



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. ~~4754~~ Name Fabrick Egan Corps RL

Questions to be put to the Recruit before Enlistment

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>Fabrick Egan</u> |
| 2. What is your full Address? | 2. <u>32 Water St St. John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Boatman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Fabrick Egan 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.

Fabrick Egan SIGNATURE OF RECRUIT.

J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Fabrick Egan 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 April 1915

J. Jamieson 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 1st Bn

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

Date. April 27 1915 } Approving Officer.
Place. St. John's

† 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)

paper 1-6-15

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Palmer Cagan
 Apparent age 22 years months. Height 5⁷/₁₂ feet 7 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 9 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr John Cagan
32 Water St. | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards United Kingdom reckons from <u>27-4-1918</u>									
Joined at <u>Stoke</u> on <u>April 27-1918</u>									
<u>& Discharged June 30/19</u>									
<u>Reported for duty 1-6-1918.</u>									
<u>Embarked Stoke (train to Halifax N.S. 11-6-1918</u>									
<u>to transport base for demob. then 22-5-1919</u>									
<u>Arrived to transport base 1-6-1919</u>									
<u>Demobilization at Stoke 30-6-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-6-1919 (date of discharge) _____ years _____ days
 " " Pensions " " " " " " " " " " " "

C.R. 4757

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 30--6-19

4757 ^{pta.} ~~It~~ Patk. Eagan.

C.R. 4757

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 16-6-19.

4757 Pte. P. Egan.

C.R. 4757

Extract from Daily Orders Part 11 Depot, Sjt. John's,

Date June 18th 1919.

4757, Pte. P. Eagan.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4757

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

4757 Pte P. Eagan

Embarked for Overseas with draft 11-6-18.

Extract from Daily Orders part 11, from Unit The Royal Wfld.⁴
Regt. St. John's, dated April 29, 1918.

#4057 Pte. Patrick Egan.

Attested for General Service with the Royal Wfld.⁴ Regt.
from 27/4/18 to report 1/6/18.

P. J. Eagan

C.R. 4757

3

4

~~P. J. Eagan~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Boiler*
2. Regtl. No. *4704* 3. Rank..... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cogan* *Polnick*
(Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil

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

He complains of no Disabilities

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

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

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

Repatriation

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

W. E. Proctor, Capt. R.M.C.
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *8/14/19*

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Patrick Joseph Egan, Regl. No. 4457
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz :

Allotment begins 10-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
42-1	Wife	Joseph P. Egan	32 Water St. West St. Johns		50
			Total Allotment, \$		50

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) A. B. Summers
 Lieut.
 Officer Commanding
 Bⁿ Company
St. Johns
10-6-1918

(S) P. J. Egan
 (Rank) Private

Form K

NEWFOUNDLAND
58 VICTORIA ST
LONDON, E.C. 1
10 JUL 1918
RECORDS OFFICE

No 4448



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Patrick Joseph Eagan, Regl. No. 4717

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

Allotment begins 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4241</u>	<u>Father</u>	<u>Mr. John P. Eagan</u>	<u>32 Water St. West St. Johns</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) A. S. Summers
Lieut.
Officer Commanding
B Company
St. Johns
10-6-1918

(S) P. J. Eagan
(Rank) Private

No. 2479/385

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London S.W. 1.

To: Officer Commanding.

2nd/Bn. Byl Nfld Regt.

Winchester

13th February 1919

Feb 16th 1919

4757 Pte Egan P. J.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia (17.)

Chambers
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
2nd Bn. Nfld Regt.

"Pay to 4757 Egan
£10.0.0.

Received the sum of £10.0.0

Cheque £10.0.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Gen Bunde in respect of
telegraphic remittance from the
Minister of Militia.

A. R. Mercer
Chief Paymaster & O. i/c Records.

P. J. Egan
No 4757 Rank Pte

Witness *Col. R. J. Mercer*

No. 16547/1803/P&A

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

To:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

Officer Commanding,
2nd Bn. R.Nfld. Regt.
Hazeley Down Camp,
Winchester.

079502
[Signature]

14th October, 1918

6 Oct. 16th 1918

Subject: 4757. Pte. P.J. Egan.

