



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1007 Name John James Corps 1st

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. What is your name? | 1. |
| 2. What is your full Address? | 2. |
| 3. Are you a British Subject? | 3. |
| 4. What is your age? | 4. Years Months |
| 5. What is your Trade or Calling? | 5. |
| 6. Are you Married? | 6. |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. |
| 9. Are you willing to be enlisted for General Service? | 9. |
| 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. |

I, John James, 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.
..... Signature of Witness.

OATH ON ATTESTATION

I will be faithful and as in duty against

The above questions were then asked and answered by the Recruit. I have taken care that he understands each question, and that he has replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of..... 1911

Signature of Attesting Officer Walter J. P.

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

Date..... 1911 } 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

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

Name William Smith
 Apparent age 19 years 1 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Christina Smith
 | Relationship Wife
1000 1st St. N. W.
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4057 Name William Finney Corps R.C.

4057

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. William Finney
- 2. What is your full Address? } Broad Cove, Beauséjour, Southern Cross
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 1 Months
- 5. What is your Trade or Calling? 5. Fisherman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service? } 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, William Finney 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.

9-11-17

William Finney SIGNATURE OF RECRUIT.
Robert Peel Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Finney 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 2 day of Nov 1917
Signature of Attesting Officer Wm J. H.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the.....
If entitled by special authority, such will be attached to the original attestation.

Date Nov 2 1917
Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Finney
 Apparent age 19 years 1 months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Christiana Finney
13 Bond Cove P. News | Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>2-11-17.</u>									
Joined at <u>St. John's</u> on <u>November 2-1917.</u>									
<u>Detached St. John's Sep. 8/1918.</u>									
<u>Embarked St. John's B. Newfoundland 11-12-17. Boarded at Sydney.</u>									
<u>Down Camp 17-7-18. To Newfoundland for discharge 21-7-18.</u>									
<u>Arrived Newfoundland 2-8-18</u>									
<u>Discharged Medically Unit. 3-9-18</u>									
<u>NO ACTIVE SERVICE</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-9-18.</u> [date of discharge] years <u>306</u> days									
Pensions " " " " " " " " " " " "									

G.R. 4057

Extract from Daily Orders Part 11 Depot St. John's dated Sept. 12th 18

#4057 Pte. W. Finney

Having been found medically unfit are dischatged from Sept. 3/1918

CR 4057

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Re t. St. John's, dated August 19th, 1918.

4057 Pte. Wm. Finney.

Returned from leave and reported at Headquarters 19-8-18

C.R. 4057

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated August 5th, 1918.

The following man returned from Overseas and reported
at Depot August 4th.

#4057 Pte. W. Finny.

C.R. 4057

NOMINAL ROLL

Extract from **GENERAL** embarked St. John's for Overseas Dec. 11th 1917

Per **S.S. FLORIZEL.**

V 4057 PTE. W. FINNEY

C.R.

4057

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt., St. John's, Nov. 2nd, 1917.

4057 Pte. Wm. Finney.

Attested for Gneral Service with the 1st Nfld. Regt., with
effect from Nov. 2nd, 1917.

W. Finney

Civ. 4057

P. R. O.

11502/1145/P.S.

*Min. No. 661 of 14/7/18
re. 4057 file W. Finney*

From: C.E. & O.i/c Records,
Newfoundland Contingent.

To: Officer Commanding,
2nd Bn. R. Newfoundland Regt.
Winchester. (6253)

Reference reverse: there is no trace of parcel in question ever reaching this office. It was impossible to check this parcel mail as parcels were coming in almost every day from 8/6/18 to 3/7/18. Quite a lot of parcels were sent direct to Depot from G.P.O.

Will you please ascertain if Pte. Finney has received this parcel, and inform me?

Pay & Record Office,
17/7/18.

Major,
Chief Paymaster & O.i/c Records.

III
The Chief Paymaster
Royal Newfoundland Regiment,
London, S.W.

Pte Finney states that he has never received this parcel. There is no record of this parcel ever being received here.

HazeleyvDown Camp,
Winchester.
July 23rd 1918.

(Sgd) B.J. BARTON, Lieut.Col.,
Comdg. 2nd Bn. R. Newfoundland Regt.

IV
Officer Commanding,
H.M.S. Depot, A.P.S.
Regent's Park, N.W.

