP
9-8-16	3 <sup>rd</sup> "	LP
30-8-16	Vacc.	LP
13-11-16	Fit. for Foreign Service N.Y.W.	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

3.  
Edmund R. Murphy, Regl. No. 5967

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 40 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins August 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend.	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2739</u>	<u>mother</u>	<u>Miss Ellen Pat Murphy</u>	<u>31 Central St. St John's</u>	<u>40</u>
		<u>Commencing</u>		
		<u>1916</u>		
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  
July 28

1916

E L Murphy

(Sig.)

(Rank)

pc

*Amended Account*

PAY LIST.

to 1

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

*1st Newfoundland*

No. *2967*

Rank

*Pte*

Name

*Deemphes, E.*

Died (a) *Intestate*

at

*France*

on the

*14 of April*

191*1*.

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 <i>Account</i>			<i>11 14 4</i>
	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 .....			
	"				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage .....				Deferred Pay or Gratuity .....			
	<del><i>Amended balance</i></del>							
	<i>error on this book passed Monday 9/6/17</i>			<i>17 0</i>				
	Balance due by the Paymaster	<i>11</i>	<i>2</i>	<i>4</i>	Balance due to the Paymaster .....			
		<i>£ 11</i>	<i>14</i>	<i>4</i>		<i>£</i>		

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

Dated at

this

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.



**PAY-LIST.**

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps No. *2967* Rank *Pte* Name *Dunphy. E*  
 Died (a) *Intestate* at *France* on the *14<sup>th</sup>* 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 <i>14 17</i> .....	<i>11</i>	<i>14</i>	<i>11</i> ✓
	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	<i>11</i>	<i>14</i>	<i>11</i>	Balance due to the Paymaster .....			
		£	<i>11</i>	<i>14</i>		<i>11</i>	<i>14</i>	<i>11</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>.

NEWFOUNDLAND CONTINGENT.

Dated at \_\_\_\_\_  
 58 VICTORIA STAY

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.

CHECKED.  
*11/17/17*

ORIGINAL.

Army Form B. 2090A.

FIELD SERVICE.

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 B. 213 from other official documentary sources.



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

Regtl. No. 2967 Rank Private

Name DUNPHY, E.

DUPLICATE. SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D.

Date April 14th., 1917. Place France. Cause of Death\* Killed in Action.

Stamp: 279, No. 1094/12, 4 JUN 1917

Nature and Date of Report B 213, 4/5/17.

By whom made O.C., Unit.

\* 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) do (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.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } Officer 1/c Records Reg. Inf. Sec. 1, 3rd. Echelon, G.H.Q., B.E.F. Lieut. for Lt. Col.,

Station and Date 12/5/17.

**TRIPPLICATE. FIELD SERVICE.**

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 B. 213A, or from other official documentary sources.



REGIMENT } **NEWFOUNDLAND REGIMENT.** Squadron, Troop, Battery or Company }  
 or  
 CORPS

Regtl. No. 2967 Rank Private

Name DUNPHY, E.

Died { Date April 14th., 1917.

{ Place France.

{ Cause of Death\* Killed in Action.

Nature and Date of Report B 213, 4/5/17.

By whom made G.C. Unit.

\* 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) do  
 { (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.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } [Signature] **Lieut. for Lt. Col., Officer i/c Records Reg. Inf. Sec. 1, 3rd. Echelon, G.H.Q., E.E.F.**

Station and Date 12/5/17.

# Report on Wounds or other Injuries, received otherwise than in Action.

30 DEC. 1916



114  
Gen. No.  
4269.

## Certificate of Medical Officer.

No. 2964 The Dumbly & 1st Newfoundland Regt.

was admitted to hospital on the Dec 23rd 1916 suffering from Bayonet wound Left arm

The disability is of a trivial nature, and in all probability will not interfere with his future efficiency as a soldier.

Here insert "trivial" or "serious."

