



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5115 Name Henry Kellegren ^{CORPS} CofE

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Henry J. Kellegren
2. What is your full Address? 2. 4 St. John's Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 1 Months
5. What is your Trade or Calling? 5. Intermar
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.
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Henry J. Kellegren do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Henry J. Kellegren SIGNATURE OF RECRUIT.
17/5/18 J. P. Adams Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henry J. Kellegren 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 17 day of May 1918.
Signature of Attesting Officer P. B. Donks 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 complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date May 17 1918
Place St. John's } Approving Officer.

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5115 Name Henry Kelligrew Corp Cofe

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Henry Kelligrew
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Months
5. What is your Trade or Calling? 5. None
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.
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps Yes
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Henry Kelligrew 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.

Henry Kelligrew SIGNATURE OF RECRUIT.

1915/15 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henry Kelligrew 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 made as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....

on this 1 day of May 1915

Signature of Attesting Officer E. B. Banks 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 11 1915

Place St. John's Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: vis:—(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 Frederick Bellgren

Apparent age 19 years 0 months. Height 5 feet 3 1/2 inches

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

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Fred Bellgren
Flat 124 Bay | 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 E'pot	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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5115 Name Henry Kellegren Corp

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------|
| 1. What is your name? | 1. <u>Henry J. Kellegren</u> |
| 2. What is your full Address? | 2. <u>4 St. John's Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fireman</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. <u>Yes</u> Name |
| 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> Corps |

I, Henry J. Kellegren 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.

Henry J. Kellegren SIGNATURE OF RECRUIT.

Sp. J. Raymond Signature of Witness.

17/5/15

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henry J. Kellegren 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 St. John's on this 17 day of May 1915.

Signature of Attesting Officer Sp. J. Raymond

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 17 1915

Place St. John's } Approving Officer.

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

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

Kelligrew, N.J.

5115

Ray sept.

Proceedings on Discharge.

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

No.	5115	Army Rank	Private
Name	Henry J. Kelleghrew		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	The Royal Newfoundland Regt.		
Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)			
Date of discharge	September 2 nd 1918		
Place of discharge	St. John's, Nfld.		
1. Description at the time of discharge.			
Age	19 years	11 months	Descriptive marks.
Height	5 feet	3 1/2 inches	
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	fair		
Eyes	brown		
Hair	dark		
Trade	Fisherman		
Intended place of residence (To be given as fully as practicable)	Flat Island, P.B.		
	Nfld.		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)			
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>			
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)			
3. Military character:—			
4. Character awarded in accordance with King's Regulations:—			
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: x-small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>			
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
			Initials of Commanding Officer.
Army Form B. 2088 has been issued to*			

Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I have received all my Pay and Allowances (including Clothing Allowance), and all just demands up to the present date.

Place Fort Island Henry J. Kelligan Sig. of Soldier

Date Oct 2 Gideon Kelligan Sig. of Witness

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 35 ⁰⁰/₁₀₀

June 4th 1920

Received from the First Newfoundland Regiment
the sum of Thirty Five ——— Dollars.
~~on account~~ of Pay. *Robert Wallace*
balance *Henry J. Belliveau*

Ch. No. 38892	Initials <i>Wall</i>
Pay Ledger.....	Initials <i>Wall</i>
Gen. Ledger.....	Initials <i>Wall</i>

Regtl. No..... Rank.....

J. C. B.

No. 5115.

Rank Private

Name H. J. Kelligrew

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 51 90

Sept 2nd 19 18

Received from the First Newfoundland Regiment

the sum of 51 90 Dollars.

on account
balance of Pay.

W. Halfyard

Ch. No. 246	Initials. <i>W</i>
Pay Ledger 111	Initials. <i>W</i>
Gen. Ledger	Initials. <i>J</i>

Regtl. No. 1986 Rank Sgt.

No. 5115

Rank

PL

Name

Kellgren H J

C.R. 5115

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.
St. John's, dated September 8th, 1918.

5115 Pte. Henry Kelligrews.

Having been found medically unfit is struck off the strength
from 2-9-18.

