



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2854 Name Ernest Kelly Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Ernest Kelly</u> |
| 2. What is your full Address? | 2. <u>Belays Point</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u> </u> Months |
| 5. What is your Trade or Calling? | 5. <u>Printing</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> </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> |

FOR THE DURATION OF THE WAR

I, Ernest Kelly 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 Kelly SIGNATURE OF RECRUIT.
E. Jones Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ernest Kelly 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 5 day of June 1916
 Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.
 Date.....1916 } Approving Officer.
 Place..... }

† 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 Kelly

Apparent age 18 years — months. Height 5 feet 5 inches.

Chest Measurement { Girth when fully expanded 34 inches
Range of expansion 3 inches

Distinctive marks.....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Kelly Coler St
Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [" "] _____ " _____ "									

2854



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2854 Name Ernest Kelly Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Ernest Kelly
- 2. What is your full Address? 2. Colleys Point Bay Roberts
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 18 Years - Months
- 5. What is your Trade or Calling? 5. Printer
- 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. No
- 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 } 11. yes
to be signed by you if you are accepted?

I, Ernest Kelly 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.

B. Jones 1916 Ernest Kelly SIGNATURE OF RECRUIT.
..... [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ernest Kelly 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 5th day of June 1916
Signature of Attesting Officer Chas. A. [Signature]

†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 James Kelly Apparent age 18 years 0 months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 34 inches
Range of expansion 3 inches

Distinctive marks yellow beard 4885

INFORMATION SUPPLIED BY RECRUIT

Name and Address of Next of Kin James Kelly, 100 St. John St, Boston, Mass. Relationship Father
Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Re-entries, Casualties, &c.	Army Rank	Service not allowed to reckon for rating the rate of pension		Service in Reserve 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>5-6-16</u>								<u>James Kelly</u>
Joined at <u>St. John</u> on <u>June 5th 16</u>								
<u>Discharged: Boston, Nov. 26/18</u>								
Embarked <u>St John S.S. Steamer</u> for <u>Sts 28th 16</u> Embarked for <u>Sts 3rd 6</u>								
Re-embarked <u>Boulogne 3-6-17</u> Joined unit in the field <u>19-6-17</u> Wounded <u>16-8-17</u>								
Admitted <u>21st COS. Sts 1st Regt</u> <u>16-8-17</u> Was to have details <u>29-8-17</u> Rejoined unit in the field <u>10-9-17</u> Admitted <u>87th COS. Sts 1st Regt</u> <u>2-10-17</u> <u>14-10-17</u> Admitted <u>21st COS. Sts 1st Regt</u> <u>17-10-17</u>								
Admitted <u>11th Coy. Royal Fusiliers</u> <u>2-12-17</u> Arrives to England <u>6-12-17</u> Admitted <u>King's Royal Rifle Corps</u> <u>7-12-17</u>								
Transferred to <u>Wandsworth</u> <u>25-1-18</u> Surlough the report <u>8-11-18</u> <u>15-11-18</u> <u>16-11-18</u> Rejoined <u>Wandsworth</u> <u>16-11-18</u> Arrived <u>Wandsworth</u> <u>8-11-18</u>								
<u>Discharged medically</u> <u>St. John</u> <u>26-11-18</u>								
Total Service forfeited as above.....								
Total Service towards Engagement to <u>26-11-18</u> (date of discharge)				2 years		175 days		
" " " Pension " " " " " " " " " " " "								



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Ernest Kelley
aged 18 yrs conducted at B.L.B.
Date: June 5/16 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no - no
- 10 L
- 11 U
- 12 U
- 13 U
- 14 U
- 15 U
- 16 U
- 17 U
- 18 U
- 19 U/Both.
- 20 U
- 21 U
- 22 U
- 23 U
- 24 U
- 25 U
- 26 U
- 27 U
- 28 U
- 29 U
- 30 U
- 31 U
- 32 U
- 33 no
- 34 5-5
- 35 112
- 36 31-34
- 37 \$15 a week
- 38 paid to Mr Isaac Kelley
- 39 none

2854

38

Signature of Medical Examiner:

J.W. Burden
Leis

Originals

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No. 2854 Army Rank Private

Name Kelly Ernest
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

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 _____

Place of discharge _____

1. *Description at the time of discharge.*

Age <u>19</u> years _____ months	Descriptive marks.
Height _____ feet _____ inches	
Chest measurement { girth when fully expanded _____ ins.	
{ range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence (To be given as fully as practicable) { _____	

COPIES SENT		
To	No.	DATE
M. OF M.	<u>6608/68</u>	<u>15 OCT 1918</u>
O.C. 1ST. BN.		
" 2ND. BN.		