12124/4/P.S.

Reference preceding minutes: have you any trace, please?

Newfoundland Contingent,
58, Victoria St., S.W. 1.
30th July, 1918.

Chief Paymaster & O.i/c Records.

LAST PAY CERTIFICATE

OFFICE COPY
N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.S./19, 26/5/17

Regtl No. 405 Rank Private Name W. Finney Unit Royal Newfoundland who was repatriated to Newfoundland on 21/7/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR..	PARTICULARS	£ s d			PARTICULARS	£ s d			CR.
		£	s	d		£	s	d	
PERIOD: FROM 6.7.18 To 2.8.18	Balance Dr. from				Balance Cr. from <u>previous</u> <u>P.B.</u>				
	Allotment 28 days @ <u>10s</u>	<u>16</u>	<u>80</u>	<u>13</u> <u>9</u> <u>0</u>	Pay 28 days @ <u>£1.00</u>			<u>12</u> <u>14</u> <u>7</u>	
	Cash Payments:				Field Allowance 28 days @ <u>£18/2⁸⁰</u>	<u>130</u>	<u>80</u>	<u>16</u> <u>6</u> <u>7</u>	
	1st Payment 13.7.18			12 0	Other Allowances days @ <u>£</u>				
	2nd do. 20.7.18			12 0	Other Credits:				
	Other Debits:								
	Miscellaneous Stoppages			2 11					
	<u>Files</u>								
	Total Debits			<u>14</u> <u>15</u> <u>11</u>	Total Credits			<u>19</u> <u>1</u> <u>2</u>	
	CHECKED: Balance due by Paymaster			<u>14</u> <u>5</u> <u>3</u>	Balance due to Paymaster			<u>19</u> <u>1</u> <u>2</u>	
<u>C.S.</u>			<u>19</u> <u>1</u> <u>2</u>				<u>19</u> <u>1</u> <u>2</u>		

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

H. Company
Hazley Camp Amherst July 25 1918
(Place) (Date)

L. F. Garland
Act. O.C. 120 Company.

Made up/Checked in accordance with information received in the Pay & Record Office _____ to / / and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

The M.O. i/c,
Newfoundland Regt.,
Hazeley Down,
Winchester.

Herewith report on no.4057 Pte W. Finney,
Newfoundland Regt., as requested.

The man leaves hospital this day.

Alm

Cosham.
1.7.18.



Colonel A.M.S.
O.i/c Alexandra Hospital.

18

4057 Pte Finney

Boarded at Hazelton Down Camp

Marked

COPIES SENT		
To	No	DATE
M. OF M.		26 JUL 1918
O.C. 1st BN.		
" 2ND BN.		

No. D.4057 Pte Finney Wm. Newfoundland Regt.

Cosham.
June 28th.

This man was admitted yesterday for a report on his mental condition. I have examined him carefully and find that he is somewhat dull mentally, and being very illiterate, having had practically nothing in the way of education at any time, his unintelligence is the more apparent. He is also very neurotic and in consequence exaggerates the severity of the pain in his back, walking with a hysterical limp.

If this latter condition were carefully treated, I see no other reason why he should not continue his training, and ultimately become a fairly efficient soldier.

(Sd) G. McGregor,
C.M.P., Neurologist.

29.6.18.

The hysterical condition above mentioned has been successfully overcome by persuasion and exercise, but will certainly recur unless the treatment is persevered in, and it is suggested that this could very well be done by his own M.O.

(Sd) G. McGregor
C.M.P.

COPIES SENT		
To	No.	DATE
M. OF M.	12004/105	26 JUL 1918
O.C. 1st. BN.		
" 2ND. BN.		

Certified true copy.

Alm...
Colonel A.M.S.
O.i/c Alexandra Hospital.

Cosham.
1.7.18.



Separate



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Tom Finney, Regl. No. 4057
 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 ^{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 December 12 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3247	Mother	<u>Mrs J. Finney</u>	<u>Broad Cove Peters</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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.) *W. J. Finney*
 Officer Commanding
 Company

(S) *Tom Finney*
 (Rank) *Pte*

J. Finney
Nov 22 1917

Kinney, W.

4057

Ray Sept.

