

4010



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4010 Name James J. Griffin Corps R. C.

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

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>James J. Griffin</u>          |
| 2. What is your full Address? .....  | 2. <u>Grand Falls</u>               |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                       |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>papermaker</u>                |
| 6. Are you Married? .....  | 6. <u>no</u>                        |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                       |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                       |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.....                                      | 10. { Name .....                    |
|  | { Corps .....                       |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                      |

I James J. Griffin 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.

6/19/10/17

James J. Griffin SIGNATURE OF RECRUIT.  
James J. Waugh Signature of Witness.

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

I, James J. Griffin 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 Grand Falls on this 20<sup>th</sup> day of Oct. 1917  
Signature of Attesting Officer H. J. [unclear] S.M.

### †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 23-10-17 1917  
Place St. John's Nfld } Approving Officer. [Signature]

† 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 James J. Griffin  
 Apparent age 18 years 10 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 36 inches WT 119  
 Range of expansion 3 inches

Distinctive marks Hair dark Eyes dark Complexion dark

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sarah Griffin  
Grand Falls | Relationship Mother  
Ont. 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>19-10-17</u>									
Joined at <u>St John's</u> on <u>October 19-17</u>									
<u>Discharged July 7-19</u>									
<u>Embarked St John's N. B. 11-12-17</u>									<u>Embarked for B.C. 31-18</u>
<u>Disembarked St John's N. B. 31-8-18</u>									
<u>Joined B. 22-19</u>									<u>Arrived Newfoundland 1-6-1919</u>
<u>Arrived B. 23-19</u>									
<u>Disembarked B. 22-19</u>									
<u>Demobilization St John's 7-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-19 [date of discharge] 1 years 262 days  
 " " Pensions " " " " " " " " " " " "

C.R. 4010

Extract from Daily Orders Part 11 Unit the Royal K.E.L. Regt.  
St. John's, July 10th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/o Records from 7-7-19.

r0 4010 Pte. Jas. Griffin.

**C.R.** 4010

**Extract from Daily Orders Part 11 Unit The Royal 221d.  
Regt. St. John's, June 23rd, 1919.**

**The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot with effect from 22-6-19.**

**4010 Pte. J.J.Griffen.**

C.R. 4010

Extract from Daily Orders Part 11 Depot, St. Johns,

Date June 18th 1919.

4010, Pte. J. Griffin.

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

C.R. 4010

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4010 Pte. J. Griffin.

C.R. 4010

Extract from Telegram despatched to Synoptical, London,  
dated June 5th, 1918

Pay to as follows:-

#4010 Griffin,

£10.

C.R. 4010

Extract from Nominal Roll Draft # 51, sent to B.E.F. Embarked  
Folkestone, 51-2-18.

4010 Pte. Griffin J.J.



C.R. 4010

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Florizel" Dec. 11, 1917.

#4010 PTE. J. GRIFFIN.

C.R. 4010

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt., St. John's, Oct. 23rd, 1917.

4010 Pte. J.J. Griffin.

Attested for General Service with the 1st Nfld. Regt.,

with effect from Oct. 19th, 1917.

C.R. 4010

Extract from O.R.D.W.R.S. by Lt. Col. G. Mathias, D.S.O.  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5/9/19.

The following arrived today and is posted to the following  
Company.

B. COMPANY.

4010, Pte. J. Griffin.

Reg. No. 4010 Rank Pvt Name Griffin J.J.

Attested 19-10-17 Address Jersey Side Placentia

Allotment 50¢ Allotee Bank of Montreal Mrs. Pat. Griffin  
Mother

Date of Allotment 1-11-17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas 11-12-17 Cause \_\_\_\_\_

Imoc 1<sup>st</sup> 29-10-17 2<sup>nd</sup> 3-11-17 3<sup>rd</sup> 8-11-17 Vac 10-11-17  
St. L. 12-11-17 - 19-11-17 Rtd 19-11-17

Griffin, J. J.