C.R. 5115

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

5115 Pte. H. Kelligrew,

Discharged 2 - 9 - 18, Medically unfit

C.R. 5715

PRELIMINARY REPORT

Extract from Medical Board held Aug. 19th, 1918.

5115 Pte. Kelligrew, H.J.

Recommended Discharge-- Permanently unfit.

C.R. 5115

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 16th, 1918.

#5115 Pte. H. Kellegrew.

Attested for General Service with the Royal Hfld. Regt.
from 17.5.18

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

MEDICAL HISTORY

Surname Kellicrew

Christian Name Henry J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Flat Island M. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	on <u>17</u> day of <u>May</u> 191 <u>8</u>	at <u>St Johns</u>	on	day of 191
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>3 1/2</u> inches		feet	inches
Weight	<u>129</u> lbs.			lbs
Chest Measure-ment {	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	
	L.E.—V=	<u>4/6</u>	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>James P. ...</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns</u>		at	
	on <u>17</u> day of <u>May</u> 191 <u>8</u>		on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>			
Transferred to	<u>Nfld Regt</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and readmissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M. S. D. Hospital	1	6	18	29	6	18	Miscell & pneumonia	29	Discharged to Convalescent Hosp. Donovau.	R. W. Burden
Donovau Conv. Hospital	29	6	18	18	8	18		26		R. W. Burden



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station St. John's, Nfld.,
Date August 16th., 1918

1. Unit *1st. Newfoundland*
2. Regimental No. *5115*
3. Rank. *Private*
4. Name. *Kelligrew, H. J.*
5. Age last birthday. *19*
6. Enlisted on *May 17th., 1918*
at *St. John's, Nfld.*
7. Former trade or occupation *Fisherman*

8. Disability

MEASLES AND PNEUMONIA

9. History **Developed Measles in Barracks St. John's, Nfld. 1/6/18
Was treated at M. I. D. Hospital and at Donovans
Convalescent Camp.**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Slight crepitations at base of right lung. Heart normal. Temperature normal. Complains of cough at all times. His mental conditions is none too good.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? **Yes**

Signature (Sgd) F. W. BURDEN

Rank or Qualification ACTG. M. O.

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x **may** be considered as aggravated by due to
(a) ~~Service during this war.~~ (b) ~~Climate~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— **Less than 20%**

16. Is the disability permanent? **Yes**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
{ General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
~~retention in~~

Remarks if any:—

(Sgd) JOHN G. DUNCAN

J. SINCLAIR TAIT President

Signatures.

ARCH. C. TAIT

Place .. St. John's, Nfld., ..
Date .. August 19th, 1918 ..

APPROVED



Station .. No.
Date ..

(Sgd) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND.

Administrative Medical Officer.

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

Per *ATW/B*



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
 (b) A single copy only is required.
 (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
 (d) Be as brief as possible compatible with lucidity.
 (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
 (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's*
 Date *Aug. 16/18*

1. Unit *1st. Newfoundland*
 2. Regimental No. *5115*
 3. Rank. *Pte.*
 4. Name. *Helligrew H.J.*
 5. Age last birthday. *19 y. 2 mo.*
 6. Enlisted on *May 17th*
 1918 at *St. John's*
 7. Former trade or occupation *Fisherman.*
 8. Disability

Measles and Pneumonia.

9. History *Developed measles in Bonaventure St. John's N.S. 1-6-18. Was treated at M. I. D. Hoop and at Bonaventure Convalescent Camp.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Slight Crepitation at base of
R lung - that normal.
Temperature normal. Complains
of cough all the time.

His mental condition is more or less good.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature

W. Burden

Rank or Qualification

act M.D.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
base inapplicable words.

13. For pension purposes, the disability x may be considered as ~~aggravated by~~ due to
(a) ~~Service during this war.~~ (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
yes.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— less than 20%

16. Is the disability permanent?
yes.

17. Has the disability been aggravated by (a) Intemperance. no (b) Misconduct. no

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
{ General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. } no

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any:—

Signatures.