Haseley Down Camp,
16/7/18

1: Royal Wfld. Regt.
2: 4057
3: Private
4: FINNEY WILLIAM

5:
6: St. John's, Mfld.
7: Fisherman

8: HYSTERIA SUPERIMPOSED UPON BY MENTAL DEFICIENTY

9: ?
10: Haseley Down Camp

11: This man carried on his training and the day for draft was to leave. He was seen by me suffering from heat stroke in a nearby village, taken to Hospital, was treated and then developed the hysterical condition. He was very dull mentally and was sent to Neurologist for opinion

12: (a) Aggravated by constant strain of military service

13: Before and since report this man had been under constant supervision having special exercises and massage and after a great deal of hard work there is so little improvement that we have come to the opinion that he will not make an efficient soldier.

14: N. A.

15: N. A.

16: N. A.

17: N. A.

18: N. A.

19: N. A.

20: DISCHARGE AS PERMANENTLY UNFIT FOR ACTIVE SERVICE -
(Sgd) J. StP.K., CAPT.R.A.M.C.

21: (v) Constitutional

22: Aggravated by (1)

23: Yes

24: ---

25: Less than 20%

26: ---

27: Yes

28: No

29: No

30: No

(Sgd) JOHN G. DUNCAN
J. SINCLAIR TAIT
ARCH..C. TAIT

St. John's, Mflds.,
August 20th., 1918

APPROVED (SGD) CLUNY MACPHERSON, Major
D. M. S. NEWFOUNDLAND.

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

Per *A. W. B.*



ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No 4057 Rank Private Name W. Finney Unit Royal Newfoundland who was repatriated to Newfoundland on 21/7/18 Authority Cause

STATEMENT OF ACCOUNT

DR.		PARTICULARS				\$	¢	£	s	d	PARTICULARS				\$	¢	£	s	d	CR.	
PERIOD: From 6/7/18 TO 2/8/18		Balance Dr. from									Balance Cr. from										
		Allotment 78 days @ 160 [¢]	116	80	3	9	0					Pay 78 days @ \$ 1 ⁰⁰									
		Cash Payments:										Field Allow 78 days @ \$ 10 ⁰⁰ 2 ⁸⁹	130	80	16	6	7				
		18 ⁰⁰ Payrol 13.7.18					12	0				Other Allowes days @ \$									
		2 ⁰⁰ do 28.7.18					12	0				Other Credits:									
		Other Debits:																			
		Miscellaneous Expenses					2	11				Total Credits									
		CHECKED Debits						4	15	11		Balance due to Paymaster									
		Balance due by Paymaster						4	5	3											
								9	1	2											

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

D Company
Hayley Camp, Wanchulu, July 23 1918.
(Place) (Date)

L. F. Garland Lieut.
Adj. O.C. Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

DUPLICATE
MAIL COPY

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17

Regtl No. 4078 Rank Private Name W. Finley Posted ✓ Unit Royal Newfoundland who was repatriated to Newfoundland on 21/7/18 Authority ✓ Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d	
PERIOD: From 6.7.18 to 2.8.18	Balance Dr. from						Balance Cr. from <u>previous A.R.</u>			12	11	7	
	Allotment 28 days @ \$60	16	80	13	9	0	Pay 28 days @ \$100 <u>\$128.00</u>						
	Cash Payments:						Field Allowance 28 days @ \$107.28	136	80	16	6	7	
	1st Payment 13.7.18				12	0	Other Allowances days @ \$						
	2nd do 20.7.18				12	0	Other Credits:						
	Other Debits:												
	Miscellaneous Stoppage				2	11							
	CHECKED Debits				14	18	11	Total Credits			19	1	2
	Balance due by Paymaster				14	5	3	Balance due to Paymaster			19	1	2
	<u>CS</u>				19	1	2				19	1	2

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

H. Compans
Hazley Camp, Winchester, July 25 1918
 (Place) (Date)

L. F. Garland & Co.
 Act. & C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office _____ to / / and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

October 28th., 1919.

Major J. M. Howley,
Paymaster.

4057, Ex-Pte. William Finney.

Broad Cove

Dear Sir:- *Renews.*

The following paragraph occurs in a letter from Dr. Henry L. Padden, Resident Medical Officer, Indian Harbour Hospital, with respect to the marginally noted man:-

"There is not, and has not been
"within the last eight years, any
"such person in Groswater Bay,
"Labrador. From the spelling
"(Grosais) I should hazard a guess
"that there might be some
"confusion with Grosais Islands,
"off the French shore of Nfld."