Receipt hereunder.

With reference to the following telegram (8820) from the Hon. Minister of Militia, received

P. J. Barton **LIEUT. COLONEL,**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Pay to 4757 Eogan - £5..0..0.

Received the sum of £5-0-0

Draft £5..0..0. is enclosed for payment to this Soldier.

Five pounds on account of cable remittance from Newfoundland.

Kindly obtain his receipt hereof.

hereof.

A. A. Minnell
Chief Paymaster & O. i/c Records.

P. J. Egan
No. 4757 Rank Pte.

Witness *E. W. Munnif*

No. 20107/2277.

065771



NEWFOUNDLAND CONTINGENT

From: t

Chief Paymaster & O.1/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
2nd. Bn. R. Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

5th. December, 1918

Decr 10th 1918

Subject: 4757 Pte. P.J. Eagan.

Receipt hereunder

With reference to the following telegram (10340) from the Hon. Minister of Militia, received

Okam
LIEUT. COLONEL,
COMMANDING 2ND BATTAL, NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

Pay to 4757 Eagan £10:0:0

Received the sum of 10.0.0

Draft £10:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Ten pounds, on account of cable remittance from Newfoundland.

L. J. M. ...
Chief Paymaster & O. 1/c Records.

P. J. Eagan
No. 4757 Rank Seriate
Witness C. P. M. Calagay

NO 8836/1084

NEWFOUNDLAND

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
28, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
15 MAY 1919
Winchester.

8th Day 1919

4757 Pte. P.J. Eagan

With reference to the following
telegram from the Minister of
Militia (175)

"Pay to- 4757 P.J. Eagan
£6. 0. 0.

Cheque £6. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

P. J. Eagan
Chief Paymaster & O. i/c Records.

May 12th 1919

Receipt hereunder.
J. Seymour
LIEUT. COLONEL,
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

Received the sum of £6. 0. 0

Sir James in respect of
telegraphic remittance from the
Minister of Militia.

P. J. Eagan
No. 4757 Rank Pte

Witness *See Perry*

Eagan, A.

4757

May 2 Sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4757 Rank Pte Name Gagan, P.
 Intended place of residence. 32 Water St. St. John's
 2. Occupation Baker
 Classification of soldier E Medical Category A I

3. The above named man is discharged in consequence of DEMobilIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
 Date JUN 16 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 16 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 16 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 27-4-18 No of days on Military
 Discharged from service 16-6-19 PLUS 14 DAYS Service 430

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 16 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's Nfld
 Date June 30/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

A. F. B2079/2543

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4707 Rank Plt Name Eagan P
 Date of Enlistment 27-4-18 Address 22 W. St. District St. John's
 Occupation Laker Classification for Discharge F Medical Category H.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1	1
B 178	W 3404	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	<u>1238-1</u>	" 6	
B 179c	B 120	M 93			

Date 14-6-19 W. St.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. P. Eagan

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 16-6-19

O i/c. Re-clothing M. Clouston

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 32 Water St. St Johns and Release Certificate No. 2827 issued.

Date 16-6-19 *J. A. Knowlton*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 30-6-19

Date 16-6-19 *H. M. Smith*
Depot Paymaster.

Discharged approved for 16-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>1238-1</u>	" 6
B179c	B-120	M 93		

2 Form B

Date 16-6-19 *J. A. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 16 1919 *R. H. Sait Capt.*
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: —

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

14.6.19

Regimental No *4757*

Name *Egan*

Patrick

Rank

Address *32 Water St. W*

Present Medical Category

A1

Recommended for: —

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. Sait Major
O.C. Discharge Depot.

A. Paterson
Senior Medical Officer

W. O. Deput
M. O. Depot

Civil Re-establishment Committee



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

To resume former Occupation.

T. Caeyan

Signature of Man.

J. A. Smulder

Signature of the Vocational Officer or his Representative.

Reg. No. 4757

Place

St. Johns.