Here insert "will" or "will not."

Here insert "claims" or "does not claim."

\*He claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station In the field  
Date Dec 23rd 1916

J. S. Rom 1st  
Med. Officer in Charge.



## Certificate to be signed by soldier.

I, \_\_\_\_\_ hereby declare that the injury sustained by me on the \_\_\_\_\_ did not occur while I was in the performance of military duty.

Soldier's Signature.

Signature of Medical Officer.

Station \_\_\_\_\_  
Date \_\_\_\_\_

## Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

I certify that the injury to the above-named soldier occurred while he was in the performance of military duty.

Here insert "occurred" or "did not occur."

If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

On Dec 23rd/16 outside billet in Amnionis cleaning his bayonet for inspection. The soldier was not to blame, it was purely an accident.

The soldier has been so informed.

Station Camp in Amnionis  
Date 26/12/16  
J. Forbes Commanding 1st Arty Regt

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

Statements of witnesses to be pinned here at back.

HEADQUARTERS  
AH 3213  
28 DEC 16

# REPORT ON SELF-INFLICTED WOUNDS.

(To be made by O.C. Unit).

JAN 10  
PAY & L

S.I.W. 1.  
HEADQUARTERS,  
30th INFANTRY BD  
a/1293/16  
25:12:16

To Fourth Army "A" (through 29th Brigade and 29th Division)

(N.B.—No separate forwarding minute is necessary).

Number, Rank, Name and Unit of man wounded.	2967 Pte. E. DUNPHY	Date of Casualty.
		28/12/16

Nature, Location, and Severity of Wound. (N.B.—Field Ambulance to be notified at once if wound is believed to be self-inflicted).	Wounded in left arm with bayonet.
--	-----------------------------------

Circumstances of the case giving particulars as to how, where and when the casualty occurred. Any facts showing negligence or intention to wound should be stated here. Statements of witnesses should be recorded separately, but attached to this form. (For instructions as to evidence see back).	At Amman on Dec 28. Pte Dunphy was cleaning his bayonet. He slipped & fell, the point of the bayonet puncturing an artery in the left arm.
--	--

A. A. & Q. M. G.
29th DIVISION.
No. 16/2/12
Date 26/12/16

J

Opinion of O.C. Unit as to whether the wound was caused (a) Wilfully; (b) Negligently; (c) Accidentally, i.e., no blame attaching to the man; and remarks if any.	accidentally. J. Forbes Robbison Major 24/12/16 1916. Commanding Newfoundland Coy
---	--

Opinion of Brigadier and order as to disciplinary action. (N.B.—Field Ambulance to be notified at once of Brigadier's decision).	accidental. disciplinary action unnecessary. G. S. Layton Brigadier-General 24/12/16 1916. Commanding 29th Brigade.
---	--

Orders and remarks (if any) by Divnl. Commander.	No action necessary W. J. Williams 26th Dec 1916. Commanding 29th Division.
--	---

(Further space for remarks at back).

Francie

Dec. 23. <sup>20</sup>19.6

Evidence concerning No 2967  
Pls E. Dunphy.

---

No 2967 Pls E. Dunphy  
State: ——— I was cleaning  
my Bayonet about 130 pm.  
Dec 23<sup>rd</sup>. The point of the  
Bayonet was towards my body.  
I slipped and fell when  
I arose. I felt my arm warm.  
I looked, ~~and~~ it was covered  
with blood. I look of my  
Junie and pls Meyere had  
a Handkerchief around my arm  
and took me to the R.A.M.E.  
R. G. Palmer St

R. G. Palmer St.

SR Smith and L.