Enclosed are also herewith War Badge
744, and certificate to wear same.

Yours faithfully,

Clay Macpherson

Lt Col. R. of O.

CM:AMB.

ENCLOSURE.

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.

Place Cappahayden Sig. of Soldier Pte William Finney

Date October 3rdth 1918 Sig. of Witness James Finney

SEPARATION ALLOWANCE.

Claimant *Finney, Christiana, (mother, widow)*

On account of *Wm. Finney* No. *4057*, Rank *Pte*

Decision *Approved*

~~*R. J. ...*~~
W. T. ... Col.
McDowley, Major

Date *June 11/1920*

Instructions

1
8
Allotment of *60¢* per day payable to *Mrs John Finney*
his *Mother* from *1/12/17* to *31/8/18*
Discontinued on account of

L. P. ...

#180.00

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1.	Name in full of soldier.	Rank.	Reg't. or Unit.	Regt. No.
	<i>William Funnery</i>	<i>Private</i>	<i>Nfld Regt</i>	<i>4059</i>

2.	Age of soldier.	Married or Single.
	<i>19</i>	<i>Single</i>

3.	Name in full of mother.	Age.	Occupation.	Permanent Address.
	<i>Cristiana Funnery</i>	<i>42</i>	<i>Housewife</i>	<i>Cappahayden</i>

4.	Give name of your husband.	Age.	Occupation	Where Employed.
	<i>John Funnery deceased.</i>			

5. If your husband is not supporting you state the reason.

—

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

—

7. If you are a widow, state date and place of death of your husband.

April 5, 1913

8. Have you married again since death of above mentioned husband?

No

9.	Names of your other children.	Address in full.	Age.	Occupation	Married or Single.
	<i>James Funnery</i>	<i>Cappahayden</i>	<i>27</i>	<i>Single</i>	<i>(Deceased)</i>
	<i>John Funnery</i>	<i>England</i>	<i>24</i>	<i>R.N.R.</i>	<i>Married</i>
	<i>Kate Funnery</i>	<i>Montreal (?)</i>	<i>20</i>		<i>Single</i>
	<i>May Funnery</i>	<i>Cappahayden</i>	<i>17</i>	<i>Cripple</i>	<i>Single</i>
	<i>Jessie Funnery</i>	<i>Cappahayden</i>	<i>14</i>		<i>Single</i>

10. State amount earned by (a) Yourself *Nothing*
(b) Your husband. *—*
-
11. State amount and source of any other income. *\$14.00 per month from Patriotic Assn*
-
12. State value of real property belonging to you and your husband. *Practically nil*
-
13. State value of personal property belonging to you and your husband. *about \$200.00*
-
14. If husband is dead state value of real and personal property left by him. *nil*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *all his earnings. about \$200.00 per annum*
-
16. Was this amount contributed weekly or monthly. *as a result of fishing in Fall*
-
17. Did this amount include payment of son's board, etc. *yes*
-
18. State your son's trade or occupation prior to enlistment. *Fisherman*
-
19. State amount of his wages per week. *—*
-
20. State name and address of his last employer. *—*
-
21. State amount of monthly support from son since enlistment. *60 cts per day or \$18.00*
-
22. State amount of allotment received by you from son since enlistment. *60 cts per day*
-
23. State from what date did you receive allotment? *Feb 1917*
-
24. Actual amount contributed by other children. Weekly Monthly. *nil*
-
25. Are any of these children in the employ of you or your husband? *no*

- 26. If not receiving support from other children, state cause. Explain fully. *Children home all delicate & crippled*

- 27. With whom are you residing at present? *in my own house*

- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No - did not know of it*

- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No \$14.00 per month*

- 31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

- 32. In what capacity and in what place? *-*

- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *-*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant... *Clara Anne Finney*

Place of Residence... *Capetown, ^{West} Newfoundland District*

Declared and subscribed before me at... *Ferryland*

this... *twelfth* ... day of... *April* ... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *P. Jerome Dubain*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *R. W. J. Knight* ...

Signature of member of the Patriotic Fund Committee.