Date

16-6-14

191

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

MEDICAL HISTORY

Surname Bagan OF Christian Name Patrick

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>27</u> day of <u>April</u> 191 <u>8</u> at <u>St John's nfld.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>22</u> years — days		years _____ days	
Trade or Occupation	<u>Baker</u>			
Height	<u>5</u> feet <u>9</u> inches		feet _____ inches	
Weight	<u>155</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>36½</u> inches		_____ inches	
	Range of Expansion... <u>3½</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm	<u>One</u>		
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/24</u>	R.E.—V=	
	L.E.—V=	<u>6/24</u>	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)	<u>Lorne Bates</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's nfld.</u> on <u>27</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal nfld Regt.</u>	4754 <u>4757</u>		
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
[Signature]				
[Rank]				

Nfld

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Kilrea</i>	<i>9</i>	<i>7</i>	<i>18</i>	<i>22</i>	<i>7</i>	<i>18</i>	<i>724 Post-hist.</i>	<i>18</i>	<i>Spiking possible 1-4-18. (Not to report unit.)</i>	<i>Major Genl. Mumt</i>
<i>Re-admitted to Kilrea</i>	<i>22</i>	<i>7</i>	<i>18</i>	<i>14</i>	<i>8</i>	<i>18</i>	<i>Asyplenia</i>	<i>24</i>	<i>Re-admitted with Syphilis. Balamite, etc. Vide R.F.T. 1238. Wasserman positive 6-6-18. To continue treatment. Det to report unit.</i>	<i>J. J. Quinn Capt. R.A.M.C.</i>
<i>Hazeley Down</i>	<i>3</i>	<i>11</i>	<i>18</i>	<i>6</i>	<i>11</i>	<i>18</i>	<i>Influenza</i>	<i>3</i>	<i>Discharged to duty.</i>	<i>6550 Privian CAPT., R.A.M.C.</i>
<i>Hazeley Down</i>	<i>29</i>	<i>1</i>	<i>19</i>	<i>7</i>	<i>2</i>	<i>9</i>	<i>Influenza</i>	<i>9</i>	<i>Discharged to duty.</i>	<i>6550 Privian CAPT., R.A.M.C.</i>

Inquiry, Vaccination, inoculations, etc., Examination for Field or Extension, Re-engagement, or Prolongation of service; Issue of Particulars of Dental Treatment, &c.

Brief Details, and Signature

No. & RANK 4757 Pt.		Date of Exam: 24-10-18	
NAME Egan P		Date of Issue: 6-12-18	
CORPS 2-Br. R.F.A.		Optic. Centre: 71	
Vision w/out Glasses	S.P.H.	CYL.	AXIS
6	2.00	1.75	12
6	3.50	1.00	18
Signature of M.O. A. Lowe		Optician's Initials D	

1-6-18 Vacc. 8
16-6-18 T.A.B. 104



V.A.R. $\frac{3}{6}$ with R. $\frac{6}{12}$
V.A.T. $\frac{4}{60}$ Glasses L. $\frac{6}{18}$
A. Lowe Capt R.F.A.
Compound myopic astigmatism

No. & RANK 4757 Pt.		Date of Exam: 24-10-18	
NAME Egan P		Date of Issue: 6-12-18	
CORPS 2-Br. R.F.A.		Optic. Centre: 71	
Vision w/out Glasses	S.P.H.	CYL.	AXIS
6	2.00	1.00	12
6	3.50	1.00	18
Signature of M.O. A. Lowe		Optician's Initials D	

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
<p>It is hereby certified that this soldier has been before a Travelling Medical Board and has been ordered as <u>6</u> for Discharge on Demobilisation. Medical category <u>14-C-19</u></p> <p style="text-align: right;"> Date of T.M.C. 14-6-19 A. Lowe, M.D. District Surgeon-General </p>					



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification, depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Patrick Egan*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4757*

Intended address *32 Water St West.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St Johns, 20 Nov, 1896*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full) *Patrick Egan*

Pte.

(Rank)

Station

St Johns

Date *12.6.19*

I certify that the above named soldier signed the foregoing declaration in my presence and that the above description and details are, to the best of my knowledge correct.



Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Grenadier Guards* Former Trade or Occupation } *Boats*
2. Regtl. No. *4757* 3. Rank. *plie* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Eagen* *RANK* (a) Former Regts. or Corps ; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday... *23*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here, (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

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

The complainant of no disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Repatriation

W. S. Proctor, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazeley Barron*

Date *4/4/19*

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

SYPHILIS CASE-SHEET.