France  
Dec 23<sup>rd</sup> 1916

Evidence concerning 2967 pl<sup>s</sup>  
E. Murphy. —

No. 2410 pl<sup>s</sup> of Sears States —

On the 23<sup>rd</sup> of December about  
1.30 pm I saw pl<sup>s</sup> 2967 pl<sup>s</sup> E  
Murphy cleaning his Bayonet. He  
was standing on the doorstep of the  
Billet. He had his Bayonet in  
his left hand, blade resting on  
the forearm. I saw him fall.  
He arose himself, and the next  
thing I saw was the blood pouring  
from his left arm. He took  
off his coat and No. 1601 pl<sup>s</sup> E. Meyers  
bound the wound up and took  
him to the R. A. M. C.  
Sgt J Sears

No 1601 pl<sup>s</sup> Meyers States: —

~~E. Meyers~~ On the 23<sup>rd</sup> of December about  
1.30 pm I saw pl<sup>s</sup> E. Murphy cleaning  
his Bayonet. I saw him slip from the  
step he was on. I heard him say my boat  
is out. I looked at the scene and I saw  
the blood ~~pouring~~ <sup>E. Meyers</sup> on his hand. He  
took off his tunic, and seeing that the  
wound was serious by the flow of blood,  
I tied my Hankerchiefs above the  
wound, and took him to the R. A. M. C.  
Meyers





No. 2964 Name *Dumphy*

*L* Sqn., Batty.,  
or Company

*C* Corps *Newfoundland*

Date of enlistment } *14.4.16.*

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in  
Company Conduct Sheet }

No. and date  
of last drunk }

Period not reckoning towards  
freedom from extra fine }

Sheet No.  
*Temporary*

Signature O.C.  
Company, etc. }

Character }

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>Rouen</i>	<i>22/2/17</i>	<i>Plk</i>		<i>When on Active Service absent from Parade at 8.30 AM</i>	<i>Sgt Lowry</i>	<i>5 days pay</i>	<i>23/3/17</i>	<i>Lt J. J. ...</i>	

*Filed under ...  
14/2/17*

Murphy, E. R.

2967

Receipt.

**PAY LIST.**

to

**191 . Voucher No.**

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps

No. 2967

Rank Pte.

Name Dunphy, E.

Died (a) Intestate at France

on the 14th 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 I.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month .....				Balance Cr. last month ..14/4/17.....	11	14	4	
	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	11	14	4	Balance due to the Paymaster .....				
		£	11	14		£	11	14	4

This account is in accordance with information received at the Pay & Record Office to 2/1/17 and is therefore subject to amendment if, and as may be necessary

I hereby Certify that the above account, is correct in every particular, and that the debtor balance of £ 11 14 4 is correctly chargeable against the Public (b):

Dated at

27 JUL 1917

this

day of

191

*A. J. Munnell Maj.*  
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 Army Form B. 2090 or Army Form O. 1815.

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

CHECKED  
11.6.17

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 8987

Rank Pte.

Name Murphy, E.

Died<sup>intestate</sup> at France

on the 14th 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 .. 14/4/17 .....	11	14	6
	Cash issues (Date of each issue to be stated) E. x. 1.				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	11	14	6	Balance due to the Paymaster .....			
		£	11	14		£	11	14

This account is in accordance with information received at the Pay & Record Office to 27/7/17 and is therefore subject to amendment if, and as may be found necessary.



*[Handwritten signature]*

I hereby certify that the above account is correct in every particular, and that the same is in accordance with the information received at the Pay & Record Office to 27/7/17 and is therefore subject to amendment if, and as may be found necessary.

Amended Account.

Army Form O. 1625.