(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 _____

(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:— _____

To be filled in on the soldier quitting the Colours.

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*

* Strike out if not applicable.

[OVER.]

COPY.



This space to be left blank for the Chelsea Number.

Army Form B. 268.

[Blank box for Chelsea Number]

Proceedings on Discharge.

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

No. 2854 Army Rank Private

Name Kelly Ernest
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

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 November 26th 1918

Place of discharge St. John's. Nfld

1. Description at the time of discharge.

Age <u>19</u> years <u>3</u> months	Descriptive marks. <u>Scars upper lip and under chin</u>
Height <u>5</u> feet <u>5</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	<div style="float: right; text-align: right;"> 26 31 31 30 31 26 <hr/>175 </div>
Complexion <u>fresh</u>	
Eyes <u>bluish gray</u>	
Hair <u>fair</u>	
Trade <u>hunter</u>	
Intended place of residence (To be given as fully as practicable) { <u>Bay Roberts</u> <u>Nfld.</u>	

(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 being no longer physically fit for war service on account of wounds received in action

(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:— N.F.

4. Character awarded in accordance with King's Regulations:—

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*

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

[OVER.]

Reg. No. *2857* Rank *Pte* Name *Kelley. P*

Attested Address.....

Allotment..... Allottee

Date of Allotment..... Returned from Overseas..... *8 11 18*

Embarked for Overseas Cause..... *Discharge*

*13-11-18. Recommended Discharge Permanently
unfit.*

DISCHARGED—MEDICALLY UNFIT *46 11 18 ADJ 318*

St John's, NZIA.

Dec. 2nd, 1918

Officer Commanding,
Headquarters

Sir-

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

I have etc.

(sgnd) J.M.HOWLEY

Capt etc.

2558	Pte. Rockwood, J.	Oct. 4th, 1918	Med. unfit
55	Sgt. Andrews, Ralph	Nov. 25th, 1918	do.
2720	Pte. Boone, Phineas	26th	do.
2224	L/C. King, John	do.	do.
2789	Pte. Chaffey, Chas.	do.	do.
3635	" Baker, Malcolm	do.	do.
2340	" Attwood, Kenneth	do.	do.
2854	" Kelly, Ernest	do.	do.
1244	Sgt. Kelly, Peter	do.	do.
3218	Pte. Lynch, Thos.	29th	do.
4958	L/C. Thornhill, Chas.	do.	do.
4561	Pte. Costello, Edward	do.	do.

November 14th. 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/o Records.
Militia Dept.

3173,	Pts.	A. Miller
3836,	"	H. Baker
2789,	"	G. Chaffey
2854,	"	B. Kelly

The marginally noted men were recommended for discharge as permanently unfit by Medical Board, held on Wednesday, November 13th. I am sending them herewith for your attention and necessary action, please.

MFC



Report of Medical Board.

Station **St. John's, Hfld.** Date **November 12th., 1918**
 No. and Rank **2854 - Private** Age **19** Height **5'5"**
 Name **KELLY, ERNEST** Complexion **Green**
 Unit **Royal Hfld.** Eyes **Blue Gray** Hair **Fair**
 Address **Bay Roberts**
 Former Trade **Printer**
 Enlisted at **St. John's** On **5/6/16** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **G. S. V. JAW. FRACTURED MANDIBLE (SYMPHYTIC)**

Subsequent

Present Condition (Compare with previous Board)

SCAR UNDER CHIN HEALED - WEARING ARTIFICIAL TEETH. CANNOT BITE ANYTHING HARD AND CANNOT MASTICATE ANY SOLID FOOD.

WOUND LEFT LEG QUITE HEALED. NO DISABILITY

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

100%

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

100% for 3 months

Recommendation of Medical Board **DISCHARGE AS PERMANENTLY UNFIT**

Members of Board

(SGD) M. S. FRASER

(SGD) CLUHY MACPHERSON, Major

J. SINCLAIR TAIT

D. M. S. NEWFOUNDLAND.

L. PATERSON, Major

Approving Medical Officer.



original

Ward 1

Army Form B. 173



Medical Report on an Invalid.

