



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5636 Name W Alfred Grandy Corp Meat

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

1. What is your name? ..... 1. W Alfred Grandy
2. What is your full Address? ..... 2. Garman St
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years 4 Months
5. What is your Trade or Calling? ..... 5. no School Teacher
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 ..... Corp ..... Yes
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, W Alfred Grandy 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.

W Alfred Grandy SIGNATURE OF RECRUIT.

John Stacey Signature of Witness.

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

I, W Alfred Grandy 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 stated 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 10 day of June 1915.

Edwards Dean Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5636

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

Name Walter James

Apparent age 19 years        months. Height 5 feet 10 inches

Chest Measurement { Girth when fully expanded 36 inches  
Range of expansion 2 inches

Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James A. Grandy  
Garwood Ill. | 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>7-6-18</u>					<div style="font-size: 1.2em; font-weight: bold;">Hoist while employed as</div> <div style="font-size: 1.2em; font-weight: bold;">Sergeant</div> <div style="font-size: 1.2em; font-weight: bold;">Detachment 30 5/19</div>				
Joined at <u>St. Louis</u> on <u>June 7-1918</u>									
Discharged August 6, 1919									
Contacted <u>St. Louis</u> <u>S. C. Canfield</u> to <u>Halifax N.S. 22-7-18</u>									
Left for demobilization <u>24-6-19.</u>									
Arrived <u>London</u> <u>1-7-1919</u>									
Demobilization <u>St. Louis</u> <u>6-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-1919</u> (date of discharge)					1 years 61 days				
" " Pensions " " " " " " " " " " " "									

C.R.

~~5634~~  
5636

Extract from Daily Orders part II, from 2nd. Bn. R. Mfld. ~~Co.~~  
by Lieut. Col. B. J. Barton, D. S. O. Officer Commanding 2nd. Bn.  
dated 30-5-19.

5636

~~5639~~ Pte. Grandy W. to be acting Corporal while employed  
as school master, as from this date.

C.R. 5636

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.

St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 23-7-19

5636 Cpl. W. Grandy.

C.R. 5636

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 8 6-8-19.

5636 Cpl. W. Grandy.

C.R. 5636.

Extract from Daily Orders part II, from 2nd. Bn. R. Hfld. A.  
by Lieut. Col. B. J. Barton, D. G. O. Officer Commanding 2nd. Bn.  
dated 30-5-19.

6  
5639 Pte. Grandy W. to be Acting Corporal while employed  
as school master, as from this date.

5636

Extract from Daily Orders Part II Unit The Royal Field Artillery  
St. John's, July 3rd 1919.

5636 Upl. W. Grandy.

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

C.R. 5636

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

The following men embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5636 Pte Wilfred ~~Grandy~~.

Grandy



C.R. 5636

Extract from Daily Orders part 11, from Unit The  
Royal Nfld. Regt. St. John's, dated May 29, 1918

(#5636 Pte. Wilfred Grandy,

Attested for General Service with the Royal Nfld. Regt  
from June 7th, 1918.

Grandy, W.

C.R. 5686

P.V.O.



No. ~~50~~ <sup>3/2</sup> / 20.

067127

N.F.P. / 79.

From. NEWFOUNDLAND CONTINGENT

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

~~1st. Officer Commanding.~~  
~~2nd Battalion Mid Regt.~~  
  
Winchester.

6th February 1919

February 10th 1919

5636. Pte Grandy. W.

With reference to the following telegram from the Minister of Militia / / ( 5 )

"Pay to 5636. Grandy. W.

£3.2.0.

Cheque £ 3.2.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Receipt hereunder.

M. Barton LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2<sup>nd</sup> Batt'n.

Received the sum of Three pounds two shillings in respect of telegraphic remittance from the Minister of Militia.

W. Grandy

No. 5636 Rank Private

Witness M. Rockett

A. D. [Signature]  
Chief Paymaster & O. i/c Records.

No. 5860/863

B

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.  
2nd Batt. Ryl. Nfld. Regiment  
Winchester



18th April 1919  
5636 Pte Grandy W.