**PAY LIST.**

to

**191 . Voucher No.**

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps

*1st Newfoundland.*

No: *2967*

Rank *Private*

Name *Dunphy E.*

Died (a) *Intestate*

at *France*

on the *14th* of *April* 191 *1.*

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 <del>month</del> <i>Account</i> .....	<i>11</i>	<i>14</i>	<i>4</i>
	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 .....			
	"				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage .....				Deferred Pay or Gratuity .....			
	<i>Error in Pay Books period ended 8/6/17</i>			<i>12 0</i>				
	Balance due by the Paymaster	<i>11</i>	<i>2</i>	<i>4</i>	Balance due to the Paymaster .....			
		<i>£</i>	<i>11</i>	<i>14 4</i>		<i>£</i>	<i>11</i>	<i>14 4</i>

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

~~debtor balance of~~ *is correctly chargeable against the Public (b).*

Dated at

this



*NEWFOUNDLAND*  
*191*  
*J. H. M. [Signature]*  
Paymaster

- (a) Here state whether the soldier died intestate, or whether he left a Will. ~~Paymaster's Certificate~~ *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.

**PAY LIST,** to **191 . Voucher No.**

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **1st Newfoundland**  
 No. **2967** Rank **Private**  
 Died<sup>(a)</sup> Intestate at **France**  
 Deserted at

Name **Durphy, R.**  
 on the **14th** of **April** **1917.**  
 on the of **191**

**DUPLICATE**  
**MAIL COPY**  
**1917.**  
**Post 5 - OCT. 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 ... <del>month</del> ... Account .....	11	14	4
	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)			
	Error in Pay Book Period ended 8/8/17		12	0	Deferred Pay or Gratuity .....			
	Balance due by the Paymaster	11	2	4	Balance due to the Paymaster .....			
		£ 11	14	4		£ 11	14	4

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 11 14 4 is correctly chargeable against the **NEWFOUNDLAND CONTINGENT.**

Dated at  
 this



191

*J. H. Mansfield*  
 PAYMASTER & OFFICER I/C 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 FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the earliest possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 26 or from other official documentary sources.



REGIMENT } NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery } C Coy.  
 or CORPS } or Company }

Regtl. No. 2967 Rank Private

Name DURPHY, E.

Died { Date April 14th., 1917.  
 Place France.  
 Cause of Death\* killed in action.

Nature and Date of Report B 213, 4/6/17.

By whom made O.G., Unit.

\* 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) do  
 (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.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } Light. for Lt. Col., Officer i/c Records Reg. Inf. Sec. 1, 3rd. Echelon, G.H.Q., B.E.F.

Station and Date 12/5/17.

**Casualty Form—Active Service.**

*Certified true copy*

*Certified true copy*

Regiment or Corps 2/1<sup>st</sup> Newfoundland Regt.

Regimental No. 2967 Rank Pvt. Name Dunphy Edmund E. L.

Enlisted (a) St John's Terms of Service (a) Duration. Service reckons from (a) 7. 7. 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 (b) \_\_\_\_\_



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		30 Nov. 1916.	
		Disembarked Rowen.		1 Dec 1916.	
	Unit	Joined Battalion.	France.	12.12.16	B 213.
	88 <sup>th</sup> F. A.	Admitted (by wound arm accid)	France.	23.12.16	ED 7645.
	88 <sup>th</sup> F. A.	Discharged to Duty.	Unit.	25.12.16.	ED 8043.
	1 <sup>st</sup> Sig Hoop.	Admitted. N.Y.D.	Rowen.	10. 1. 17.	A.A. 5849.
	29 <sup>th</sup> I.R.D.	Joined Base Dep.	With Batt.	23. 1. 17.	
31 <sup>st</sup> Mar 1917.	Unit	Rejoined Battalion	Rowen.	23. 2. 17.	com. Roll.
15 <sup>th</sup> Apr. 1917	O. C. Bn.	Missing.	In the field.	31. 3. 17	B 213.
4. 5. 17	Do.	Killed in Action.	France.	14 <sup>th</sup> Apr. 17.	B 213.
			Do.	14 <sup>th</sup> Apr. 17.	Do.

*J. Yashin*  
*Adj. Gen. Section.*  
*Ode No 1 Reg. Inf. 3<sup>rd</sup> Echelon*  
*G.H.Q.*

(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, Shoing Smith, etc., also special qualifications in technical Corps duties.