May 13, 1919

Mrs. Christiana Finney,

Cappa Hayden,

Ferryland Dist.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to inform you that it is necessary to have the enclosed Medical Certificate completed on account of your son James, as soon as it is returned to me, your application will have further consideration

Yours truly

Captain,
Paymaster & O.i/c Records

Jan.19/20

Mrs.Christiana Finney,
Cappa Hayden,
erryland Dist.

Dear Madam:-

With further reference to your application for Separation Allowance, I would refer you to my letter of May 13th.,¹⁹¹⁹ which I enclosed Medical Certificate to be completed on account of your son James.

This has not yet been returned to me, and I shall be obliged if you will have it forwarded at your earliest convenience, so that your claim can be finally disposed of.

Yours truly

Major

Paymaster.

Mrs Finney
Cappahayden
Mr. Howley Southern Shore
Dear Sir
I have brought the
last paper to the
Magistrate at Ferryland
after I had received
it from you and he
told me he did not
think it was any
need in signing up
no other paper as he
said my son was
really out of his
health and could
not work I could
not call him as
I had know means
But he told me
that when he would
yet a sick call here
he would come &
see him giving to
the hard winter he
have not come only
one the winter &
then he had to come
in a motor Boat from
Ferryland but he have
not called to see my
son as he was called
a way again he
is very poor in
health this winter
my son & he is also
my only support my
eldest son well
Mr Howley you can
see our means they
is a awful hard
winter here & I got

9633

Know money nothing
But snow & frost
I & I have a got
a Cripple girl 17 &
getting nothing to
Keep her & I have
got a nather girl
under age with
know means to keep
them & I am unable
to keep them my self
I want to get to
town to get some
help & have no
means to go well
know slowly I hope
you will try &
help me in my

dark hours
I Remain
yours truly Mrs
Finnery Capharayde
Please answer
this as soon as
possible & let me
know if you can
help me

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *James Finney*
no. *4057 R.M. Finney*
2. Name and age of said soldier's father or other relative.) *John Finney*
Christina Ann Finney *Deceased* *Mother*
3. Is said father or other relative (a chronic) invalid and totally incapacitated.) *no*
4. Of what nature is disability ?) *She suffers from Chronic Rheumatism*
5. From what date has this total incapacity been existent ?) *-*
6. How long is total incapacity likely to continue and what will be the effect on earning power.) *has no earning power or means of earning.*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date.) *-*
8. Are you the regular attending physician ?) *Yes*
9. Relationship to soldier of applicant ?) *Mother*

I certify that the above statements are correct.

.....*Ferryland*.....Place,

.....*March 19th 1921*.....Date.

.....*R. Jerome Friedman*.....
Physician.

to please Mr Hawley
When you receive
his Return it
as soon as possible
and let me know
what a Bout it
the dr says it
knows need of
signing these papers
so often as he
knows. Our sur-
circumstances too.
Will Return this
immediately &
alige Mrs J Fenney
to app. an cy den
Wld

MEDICAL CERTIFICATE

For information of Separation Allowance Department.

William Finney 4057

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *William Finney*
no 4057
-
2. Name and age of relative of said soldier) *James Finney (brother)*
-
3. Is said father or other relative a chronic invalid and totally incapacitated.) *Chronic invalid but not totally incapacitated*
-
4. Of what nature is disability?) *Chronic debility*
-
5. From what date has this Total incapacity been existant?) *Three or four years*
-
6. How long is total incapacity likely to continue and what will be the effect on earning power) *uncertain owing to lack of nourishment etc*
-
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date?) *50%*
-
8. Are you the regular attending physician?) *only occasional. they live too far away from me & too poor to pay*
-
9. Relationship to soldier of applicant?) *Brother*

I certify that the above statements are correct

Ferrisland.

-----PLACE

May 5th 1932 DATE

R. Gordon Freebairn

PHYSICIAN.

JMH/IM.

June 25, 1920

Mrs. Christina Finney,
Cappahayden
Ferryland Dist.

Dear Madam:

With reference to your claim for Separation Allowance, on account of your son William Finney, I beg to state that same has been granted, and I am enclosing herewith cheque for \$180.00, being payment to date of his discharge.

Yours truly,

Major
Paymaster.

Enc.

Sept.17th,1918.

