



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4952 Name Samuel P. Farrell Corps RC.

Questions to be put to the Recruit before Enlistment

- | | |
|--|---|
| 1. What is your name? | 1. <u>Samuel P. Farrell</u> |
| 2. What is your full Address? | 2. <u>Little River, Conception Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>None</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 <u> </u> Corps <u> </u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Samuel P. Farrell 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.

7-5-18

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel P. Farrell 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 7 day of May 1918

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 completed with. I accordingly approve, and appoint him to the

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

Date May 1918

Place } Approving Officer.

1 The signature of the Approving Officer is to be affixed in the presence of the Recruit.
2 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Donald P. Farrell

Apparent age 19 years 3 months 5 Height 5 feet 1 inches

Chest Measurement { Girth when fully expanded 3 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Farrell
Little River Colony | Relationship Father

Particulars as to Marriage

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

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|--|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from _____ | | | | | | | | | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |
| Joined at _____ on _____ | | | | | | | | | |
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| | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to _____ (date of discharge) _____ years _____ days | | | | | | | | | |
| Pensions _____ | | | | | | | | | |



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4952 Name Daniel P. Farrell Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Daniel P. Farrell</u> |
| 2. What is your full Address? | 2. <u>Little River Cudjoe</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>farmer</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, Daniel P. Farrell do solemnly declare that the above answers 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.

7-5-15 Daniel P. Farrell SIGNATURE OF RECRUIT.
J. Cayman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Daniel P. Farrell 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 Little River Cudjoe on this 7 day of May 1915.

Signature of Attesting Officer J. James

CERTIFICATE OF APPROVING OFFICER.

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

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

Date May 4 1915
Place Little River Cudjoe 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

4952

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

Name Daniel F Farrell
 Apparent age 19 years months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 inches
 { Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Farrell
Little River Covey 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 L'epot | 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>7-5-18</u> | | | | | | | | | |
| Joined at <u>St John's</u> on <u>Monday 7-9-18</u> | | | | | | | | | |
| <u>Discharged St John's</u> <u>Sep 9/1918</u> | | | | | | | | | |
| <u>Discharged to H.Q. Hospital to Vancouver</u> | | | | | | | | | <u>11-7-18</u> |
| <u>Discharged Vancouver to Bellef (Quebec)</u> | | | | | | | | | <u>22-8-18</u> |
| <u>Discharged medically unfit</u> | | | | | | | | | <u>9-9-18</u> |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>9-9-1918</u> (date of discharge) | | | | | | | | | <u>64</u> days |
| Pensions | | | | | | | | | |

C.R. 4952

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

4952 Pte. D. Farrell,

Discharged 9 - 7 - 18, medically unfit

C.R. 4952

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.,
St. Johns, Sept. 21/18.

4952 Pte. D. Farrell.

Having been found medically unfit is discharged from 9-7-18.

C.R. 4952

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 24th, 1918.

4952 Pte. D. Farrell.

Discharged from Donovans Hosp. 23-8-18. to billette

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 11, 1918.

#4952 Pte. D. Farrell.

Attested for General Service with ~~the~~ Royal Mfld. Regt
from 7.5.18

1
Harrell, 10

4952

Ray capt.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

| | |
|---|--------------------------|
| No. <u>4952</u> | Army Rank <u>Private</u> |
| Name <u>Daniel P. Farrell</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small> | |
| Corps <u>The Royal Newfoundland Regt.</u> | |
| Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small> | |
| Date of discharge <u>September 9/1918</u> | |
| Place of discharge <u>St. John's, Nfld.</u> | |
| 1. Description at the time of discharge. | |
| Age <u>19</u> years <u>4</u> months Height <u>5</u> feet <u>7</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>brown</u> Trade <u>Farmer</u> Intended place of residence <u>Little River</u> (To be given as fully as practicable) <u>Nfld.</u> | Descriptive marks. |
| 2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service.</u> | |
| <small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small> | |
| 3. Military character :- <u>H. G.</u> | |
| 4. Character awarded in accordance with King's Regulations :- | |
| <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1; min-height: 100px;"></div> </div> | |
| Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. | |
| Initials of Commanding Officer. | |
| Army Form B. 2088 has been issued to* | |

Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

date Oct. 7th Sig. of Soldier Dan. Farrell
Place Little River Sig. of Witness: _____

October 2nd, 1918.