*April 24th* 1919

With reference to the following telegram from the Minister of Militia / / ( 134)

Receipt hereunder.

*Paymaster*  
COMMANING OFFICER 2ND BATT. RY. N.F.L. REGT.  
LIEUT. COLONEL,  
OFFICE 2ND BATT. RY. N.F.L. REGT.

"Pay to- 5636 Grandy W.  
£3. 2. 0."

Received the sum of *Three pounds*

Cheque £ 3. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*two shillings* in respect of telegraphic remittance from the Minister of Militia.

*A. C. Munroe Maj.*  
Chief Paymaster & O. i/c Records.

*W. Grandy*  
No. 5636 Rank Private  
Witness *R. Skene*

No. 1947/287.

567105

N.F.P./79.

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,

2/Bn. Royal Nfld Regt.  
Winchester.

3rd February 1919

February 6th 1919

5636. Pte Grandy. W.

With reference to the following telegram from the Minister of Militia / / (1055.)

Receipt hereunder.

*Cham* <sup>Capt</sup> / **LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg. 2nd Batt'n.

"Pay to-5636. Pte Grandy. W.

**£4.2.0.**

Cheque **£4.2.0.** is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Received the sum of Four pounds  
two Shillings in respect of telegraphic remittance from the Minister of Militia.

pte W. Grandy.

Chief Paymaster & O. i/c Records.

No. 5636 Rank Private

Witness M. Rockett

B

# SIGNALLER'S RECORD SHEET.

Rgtl. No. 5636 Rank Pte Name & Initials Grandy W  
 Unit Royal Newfoundland Regt

## STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

*Qualified in all Standard Tests*  
*G. Whitty Capt.*

## CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending	99 %	100 %	98 %	98 %	%	
Reading	98 %	100 %	99 %	97 %	%	

\* R.A. Signaller only.

Classified as 1st Class Signaller at Hayley Down Camp  
 Date 9.12.18 Signature of Classifying Officer G. Whitty Capt.  
 Reclassified as \_\_\_\_\_ Class Signaller at \_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Classifying Officer \_\_\_\_\_

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

## MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> .
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and <i>vice versa</i> .
11.	Take a bearing with a compass and measure it on a map with protractor.

## SIGNAL TRAINING. STANDARD TESTS.

1.	Accept a message including counting and filling in preamble.
2.	Fill in Sent Column on message form.
3.	Fill in Signal Register.
4.	Fill in Received Column on message form.
5.	Send and receive a verbal message on the telephone.
6.	Call up with (a) flag, known and unknown station. (b) buzzer. (c) ringing 'phone.
7.	Put through a call on a 4 plus 3 switch unit.
8.	VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9.	" " " caller. " " "
10.	" " " writer. " " "
11.	" " " answerer. " " "
12.	" " " answer-reader. " " "
13.	" " " sender. " " "
14.	LUCAS LAMP. Set up and align.
15.	" Replace cells.
16.	" Connect up cells.
17.	" Trace the electric circuit with a view to locating a fault.
18.	" Change a bulb.
19.	" Change nightshades.
20.	" Test flexible cord.
21.	TELESCOPE. Set up on stand and align.
22.	" Focus on a blue flag unreadable to the unaided eye and read a message.
23.	HELIOGRAPH. Set up and align with vane.
24.	" Change to duplex and align.
25.	" Regulate the beat.