Pte. William Finney,
Broad Cove,
Renews.

Dear Sir,-

I enclose herewith cheque for \$59.20,
being balance of pay due you at date of Discharge,
also Certificate of Pay.

I also enclose Certificate of Discharge,
dated Sept.3rd,1918. together with special form, which
kindly sign and return to this office.

Yours faithfully,

Capt. & Paymaster

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 59.²⁰

Sept 7th 1918

Received from the First Newfoundland Regiment
the sum of Forty Nine ²⁰/₁₀₀ Dollars.
on account of Pay.
balance

Ch. No. 2307... Initials... *kw*
Pay Ledger... 75... Initials... *WM*
Gen. Ledger... Initials... *g*

Regtl. No. Rank

No. 4057.

Rank PL-

Name Linney PL- Wm.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₁₀₀

Feb 22. 1919

Received from the First Newfoundland Regiment
the sum of Thirty five Dollars.
on account of Pay. Clothing
balance

Pte Wm. Finney per
Mrs. John Finney

mark
with Holland
Rank
A. C. [Signature]

Ch. No. 10211	Initials... [Signature]
Pay Ledger 308	Initials... [Signature]
Gen. Ledger.....	Initials.....

Regtl. No.

No. 4057.

Rank

Olt-

Name

Finney Wm

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

William Finney

in respect of his service as No. 4057 Rank Pte.

Name W. Finney Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Medal of

Signature

*his
William Finney
mark*

Date

9-1-1922

Address

Pleasant Street

Witness R. Edwards

[P.T.O.]

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature
4057	Pte	Lacey, W.	£2.50	

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date

June 26th 1916

W. Lacey

D 4057

August 21st, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

3336 Pte. Wm. Frampton
2231 " F. Small
4057 " Wm. Finney

The marginally noted men were recommended for discharge as permanently unfit by Medical Board held on Tuesday, August 20th, 1918.

I am sending them herewith for your attention and necessary action, please.

ST JOHN'S, Nfld.

Sept. 10th, 1918

Officer Commanding,
Depot

SIR:

The undermentioned men have been discharged
on the dates given. Kindly note and post in Daily
Orders Part II.

I have etc.

(sgnd) J.M. HOWLEY,
Capt.

Paymaster etc.

4057	Pte.	Finney, Wm.	Sept. 3/18	Med. Unfit
4271	"	Ingram, Geo.	Do.	Do.
4175	"	Pottle, Levi	Do.	Do.
3440	"	Pynn, Clinton	Do.	Do.
3336	"	Frampton, Wm.	Do.	Do.
2743	"	Martin, John	Do.	Do.
1789	"	Gull, Stephen	Do.	Do.
3934	L/C.	Stone, Fred.	Sept. 9/18	Do.

Reg. No. 4057 Rank Pvt Name Finley Wm

Attested..... Address Broad Lane Newark

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas 4-9-18

Embarked for Overseas..... Cause.....

10-9-18. Rec. discharge per unfit

M.L. 45-18 to 18-5-18. Leto 18-5-18

~~DISCHARGED~~ - MEDICALLY UNFIT 8-9-18 per 160

Copy

7844

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

Army Form B. 268.



Proceedings on Discharge.

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

No. H057 Army Rank Private
 Name Finney William
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps THE ROYAL NEWFOUNDLAND REGT.
 Battalion, Battery, Company, Det., &c.
 (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.)

Date of discharge September 5th 1918

Place of discharge St. John's, Nfld

1. Description at the time of discharge.

Age <u>29</u> years <u>11</u> months	Descriptive marks.
Height <u>5</u> feet <u>3</u> inches	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fair</u>	
Eyes <u>blue</u>	
Hair <u>dark</u>	
Trade <u>Fisherman</u>	
Intended place of residence <u>Broad Cove</u> (To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for active service

(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.)

3. Military character:— P. G.

4. Character awarded in accordance with King's Regulations:—

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. 2038 has been issued to*

* Strike out if not applicable.

[OVER.

30
31
31
28
31
20
31
30
31
31
31
3
7
20

To be filled in on the soldier quitting the Colours.

Medical Report on an Invalid.