Wm. Duncan President
Ben. J. J. J.
Archibald

Place

St. John's Nfld

Date

Aug 15th 1918

APPROVED

Station

Date



Amey Macpherson Major
Administrative Medical Officer.



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 *K. Killgrew Henry Jr.*
Regiment from which discharged *1st. Newfoundland*
Regimental number *5115*
Intended address *Flat Island B.B.*

Height on discharge *5* Feet *3 1/2*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eye *Brown*

Descriptive Marks *-*

Figure on discharge *medium*

Christian name of Father *Fredrick*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *Flat Island Oct 24/1899*

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)

H. J. Killgrew

(Rank) *Pte*

Station

St. Johns

Date *augus 16/18*

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.

H. Burden

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

Station

St. Johns N.F.

Date

Aug 16/18



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Aug 16 1918

Regimental No. 5115

Name St. Elligrew Henry J.

Address St. John's Island B. N.

Disease or Disability Measles + Pneumonia

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation Standing Medical Board for
Recharge

Category _____

Members
of
Board

R. H. Lat Capt.
O. C. Depot
W. Borden for
D. D. M. S.
Archibald
M. O. Depot

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters May 17/10

1. Name Henry J. Kelligan Age (a) Declared 19
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

3. Height 5ft 3 1/2 5115 Weight 129 lbs

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n
Measurement (a) Expiration 33 (b) Inspiration 36

7. Examination of Heart n

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)
Teeth }
Throat } n
Nose }
Ears—(Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin J. H. Dred. 6-24 St. John's B.B.

REMARKS--

A II

St. Borden
Archibald

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet *121*Regiment of *Royal Newfoundland*Signature of O. C. Company *P. P. Dicks Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Kelligrew, Pen</i>	Age on	<i>19</i> years <i>19</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i>	Religion	
Joined	Date	Period of	with Colours <i>09</i> years. with Reserve <i>365</i> years.	Place of Birth	
Joined	Date			<i>St. John's B.B.</i>	

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
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				<i>Medically unfit</i>	<i>St. John's</i>	<i>2 9/18</i>			
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To be carried over

Depot 5115

St John's, Newfoundland,
Sept. 4th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR:

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

I have the honour etc.

(sgnd) ~~XXXXXXXXXX~~ ~~XXXXX~~
E.M.MADDICK,
Lieut.
For Paymaster

1986	Sergt.	Halfyard, Wallace	Sept. 2/18	Med. Unfit
5274	Pte.	Sidden, Geo.	Do.	Do.
670	"	Roper, Henry H.	Do.	Do.
136	"	Janes, Thomas P.	Do.	Do.
3330	"	James, Henry J.	Do.	Do.
4397	"	Day, Cyril	Do.	Do.
4601	"	Carew, James	Do.	Do.
4862	"	Peddie, Wm.	Do.	Do.
5124	"	White, Wm.	Do.	Do.
5115	"	Kelligrow, H.J.	Do.	Do.

August 21st, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5274 Pte. C. Edden
5124 " S. White
4862 " S. Toddie
5115 " J. J. Holligan
4850 " Stewart Lander

The marginally noted men are recruits who have been three months and over on the strength and have been recommended for discharge as permanently unfit by Standing Medical Board held on Monday, August 19. I am sending them herewith for your attention and necessary action, please.

Their Pay Accounts on Company Sheets have been squared up to and including 21st August and they are paid in full to that date. Allotments are as under-noted -

5274 Pte. C. Edden 50/- per day
4850 " S. Lander 60/- "

The others have no allotment in force.

Reg. No. 5115 Rank Pte Name Killebrew, H. J.

Attested 17-5-18 Address Flat 2, B.B.

Allotment Allottee

Date of Allotment Returned from Overseas

Embarked for Overseas Cause

Vacc 18-5-18	
29-6-18	Discharged from No 20. to Donavan
2-7-18	Admitted to Donavan Convalescent Hospital
16-8-18	Head Quarters Travelling Serb. Rec- standing medical Serb for Discharge. Influenza Pneumonia
17-8-18	Recommended Discharge permanently unfit

DISCHARGED - MEDICALLY UNFIT 2-9-18 500,56