## ELECTRICAL INSTRUMENTS TESTS.

CELLS.	MISCELLANEOUS.	
1. Render active.		
2. Connect in series and parallel.		
TELEPHONE D. III.		
3. Connect and insert cells and cell connections.		
4. Test instrument.		
5. Localise and remedy the following faults:—		
(a) Adjustment of buzzer.		
(b) Dirty key contact.		
(c) Dirty Pressel switch contact.		
(d) Receiver discs and washers.		
(e) Microphone capsule.		
6. Connect up earth return, metallic return, and use of condenser terminal.		
FULLERPHONE.		
7. Connect and insert cells and cell connections.		
8. Test instrument.		
9. Localise and remedy the following faults:—		
(a) Adjust No. 1 or (A) contact of armature.		
(b) Adjust No. 2 or (B) contact of armature.		
(c) Dirty contacts.		
VIBRATOR, R.A.		
*10. Connect up hand set and cell connections.		
*11. Test instrument.		
*12. Localise and remedy the following faults:—		
(a) Adjustment of buzzer.		
(b) Dirty key contact.		
(c) Dirty Pressel switch contact.		
(d) Receiver disc and washers.		
(e) Microphone capsule.		
13. Connect up earth and metallic return.		
	14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.	
	15. 4 plus 3 Buzzer Unit. Connect up.	
	LINEMAN'S DUTIES.	
	16. Identify lines by labels.	
	17. Draw and explain a simple circuit diagram.	
	18. Draw and explain a simple route diagram.	
	19. Make a reef knot, barrel hitch and clove hitch.	
	20. Joint and insulate (a) D. II. } Single or (b) D. III. } Twisted, (c) D. V. } (d) D. twin Mk. III.	
	21. Make simple joint in enamelled wire or single airline.	
	22. Lay cable (a) in open country. (b) in trenches.	
	23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.	
	24. Test with Q. and I. detector— (a) cells; (b) a circuit, for disconnection earth and contact; (c) In order to pick up wires in a rope.	

\* R.A. only.

This space to be pasted in A.B. 64.



Grandy, W

5636

Ray Sept.

August 6th 1919.

#5636, Cpl. W. Grandy,  
Garnish, F.B.

Dear sir:

Enclosed please find Discharge Certificate  
# 3416.

Yours truly,

Capt. O. I. C. Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5636 Rank Cpl. Name Grandy W.  
 Intended place of residence Garnish  
 2. Occupation Teacher  
 Classification of soldier E Medical Category AI

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 9 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 9 1919  
 Signature of soldier W. Grandy  
 Signature of witness A. [unclear]

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am <sup>not</sup> in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 9 - 1919  
 Signature of soldier W. Grandy  
 Signature of witness W. J. [unclear]

### STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No. of days on Military  
 Discharged from service 23-7-19 Plus 14 days Service 426

### 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 23 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 6/1919  
 The Royal Newfoundland Regiment

*MB 207913416*

24  
31  
6  
1

# 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

*8.7.19*

Regimental No. ....

*5636*

Name .....

*Grandy Wilfred*

Address .....

*Garrison*

Present Medical Category .....

*Aj*

Recommended for:—

(a) Immediate discharge .....

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

Members of Board

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

*J. Paterson*  
Senior Medical Officer

*J.W. Borden*  
M.O. Depot

**The Royal Newfoundland Regiment**

DEMOBILIZATION OF

Reg. No. 5636 Rank Lt Name Grandy W P1-7-P  
 Date of Enlistment 7.6.18 Address Garrison District St. John's  
 Occupation School Teacher Classification for Discharge 1 Medical Category A I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:— P1-7-P

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 <u>3</u>
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 O. C. Discharge Depot. [Signature]

**PARTICULARS FOR DEMOBILIZATION**

**1. Civil Re-Establishment.**

I am not in a position to resume civilian occupation.

W Grandy

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied [Signature]

Date 9-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2298 to his home at Garnett and Release Certificate No. 3364 issued.

Date 9-7-19

*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 6-8-19

Date .....

*H. H. [unclear]*  
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	Form B
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 9-7-19

*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 23 1919

*H.R. Cooper*  
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 take commercial course

W. Grandy

Signature of Man.

Reg. No.

5636

Hunter

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

July 9th 1919

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

# MEDICAL HISTORY

Surname Grandy OF Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Garnish, St. B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	17 <sup>th</sup>	June		191
Declared Age	19	years		days
Trade or Occupation	School Teacher			
Height	5	feet 10.		inches
Weight	155	lbs.		lbs.
Chest Measure-ment	Girth when fully expanded		36	inches
	Range of Expansion		3	inches

Vaccination Marks	Right	Left	Right	Left
	Number	/ Scar.		