Station St. London General Hospital
WANDSWORTH, S. W.
Date 30-9-1918

1. Unit Royal Newfoundland Regt 7. Former Trade } Printer.
or Occupation }
2. Regimental No. 2854 7A. If with previous service in Army, state—

3. Rank Private
4. Name Kelly Ernest
5. Age last birthday 19.

6. Enlisted } on 5th June 1916
at St. John's, Newfoundland

COPIES SENT		
(a) Former Unit,	No.	DATE
(b) Regimental No. <u>2854</u>	<u>N/A.</u>	<u>15 OCT 1918</u>
(c) Date of Dismissal <u>16 Oct 1918</u>	<u>O.C. 1st. Bn.</u>	
(d) Cause of Dismissal <u>Wound</u>		

8. Disability in respect of which invaliding is Proposed.

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

G. S. W. Jaw. - Fractured Mandible.
(Symphyse)

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 in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.



9. Date of origin of disability. No. ³⁰ 1917.

10. Place of origin of disability. Cambrai.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Pt. received penetrating wound of chin, fracturing lower jaw. Wds were excised & fragments of bone removed - 4 Dec. 1918. Admitted to King George's 7 Dec. 1917, operated on twice - sequesterotomy, & application of splint - Admitted to St. London on 26-1-18. No consolidation observed. Commenced in late August 1918 it was complete by end of September, when upper & lower dentures were fitted.

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.

G. S. W.
Active Service.



13. What is his present condition?

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

Wounds healed; fitted with dentures, consolidation complete. Unable to bite yet - unable to masticate foodstuffs, as meat, or crusts.

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

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

*yes
yes
yes*

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?

vide " "

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

—

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?

yes - result of wounds

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.

—

20. Do you recommend—

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

Permanently unfit.

[Signature]

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

yes

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

no

(v.) Whether it is constitutional or hereditary.

no

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

J.S.W. jaw (lower)

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

yes

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

100% at present

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

no

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

no

30. Does the man require the constant attendance of another person?

Signatures:—

W. T. Hamblin B.A. President.

Station 3rd Lond. Inf. Regt.
Wardour St. W.

G. G. G. G. H. H. H. H. Members.

Date 5-10-18

Approved.

Station

Administrative Medical Officer.

Date



copy

A.F. B. 117

REPORT ON WOUNDS or OTHER INJURIES, RECEIVED OTHERWISE
THAN IN ACTION.

Certificate of Medical Officer.

No. 2854 PTE. KELLY, E., 1st NEWFOUNDLANDS
was admitted to hospital on the 2/10/1917 suffering
from Lacerated WOUND, HEAD

The disability is of a TRIVIAL nature, and in all
probability WILL NOT interfere with his future efficiency
as a soldier.

He CLAIMS that he was in performance of military
duty at the time of the accident.

Station XIV C.S.C.P. (No.10 F.A.)

Date 2/10/1917 (Sgd) D.S. CAMPBELL, Capt.
R.A.M.C.
Medical Officer in Charge.

Certificate of Commanding Officer

I certify that the injury to the above-named soldier
OCCURRED while he was in the performance of military duty.

If on duty state

- a. date of the injury (a) 2/10/17
- b. The place where it occurred (b) Henley Camp
- c. The nature of the duty. (c) Bombing practice
- d. Whether the soldier was in any way to blame. (d) No

Station B.E.F.

(Sgd) A. L. HADOW, Lt.Col.,

Date 7/10/17.

Commanding Newfoundland Regt.

COPIES SENT		
To	No.	DATE
M. OF M.	674/21	R.C. 29/1/18
O.C. 1ST. BN.		
.. 2ND. BN.		

A.H.

Report on sounds or other Injuries, received otherwise than in Action.



11a
Gen. No.
4369.

Certificate of Medical Officer.

No. 2854. PTE. KELLY, E. 1ST NEWFOUNDLANDS

was admitted to hospital on the 2/10/1917 suffering from decreased WOUND. HEAD.

†Here insert "trivial" or "serious."
‡Here insert "will" or "will not."
*Here insert "claims" or "does not claim."

The disability is of a † trivial nature, and in all probability ‡ will not interfere with his future efficiency as a soldier.

*He claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station XIV CSCP. ON 10 FA. R. S. Campbell Capt. RAME
Date 2/10/1917 Medical Officer in Charge.

Certificate to be signed by soldier.