C.R. 4010

P. J. R. Co.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Griffin, Regl. No. 4010

hereby agree, until further notification by me, and in similar official form to make an Allotment of        Dollars and 50 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 November 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3041.	In name of self and or mother.	Board of Montreal	St Johns.	50
		400 Patrick Street	Griffin	
			Grand Falls	
Total Allotment, \$				50

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

(Sig.) W. J. [Signature]  
 Officer Commanding Company

(Sig.) J. Griffin  
 (Rank) Pte

John [Signature]  
 6-11-17  
 191



**1st. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, James Shiffen, Regl. No. 4010, hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 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 November 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3041	In name of self and or Mother	Cont of Montreal	St. Louis	50
		400 Bank Street	Shiffen	
			Grand Falls	
Total Allotment, \$				50

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

(Sig.) W. J. Shiffen  
 Officer Commanding  
 Company  
W. J. Shiffen  
 6-11-17  
 191

(Sig.) J. G. Shiffen  
 (Rank) 76

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 1918.

Regtl. No.	Rank	Name	Amount	Signature
4010	Plt	Griffin. J.	\$2.50	

I have the honour to be, Sir,

~~Yours obedient servant,~~  
Your obedient servant.

J. Griffin.

Date

June 26 1918



047534

No. 9180/835

NEWFOUNDLAND CONTINGENT

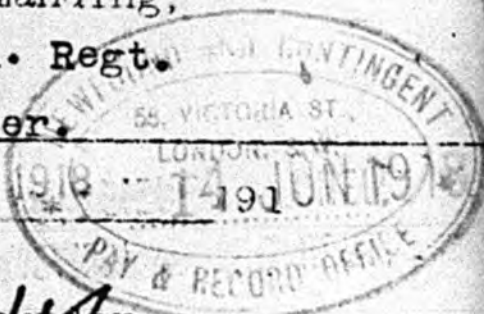
N.F.P. /79.

From

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

To

Officer Commanding,  
2/Bn Royal Nfld. Regt.,  
Winchester.



~~Subject:~~ 7th June 1918

Subject: 4010, Pte. J. Griffin

With reference to the following telegram (5081) from the Hon. Minister of Militia, received

Pay to 4010 Griffin £10!0:0

Draft £10:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

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

Receipt hereunder.

*Charles [Signature]*  
LIEUT. COLONEL,  
Officer Comdg. Bn  
1st Newfoundland Regiment

Received the sum of £10.0.0

Ten pounds on account of cable remittance from Newfoundland.

*James Griffin*

No. 4010 Rank Private

No. 11111/1097

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To

Officer Commanding,  
2 Bn. Royal Newfoundland Regt.,  
Winchester.

10th, July 191 8

Subject: 4020, Pte. J. J. Griffin

With reference to the following telegram (6187) from the Hon. Minister of Militia, received

"Pay to 4010 Griffin £10. 0. 0

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

Chief Paymaster & O. i/c Records.

July 13 191 8

Receipt hereunder.

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

Received the sum of Ten

Pounds on account of  
cable remittance from Newfoundland.

4010 J. J. Griffin  
No. 4010 Rank Private

7206/343/P&A

Forms  
C. 848  
63

MEMORANDUM.

J 5558

12 MAY 1919

CHIEF PAYMASTER & OFFICER I/C RECORDS  
From NEWFOUNDLAND CONTINGENT  
58, VICTORIA STREET,  
LONDON, S.W. 1,  
ENGLAND.

From  
To  
PALEMBANG AND OFFICER I/C  
RECORDS NEWFOUNDLAND CONTINGENT  
58 VICTORIA STREET LONDON S.W. 1

To O/C. 1st Batt. R. Nfld. Regt.,  
Hazeley Down Camp,  
WINCHESTER.

FM/FK.

ANSWER

Pay & Record Office.

OFFICER CMDG 1ST BATT  
R. & C  
HAZELEY DOWN CAMP  
WINCHESTER.

9th May 1919.

10-5-1919

4010 PTE. J. J. GRIFFIN.  
ROYAL NEWFOUNDLAND REGT.

REFERENCE Obverse

With reference to your memo. received 30/4/19 (3251): Postal Draft 099609 £3:0:0: (three pounds) was taken by S/Sargt. Baggs. for payment to Griffin, and presumably has been paid by now, please.

This Postal was handed to PTE GRIFFIN when he received his pay 3-5-19 by C.C. COY.

*J. J. [Signature]*  
Major.  
Chief Paymaster & O.i/c. Recds.

*William [Signature]*  
Adjutant

7206/343/p+a.