Feb. 22nd., 1918.

Mrs. P. Dunphy,  
31 Central Street,  
City.

Dear Madam:-

Referring to your letter of February, 10th., I beg to state, that the estates of #2459 L/C John Dunphy and #2967 Pte. Edmund Dunphy are at present in the hands of the Minister of Justice, and as soon as I receive Papers of Administration from him, payment will be made to the Party entitled to receive same.

Yours faithfully,

Capt. & Paymaster.

July 13, 1916

---

Dear Sir

I am satisfied  
that you are to pass  
Medical Examination  
for active Service

Yours truly

WAS DUMPHY

WAS DUMPHY

April 9th. 1918.

Patrick Dunphy, Esq.,  
31 Central Street,  
C i t y.

Dear Sir,-

I enclose herewith cheque for \$65.29,  
being the balance of the estate of the late No.  
2967, Private E. Dunphy, payable to you as Ad-  
ministrator. I also enclose Letters of Adminis-  
tration.

Yours faithfully,

Capt. & Paymaster &  
Officer i/c Records.

Enclosures 2.  
JMH/JH.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$65 <sup>29</sup>/<sub>100</sub>

Apr. 4<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Sixty five <sup>29</sup>/<sub>100</sub> Dollars.  
on account of Pay Estate  
balance

Ch. No. 5357	Initials EW
Pay Ledger 177	Initials [Signature]
Gen. Ledger [Signature]	Initials [Signature]

Regtl. No. [Signature] Bank

No. 2967 Rank Pte

Name E. Dunphy

Patrick Dunphy

31<sup>5</sup> Central St.

City

**Casualty Form—Active Service.**

Rank Pte Surname Dunphy Christian Name Edmund # 2967  
 Religion Roman Catholic Age on Enlistment 18 years 11 months.  
 Enlisted (a) St John's Terms of Service (a) Duration Service reckons from (a) 7/7/16  
 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	30 NOV 1916	Shamptons
			Disembarked	DEC 1916	Rouen
	Unit	Joined Battalion	France	12/12/16	B 213
	88 FA.	Admitted (Bay's Arm Accid)	France.	23/12/16.	ED 7645
	88 FA.	Discharged to Duty	Unit-	25/12/16.	ED 8043
	1 Stry Hosp	Admitted NVD.	Rouen.	10/1/17	HA 5849
			With BATT.	28. 1. 17	
	29 S.B.D.	Joined Base Dep	Rouen	23/2/17	Hombell
3 1 MAR 1917	Unit	Re-Joined Battalion	In the Field	3 1 MAR 1917	B 213
1 5 APR 1917	OC. En.	MISSING	France	1 4 APR 1917	B 213
4.5.17	Do	Killed in Action	Do	1 4 APR 1917	Do

COPY SENT TO  
 O.C. HQ.  
 ST. JOHNS, N.S.  
 279  
 JUN 1917

(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.  
 G. H. Q., 3rd Echelon

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B-121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. Forms B. 121. 39.  
 [666] W:017/2124 1000m 6/1953 53 56

Regiment of

Newfoundland

Number of Sheet

First.

Signature of O. C. Company

Meltingham  
Capt

Regimental Number and Name No. <u>67</u> <u>Dunphy E.W.</u>		Enlistment Age on <u>18</u> years <u>11</u> months		Trade <u>Cook</u>	Good Conduct Badges, Service Pay or Proficiency Pay				
Joined <u>Depot</u> Date <u>5/9/16</u>		Place and Date of Enlistment <u>Depot</u> <u>1/29/16</u>							Religion <u>R.C.</u>
Joined _____ Date _____		Period of { with Colours <u>2 1/2</u> years <u>days</u> with Reserve _____ years.							
Joined _____ Date _____									

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>camp</u>	<u>2/10/16</u>			<u>Missing 14 1/2</u>					

To be carried over