



FIRST NEWFOUNDLAND REGIMENT #241

ATTESTATION OF

No. 4241. Name Ernest Ivory. Corps Meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Ernest D. Ivory</u> |
| 2. What is your full Address? | 2. <u>Ball's Lane</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>9</u> Months |
| 5. What is your Trade or Calling? | 5. <u>carpenter</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, Ernest Ivory 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.

Ernest D. Ivory SIGNATURE OF RECRUIT.
Warrington Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ernest Ivory do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 11th day of December 1915

Signature of Attesting Officer Warrington

†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

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

Name Ernest Evans
 Apparent age 27 years 9 months. Height 5 feet 2 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Bellevue Evans
Belle Sole | 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.	
(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>11-12-17</u>									
Joined at <u>St. John's</u> on <u>December 11-1917</u>									
<u>& Discharged July 1919</u>									
<u>Embarked St. John's S.S. Horner to Halifax N.S. 29/18</u>									
<u>Embarked for B.C. 27-18</u>									
<u>Battle in the field 9-7-18</u>									
<u>Dec 16-18</u>									
<u>Admitted 3 Regt. C.S. "The Buffs" 16-10-18</u>									
<u>Admitted 7th Coy. Buffs 16-10-18</u>									
<u>Post Camp St. Martin 7-11-18</u>									
<u>Joined Base depot 10-11-18</u>									
<u>Home 22-4-19</u>									
<u>Arrived Newmarket 10-4-19</u>									
<u>Arrived Newfoundland 1-6-19</u>									
<u>Remobilization St. John's 5-7-19</u>									
Total Service forfeited as above _____									

Total Service towards Engagement to 5-7-19 [date of discharge] 1 years 207 days
 " " Pensions " _____ [" "] _____ " _____

Reg. No. 4241 Rank Pvt Name Swamy E
Attested 11-12-17 Address Bell St
Allotment 50^d Allotee Mr Silas Swamy
Date of Allotment Jan 1 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Dec. 13-12-17, 1st Dec. 17/12/17, 2nd Dec 31/12/17

At. 1. 18/12/17 - 27/12/17

27/12/17

Returned from leave & Reported Major for duty

16.1.18

absent from church parade 17/1/18 for 10 days pay

C.R. 4241

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 11th, 1919.

The discharge of the undermentioned has been CONFIRMED
by Officers i/c Records

4241 Pte. Ernest Ivany

5-7-19.

C.R. 4241

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. Johns, June 25th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from
21-6-19.

4241 Pte. E. Ivany.

C.R. 4241

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919.

4241, Pte. E. Ivany.

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

C.R.

4241

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.

4241 Pte. E. Ivany.

Bell Island CR. 4241



Nov 5

1918

Mr. John Bennett

Dear Sir

would you please give me
some information

concerning

4241 Private Ernest, Tramy
& Stationary Hospital
Boulogne.
France

Suffering from

Gas poisoning

& Oblige

Yours Truly

Silas Tramy

Wabana Mines

EB

C.R. 4241

Extract from Casualties List No. H.A. 31804.

4241 Pte. E. Ivany.

Dis. to 5 Rest Camp St. Martins Boulogne ex 10 Con. Dep.
7 Nov'18. Wd Gas Pois. V.U.

C.R. 4241

Extract from War Office List No. H.A. 31190.

ADMITTED TO CON. DEP. ECAULT 28 OCT. 1918.

#4241 Pte. E. IV ny

WD. GAS. POIS. VU MILD.

C.R. 4241

Extract from War Office List No. H. A. 30947.

ADMITTED 7 CON. DEP. BOULOGNE 26 OCT. 1918.

#4241 Pte. E. Ivany.

WD. GAS. POIS. V. U. SLIGHT?

BC.

Counter No. 4241

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept of Militia.**

Line Number	Recd	By	Sent	by	Check

Dated Oct 26th, 1918
To Silas, Ivany, Bell Island

Regret to inform you that Record Office, London, officially reports **No. 4241, Private Ernest D. Ivany at 8th Stationary Hospital Oct 19th suffering from gas poisoning sevete.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 4241

Extract from War Office List No. H. A. 30538 dated 25th Oct, 1918.

ADMITTED 7th STE. HOS. BOULOGNE 19th OCT. 1918.

GAS PNG. SEVERE.

#4241 Pte. E. Ivany.

C.R. 4241

Extract ~~Serial~~ of ~~Serial~~ Roll 38 R.M.F. embarked
Folkstone 3-7-28

#4241 Pte .E.D. Ivany.

C.R. 4241

Extract from National Roll Draft "H" Company embarked
U.S. Florizel. Jan. 29th, 1918.

4241 Pte. Ivany E.

C.R.