O/C. 1st Batt. R. Nfld. Regt.,  
Hazeley Down Camp,  
WINCHESTER.

FM/FK.

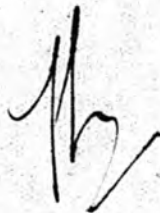
Pay & Record Office.

9th May 9.

4010 PTE. J. J. GRIFFIN.  
ROYAL NEWFOUNDLAND REGT.

With reference to your  
memo. received 30/4/19 (3252):  
Postal Draft 099609 £3:0:0:  
(three pounds) was taken by  
S/Sergt. Baggs. for payment to  
Griffin, and presumably has been  
paid by now, please.

Major.  
Chief Paymaster & O.i/c. Recds.



## MEMORANDUM.

From

O.C.  
1st Bn. R. Newfoundland Regt

To

C.P. & Jc  
Records

Date

191

Ref. my memo 14<sup>th</sup> inst. re. money order payable to 4010 Pte Griffin have you yet credited this amount if so kindly acknowledge receipt please.

NEWFOUNDLAND CONTINGENT PAY & RECORD OFFICE	
Ref. Nos. IN	3252 W. Waterman Lifer
Rec'd	
Ack'd	Am'd
Ref. Nos. OUT	COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.
ACTED UP	
BRANCH	DATE
Comd.	
P. & A.	
R. & C.	
B & E	
P. S.	

**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 Newfound Land* 7. Former Trade or Occupation } *paper maker*
2. Regtl. No. *4010* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *Griffen James* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regl. Nos.
5. Age last birthday... *19*
6. Posted for duty on *19-10-17* at *Algeria* in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | } <i>na</i>         | .....             |
| (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? } *na*

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.)*

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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

*Repatriation*

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

*W. J. Proctor*                      *Capt Rame*  
 Medical Officer in charge of case.

Station *Stozelery Barr*

Date *29/4/19*

\* 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

Triffin, J

4010

May 20th



July 8, 1919

#4010 Pte. James Griffin,

Grand Falls.

Dear Sir:-

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

Yours truly

Captain  
Paymaster & U.I/c Records.

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..... *James* ..... 2. Surname..... *Griffin* .....
3. Rank..... *Pte* ..... 4. Regt. No. *4010* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Grand Falls, Nfld.* .....
- .....
6. Date of enlistment in the Regiment. *Oct 19/17* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No* .....
8. Relationship of such dependents..... *No* .....
9. Address in full of such dependents..... *No* .....
- .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier..... *No* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twenty Months* .....
- ..... *and 2 weeks.* ..... 13. ....

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

*no*

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

*no*

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

*no*

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

*no*

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

*no*

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

*no*

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

*no*

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

*no*

*July 5/19*

*Demobilization*

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.

*Flanders Belgium and Germany*

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

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: *James Griffin*  
 Place of Residence: *Grays Falls N.J.*  
 Declared before me at: *St Johns N.J.*  
 This *21<sup>st</sup>* day of *June* 19*19*...

Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits. *John McCarthy*

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.		Net amount due
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Paymaster

July 7, 1919

#4010 Pte. James Griffin,

Jersey Side,

Placentia.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2728.

Yours truly

Captain  
Paymaster & U.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4010 Rank Pte Name Griffin J J  
 Intended place of residence Jersey Side Black Mt  
 2. Occupation Paper maker  
 Classification of soldier E Medical Category A1

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 JUN 20 1919  
 Date ST. JOHN'S  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST. JOHN'S JUN 20 1919  
 Signature of soldier J. Griffin  
 Signature of witness M. O'Sullivan

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date JUN 20 1919  
ST. JOHN'S  
 Signature of soldier James Griffin  
 Signature of witness James O'Sullivan SM

### STATEMENT OF SERVICE

7. Enlisted for service 19-10-17 No of days on Military  
 Discharged from service 22-6-19 PLUS 14 DAYS Service 626

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
 Date JUN 22 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. Johns Nfld  
 Date July 6/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*A 77 22079/2726*