When Vaccinated	1 week ago.			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

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

Approved by (Signature) Lammie Paterson  
 (Rank) Major Medical Officer.

Enlisted	at	<u>St. John's</u>	at	
	on	17 <sup>th</sup> day of <u>June</u>	on	day of <u>1918</u>
		Corps.		Corps
		Regtl. No.		Regtl. No.

Joined on Enlistment... Royal Nfld. Regiment 5636

Transferred to... (Blank)

Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						





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 W. Field Regt.* 7. Former Trade or Occupation } *school teacher.*
2. Regtl. No. *5736* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Grandy* *Wiffred*  
 (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 ?
9. If a Court of Inquiry was held on an injury state:—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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 sensibility*

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. Proenier. Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazely 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



## 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 *Grandy, Wilfred*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5656*

Intended address *Garnish F.B.*

Height on discharge *5* Feet *11*.

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Green*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father *James H.*

Christian name of Mother *Jane*

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

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

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

Place and date of soldier's birth \_\_\_\_\_

Nature and locality of civil employment required *Garnish. 25.4. 1899.*

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) *Wilfred Grandy* (Rank) *Sipl.*

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

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 28th. 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..... *Welfua* ..... 2. Surname..... *Grandy* .....
3. Rank..... *Corporal* ..... 4. Regtl. No..... *5636* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Garnish Fortune Bay* .....
6. Date of enlistment in the Regiment..... *June 7. 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*None* .....
8. Relationship of such dependents..... *-* .....
9. Address in full of such dependents..... *-* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *-* .....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *only in Hfld. Reg.* .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *13 months* .....
- ..... *1.2* .....

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

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.  
..... *received none* .....

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 Rest?..... *no* ..... If not give? - (a) Date of discharge... *9 July 1919* (b) Reason for discharge..... *Demobilised* .....

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* .....

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.

Signature of Applicant: *Wilfred Grandy*  
 Place of Residence: *Garnish, Fortnum Bay*  
 Declared before me at: *St John's*  
 This *10<sup>th</sup>* day of *July* 19.*19*.....

Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

*Wm James R.P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent	War Service Gratuity.	Not amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, *Wilfred Grandy*, Regl. No. *5636*  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and *7* *ifty* 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 1<sup>st</sup>*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4760</i>	<i>Father.</i>	<i>James H. Grandy</i>	<i>Garnish T.B.</i>	<i>50¢</i>
Total Allotment, \$				<i>50¢</i>

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.) *H. C. James & Hunt*  
 Officer Commanding  
*J. Company*

(Sig.) *Wilfred Grandy*  
 (Rank) *Pte.*

*July 15<sup>th</sup>* 19*18*



PM.

5636 Grandy

Please make one pay. W. S. G.

14/7/9

*[Signature]*

St John's  
11-18-19  
5636

Minister of Militia

Dear Sir :-

I was down to the Militia Dept. Saturday for the purpose of drawing some money and it is not due until Sept 5<sup>th</sup>. So the Col. said that he had not the authority to give it but said that if I put it before you, that you may be able to grant him <sup>permission</sup> mission to do so.

I would <sup>be glad</sup> go to this trouble <sup>if</sup> I <sup>am</sup> in need of it just <sup>now</sup>. So please oblige.

I am Sir

Your obedient servant

Col. W. Grandy

*Authority by Minister*  
*no authority*  
*point*

St John's  
11-18-19

5636

Minister of Militia

Dear Sir :-

I was down to the Militia Dept. Saturday for the purpose of drawing some money and it is not due until Sept 5<sup>th</sup>. So the Col. said that he had not the authority to give it but said that if I put it before you, that you may be able to grant him <sup>permission</sup> mission to do so.

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I am Sir

your obedient servant

Col. W. Grandy

*Authority by Minister*  
*no authority*  
*point*

The Department of Militia:

*Eight Dollars / \$ 8.00 / 100*

The sum of..... Dollars is due

*Address Yarmouth*

for.....

Reg. No. .... Rank *Capt* No. e. ....