4241

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., Dec.12th ,1917.

4241 Pte. C. Ivany.

Attested for General Service with the 1st Nfld. Regt.
with effect from Dec.11th/17.

E. Ivany

4241

P. P. U.

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 } *Blacksmith*
 2. Regtl. No. *241* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Ernest* *Ernest* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday. *27*
 6. Posted for duty on *Dec 6/17* at *St. Johns*
 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
 (b) Where. (if any)
 (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."
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 Complaint of any 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.

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

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

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? *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?

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

Repatriated
Majors DADMS

Station *Hazley Barr*

Date *30/4/14*

J.P. Knight
 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

FORM K

No 4548



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, E. Ivory, Regl. No. 4041

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3462	mother	Belas (Maggie) Ivory	Bell Island N.B.	50.
			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
Company St. John's
June 28 1917

(S) Ernest Ivory
(Rank) Pvt.

Nº 4548



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, E. J. Trancy, Regl. No. 4241
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 75 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz. :

Allotment begins January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3462	Other	<u>Delar (Maggie) Trancy</u>	<u>Bell Island O.B.</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

Sig.) [Signature]
 Officer Commanding
 Company
St. John's
Dec 25 1917

(S) Ernest Trancy
 (Rank) Pvt.

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 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature,
4241	Pte	Ivany. E.	£25/-	

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

Date 29-6-18


Ivany

Plc J Hemen - 4242.

6/12/1918.

Ladies' and Gentlemen's
High-class Tailor.

1st N.F.L.D.

Dr. to ..

A. J. Charles.

5, Limes Parade,

.. Weybridge.

Specialist in
All Military
Goods.

Terms Strictly Cash.

A few doors from Quadrant Post Office.

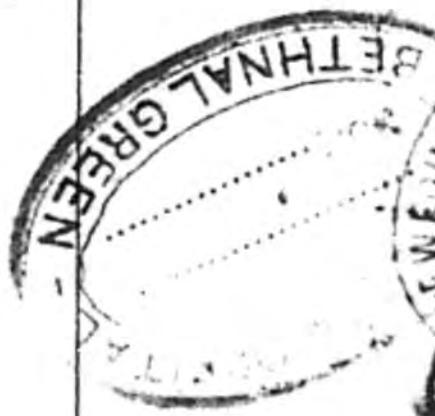
MR. H. 2/18

C. H. for £ 5-10-0
10212

10 Uniform Suit

Reproduction Pattern £ 5

10 0



[Handwritten signature]

[Handwritten signature]

Bethnal Green

P. 21

No. 4241

Name

Ivany E.

Sqn., Batty.,
or CompanyB Corp
Royal NewfoundlandDate of
enlistment

11-12-17

G.C. P. &
BadgesService or
Proficiency PayDate of last entry in
Company Conduct SheetNo. and date
of last drunkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

Character

Sgt. Hood.

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Powers	30/3/19			Deficient of boat.	Sgt. Burnett	Admonished.	29/3/19	6/11/18	Pay for deficiency 1st Lt 10/10/18
	31/3/19			Breaking out of barracks at 10 AM - 31/3/19 and remaining absent until 12:30 AM	Sgt. Murray	5 days & B	1/4/19	6/11/18	1st Lt

Army Form B. 122.

Ivany, E

#241

Ray Sept.

July 8, 1919

#4241 Pte. Ernest Ivany,

Bell Island, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2836

Yours truly

Paymaster & U.I/c Records
Captain

July 10, 1919

#4241 Pte. Ernest Ivany,

Bell Island, C.B.

Dear Sir:-

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

Yours truly

Paymaster & U. I. & Records Captain

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..... *Ernst X* 2. Surname..... *Anany*

3. Rank..... *Pte* 4. Regt. No..... *4th 1*

5. Address in full to which future payments of gratuity are to be forwarded..... *Bell Island C.B.*

6. Date of enlistment in the Regiment..... *December 2/7*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

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..... *November*
Month 5 1. 2.

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, no and under what regimental numbers.

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.? no If not give? - (a) date of discharge July 5/19 (b) Reason for discharge 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. France Belgium Germany

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.

Ernest Ivory

Signature of Applicant:

Bell Island C.B.

Place of Residence:

S Johns used

Declared before me at:

This *21* day of *June* 19*19*...

G.P. Halley

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

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4241 Rank Plt Name Ernest Egan
 Intended place of residence Bill Hill St. John's
2. Occupation Blacksmith
 Classification of soldier E Medical Category AL
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 21 1919
 Date ST. JOHN'S H. M. S. Leunt
 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 21 1919
E. Egan
 Signature of soldier
J. A. Knowlton
 Signature of witness

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 ST. JOHN'S
JUN 21 1919
E. Egan
 Signature of soldier
James G. Newman
 Signature of witness Sgt.