# The Royal Newfoundland Regiment

Class for Demobilization:—

*2*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: *20.6.19*

Regimental No. *4010*

Name *Griffen J* Rank *Pte*

Address *Placentia*

Present Medical Category *Ai*

Recommended for:— { (a) Immediate discharge  
(b) ~~Standard Medical Board~~

Members of Board {

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

*J. Paterson*  
Senior Medical Officer

*D. W. Burden*  
~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4010 Rank Pls Name Griffin J J  
 Date of Enlistment 19-10-17 Address Jersey Street District Parmentier  
 Occupation Serjeant Classification for Discharge E1 Medical Category A1  
 Recommendation S. M. B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122	/	Beard 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	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 20-6-19 O. C. Discharge Depot. J. Griffin

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

J. Griffin

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  
 (b) Clothing Supplied Am Johnston

Date 20-6-19 O. i.c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R.1876 to his home at Jersey Blvd. J. Placenta and Release Certificate No. 2938 issued.

Date .....

20-6-19

*J.A. Shewbott*  
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 6-7-19

Date .....

20-6-19

*J.A. Shewbott*  
Depot Paymaster.

Discharged approved for .....

22-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
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
B179c	B 120	M 93		

*2 Form B*

Date .....

20-6-19

*J.A. Shewbott*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date .....

JUN 22 1919

*R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*J. Griffin*

Signature of Man.

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Reg. No. 4010

Place ST. JOHN'S

Date 20-6-19.

191

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

# MEDICAL HISTORY

OF

Surname Griffin

Christian Name James J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Jersey Side

County Placentia Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 19 <sup>th</sup> day of Oct 1917	at Grand Falls	on _____ day of _____ 191	at _____
Declared Age	18 years	10 days	years	days
Trade or Occupation	Paper Maker			
Height	5 feet	7 inches	feet	inches
Weight	119 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 36 inches			inches
	Range of Expansion... 3 inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		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>Samuel Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at Grand Falls	on 19 <sup>th</sup> day of Oct 1917	at _____	on _____ day of _____ 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1 <sup>st</sup> Nfld Reg! 4010			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
[Signature]				
[Rank]				

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

Date	Brief Details, and Signature
10-11-17	Vacc. 20
29-10-17	T.A.B. 20
4-11-17	" 20
8-11-17	3 20

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for discharge on Demobilisation. Medical category AI

20.6.19 H. M. W. S. Lt.

Date of T.L.O.

**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

No. 4010 Name *Robert Griffin J. J.* Sqn., Batty., or Company } *P B* Corps *2 Royal Newfld* Date of enlistment } *19. 10. 17* G.C. Badges } Service or Proficiency Pay } *Good*  
Date of last entry in Company Conduct Sheet } *17-7-18* No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature of Company, etc. } *R. M. L...* Character } *Good*

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



## 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 *James J. Griffin*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *4010*  
 Intended address *Placentia*  
 Height on discharge *5* Feet *10*  
 Color of hair on discharge *Dark*  
 Complexion *Fair*  
 Color of eyes *Gray*  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge *Sale*  
 Christian name of Father *Patrick (bead)*  
 Christian name of Mother *Sarah*  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Placentia. Jan. 27. 1899. age 20*  
 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) *James J. Griffin.*

(Rank) *PT*

Station *St. Johns*

Date *June 20-6-19*

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



Station

Date

**Casualty Form - Active Service.**

Regiment or Corps Royal Newfoundland 19-1-1899

Rank Pte Surname Griffin Christian Name John

Religion R.S. Age on Enlistment 18 years 10 months

Enlisted (a) 19-10-17 Terms of Service (a) Duration Service reckons from (a) 19-10-17

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { ..... } Re-engaged { ..... } Qualification (b).....  
or Corps Trade and rate.....

Occupation Paper-Maker M. Long Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
26. 8. 18	<del>M... C... C...</del>	AT	Embarked ...	31 AUG 1918	
			Disembarked	31 AUG 1918	
			ARRIVED I.B.D.	2 SEP 1918	
			Joined Battalion	5 SEP 1918	
	"D" Coy	Arrived from Col. Rowen	Rowen	7/9/18	Rowen 31-1/10/18
		Arrived in UK		23/4/19	
Next of Kin: Mother: Sarah Griffin Grand Falls, Nfld					

*Jm*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

Printed by Signaller, Shoeing-Smith, & Co.

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Paper-maker*
2. Regtl. No. *4010* 3. Rank *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Griffin* *James* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on *19-10-17* at *St. John's* 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."
- nil*
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*



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

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

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

15. What is his present condition?

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

*Accomplish for disability*

16. Was an operation performed? If so, when and what was its nature? .. .. .

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? .. .. .