I, _____ hereby declare that the injury sustained by me on the _____ did not occur while I was in the performance of military duty.

Station _____
Date _____
(Soldier's Signature)
(Signature of Medical Officer)

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

I certify that the injury to the above-named soldier † occurred while he was in the performance of military duty.

†Here insert "occurred" or "did not occur."

‡If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

‡(a) 2-10-17
(b) Henley Camp
(c) Bombing practice
(d) No.

The soldier has been so informed.

Station B. E. 7. A. L. Hadow. M. Col.
Date 7-10-17 Commanding Newfoundland B.

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

COPY.



To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Kelly Christian Name Ernest

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on 5 day of June 1916
 { at St Johns AF

Declared Age ... 18 years 11 days.

Trade or Occupation ... Printer

Height ... 5 feet, 5 inches.

Weight ... 113 lbs.

Chest Measurement { Girth when fully Expanded. 34 inches.
 { Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
 { Number _____

When Vaccinated ...

Vision ... { R.E.—V= 6/6
 { L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature) (Sgd) Lambert Paterson
 (Rank) Major Medical Officer.

Enlisted ... { at St Johns
 { on 5 day of June 1916

Joined on Enlistment ...	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT.	<u>2854</u>
Transferred to ...		

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

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
King George Hospital London SE	7	12	17	25	1	18	GSW Face Fract. lower jaw	49	Wounded 29-11-17. XRay fracture of lower jaw with loss of bone + a requestum involving symphysis menti. 14-12-17 General requestum removed + splint applied Trans'd to 3rd London General Hospital	Appt. W. Drake Brockman Lt Col Smc
3rd London General Hospital WANDSWORTH SW 18							GSW Jaw Fract Mandible (Symphytic)		Board held - see overleaf Disability - GSW jaw fract & mandible (symphytic) Fitted with dentures, cannot bite or eat hard food Cause - GSW on Active Service Degree of Disabkment - 100%	Appt. J. H. Bingley Capt RSMC 3rd London General Hospital WANDSWORTH SW 18



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

Date	Brief details, and signature
25-7-16	1st Inoculation <i>JP</i>
1-8-16	2nd " <i>JP</i>
7-8-16	3rd " <i>JP</i>
26-8-16	Vacc <i>JP</i>
5-10-18	<p>Board held. Found - Permanently unfit. <i>(Sgd) SA Bingley</i> <i>Capt RAGNET</i> <i>For ye</i> 3rd London General Hospital WANDSWORTH S W</p>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

To be used only for Special Reserve Recruits, and for Special Reserve Regular Army.

MEDICAL HISTORY

OF

Surname Kelly

Christian Name Michael



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY																
	Right	Left	Right	Left															
Examined	on 5 th day of June 1916 at St John's N.F.		on _____ day of _____ 191____ at _____																
Declared Age	18 years — _____ days		years _____ days																
Trade or Occupation	Printer																		
Height	5 feet 50 inches		feet _____ inches																
Weight	112 lbs.		lbs. _____																
Chest Measurement	Girth when fully expanded... 34 inches		_____ inches																
	Range of expansion... 3 inches		_____ inches																
Physical Development																			
Vaccination Marks	Arm		Right	Left															
	Number																		
When Vaccinated																			
Vision	R.E.—V= 6/6 L.E.—V= 6/6		R.E.—V= _____ L.E.—V= _____																
(a) Marks indicating congenital peculiarities or previous disease	(a)		<table border="1"> <tr> <th colspan="3">COPIES SENT</th> </tr> <tr> <th>To</th> <th>No.</th> <th>DATE</th> </tr> <tr> <td>M. OF M.</td> <td>16608/168</td> <td>15 OCT 1916</td> </tr> <tr> <td>O.C. 1st. Bn.</td> <td></td> <td></td> </tr> <tr> <td>" 2ND. Bn.</td> <td></td> <td></td> </tr> </table>		COPIES SENT			To	No.	DATE	M. OF M.	16608/168	15 OCT 1916	O.C. 1st. Bn.			" 2ND. Bn.		
	COPIES SENT																		
To	No.	DATE																	
M. OF M.	16608/168	15 OCT 1916																	
O.C. 1st. Bn.																			
" 2ND. Bn.																			
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)																
Approved by (Signature)	<u>Lammie Paterson</u>																		
(Rank)	Major		Medical Officer.																
Enlisted	at St John's on 5 th day of June 1916		at _____ on _____ day of _____ 191____																
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.															
	1st Depot Regiment	2854																	
Transferred to	NEWFOUNDLAND CONTINGENT.																		
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 further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
KING GEORGE HOSPITAL LONDON, S.E.	7	12	17	25	1	18	G.S.W. Face, frac lower jaw	49	wounded 29-11-17 Xray - fracture of lower jaw with loss of bone, + a sequestrum involving symphysis menti. 14-12-17. Several sequestra removed + splint applied Transd to 3rd London General Hospital	<i>W. Dralle</i> LT.-COL. I. M. S.
3rd London General Hospital WANDSWORTH, S. W.	1	8	18				G.S.W. Jaw Fract ⁿ Mandible (symphytic).		Board held - see overleaf Disability - G.S.W. jaw frac ⁿ mandible (symphytic) Fitted with dentures. Cannot bite or eat hard food Cause - G.S.W. on Active Service. Degree of disablement - 100%	<i>W. Dralle</i> 3rd London General Hospital, WANDSWORTH, S. W.