Pte. D. Farrell,
Little River, Codroy.

Dear Sir,-

I enclose herewith cheque for \$53.25, being balance of pay due you at date of discharge, also certificate of Pay.

I also enclose Certificate of Discharge, dated Sept. 9th, 1918, together with special form which kindly sign and return to this office.

Yours faithfully,

Capt.
Paymaster & O. i/c Records.

Enclosures 4.

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 53 ² _{As}

Sept. 25th 1918

Received from the First Newfoundland Regiment
the sum of Fifty three ²⁵ Dollars.
~~on account~~
balance of Pay.

| | | | |
|-------------|------|----------|----|
| Ch. No. | 3034 | Initials | EW |
| Pay Ledger | 382 | Initials | WN |
| Gen. Ledger | | Initials | MB |

Regtl. No. Rank

No. 4952.

Rank PL'

Name James D.

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

MEDICAL HISTORY

Surname Farrell OF St John's, nfld. Christian Name Daniel

Table I.—GENERAL TABLE.

Birthplace:—Parish Little River, Rodney County nfld.

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|--|-------------|--|------------|
| | Right | Left | Right | Left |
| Examined | on <u>7th</u> day of <u>May</u> 191 <u>8</u> | | on _____ day of _____ 191 | |
| Declared Age.... | at <u>19</u> years — _____ days | | at _____ years _____ days | |
| Trade or Occupation..... | <u>Farmer</u> | | | |
| Height | <u>5</u> feet <u>7</u> inches | | _____ feet _____ inches | |
| Weight | <u>135</u> lbs. | | _____ lbs | |
| Chest (Girth when fully expanded.... | <u>35</u> inches | | _____ inches | |
| Measure-ment { R: nge of Expansion.. | <u>3</u> inches | | _____ inches | |
| Physical Development..... | | | | |
| Vaccination Marks { Arm | <u>Two</u> | | | |
| When Vaccinated | <u>8 years ago</u> | | | |
| Vision | R.E.—V= <u>4/6</u> L.E.—V= <u>6/6</u> | | R.E.—V= <u> </u> L.E.—V= <u> </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) | | | | |
| (Rank) | | | | |
| Enlisted | at <u>St John's, nfld.</u> | | at _____ | |
| | on <u>7th</u> day of <u>May</u> 191 <u>8</u> | | on _____ day of _____ 191 | |
| Joined on Enlistment..... | Corps. | Regtl. No. | Corps | Regtl. No. |
| | <u>The Royal nfld Regt.</u> | <u>4952</u> | | |
| Transferred to.. | <u>B.</u> | | | |
| Became non-effective by | on _____ day of _____ 191 | | on _____ day of _____ 191 | |
| (Signature) | | | | |
| (Rank) | | | | |

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 hospitals 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 | | | | |
| M. I. D. Hospital | 23 | 5 | 18 | 12 | 7 | 18 | measles = | 80 | transferred to Donovans Convalescent Hosp. July 12/18 | L. W. Burdick |
| Donovans Convalescent Hosp. | 12 | 7 | 18 | 21 | 8 | 18 | Mumps | 39 | | L. W. Burdick |


Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
 (b) A single copy only is required.
 (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
 (d) Be as brief as possible compatible with lucidity.
 (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
 (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's*
 Date *July 21, 18*

1. Unit *1st. Newfoundland* 5. Age last birthday. *19 years.*
 2. Regimental No. *#195E* 6. Enlisted on *7th May.*
 3. Rank. *Pte.* 1918 at *St. John's*
 4. Name. *Sarrell, Daniel* 7. Former trade or occupation *4th class.*
 8. Disability