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? .. .. .

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriciation*  
*signed [unclear]*  
*1919*

Station .. .. .

*Harley D. Camp*  
*29-4-19*

Date .. .. .

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

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



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Griffin, Regl. No. 4010.

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 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

November 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3041.	In name of self and mother.	Bank of Montreal	St Johns	50
		1100 Palace (Bank)	Griffin	
			Grand Falls	
Total Allotment, \$				50

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

(Sig.) [Signature]  
Officer Commanding

[Signature]  
Company  
6-11-17  
191

(Sig.) J. Griffin  
(Rank) Pte

SEPARATION ALLOWANCE.

Claimant..... *Griffin, Sarah (mother, widow)*  
On account of..... *James Griffin* No. *4010* Rank..... *Pte*

Decision..... *Refused*  
*Dependence not established*  
.....  
.....

..... *A. E. Newman*  
*W. P. Rendell Lieut. Col.*  
*M. Rowley Capt.*

Date..... *July 8/1919*

Instructions.....  
.....  
.....  
.....

Allotment of ..... per ..... payable to  
his ..... from ..... to  
Discontinued on account of

.....



OFFICERS' MESS,

2/1 ROYAL NEWFOUNDLAND REGT

Grand Falls  
June 26-1919

Lieut H. Maddock

Dear Harry:-

Ms Griffin is making an application for separation allowance in regard to her son James No 4010 since he joined the Regt. She has been a widow for thirteen years and has had a hard struggle to support her family. Although she has had one other son working yet I think she has a much better claim than several who have received the allowance. I am writing you this hoping to draw your attention to her application when it reaches your notice

Yours truly

H. J. Agent

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, NEWFOUNDLAND.

1. Name in full of soldier Rank. Reg't or Unit. Reg't No.  
*James Griffin Private Royal Wtd. 4010*
2. Age of soldier Married or single.  
*20 years Single*
3. Name in full of mother. Age. Occupation. Permanent Address  
*Sarah Griffin 48 — Grand Falls*
4. Give name of your husband. Age. Occupation. Where Employed.  
*Patrick Griffin — — —*
5. If your husband is not supporting you state the reason.  
*My husband has been dead thirteen years*
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.  
*May 12<sup>th</sup> 1906 at Placentia*
8. Have you married again since death of above mentioned husband?  
*No*
9. Names of your other children. Address Age. Occupation. Married or single  
*Thomas Grand Falls 25 Paper Maker Single  
Austin Grand Falls 14 — — —  
Beride Grand Falls 18 — — —  
Yvonia Grand Falls 15 — — —  
Lucy Belvidere 13 — — —*

10. State amount earned by (a) Yourself *nil*  
(b) Your husband.
- 
11. State amount and source of any other income. *None*
- 
12. State value of real property belonging to you and your husband *None*
- 
13. State value of personal property belonging to you and your husband. *One Hundred Dollars*
- 
14. If your husband is dead state value of real and personal property left by him. *Two Hundred Dollars*
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *Five Hundred Dollars*
- 
16. Was this amount contributed weekly or monthly *Fortnightly*
- 
17. Did this amount include payment of son's board, etc., *Yes.*
- 
18. State your son's trade or occupation prior to enlistment. *Paper Making*
- 
19. State amount of his wages per week. *\$10.50*
- 
20. State name and address of his last employer. *A. W. D. Co. Ltd.  
Grand Falls*
- 
21. State amount of monthly support from son since enlistment *\$20<sup>00</sup>*
- 
22. State amount of allotment received by you from son since enlistment *Fifty Cents per day*
- 
23. State from what date did you receive allotment? *Oct. 19<sup>th</sup> 1917*
- 
24. Actual amount contributed by other children  weekly  Monthly *\$80<sup>00</sup>*
- 
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. \_\_\_\_\_
- 27. With whom are you residing at present? \_\_\_\_\_
- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *Yes. Was not aware that children could earn an allowance to parents.*
- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? Yes
- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. Yes
- 31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. Yes
- 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... *Mrs Sarah Griffin* .....

Place of Residence... *Grand Falls* .....

