



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5559 Name Joseph Farrell Rec.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Joseph Farrell</u>           |
| 2. What is your full Address? .....  | 2. <u>Bay du Nord</u>              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Sherman</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, Joseph 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.

..... SIGNATURE OF RECRUIT.  
Joseph Farrell  
 ..... Signature of Witness.

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

I, Joseph 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 St. John's

on this 18 day of June 1915  
 Signature of Attesting Officer C. B. Dick's Lieut

### † CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915 } Approving Officer.  
 Place..... }

† 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

559

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

Name Joseph Fancee  
 Apparent age 16 years 0 months. Height 5 feet 7 3/4 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 or William Fancee  
Bay du Nord 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 <u>1-6-18</u>									
Joined at <u>St. John's</u> on <u>June 1-1918</u>									
<u>Discharged August 1-1919</u>									
<u>Embarked St. John's St. Elizabeth's Halifax 22-7-18</u>									
<u>to H.Q. for demobilization 24-6-19</u>									
<u>Arrived St. John's about 1-7-1919</u>									
<u>Demobilization St. John's 5-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 (date of discharge) 1 years 66 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5559

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 12th, 1919.

The discharge of the underonted on demmobilization has been  
*Approved*  
~~CONFIRMED~~ by O.C. Discharge Depot with effect from 22-7-19.

5559 Pte. J. Barrell.

C.R. 5559

Extract from Daily Orders Part II Royal Newfoundland Regt  
Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c records from 5-8-19.

5559, Pte. J. Farrell.

CR: 5559

Extract from Daily Orders Book No. 1019 The Royal Field.  
Regt. St. John's July 24th, 1919.

5559 Pte. J. Farrell.

Reported at Headquarters 1-7-19 on "Cassandra" which  
sailed Glasgow June 24th, 1919.

C.R. 5559



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 741 Sent by W.D. Rec'd by 121 Check No.

Place from Bay du Nord  
To Open market St John's Coast



please inform me  
if no 5559 ple  
Joseph Farrell  
is arrived by  
Corsecan  
Minnie Farrell

20

C. H. 5559 Counter No. \_\_\_\_\_

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connect on with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_

Address **Militia Dept.**

Line Number	Rcd	By	Sent	by	Check

Dated **June 5th., 1919.**

To **Minnie Farrell, Bay du Nord.**

BEG TO INFORM YOU THAT 5559 FARRELL DID NOT ARRIVE WITH DRAFT

A. S. HICKMAN

MINISTER OF MILITIA.

CHARGE TO DEPT. OF MILITIA.

FOR TYPEWRITER

C.R. 5559

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.

"Columbella" July 22, 1918.

#5559 Pte. Jos. Farrell.



C.R. 5559

Extra t from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated June 5, 1918.

# 5559 Pte. J. Farrell.

Attested for General Service with the Royal Nfld. Regt.  
from 1.6.18

J. Farrell

C.R. 5559

1890



## THE ROYAL NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Joseph Farrell, Regl. No. 5539  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
         Dollars and        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 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6624	Mother	Ellen Farrell	Bay de Verde Fortune Bay	60
			Total Allotment, \$	60

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

(Sig.) [Signature]  
 Officer Commanding  
 Company  
St. John's Nfld  
July 21st 1915

(Sig.) Joseph Farrell  
 (Rank) Private

No. 3026/448.

From: NEWFOUNDLAND

CONTINGENT

N.F.C. 179.

067497

M 119

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

Officer Commanding,  
2nd Bn. Ryl-Nfld Regt.  
Winchester.

21st February 1919

February 21st 1919

5559. Pte Farrell. J. B

Receipt hereunder.

With reference to the following  
telegram from the Minister of  
Militia / / ( 38 )

*C. G. [Signature]*

LIEUT. COLONEL.

"Pay to- 5559 Pte Farrell.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£6.0.0.

Received the sum of *Six pounds*

Cheque £6.0.0. is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

in respect of  
telegraphic remittance from the  
Minister of Militia.

*A. D. Minahan Maj.*  
Chief Paymaster & O. i/c Records.

*J. Farrell*  
No. *5559* Rank *Private*  
Witness *M. Rocketts*

3026/443.

2nd/Bn. Ry1 Nfld Regt.

Winchester.

21st February 9

5559. Pte Farrell. J.

38

5559 Pte Farrell.

£6.0.0.