Thesles

9. History: *Developed meselas in Bonacks 23. 5. 18.*
was treated at M. I. D. Hosp. and at Dominion
Convalscence Camps - during periods of Convalescence
developed meselas -

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Lump Heart and Lungs
Normal

11. Was sanatorium operation advised and refused?

✓

12. Do you recommend discharge as permanently unfit?

✓

Signature

Geo. Burdett

Rank or Qualification

Cap MD

Remarks if any by Officer in Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x may be considered as ~~aggravated by:~~
due to

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Slight sibilant rales at end of inspiration
at left Base. Mid-axillary line. Cough.
~~###~~ P. 80. weight - 143 lbs.
T. Normal. 204

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

less than 20%

16. Is the disability permanent? yes

17. Has the disability been aggravated by

(a) Intemperance. No (b) Misconduct. No

18. The refusal of operation is (a) Reasonable.
sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. } 20

20. We recommend discharge from the Army
~~retention in~~

Remarks if any:—

Signatures.

J. M. O'Brien President
P. J. O'Brien
A. S. O'Brien

Place

St. John's Nfld

Date

August 26th 1918

APPROVED



Station

Date

Clayton Macpherson
Administrative Medical Officer
D. M. S. NEWFOUNDLAND



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station **St. John's, Nfld.**
Date **August 24th., 1918**

- | | |
|----------------------------------|---|
| 1. Unit 1st. Newfoundland | 5. Age last birthday. 19 |
| 2. Regimental No. 4952 | 6. Enlisted on May 7th., 1918 |
| 3. Rank Private | at St. John's, Nfld. |
| 4. Name. Farrell, Daniel | 7. Former trade or occupation Farmer |
| 8. Disability | |
| MEASLES | |

9. History

Developed Measles in Barracks 23/5/18. Was treated at M. I. D. Hospital and at Donovans Convalescent Camp - during period of convalescence developed Mumps

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Lungs, heart and temperature normal

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature (Sgd) F. W. BURDEN

Rank or Qualification ACTG. M. O.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
 Erase inapplicable words.

13. For pension purposes, the disability x may be considered as aggravated by:—
 due to

- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
 Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Slight sibilant rales at end of inspiration at left base Mid-axillary line. Cough. Pulse 80. Weight 143 lbs. Temp. normal

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
 (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

Less than 20%

16. Is the disability permanent? **Yes**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
 General Hospital,
 Naval and Military Con-
 valescent Hospital, **No**
 Jensen Tuberculosis Camp.

20. We recommend discharge from the Army

Remarks if any:—

(Sgd) JOHN G. DUNCAN President

J. SINCLAIR TAIT

Signatures.

ARCH. C. TAIT

Place St. John's, Nfld.

Date August 26th., 1918

APPROVED

Station

Date



(Sgd) CLUNY MACPHERSON, Major
 D. M. S. NEWFOUNDLAND.
 Administrative Medical Officer.

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

For A. W. B.



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 Office 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 *Farrell Daniel*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4952*
 Intended address *Little River*
 Height on discharge *5* Feet *7"*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks —
 Figure on discharge *Medium*
 Christian name of Father *Patrick*
 Christian name of Mother *Iressa.*
 Wife's maiden name in full —
 Date and place of marriage —
 Christian names of children —
 Place and date of soldier's birth. *Little River May 1st 1899*
 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)

Daniel Farrell

(Rank) *Pte.*

Station

St. Johns,

Date

Aug.

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

St. Johns Field

Date

Aug. 22nd 1918

Archibald
 Medical Officer in Hospital,
 Unit, or Command Depot.