STATEMENT OF SERVICE

7. Enlisted for service 11-12-17 No of days on Military
 Discharged from service 21-6-19 PLUS 14 DAYS Service 572

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
R. H. Lint Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 21 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's. Nfld.
July 5/1919
W. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment
 Date

2982079/2836

The Royal Newfoundland Regiment

Class for Demobilization: *Ej*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

21.6.19

Regimental No.

4241

Name

Tracy

E

Rank

Address

Present Medical Category

Aj

Recommended for

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. East Major
O.C. Discharge Depot.

H. H. H. H.
Senior Medical Officer

J. W. B. B.
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 424 Rank Plt. Name James E.

 Date of Enlistment 11-12-17 Address Bell's District St. John's

 Occupation Blacksmith Classification for Discharge 1 Medical Category 17

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	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 21-6-17 Q. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

B. Anthony

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

 Date 21-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 97929795 to his home at Bell Island and Release Certificate No. 2998 issued.

Date

21-6-19

J. H. Snowcroft
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 5-7-19

Date

21-6-19

J. H. Snowcroft
Depot Paymaster.

Discharged approved for

21-6-19

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 from B

Date

21-6-19

J. H. Snowcroft
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 21 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.

E. Swaney

Signature of Man.

Reg. No. 4241

J. A. Snowlapt

Signature of the Vocational Officer or his Representative.

ST. JOHNS

Place

Date

21-6-19.

191

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

MEDICAL HISTORY

Surname Swamy OF Christian Name Ernest

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John County St. John

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	on 11 th day of Dec ^r 1917	at St John	on	day of 191
Declared Age	27 years 9 days		years	days
Trade or Occupation	Blacksmith			
Height	5 feet 2 inches		feet	inches
Weight	115 lbs.			lbs.
Chest Measurement	Girth when fully expanded...	35 1/2 inches		inches
	Range of Expansion...	3 1/2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	—	—		
When Vaccinated				
Vision	R.E.—V= 4/6		R.E.—V=	
	L.E.—V= 4/2		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>Ernest Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at St John		at	
	on 11 th day of December 1917		on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st Newfoundland</u>	<u>4241</u>		
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
[Signature]				
[Rank]				

Casualty Form - Active Service.

Regiment or Corps Royal Newfoundland 11-3-1889

Rank Private Surname Swamy Christian Name Ernest

Religion Method Age on Enlistment 27 years 9 months

Enlisted (a) 11-12-17 Terms of Service (a) Duration Service reckons from (a) 11-12-17

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

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

Occupation Blacksmith W. H. [Signature] 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				
		AI 28.6.18.	Embarked ... Disembarked ...	2 JUL 1918 5 JUL 1918	
			Joined Battalion	Field	9.7.18
	<u>2nd Lt Col Ad Gosnell</u>				16/10/18
	<u>7 Coy. 4th</u>				19/10/18
	<u>7 Coy. 2nd</u>				26/10/18
	<u>5th Coy.</u>				10/11/18
		<u>Arrived in UK</u>			23/4/19

[Handwritten initials]

(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.
(b) Signaller, Sholing-Smith, &c. W 8645 312733 20-000 0/17 (35/11), C. P. & S. Ltd., Form B. 103, 5/1907. P.T.O.

NEXT OF KIN: - Silas Swamy Belle Isle W. H. [Signature]

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*
2. Regtl. No. *4241* 3. Rank. *Pte*
4. Name *Ivanj* *Ernest*
(Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on *Dec 6/17* at *St Johns*
in category (or grade).....
7. Former Trade or Occupation } *Blacksmith*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
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
- (b) Date of Discharge ;
(c) Cause of Discharge.
(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? }

an
He complains of no disability of no

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.)

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

unfit

[Signature]

Station *Kezley Down*

Date *30/4/19*

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



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 *Ivany, Ernest*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4241*

Intended address *Bell Island*

Height on discharge *5* Feet *3*.

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Short*

Christian name of Father *Silas*

Christian name of Mother *Maggie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns 17-4-1891*

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)

Ernest Ivany

Plt
(Rank)

Station

Date

21-6-19

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



" Dental Department "

Central Military Hospital,
Winchester.

To, Medical Officer i/c

~~----- Royal Wilt. Regt -----~~

~~----- Hazelton Down Camp -----~~

No. 4261 Plt Evans

has been fitted with an ^{upper} ----- denture.
_{lower}

Will you kindly see that this fact is recorded
in his Medical History Sheet and Army Book 64.

J. B. Anderson

Capt. *J. B. Anderson* M.C.
Dental Surgeon.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 19 Sent aw Rec'd by _____ Check 9/5 No. 12x

Place from Westwabana
To Militia Dept



Please give cheque to my
mother for September
4241 Private E. Ivany.