7844

Station Hayley Down Camp
 Date 16-7-18

1. Unit 2nd Batt. Royal Newfoundland Regt Former Trade } Fisherman
 or Occupation }
 2. Regimental No. 4057
 3. Rank Private
 4. Name FINNEY, WILLIAM.

7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;

5. Age last birthday
 6. Enlisted { on
 at St John's, Newfoundland

COPIES SENT		
To	No.	DATE
(d) Cause of Discharge		
O.C. 1st. BN.	<u>1000/18</u>	<u>26 JUL 1918</u>
" 2ND. BN.		

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 10).

Hysteria superimposed upon Mental Deficiency.
Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

?

10. Place of origin of disability.

Hayley Down Camp.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

This man carried on his training and the day before draft was to leave he was seen by me suffering from heat stroke in a nearby village. Taken to hospital, was treated and then developed this hysterical condition — he was very dull mentally and was sent to Neurologist for opinion, which is attached.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Constantly aggravated by strain of military service

no.

no.

Before discharge attended report has been received
 The man has been under constant supervision
 during special exercise and has made
 after a great deal of work there is no
 little improvement, that makes come to
 the point that he will not make an
 efficient soldier.

7844

13. What is his present condition?
 Weight should be given in all cases when
 it is likely to afford evidence of the
 progress of the disability.
14. If the disability is an injury, was it
 caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?

na.

15. Was a Court of Inquiry held on the
 injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?

na.

16. Was an operation performed? If so,
 what?

na.

17. If not, was an operation advised and
 declined?

na.

18. In case of loss or decay of teeth. Is the
 loss of teeth the result of wounds,
 injury or disease, directly* attributable
 to active service?

na.

19. Give particulars of any other disabilities
 existing, but not in themselves sufficient
 to cause invaliding, and state whether
 they are attributable to or have been
 aggravated by service during the present
 war.

na.

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

Discharge as permanently unfit
 for Active Service

[Signature]
 Capt. R. A. M. C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
 except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

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

MEDICAL HISTORY

7844

Surname Jinney OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Broad Cross Renew County Wid.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	2	Nov 1917		191
at	St Johns			
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet	3	inches
Weight	114	lbs		
Chest Measurement	Girth when fully expanded...		36	inches
	Range of Expansion...		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	—	1 Scar		
When Vaccinated				
Vision	R.E.—V=	$\frac{6}{12}$	R.E.—V=	
	L.E.—V=	$\frac{6}{12}$	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>Lamin Patterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. Johns	at	
	on	2 day of Nov 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Transferred to	<u>1st Regt</u>			
	<u>Regt</u>			
	4057			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

COPIES SENT		
To	No	DATE
M. of M.		26 JUL 1918
C.C. 1st. En.		
CND L.		

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				
Hazeley Down	20	5	18	27	5	18	R. A. D.	7	Dr. admission to Hosp, pulse Normal, Temp. Normal, pupils equal and respond to light, patient sleeps and eats well, after careful observation for one week it is my opinion the man is recovering	H. B. Brown Capt R.A.M.C.
Hazeley Down	10	6	18	27	6	18	Deblindedness III.	17	Trans. to Alex. Hosp. Coatham.	W. S. Vivian Capt R.A.M.C.
Cochran	27	6	18	7	7	18	Hysteria.	5	Is very unintelligent & illiterate. Has a hysterical limp which was easily corrected by instruction & exercise.	W. S. Vivian Capt R.A.M.C.

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

Date	Brief Details, and Signature
3-11-17	Vacc. LP
10-11-17	V.P.S. LP
26-11-17	3 LP
17. 7. 18.	<p>Boarded at Hazelton Camp. ordered E. Camp with baggage M.K. [Signature] C. P. [Signature]</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

COPY.



Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Rumley Christian Name William

TABLE - GENERAL TABLE.

Birthplace ... Parish St. John's County York

Examined ... { on 2nd day of Nov. 1917.
at St. John's

Declared Age ... 19 years 1 mos. days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 3 inches.

Weight ... 114 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.

{ Range of Expansion 4 inches.

Physical Development ...

Vaccination Marks { Arm ... Right
Number 1 Scat

When Vaccinated ...

Vision ... { R.E.-V = 6/12
L.E.-V = 6/12

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Samuel Peterson
(Rank) Major Medical Officer.

Enlisted ... { at St. John's
on 2 day of Nov 1917.