6.0.0.

1  
Karrell, J

7

5559

Ray Dept.

7  
August 5th 1919.

#5559, Pte. J. Farrell,  
Bay du Nord, Fortune.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3374.

Yours truly,

Capt. &

Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5559 Rank Pfc Name Francis J  
 Intended place of residence Bay de Nord, Torbay
2. Occupation Fisherman  
 Classification of soldier E Medical Category A L
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 JUL 8 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, ST. JOHN'S .....  
 Date JUL 8 - 1919 .....  
 Signature of soldier Joseph Garrell  
 Signature of witness William Johnston

### 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, ST. JOHN'S .....  
 Date JUL 8 - 1919 .....  
 Signature of soldier J. Garrell  
 Signature of witness James Newman

### STATEMENT OF SERVICE

7. Enlisted for service 1-6-18 ..... No. of days on Military  
 Discharged from service JUL 22 1919 ..... Plus 14 days Service 431 .....

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S .....  
 Date JUL 22 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 .....  
 Date August 5/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

W.D.B. 207913394



# The Royal Newfoundland Regiment

Class for Demobilization:

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *5-7-19* .....

Regimental No. .... *5557* .....

Name ..... *Lanell Joseph* .....

Address ..... *Bay - du - Nord* .....

Present Medical Category ..... *A1* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R. H. Last* Major  
O.C. Discharge Depot.

*M. Paterson*  
Senior Medical Officer

*G. W. Burdett*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5529 Rank Pvt Name Turnell Joseph  
 Date of Enlistment 1-6-18 Address Bay de Nord District Porter  
 Occupation Fisherman Classification for Discharge E7 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	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		" 6
B 179c	B 120	M 93		

Date 7-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #6000

(b) Clothing Supplied

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>4856</sup> to his home  
 at Bayde Verde and Release Certificate No. <sup>3304</sup> issued.

Date 8-7-19 *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 <sup>5-8-19</sup>

Date 8-7-19 *H. M. W. D.*  
 Depot Paymaster.

Discharge approved for <sup>22-7-19</sup>

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	<i>J. From B</i>
E 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	/		" 6.	
B 179c	B 120	M 93	/			

Date 8-7-19 *J.A. Knowlton*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 *N.R. Cooper Capt*  
 for O. C. Discharge Depot.

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

Date .....

## 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.

*Joseph Farrell*

Signature of Man.

*J. J. Snowcraft*

Signature of the Vocational Officer or his Representative.

Reg. No. 5539

Place

*St Johns*

Date

*8-7-19*

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

# MEDICAL HISTORY

OF

Surname Farnell

Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Bay de Verde St. Anne B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June 1918		191
Declared Age	20	years	21	years
Trade or Occupation	Fisherman			
Height	5	feet 7 3/4 inches		
Weight		126 lbs.		
Chest Measurement	Girth when fully expanded... 35 inches			
	Range of Expansion... 3 inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/24	R.E.—V=	
	L.E.—V=	6/36	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>L. M. Peterson</u>			
(Rank)	Major			
	Medical Officer.			
Enlisted	at	<u>St. John's</u>	at	
	on	1 day of June 1918	on	day of 191
Joined on Enlistment	Corps.	<u>Royal Nfld. Regiment.</u>	Corps	
	Regtl. No.	<u>2059</u>	Regtl. No.	
Transferred to				
Became non-effective by	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 Signatures
4-6-18	Vacc AP
13-6-18	TAB
18-7-18	TM <del>W</del>
20-4-18	TM <del>W</del>
	<p>I hereby certify that this soldier has been examined by the Medical Board and has been classified as <u>6</u> for discharge on Demobilisa- tion. Medical category <u>1719</u> Date of T.I.B. <u>1719</u></p> <p style="text-align: right;"><i>[Signature]</i> Captain Medical Staff</p>

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



## 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 *Farrell, Joseph*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5559*

Intended address *Bay of Herds Fortune Bay*

Height on discharge *5 Feet 8.*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *None*

Christian name of Father *William*

Christian name of Mother *Ellen*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Bay of Herds 3-11-1894*

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) *Joseph Farrell*

*He*  
(Rank)

Station *ST. JOHN'S!*

Date *5-7-19*

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.



Medical Officer i/c Hospital,  
Unit, or Command Depot.