E. Ivany

TELEPHONE 230.

ACCOUNTS COLLECTED QUARTERLY.

P. O. BOX 122.

302 WATER STREET,

St. John's, Newfoundland,

August 15 1919

M. Private Co. Names. Bus L

In account with **Charles Ellis,**

ENGLISH AND AMERICAN HIGH-CLASS TAILORING.

do Aug.

65.00

*paid
per E. Molloy*

C. E.

DEC 28 1917

St. John's,

Regiment -
Newfoundland ~~Forestry Companies~~

Billeting Account,

To *M^{rs}. Wyatt*
Charlton St

Billeting Soldiers as undermentioned

from *Dec 11th /17* to *Dec 28th /17*

4241 Pte. E. Evans

2 weeks 3 days

27/8

[Handwritten signature]

14 70

Getticheloh

Certified correct for \$ *14.70*

[Handwritten signature]

Billeting Officer

R.T.

ST. JOHN'S, June 21st /19

Royal Newfoundland Regiment.

Billeting Account,

To Pte. E. Quany

Billeting Soldiers as undermentioned

from June 1st /19 to June 21st /19

4941.	Pte. E. Quany	21	60
-------	---------------	----	----

ACCOUNT	<u>B.M.</u>
CH NO	<u>24722</u>
INITIALS	<u>E.Q.</u>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$

21 60

N.J.

Alfred Quany

Billeting Officer.

E. Quany

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 65⁰⁰

Aug 19 1919

Received from the First Newfoundland Regiment
the sum of Sixty five Dollars.
on account of Pay. W. L. G.
balance

Ch. No. 8128	Initials. L. H.
Pay Ledger 346	Initials. W. L. G.
Gen. Ledger	Initials.

Regtl. No. *A. C. J.* Rank

No. H241 Rank Pt

Name E. Jany

W. Chas. Ellis

C.R. 4241

RECEIPT.

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.

DATE. *Jan. 12.*
PLACE. *Bill. Island.*

NO. *4241* .. NAME. *Ernest Ivany*

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. 5 1921.

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

Ernest D. Ivany

in respect of his service as No. 4241 Rank Pte.

Name E. D. Ivany Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Sept 7th 1921

Signature Ernest D. Ivany

Date _____

Address Beul Island Mines C/B

CRI 4241

Receipt for Army Book 64

No. 4241 Name E. Ivany

To Certify that I have received the AB 64 of the above
named Soldier.

Name E. Ivany

Date March 28 1921

Place Alexander Bay
B.B.

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st Newfoundland

Number of Sheet 544
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay
No.	<u>Sgt</u>	Age on	27 years 9 months	Trade	<u>Blacksmith</u>	
Joined	Date	Place and Date of Enlistment	<u>at St John's</u>	Religion	<u>Catholic</u>	
Joined	Date	Period of	with Colours 207 years.	Place of Birth		
Joined	Date					
Joined	Date					

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
<u>St John's</u>	<u>13-1-18</u>	<u>Pvt.</u>		<u>Absent from Church Parade</u>	<u>St. Miller</u>	<u>2 days l.s.</u>	<u>14-1-18</u>	<u>Sgt. Coarty Major</u>	<u>forfeits 1 days pay</u>
				<u>Demobilized St. John's,</u>	<u>5th 19</u>				

To be carried over

Army Form B. 121.

14241

The Royal Newfoundland Regiment

DEMOBILIZATION OF

MAC

Reg. No. 14241 Rank Ctr. Name James E.
 Date of Enlistment 11-12-17 Address Bell St. District St. John's
 Occupation Blacksmith Classification for Discharge 17 Medical Category 17
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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 178	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 21-6-17 H. News St.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. E. Dwyer

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £50.00
- (b) Clothing Supplied 100% (see list)

Date 21-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 97929793 to his home at Ball Island and Release Certificate No. 17948 issued.

Date 21 6-19 *J. H. Snow Capt.*
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 5-7-19

Date 21-6-19
J. H. Snow Capt.
Depot Paymaster.

Discharge approved for 21-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	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		

2 from B

Date 21-6-19 *J. H. Snow Capt.*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents: **Eligible for War Service Gratuity**
R. H. Sait Capt.

Date JUN 21 1919
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date July 8/19 *J. H. Snow Capt.*
for records

Reg. No. *4241* Rank *A5* Name *Loane E.*

Attested Address *2111 S. Main*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19*

Returned on S.S. *Loxian* Cause *Discharge*

21.6.19

PASSED TO DEMOBILIZATION OFFICER

21.6.19

DISCHARGE APPROVED ON DEMOBILISATION.