To be Noted

Part II. Orders _____
Card Index _____
Nominal Roll _____



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Aug. 27 19'18

Regimental No. 11952

Name Harrell Daniel

Address Little River

Disease or Disability Measles

Finding of last Standing Medical Board, _____

held on _____ 19_____

Present Condition _____

Recommendation for Standing Medical Board

Category _____

Members
of
Board

| | | |
|---|--------------------|-------------|
| } | <u>R.H. Dast</u> | O. C. Depot |
| | <u>[Signature]</u> | D. D. M. S. |
| | <u>[Signature]</u> | M. O. Depot |



This Form is to be used in connection with Pamph. M. E. (1)
H. P. 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 Daniel P. Farrell
aged 19 years conducted at Headquarters
Date: May 7/19 Recruiting Officer: [Signature]

NO OF TEST FINDING

Handwritten: 1950

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

no varicella

33 yes 8 yrs ago 2 in left arm

34 5 1/2"

35 135

36 32 - 35

37 Dark hazel blue eyes

38 no

39 [Signature]

Signature of Medical Examiner: [Signature]

This is to certify, that Commodore Patrick Tennell
Little River, Alaska has been examined by me and found
80 Years.
Medically unfit for service in the Royal Naval Reserve.

Dated this 7 day of May 1918

W. H. S. Ansell (Senior Physician)
W. H. S. Ansell
Fleet Surgeon, R.N.,

H. M. S. "Briton,"

St. John's, N.F.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet 52

Regiment of

Royal Newfoundland

Signature of O. C. Company

J. J. Jamieson

| | | | | | |
|----------------------------|---------------------|------------|--|---------------------------------|---|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
| No. | <u>Samuel S. P.</u> | Age on | <u>19</u> years <u> </u> months | <u>Farmer</u> | |
| Joined | | Date | Place and Date of Enlistment | Religion | |
| Joined | | Date | <u>St John's</u> | <u>R.C.</u> | |
| Joined | | Date | Period of } with Colours <u>6 1/2</u> years. with Reserve <u>3 1/2</u> years. | Place of Birth | |
| Joined | | Date | | <u>Sullist River Codrington</u> | |

| Place | Date of Offence | Rank | Cases of Drunkenness. | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|-----------------------|---------|--------------------|--------------------|---|-----------------|---------|
|-------|-----------------|------|-----------------------|---------|--------------------|--------------------|---|-----------------|---------|

Medically Unfit St John's 9⁷/₁₁.

To be carried over

Army Form B. 121.

Reg. No. 4952 Rank Pvt Name Fairwell D. 1 Co.
Attested 7-5-18 Address Little River Godfrey
Allotment _____ Allottee _____
Date of Allotment _____ Returned from Overseas _____
Embarked for Overseas _____ Cause _____

105 1000

Retd from leave 21-5-18

11/7/18 Discharged M. I. D. To Donovans.

22-9-19 do from Donovans to billets

Aug 24 Head Qrs. travelling - brd - no standing medical
Board. (meatles)

16-9-19 Rel. Discharge for - unfit

DISCHARGED - MEDICALLY UNFIT 19-9-18. Ser 167

*Leipold
4952*

C O P Y

August 27th. 1918

From :-

Assistant Adjutant - Headquarters

To :-

Paymaster and Officer i/c of Records.
' Militia ' Dept.

4516, Pte. Peddle, J.J.
4952, Pte. Farrell, D.
5388, Pte. Sampson, R.
5625, Pte. Gavon, T.

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held on Monday, August 26th. I am sending them herewith for your attention and necessary action please. Their accounts on Co's Pay Sheets have been squared up to and including August 27th. They have no allotments current.

Diet :-

CCD/WFC

St John's, Newfoundland.

Sept, 19th, 1918.

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters.

Sir,-
The undermentioned men have been discharged on
the dates given; Kindly note and post in Daily Orders
Part 11.

I have the honour to be,

Sir ;

Your obedient servant.

(SGD). J.M. HOWLEY.

CAPT.
PAYMASTER & OFFICER I/C RECORDS.

| | | | | |
|-------|----------|---------------------|------------------|------------|
| 4434. | Private. | Serrick, Claude. | Sept, 7th, 1918. | Med Unfit. |
| 4516. | " | Peddle, Jos, J. | 9th. | do |
| 4952. | " | Farrell, Daniel. P. | do | do |
| 5388. | " | Samson, Robert. | do | do |
| 5625. | " | Gavan, Thomas. | do | do |