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 Newfoundland* 7. Former Trade or Occupation } *Fiskoman*  
2. Regtl. No. *5009* 3. Rank... *P.Lt.* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Farral Joseph* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.  
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 (b) Date of Discharge;  
(c) on duty (d) off duty? (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 .. .. .                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service .. .. .                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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, &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.)*

*No complaints of no susceptibility*

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. E. Procmies, Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazley Down*

Date *2/4/19*

\* 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

August 12, 1919

Mr. Joseph Farrell,  
May du Nord, F.B.

Dear Sir:-

Referring to your application I enclose cheque for  
seventy dollars (\$70.00), being amount of first payment due  
you on account of the war Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th, 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Joseph* ..... 2. Surname..... *Jarrell*  
3. Rank..... *Sgt* ..... 4. Regt. No..... *5559*  
5. Address in full to which future payments of gratuity are to be forwarded..... *Bay du Nord*  
6. Date of enlistment in the Regiment..... *May 28/18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*  
8. Relationship of such dependents..... *No*  
9. Address in full of such dependents..... *No*  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.... *No*  
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *England only*  
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *1 yr 1 mo*  
..... *1 1/2*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No* .....

15. Have you been issued with a War Service Badge?

..... *No* .....

16. Have you, during the present war, served in the Imperial Forces.

..... *No* .....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No* .....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

..... *No* .....

(b) If so, was such reversion in consequence of misconduct or inefficiency?

..... *No* .....

19. Are you now serving in the Regt.? If not give: (a) Date of discharge.

..... *July 8/19* (b) Reason for discharge. *Demot* .....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

..... *No England only* .....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

..... *No* .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

*Joseph Carroll*

Signature of Applicant:

Place of Residence: *Bay du Nord*

Declared before me at: *St John's*

This *8th* day of *July* 19*19*....

Signature of Registrar of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

*John J. Carthy*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid. Dependant.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid. Dependant.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One

Regiment of

Royal Newfoundland

Signature of O. C. Company Edwards

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5559 Joseph Farrell</u>	Age on	<u>20</u> years	months	<u>Distormer</u>		
Joined	Date	Place and Date of Enlistment		Religion			
Joined	Date	<u>St John's</u> <u>7.6.18</u>		<u>R.C.</u>			
Joined	Date	Period of	with Colours		Place of Birth		
Joined	Date		<u>1 66</u> years		<u>Bay de Verde F.B.</u>		
			with Reserve		<u>3 1/2</u> years		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St John's	5				5/19

To be carried over.

CR 5559  
Form B. 179a

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 } *Fireman*
- 2. Regtl. No. *5559* 3. Rank... *plte* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Jacrell*... *Joseph* } (a) Former Regts. or Corps; with Regtl. Nos.
- (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? }

*The complainant of no disability*

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.)*

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?

*Repatriation*

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

*W.S. Procmier. Capt-Retiree*  
 Medical Officer in charge of case.

Station *Mozalepton*

Date *2/14/19*

\* 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



## The Royal Newfoundland Regiment

### DEMobilIZATION OF

Reg. No. 5259 Rank. *ptr* Name *Gunnell Joseph*  
 Date of Enlistment. *1-6-18* Address *Bay de Nord* District *Fort St. John*  
 Occupation *Houseman* Classification for Discharge. *F. 1* Medical Category. *A. 1*  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36. ....	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. ....		" 6. ....
B 179c. ....	B 120. ....	M 93. ....		

Date. *7-7-19* .....

*[Signature]*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment.**

I am ..... in a position to resume civilian occupation.

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 *[Signature]* .....

Date. *8-7-19* .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4856 to his home  
at Bayde Trade and Release Certificate No. 3304 issued.

Date 8-7-19

*J.A. Shoveloff*  
Demobilization Officer

4. Paid 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 5-5-19

Date 8-7-19

*J.A. Shoveloff*  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 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	/		" 6	/
B 179c	B 120	M 93	/			/

Date 8-7-19

*J.A. Shoveloff*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 26 1919

Date .....

*J.R. Coope Capt*  
O. C. Discharge Depot.

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

Date July 22 1919

Reg. No. ~~3709~~ Rank *PL* Name *Fornell Jos*  
Attested ..... Address *Bay des Vaux*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL 1* 1919  
Returned on S S *Comanda* Cause *Discharge*

*8 7 19*  
*22 7 19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**