



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5443 Name Malcolm Kelland Corps S of E

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Malcolm Kelland
2. What is your full Address? 2. Winter town
Trinity Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 years 0 Months
5. What is your Trade or Calling? 5. Footman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service?.. 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. no Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

Malcolm Kelland 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.

M
25-5-18 Malcolm Kelland SIGNATURE OF RECRUIT.
W. Langdon Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Malcolm Kelland 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 Trinity Bay on this 27th day of May 1918
Signature of Attesting Officer G. Dick's Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:
If enlisted by special authority, such will be attached to the original attestation.
Date May 27 1918
Place Trinity Bay } 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

5243

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

Name Malcolm Kelland
 Apparent age 19 years — months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 35½ inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter Kelland
Shirlington S.B. | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epat	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. Eny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>21-5-18</u>									
Joined at <u>St. John's</u> on <u>May 21-18</u>									
<u>Discharged July 7, 1919</u>									
<u>Embarked St. John's S.S. Columbus to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C. 23-11-18 Disembarked France 25-11-18</u>									
<u>Joined B.C. 5-1-19 Transferred from Rouen 22-4-19 Arrived Winchester 23-7-19</u>									
<u>Left for demobilization 22-5-19 Arrived H.C. 1-6-19</u>									
<u>Demobilization H.C. 7-7-19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 7-7-1919 (date of discharge) 1 years 48 days
 " " Pensions " " " " " " " "

C.R. 5243

Winterton

Nov 15th 1919

To A E Heckman
Minster of Militia

Dear Sir

Please forward War Ribbon
To 5243 Malcolm Helland
and 5309 Alfred Parrott and
Oblige

Address Malcolm Helland
Winterton Trinity Bay
N F L B

Alfred Parrott
Winterton Trinity Bay
N F L B

Recd

10/29/19
A

C.R. 5243

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

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

5243 Pte. Malcolm Kelland.

C.R. 5243

Extract from Daily Orders Part II Unit The Royal WFLD.
Regt. June 18th, 1919

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 23-6-19.

5243 Pte. M. Kelland

C.R. 5243

Extract from Daily Orders Part 11 Depot, St. John's,

Date

11-6-19.

5243 Pte. M. Kelland.

Reported at Headquarters 1-6-19.
which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 5243

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 Harre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5243 Pte. M. Kelland.

C.R. 5243

Extract from Nominal Roll of draft No. 56 of the 2nd.,
Battalion of the Newfoundland Regiment to the 1st.,
Battalion of the Regiment B. S. F. , Embarked Southampton
23/11/18.

#5243 Ote. N. Killand.

C.R. 5243

EXTRACT FROM TELEGRAM FROM SYNOPTICAL, LONDON DATED SEPT. 13th 1918.

Reference your telegram Sept. 11th., 5243 Kelland.

C.R. 5243

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

The followin man embarked for Overseas on H.M.S.
"Columbella" July 22, 1918.

#5243 Pte. Malcolm Kelland.

C.R. 5243

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 22, 1918.

#5243 Pte. Malcolm Kelland.

Attested for General Service with the Royal Hfld. Regt.
from 21.5.18

M. Kelland

C.R. 5243

1890

Medical Report on an Invalid.

Station Boyley D Camp

Date 30 4 19

1. Unit Royal Newfoundland
 2. Regimental No. 5243
 3. Rank 5th
 4. Name Kelland Malcolm
 5. Age last birthday 20
 6. Enlisted { on May 21/18
 at St Johns

7. Former Trade } Fisherman
 or Occupation }

7A. If with previous service in Army, state—

- (a) Former Unit ;
- (b) Regimental No. ;
- (c) Date of Discharge ;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

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

na.

13. What is his present condition?

He complains of no disability.

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

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

na.

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

na.

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

na.

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

na.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W.E. Proemier.

Supt R.A.M.C.

Officer in medical charge of case.

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

Station *Wazely D. Camp*

Officer in charge of Hospital.

Date *30-4-19*

*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.

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

FORM K

No 4112 *A*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Malcolm Kelland*, Regl. No. *5243*

hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and *Sixty* 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 *July 1/18*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4291</i>	<i>Mother</i>	<i>Mr Peter Kelland</i>	<i>Wentworth H. B.</i>	<i>60</i>
Total Allotment, \$			<i>60.</i>	

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.) *R. A. James*
Officer Commanding
D Company
St Johns
June 12 1918

(Sig.) *Malcolm Kelland*
(Rank) *Private*

FORM K

No 4112



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Malcolm Belland, Regl. No. 5-43

hereby agree, until further notification by me, and in similar official form to make an Allotment of
..... Dollars and Sixty 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 July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4291	Wife	Mrs Peter Belland	Wentworth N. B.	60
Total Allotment, \$				60

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

Sig.) [Signature]
 Officer Commanding
[Signature] Company
June 12 1918

(S) [Signature]
 (Rank) Private

Kelland, L.

5243

Pay receipt.