*Grandy for travelling*

*expenses*

from *Quebec* to *Yarmouth*

*amount for \$ 8.00 / 100*

*Receipt attached*

Captain  
Demobilization Officer

ACCOUNT	
CH NO	<i>9309</i>
IND LEDGER	
PAY LEDGER	
GEN	

*Capt A Snow*

*2-9-19 W.I.D.*

No. *G. 873*

TRAVELLING WARRANT

Date *9-7-19* The Royal Newfoundland Regiment

*General.*

Please issue 1st Class Passage and Meals for

No. *3636* Rank *Cpl.* Name *Grady, W.*

From ~~ST. JOHN'S~~ To *Garnish*

*Burin*

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

*J. A. Lawrence*

SIGNATURE OF OFFICER  
Discharge Depot - Newfoundland

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

Received from  
Capt. W. G. ... the  
sum of eight dollars  
\$8.00 fare from Berlin  
to Garrison July 21/19  
Geo. S. Grandy

Garnish.

23-7-19

Dear Sir:-

Please find enclosed a travelling warrant from Burin to Garnish.

I paid eight dollars <sup>8<sup>00</sup></sup> and got the man to sign his name on the back.

Please oblige by sending same such to me!

I remain  
~~Sincerely~~ Yours.

(ex-cpt.) Wilfred Grandy  
Garnish  
Fortune Bay

October 2, 1919


Corpl. Wilfred Grandy,  
GARNISH,  
P.B.

Dear Sir:

I enclose cheque for \$8.00,  
amount of refund due you on account of travelling expenses.

Yours truly,

Major  
Paymaster.





No. 5636

Rank

*PA*

Name

*Gandy W*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet

*One*  
*C. B. White*  
*Head*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>7<sup>th</sup> Signal Squadron</i>	Age on	19 years months	<i>School Teacher</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	} with Colours <i>161</i> years. } with Reserve <i>365</i> years.	} <i>St. John's</i> <i>7-6-18</i>	
Joined		Date			Place of Birth
Joined	Date			<i>Parish, N.S.</i>	

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
<i>Halifax Det</i>	<i>21/4-19</i>	<i>Pte</i>		<i>Drunk on duty from 23.59 21/4-19 to 15.00 22-4-19 (15 hours)</i>	<i>St. Lawrence</i>	<i>Admonished</i>	<i>25/4-19</i>	<i>Maj J W Rank MC</i>	<i>Forfeit 1 days pay by R</i>
				<i>Demobilized 6/8/19</i>					

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

5636

## DEMOBILIZATION OF

Reg. No. 5636 Rank Cpl Name Grandy Cb  
 Date of Enlistment 7.6.18 Address Garnishy District Fortune  
 Occupation School Teacher Classification for Discharge 6 Medical Category A.I.  
 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 8.7.19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

W. Grandy

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 9-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *2298* to his home at *Garnett* and Release Certificate No. *3364* issued.

Date *9-7-19*

*J.A. Lawrence*  
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 *6-8-19*

Date .....

*W. H. [Signature]*  
Depot Paymaster.

Discharge approved for.....

*23-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	<i>Form</i>
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 *9-7-19*

*J.A. Lawrence*  
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 23 1919*

*D.R. Lodge Capt*  
O. C. Discharge Depot.

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

Date *July 21/19*

*[Signature]*

Reg. No. *5636* Rank. *Cpl.* Name. *Grandy W.*

Attested ..... Address. *Garush*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas. *JUL 1 1918*

Returned on S S. *Cassandra* Cause. *Discharge*

*9 4 19*  
*23 7 19*

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

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*. Former Trade or Occupation } *School Teacher*  
*Shoemaker*
- 2. Regtl. No. *5636* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Grandy* *Wilfred* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday *26*
- 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?
- 9. If a Court of Inquiry was held on an injury state :—
  - (a) When
  - (b) Where
  - (c) Opinion of Court
  - (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *No complaints of no disability*

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.)*

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.

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 invalidated at Foreign Stations.

*Repatriation*

*W. E. Procuier - Capt. Name*  
 Medical Officer in charge of case.

Station *Hazeley Brown*

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