Joined on Enlistment ...	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT.	<u>4057</u>
Transferred to ...		

Became non-effective by
on _____ day of _____ 1917.

(Signature) _____
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Keyley Down	20	5	18	27	5	18	A.A.D.	7	On adm. to Keyley pulse normal. Temp. Normal. pupils equal & response to light, patient slept & ate well. after careful observation for one week it is my opinion the man is malingering	W. A. Johnson Capt. R.A.M.C.
Keyley Down	10	6	18	27	6	18	Febrile undulant III	17	Transf. to Alexandra Hosp. Colham	W. A. Johnson Capt. R.A.M.C.
Colham	27	6	18	1	7	18	Hysteria	2	In very unintelligent & illiterate. Has a hysterical limp which was easily corrected by instruction & exercise	W. A. Johnson Capt. R.A.M.C.



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 *Finney, William*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4057*
 Intended address *Broad Cove, Renewa.*
 Height on discharge *5* Feet *3"*
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks _____
 Figure on discharge *Medium*
 Christian name of Father *John*
 Christian name of Mother *Christiana*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth. *Broad Cove*
 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) *William^{li} X_{mark} Finney*

(Rank) *Pte*

Station *St. John's*

Date *Aug. 19th 1918.*

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.

Geo. Burden

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

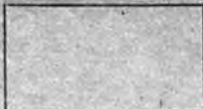
Station *A. Johnson*

Date *Aug. 19, 18*

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. <u>4057</u>	Army Rank <u>Private</u>															
Name <u>Finney William</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 _____																
Place of discharge _____																
<i>Description at the time of discharge.</i>																
<p>1. Age _____ years _____ months</p> <p>Height _____ feet _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence (To be given as fully as practicable) { _____ _____</p>	<p style="text-align:center;"><i>Descriptive marks.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align:center;">COPIES SENT</th> </tr> <tr> <td style="width:33%;">To _____</td> <td style="width:33%;">No. _____</td> <td style="width:33%;">DATE _____</td> </tr> <tr> <td>M. OF M. _____</td> <td><u>12004/08</u></td> <td><u>26 JUL 1918</u></td> </tr> <tr> <td>O.C. 1ST. LN. _____</td> <td></td> <td></td> </tr> <tr> <td>" 2ND. LN. _____</td> <td></td> <td></td> </tr> </table>	COPIES SENT			To _____	No. _____	DATE _____	M. OF M. _____	<u>12004/08</u>	<u>26 JUL 1918</u>	O.C. 1ST. LN. _____			" 2ND. LN. _____		
COPIES SENT																
To _____	No. _____	DATE _____														
M. OF M. _____	<u>12004/08</u>	<u>26 JUL 1918</u>														
O.C. 1ST. LN. _____																
" 2ND. LN. _____																
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>																
2. The above-named man is discharged in consequence of _____																
<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:— _____																
4. Character awarded in accordance with King's Regulations:— _____																
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. _____																

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

COPY.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. G-1gth & Sons Ltd., Printers, Old Bailey, E.C. 4.
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Forms
 B. 121.
 41.

Regiment of **THE ROYAL NEWFOUNDLAND REGT.**

Signature of O. C. Company

Number of Sheet One
Ed. D. [unclear]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.		Age on	years months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		

No. 1057 *Finney Wm*
19 years 7 months
St. John's
2-11-17
306 years
365 years
AC



Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Discharged Medically unfit</i>									
<i>St. John's 3/18</i>									

To be carried over

Army Form B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
29.

Regiment of

1st Newfoundland

Number of Sheets

one

Signature of O. C. Company

W. H. J. J.

Regimental Number and Name		Enlistment		Trade
No.	<i>7057</i>	Age on	19 years 1 months	<i>Fiskeema</i>
Joined _____ Date _____		Place and Date of Enlistment		Religion
Joined _____ Date _____		<i>St John</i> <i>2-11-17</i>		<i>R.C.</i>
Joined _____ Date _____		Period of	with Colours _____ years.	Place of Birth
Joined _____ Date _____			with Reserve _____ years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
	<i>X</i>								

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TO _____

M. OF M. _____

O.C. 1st. Bn. _____

" 2nd Bn. _____

No. *100*

DATE *26 JUL*

1918

To be carried over