Declared and subscribed before me at *Grand Falls Nfld.* .....

this... *28<sup>th</sup>* ... day of... *June* ... 191*9*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *Wm. Pike J. J. Commissioner &c*

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... *Wm. Pike P.P.* .....

Signature of member of the Patriotic Fund Committee. *Wm. Pike D. Chairman P. Committee*

July 19, 1919

Mrs. Sarah Griffin,  
Grand Falls.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to inform you that same cannot be granted, because according to your own statement, you receive from your children other than James Eighty dollars (\$80.00) per month, and consequently you cannot be considered to be solely or mainly dependent upon your son James.

Yours truly,

Captain & Paymaster.



7069

Grand Falls,  
Oct. 22<sup>nd</sup> 1919.

Dear Sirs

I wrote you some time ago about my sons separation allowance. And you wrote me back and said no I was not entitled to it. I am a widow and have only one more son earning and he is doing for himself. he supported me while Jim was to war. But since Jim came back he is supporting me. I think I am entitled to it. Please Answer.

this and let me know what you are going to do about it.

Yours Truly,  
Mrs. S. Griffin.

My Address is:—

Mrs. S. Griffin

P.O. Box 50

Grand Falls.

My son's Address is:—

Wm. J. Griffin

P.O. Box 50

Grand Falls.

Grand Falls.

9/7/19

Dear Sir.

I have not yet received my discharge:

which I should have received the fifth of the month. please send

my discharge and

cheque to Grand Falls

Instead of Jersey side

placentia. because there is another firm

~~Mr. J. J. Griffin~~ in placentia.

and we are living at

my Grand Falls. And oblige.

4010 Mr. J. J. Griffin.

RECEIPT.

C.R. 4010

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

NO. 4010 Ex Pte. Jas. J. Griffin.

DATE... 20/2/20.  
PLACE... Grand Falls.

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

Sept. 2 1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

**Pte. J. Griffin**

respect of his service as No. **4010** Rank **Pte.**

Name **J. Griffin** **Royal Nfld. Regt.**  
**Nfld. Forestry Corps.**

Receipt of the same should be acknowledged hereon.

Received **Sept. 16, 1921**

Signature **Gas. J. Griffin**

Address **Grandb. Falls**

**P. O. Box 50.**

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Regiment of

1<sup>st</sup> Newfoundland

Number of Sheet

200

Signature of O. C. Company

W. H. [Signature]

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	H010 Huffen JH	Age on	18 years 10 months	Paper maker	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	19-10-17	R.C.	
Joined		Date	Period of	Place of Birth	
Joined		Date	with Colours 262 years. with Reserve 1365 years.		

Place	Date of Offence	Rank	Cases of drunk-ness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
H.D.C.	17-7-18	Pvt		I Hesitating to obey an order I Insolence to an NCO CP Gross 5 days CB. 18 <sup>th</sup> /78				W. H. Long Capt	W.H.C.
				Demobilized Ft. Johnston, 7/19					

To be carried over

Army Form B. 121

14010

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4010 Rank Plt. Name Griffin J.J.  
 Date of Enlistment 19-10-17 Address Jerry's Lane District St. John's  
 Occupation Exp. Mach. Classification for Discharge 1 Medical Category H1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 20-6-19 O. C. Discharge Depot. J. Griffin

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*J. Griffin*

Particulars passed to Vocational Officer for information and action.

Date 20-6-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
- (b) Clothing Supplied \_\_\_\_\_

*W. Robinson*

Date 20-6-19 O i.c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 11876 to his home at Jersey side and Release Certificate No. 2938 issued.

Date .....

20-6-19

*J.A. Newbott*  
Demobilization Officer

**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.....

Date.....

20-1-19

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

Discharge approved for .....

22-6-19

Forwarded with following documents to O.C. Discharge Depot.

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

*2 Form B*

Date.....

20-6-19

*J.A. Newbott*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date .....

JUN 22 1919

*R.H. [unclear]*  
O. C. Discharge Depot.

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

Date.....

July 4/19

*[Signature]*  
[unclear]

Reg. No. *4010* Rank *Pvt.* Name *Griffin, Jas. J.*

Attested ..... Address *Grand Falls*

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

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corisican* Cause *Discharge*

*20.6.19*  
*22.6.19*

**ASSESSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**