Casualty Form—Active Service.

Regiment or Corps *1st Newfoundland*

Rank *Private* Surname *Kelly* Christian Name *Ernest*

Religion *R.C.* Age on Enlistment *18* years *—* months.

Enlisted (a) *St. John's* Terms of Service (a) *Duration* Service reckons from (a) *5/6/16*

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____

Occupation *Printer* Signature of Officer. *Robertson*



COPIES TO

TO	M. OF M.	O.C. 1st Bn.	O.C. 2nd Bn.

RECEIVED 15 OCT 1918

Record of promotions, reductions, transfers, casualties, during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. 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
Embarked <i>Folkstone</i>	<i>2.6.17</i>	
Disembarked <i>Boulogne</i>	<i>3.6.17</i>	
Joined Battalion	<i>19 JUN 1917</i>	<i>B 213</i>
<i>DC Unit</i>	<i>16 AUG 1917</i>	<i>B 213</i>
<i>47 G.C.S.</i>	<i>16.8.17</i>	<i>E.D. 9445</i>
<i>St. John A.B. Hosp</i>	<i>16.8.17</i>	<i>H.A. 13014</i>
<i>92 B.S.</i>	<i>19.17</i>	<i>Temp. Roll</i>
<i>DC Unit</i>	<i>13 SEP 1917</i>	<i>B 213</i>
<i>87 FA</i>	<i>14 Oct 17</i>	<i>E.D. 1480</i>
<i>14 C.S.</i>	<i>14.10.17</i>	<i>E.D. 2478</i>
<i>87 FA</i>	<i>1/12/17</i>	<i>E.D. 4317</i>
<i>11 M.A.S.</i>	<i>2/10/17</i>	<i>H.A. 17015</i>
<i>Transferred to England</i>	<i>9/1/18</i>	<i>W3083</i>

(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, Shoeing-Smith, &c.

COPY

Army Form B. 103.

Regimental Number 1854

Casualty Form—Active Service.

Regiment or Corps... ROYAL NEWFOUNDLAND REGIMENT.

Rank... Pte Surname... Kelly Christian Name... Ernest

Religion... R.C. Age on Enlistment... 18 years, ... months

Enlisted (a)... St Johns Terms of Service (a)... Duration Service reckons from (a)... 5-6-16

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

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

Occupation... Printer Capt. S. Robertson 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				
			Embarked ... <u>Folkstone</u>	<u>5-6-17</u>	
			Disembarked... <u>Boulogne</u>	<u>3-6-17</u>	
			<u>Joined Battalion</u>	<u>19-6-17</u>	<u>B 213</u>
<u>18/8/17</u>	<u>OC Unit</u>	<u>Wounded in Action</u>		<u>16/8/17</u>	<u>B 213</u>
<u>18/8/17</u>	<u>47 CCS</u>	<u>Ad SW Hand & Leg</u>		<u>16/8/17</u>	<u>ED 9445</u>
<u>30/8/17</u>	<u>St John's Hosp</u>	<u>Ad L SW L Hand & L Eye</u>	<u>Staples</u>	<u>16/8/17</u>	<u>HA 13614</u>
<u>2/9/17</u>	<u>29 213D</u>	<u>Joined Base Depot</u>	<u>Ronen</u>	<u>13/9/17</u>	<u>Plom Roll</u>
<u>22/9/17</u>	<u>OC Unit</u>	<u>Joined Battn</u>		<u>13/9/17</u>	<u>B 213</u>
<u>2/10/17</u>	<u>87 FA</u>	<u>Ad acc wound head trans</u>	<u>14 CCS</u>	<u>2/10/17</u>	<u>ED 1480</u>
<u>25/10/17</u>	<u>14" CCS</u>	<u>To duty</u>	<u>Unit</u>	<u>14/10/17</u>	<u>ED 2478</u>
<u>1/12/17</u>	<u>89 FA</u>	<u>Ad SW Mouth trans</u>	<u>21 CCS</u>	<u>1/12/17</u>	<u>ED 4317</u>
	<u>14 Stdy App</u>	<u>— do —</u>	<u>Ronen</u>	<u>2/12/17</u>	<u>HA 17014</u>
	<u>"P. Grantully Clé"</u>	<u>Transferred to England</u>		<u>6/12/17</u>	<u>W 3083</u>