Regtl. No. 4767 Rank and Name *Pvt Eagen* Corps *4, B. New York*

Placed on Syphilis Register at *Milaeal* on *23 7 18* No. in Register *2869*

Disease contracted at *Milaeal* Primary sore appeared on (date)

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Balanitis & preputial discharge*

Lymphatic glands *Double in preputial & ant. cerv. adenitis*

Skin (nature and distribution of rash)

Mucous membranes

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *Not taken*

Examination of blood serum—(Method employed (original or modification) *Original*

Wassermann reaction (Result (positive or negative) *Positive*)

Station *Milaeal* Date *10/8/18* Signature of M.O. *J. J. [Signature]*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered (b) Transferred to Army Reserve (c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

June 30, 1919

#4757 Pte Patrick Egan

#52 Water St.,

City

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2513.

Yours truly

Captain
Paymaster & Officer i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4757 Rank _____

Name Esper H _____

Warned for demobilization on

JUN 18 19

FORM K

Nº 4448



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Patrick Joseph Eagan, Regl. No. 4757
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and ~~Twenty~~ Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4241</u>	<u>Father</u>	<u>Mr. John P. Eagan</u>	<u>32 Water St. West St. Johns</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) A. L. Summers
Lieut.
 Officer Commanding
 "B" Company
St. Johns
10-6-1918

(Sig.) P. J. Eagan
 (Rank) Private

ST. JOHN'S, June 16/19

Royal Newfoundland Regiment.

Billeting Account,

To Mr J Eagan
32 Water St H.

Billeting Soldiers as undermentioned

from June 1/19 to June 16/19

4757 Pt. P Eagan 16.60

ACCOUNT	<u>BVM</u>
AMOUNT	<u>237.67</u>
PAID RECEIVED	
PAY LEDGER	
GEN LEDGER	

Certified correct for \$ 16.60

J. H. [Signature]
J. Eagan

Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet oneRegiment of Royal New ForestSignature of O. C. Company Wm. Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	22 years months	<u>Painter</u>	
<u>4757</u>	<u>Eugene Pat</u>	Place and Date of Enlistment	<u>St Johns 27.4.18</u>	Religion <u>R.C.</u>	
Joined	Date	Period of } with Colours / <u>6¹/₂</u> years. with Reserve years.	Place of Birth	<u>St Johns</u>	
Joined	Date				
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>Angley Barracks</u>	<u>8-15-19</u>	<u>Pte</u>		<u>absent from 14⁵⁰⁰2 para det 14/15/19</u>		<u>2 Days CB</u>	<u>9-8-19</u>	<u>Capt G. Emerson</u>	
				<u>Demobilized St Johns</u>		<u>30 6/19</u>			

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1707 Rank Plt. Name Eagan P.
 Date of Enlistment 27-4-18 Address 32 West St. District St. John's
 Occupation Baker Classification for Discharge H Medical Category H.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1936	B 288	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	1238-1	" 6
B 179c	B 120	M 93		

Date 14-6-19 for C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation P. Eagan

Particulars passed to Vocational Officer for information and action.

Date 16-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 60.00
 (b) Clothing Supplied M. H. H.

Date 16-6-19

O j.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home
at 32 Water St. Sijhus and Release Certificate No. 2827 issued.

Date 11-6-19

J.A. Snow
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-6-19

Date 11-1-19

J.A. Snow
Depot Paymaster.

Discharge approved for 16-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	<u>1238-1</u>	" 6	
B170c	B 120	M 93			

Date 16-6-19

J.A. Snow
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 16 1919

R.H.
O. C. Discharge Depot.

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

Date June 24/19

J.A. Snow
Depot Paymaster

Reg. No. *4757* Rank *Pl.* Name *Egan. A.*

Attested Address *Water St.*

Allotment Allottee

Date of Allotment Returned from Overseas *1.6.19.*

Returned on S.S. *Corsican* Cause *Discharge*

14-6-19 PASSED TO DEMOBILIZATION OFFICER

16-6-19 DISCHARGE APPROVED ON DEMOBILISATION.