July 8, 1919

#5243 Pte. Malcolm Kelland,

Winterton, T.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & 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 *Malcolm* 2. Surname *Kelous*
3. Rank *Sgt* 4. Regtl. No. *5243*
5. Address in full to which future payments of gratuity are to be forwarded..... *Wimbertson St. B.*
6. Date of enlistment in the Regiment..... *May 21/18*
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.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in 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..... *From May 21/18 to June 9/19* 1 $\frac{3}{4}$

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?

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

No

(b) Reason for discharge

June 1/19
Non portation

Stabilization

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 - From Nov. 22/18 to Dec. 1919.

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

No

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

Signature of Applicant: *Wm Holland*
 Place of Residence: *Winterton N.B.*
 Declared before me at: *St John's, Nfld*
 This *9th* day of *June* 19*19*...

John M. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate;
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

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

July 7, 1919

#5443 Pte. Malcolm Kelland,

Winterton.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2752.

Yours truly

Captain
Raymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5743 Rank

Name Kelland H

Warned for demobilization on

JUN 9 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5243 Rank P.M. Name Kellands M.
Intended place of residence Wenterton

2. Occupation Islander
Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with regulations.

Place ST. JOHN'S
Date JUN 9 1919
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and Date ST. JOHN'S
JUN 9 1919
Signature of soldier M. Kellands
Signature of witness W. J. Batoroy

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
6161 6 NDR
Signature of soldier Malcolm Kellands
Signature of witness W. J. Batoroy

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No of days on Military
Discharged from service JUN 23 1919 Plus 14 days Service 413

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
Date JUN 23 1919
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's Nfld
Date July 7/1919
Officer in Charge
The Royal Newfoundland Regiment

Handwritten: A 182019/2782

The Royal Newfoundland Regiment

Class for Demobilization:—

6/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

1.6.19

Regimental No. ... *5243* ..

Name

Kelland Malcolm

Address

Winterton P.O.

Present Medical Category

A-1

Recommended for:— { (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board {

R.H. Lait Capt
O.C. Discharge Depot.

P. Paterson
Senior Medical Officer

T.W. Berden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2243 Rank Plt Name Kelland M
 Date of Enlistment 21-5-18 Address Winterton District Trinity
 Occupation fisherman Classification for Discharge E Medical Category H.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	✓	N.F. Med.	D.F. 1	✓
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	✓ D 400A	✓ B 1915	✓	do 2nd	" 3	3
B 179	✓ D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 7-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Malcolm Kelland

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Amalobus

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 131677.3654 to his home at Hinton and Release Certificate No. 2494 issued.

Date 9-6-19

J.A. Snow
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 1-7-19

Date 9-6-19

H.H. [unclear]
Depot Paymaster.

Discharge approved for 25-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 9-6-19

J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date JUN 23 1919

R.H. [unclear] 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

Holland M

Signature of Man.

J. A. Snowball

Signature of the Vocational Officer or his Representative.

Reg. No. *5243*

Place *N-Johns-*

Date *JUN 9 1919*

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

MEDICAL HISTORY

Surname Kelland OF St John's Christian Name Malcolm

Table I.—GENERAL TABLE.

Birthplace:—Parish Winterton B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21	May		191
	at	St John's	at	
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet	7	inches
Weight	133 lbs.			lbs.
Chest Measurement	35 1/2 inches			inches
	4 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/ Scar			
When Vaccinated	2 mos ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Quartermaster</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	21 day of May	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt			
Transferred to	Nfld Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazelle Bay

Date 30/4/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 5243
- 3. Rank plc
- 4. Name Kelland Malcolm
- 5. Age last birthday 20
- 6. Enlisted { on May 21/15
at St Johns
- 7. Former Trade or Occupation } Fisherman
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

- 9. Date of origin of disability. hie
- 10. Place of origin of disability. hie
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. hie
hie
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

hie

13. What is his present condition?

He complains of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

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

na

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

na

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

na

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

na

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Sgd W F Provenier
Officer in medical charge of case.

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

Station *Hazley Down*

Officer in charge of Hospital.

Date *30/4/19*

*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.

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



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 *Malcolm Kelland*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5243*

Intended address *Wankerton*

Height on discharge *5 Feet 7"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Rever*

Christian name of Mother *Grace*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Wankerton 1889 Aug 07th*

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) *Malcolm Kelland*

(Rank) *Plt*

Station **ST. JOHN'S.**

Date *5.6.19*

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

Army Form B. 109.

Regimental Number: ~~4743~~ 5243

Casualty Form - Active Service.