(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, Sheehy-Smith, & Co.

(Sgd) L. Heary 2 Lt Col W. 2000 10000 2/13 (2000) C. P. & S., Ltd. Forms B/103 E/1655. (P.T.C.)
046 9101 Subj Sect. GAD 3rd Echelon

C.R. 2854

Extract from Casualties Received from Pay & Record Office
London, Dec. 10th, 1918.

King George Hospital, Stamford St., S.E.1.

2854 Pte. Kelley, E.

G.S.W. Mouth severe.

C.K. 2854

Extract from Daily Orders part 11, Depot. St. John's dated Dec. 3rd.

2854 Pte. Ernest Kelly.

Having been found medically unfit is discharged from 26-11-18.

C.R. 2854

Extract from Medical Board held Wednesday, Nov. 13th, 1918.

2854 Pte. E. Kelley.

Recommended Discharge---Permanently unfit.

MM.

C.R. 2854

Extract fro. Daily Orders part 11, Depot, St. John's
dated Nov. 14th., 1918.

THE USAGE MENTIONED RETURNED FROM OVERSEAS AND
REPORTED AT DEPOT. 8/11/1918.

#2854 Pte.E. Kelly.

EO.

C.R. 2854

Extract of Monthly Roll of Repatriation Draft, Embarked
for Newfoundland, 16-10-18.

FOR DISCHARGE UNDER A.F. B.179.

2854 Pte. Kelly, E.

MM.

C.R. 2854

Extract from Telegram to Military J. St. John's, dated Oct. 17th 1918.

Being sent here for Discharges

2854 Kelly.

C.R. 2854

Extract from Casualties from Pay and Record Office,
London, dated Oct. 15th. 1918.

The undermentioned has been granted extension of furlough
to 8 a.m. 16/10/18. To be repatriated.

2854 Pte. E. Kelly.

Authority: Officer i/o Records, F.F.C. Contgt.

C.R. 2854

**Extract from Casualties received from Pay & Record
Office London, Oct.8th, 1918.**

**The Undermentioned, ex 3rd London General Hospital, 8-10-18
is granted furlough to 10 a.m. 15-10-18, with orders to
report at the P.&.R.O. on the latter date for disposal.
To be repatriated.**

2854 Pte. Kelley, E.

MM.

C.R. 2854

Extract of Casualties received from Pay & Record Office,
London, dated January 28, 1918.

#2854 Pte. E. Kelly. ✓

Transferred from the King George Hospital to the 3rd
London General Hospital, S.W., 25/1/18.

Auth:- Memos. from 3rd L.G.H.

C.R. 2854

Extract from Daily Orders Part 11, UNIT: The Royal Newfoundland Regiment,
dated 29th. Dec. 1917.

STRENGTH.

2854 Pte. E. Kelly.

Invalided to U.K. 6/12/17.

Wounded.

C.R. 4854

Extract of Casualties received from Pay & Record
Office, London, dated Decembe 16, 1917.

#2854 Pte. E. Kelley. ✓

Wounded 1/12/17.

C.R. 2854

#2854 Pte. Ernest Kelly,

Extract of Casualty list received December 11, 1917.

Gunshot Wound Mouth severe,

At King George Hospital, London.

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 _____

Line
Number _____

Rcd _____

By _____

Sent _____

by _____

Check _____

Dated

December 11, 1917.

To

Mr. Isaac Kelly,

Coley's Point.

Regret to inform you that Record Office, London, officially reports **No. 2854, Private Ernest Kelly,** has been admitted to King George Hospital, London, suffering from gunshot wound in the mouth severe.

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

R. A. SQUIRES,

Colonial Secretary.

FOR TYPEWRITER

C.R. 2854

Extract of Casualties received from Pay & Record
Office, London, dated December 10, 1917.

#2854 Pte. E. Kelly. ✓

Gunshot wound mouth severe.

Admitted King George Hospital, Stamford Street,

S.E.1. 7/12/17.

C.R. 2854

Extract of Casualties received from Pay & Record
Office, London, dated December 10, 1917.

#2854 Pte. E. Kelly. ✓

Gunshot wound face severe.

Admitted 11 Stationary Hospital, Rouen, December
2nd, 1917.

2854 Ernest Kelly Private.

852

Extract of telegram dated August 23rd. 1917.

O.S.WL. Left hand Left eye,

Admitted to St. John Ambulance Bridge Hospital.

C.R. 2854

Extract from Casualties received from P.&.R.Office, London,
August 23, 1917.

St. John Ambulance Brigade Hospital, Esaples.

2854 Kelly.

G.S.W. left hand. left eye ~~severe~~ severe

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.

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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 _____

Line Number	Rcd	By	Sent	by	Check

Dated August 23, 1917.

To Mr. Isaac Kelly,

Coley's Point.

Regret to inform you that Record Office

London, officially reports No. 2854, Private

Ernest Kelly, is at St. John Ambulance Brigade

Hospital, Etaples, suffering from gunshot wounds left hand and left eye.

Upon receipt of further information I shall immedi-

ately wire you and trust that next report will be

of his convalescence.

~~XXXXXXXXXXXX~~ R.A. SQUIRES

Colonial Secretary.

C.R. 2854

Extract from Nominal Roll of Draft No. 24, 2/1st Newfoundland Regiment,
Newton on Ayr, to 1/1st Newfoundland Regiment, B.E.F. 1/6/17

2854 Pte. E. Kelly

MP.

C.R. 2854

Extract from Nominal Roll Embarked St. John's for Overseas
28/8/16.

2854 Pte. E. Kelly.

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:

am going home for a holiday & will call on the V.O. a little later.

E. Kelly

Signature of Man.

Reg. No.

W. J. Marshall

Signature of the Vocational Officer or his Representative.

Place

M. J. Jones

Date

Nov. 14

191

8

**DUPLICATE
MAIL COPY.**

OCT 1918
Posted

LAST PAY CERTIFICATE

To be rendered for all ranks on discharge, transfer to other units, or return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2854 Rank Pte Name E. Kelly. Unit 1st. Royal Mfld. Rgt. who was Repaid
to Newfoundland on 16/10/18 Authority A.F.B.179 Cause Class A.



DR. STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d	
PERIOD: From 22-12-17 TO 16-10-18	Balance Dr. from						Balance Cr. from 21-12-17			16	2	11	
	Allotment 299 days @ .60¢	179	40	36	17	5	Pay 299 days @ \$ 1.00	299	00				
	Cash Payments:						Field Allice 177 days @ \$ 10¢	29	90				
	Acquittance Rolls (Nil)			42	0	0	Other Allices days @ \$	328	90	67	11	8	
	Hospital Allowances			4	0	6	Other Credits:						
	Other Debits:						Ration Allowance 8-10-18 to 16-10-18 9 days at 2/1				18	9	
	Sub: P.of.W. Fund. 1-7-18					2	6	Total Credits			84	13	4
	do. 1-10-18					2	6	Balance due to Paymaster			84	13	4
	Other Stop.					11	1						
	Cash 9174 - 15/10/18					19	6						
Total Debits				84	13	4							
Balance due by Paymaster				84	13	4							

CHECKED.
[Signature]
15/10/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 1918 O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 15/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

15th October, 1918

Chief Paymaster & Officer i/c Records.

C.R. 2854

Ernest Kelley was attested for General Service
with the NEWFOUNDLAND REGIMENT on ~~June 5th 1916~~ ...
Regimental No. **2854** was allotted to Pte **E. Kelley**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

No. 2857

Kelly
7/1

6

Sqn., Batty.,
or Company

6

Corps

1st New York

Date of
enlistment

5-6-16

G.C.
Badges

Service or
Proficiency Pay

Date of last entry
in Company, Cont. Sheet

7/1

No. and date
of last drunk

7/1

Period not reckoning towards
freedom from extra fine

Sheet No. 1.