Regiment or Corps *H. Newfoundland*
 Rank *Pte* Surname *Kelland* Christian Name *M.*
 Religion *C of E* Age on Enlistment *19* years *—* months
 Enlisted (a) *21/5/18* Terms of Service (a) *Duration* Service reckons from (a) *21/5/18*
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 or Corps Trade and Rate
 Occupation *Fisherman* Signature of Officer *M. Long Capt*

Report		Record of promotions, reductions, transfers, casualties, etc. 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				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt,		5 JAN 1919	
		<i>Arrived in UK.</i>		23/4/19	

Int

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (17591.) Wt. W 1887 - P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Next of kin: *Father: Peter Kelland: Winterton: Trinity Bay: N.S.L.D.*

FORM K

Nº 4112



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Malcolm Belland, Regl. No. 5243 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty 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 July 1/18

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4291, Father, for Peter Belland, Winterton N.B., 60.

Total Allotment, \$ 60

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 12 1918

(Sig.) Malcolm Belland (Rank) Private

April 4, 1919

Mr. Joseph Kelland,
WINTERTON.

Dear Sir:

With reference to your letter of recent date regarding Cable transfer to your son, I beg to inform you that I am unable to trace, having cabled any money to your son on the 26th. December or thereabout; probably it was not cabled through the Militia Department.

Will you inquire from the Post Office authorities at Winterton, and ask them how the money was remitted, so that I may make inquiries.

Yours truly,

Lieut.
For Paymaster

The Department of Militia

The sum of Four dollars \$4.00 is due Mr S. Brown

Winterten to driving #5243 Pte M. Kelland to his home

Voucher attached



Certified to Cash for petrol \$4.00

ACCOUNT	<i>Trans. Est.</i>
CH. NO. <i>2457</i>	INITIALS <i>Est.</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

A. M. Houston
Demobilisation Officer
for Discharge Depot - Newfoundland

Motor Boat Hire

g
No. 654

TRAVELLING WARRANT

\$4.00

Date 9-6-19 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 5243 Rank *PL* - Name *W. J. [unclear]*

From *Hear's ental* - ~~ST. JOHN'S~~ - To *Winterville*

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

J. J. [unclear]

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot - Newfoundland

Address Mr Samuel Brown

Winterton

Trinity Bay

July 23, 1919

S. Brown,
Winterton.
T.B.

A. C. R.

Dear Sir:

I enclose herewith cheque for
\$4.00, amount due you for driving Pte. Kelland,
No. 8243, to his home.

Yours truly,

Capt.
Paymaster

RECEIPT
FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

C.R. 5243

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

NAME. 5243. Ex Pte. M. Kelland

DATE. Nov. 18th 1919
PLACE. Winterton..

Receipt for Army Book 64

No. 5 24 3 Name M. Kelland

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

Name M. Kelland

Date Aug 12 1920

Place Winterton

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

WV

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 036

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>5243</u>	Age on	<u>19</u> years	<u>8 1/2</u> months	<u>Postman</u>		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	<u>Cof. S.</u>		
Joined	Date	Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3 1/2</u> years.	<u>21.5.18</u>	Place of Birth	<u>Winterton N. B.</u>		
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>Demobilized</u>	<u>St John's</u>	<u>7</u>	<u>19</u>		

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2713 Rank Plt Name Kelland J.
 Date of Enlistment 21-5-18 Address Wantageon Trinity
 Occupation Labourer Classification for Discharge Ey Medical Category H.1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7-6-19 O. C. Discharge Depot Miss H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Malcolm Kelland

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied _____

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 131773654 to his home at Wilmington and Release Certificate No. 2494 issued.

Date 9-6-19 *J.A. Snowball*
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

Date 9-6-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following document O.C. Discharge Depot.

N.F. P[36]	B 268	B 121	N.F. Med.	D.F. 1.
F 178	W 3494	B	Board 1st.	" 2.
B 178a	D 400A	B	2nd.	" 3.
B 179	D 400B		3rd.	" 4.
B 179a	D 400C			" 5.
B 179b	B 103			" 6.
B 179c				

2 Form B

Date 9-6-19 *J.A. Snowball*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

Date O. C. Discharge Depot.

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

Date June 14/19 *Wm. H. H. Jones*
Post Office Records

Reg. No. 5243 Rank Pfc Name H. Land M.

Attested Address Winton

Allotment Allottee

Date of Allotment Release 8-5-47

Returned on S.S. Corsecan Large

7-6-19

PASSED TO DEMOBILIZATION OFFICER

23-6-19

DISCHARGE APPROVED ON DEMOBILIZATION

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa 4 Ont.
Nov 21, 1969

Copy for H⁰ file

Date

TO:
À:

Attention of:
Compétence de:

NAME
NOM

D
KELLAND ~~Malcolm~~ Malcolm

Service No.
Matricule N^o

5243 WW1

CPC No.
CCP N^o

VVA No. 218041
AAC N^o

Information received from:

DVA St John's Nfld Telex Date Nov 20, 1969

Information reçue de:

Date of Death
Date du Décès Not stated

Cause

Place Not stated

Endroit

Name and address of next-of-kin (if known)

Nom et adresse du plus proche parent connu

Distribution: WSR - VI - DO - HO
DASG - ASS - ~~DO~~ BD - BC

Pour le chef,

[Signature]
for Chief, Central Registry Division.
Dépôt central des dossiers.