Signature O.C.
Company, etc.

H. J. ...

Character

Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				<i>29 280 109.17</i>					

Handwritten notes and date: 16/5/17

Army Form B. 122

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 2854 Rank Pte Name Ernest Kelly
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60⁰⁰/_{XX}

Date Dec 21 st. 1918

St. John's

E. Kelly
 Signature of Soldier

J. Holland
 Signature of Witness

E. Kelly

C.R. 2854

~~AKRO~~

No. 29

Date 25/1/18 191

(1) To the Officer i/c Records,

58 Victoria St
S.W. (Station).

(2) The Officer Commanding,

Dipol
Chief Regt
Avr. N. B. (Station).

(3) The Paymaster,

_____ (Station).

Regimental No. 2854

Rank and Name Pte Kelly G.

Regiment or Corps 1. Chev. Regt.

has been granted ~~leave from~~ transferred to day No 3 Gen Concl

His address while on leave will be:— P Wandsworth St

I consider he is fit for * $\left\{ \begin{array}{l} \text{Duty.} \\ \text{Light duty.} \end{array} \right.$



Officer in charge A. Smith Hospital,
CAPT. R. A. M. G. (Station).

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the Office.

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records _____

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Kelly, Christian names Ernest
(in full)

Regt. No. and Rank 2654 Pte Regt. or Corps R.N.F.L.D.
(If T.F. this should be stated)

His address on discharge will be Bay Roberts - Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that* _____ allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hospital

Date Oct 5-18 President of Board (Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 2854 Rank PT Regiment Royal Artillery

Name Kelly Ernest
(Surname first)

1. State what special qualifications you have for employment in civil life.

None

COPIES SENT		
To	No.	DATE
M. OF M.	<u>1668/168</u>	<u>15 OCT 1918</u>
O.C. 1ST. BN.		
" 2ND. BN.		

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

Star Publishing Co.
One year

3. What is the nature and locality of the employment you desire?

not yet decided

4. What is the name of your Approved Society? none

5. Have you been employed whilst with the Colours? If so, in what capacity?

no

Date 4/10/18

Signature Ernest Kelly

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.
Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full Kelly Ernest
Regiment from which discharged Royal Newfoundland Regt
Regimental Number 2854
Where born (Parish, Town and County), and when Bay Roberts, Nfld. 30-8-1899
Intended address As above.

Height on discharge Five Feet Five Inches
Colour of Hair on discharge Fair Colour of Eyes Bluegrey
Descriptive marks Bullet wound scars upper lip & under chin. Complexion Fresh.

Figure on discharge Medium
Christian name of Father Isaac
Christian name of Mother Lane
Wife's Maiden name in full }
Date and Place of Marriage } N/A.
Christian names of Children }

COPIES SENT		
To	No.	DATE
M. OF M.	<u>16628/108</u>	<u>15 OCT 1911</u>
O.C. 1ST. BN.		
" 2ND. BN.		

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 Kelly. (Rank) pte
Station Wandsworth. Date Oct 4 1911.

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.

J.A. Jones Medical Officer i/c Hospital.

Station Wandsworth Date Oct-4 1911.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed			
Service towards Pension			
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }		
Sums due on account of public debts ...						

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
Date _____ Records.

2/693.

Chief
THE REGIMENTAL PAYMASTER,
Newfoundland Contingents.
58, Victoria Street,
S. W. 1.



I beg to forward the attached application from No. 2854.

Pte. E. Kelly, Newfoundlands.

for an advance of £ 3-0-0. (Three pounds.)

to be ~~sent to~~ handed to him.

The King George Hospital,
Stamford Street, S.E. 1.

9th Jnauary, 1918.

A handwritten signature in dark ink, appearing to read "H. G. Army".

Bt.Lt.Col.

~~Major~~, R.A.M.C.,

Adjutant and Registrar
for Officer Commanding.

No. 2854

2693

N.F.P./45.

NEWFOUNDLAND CONTINGENT



To Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to E. Kelly.

the sum of 3 pounds shillings, on
account of any balance that may be due to me.

Rect

(£).

Regtl No. 2854 Rank Pte.

Name Ernest Kelly.

Approved
Officer i/c.,

 Hospital.

*No. 5143 OK 9-1-18
JLD £3.00*

5143

Dated at King George Hospital

Jan 9th 1918.

REMINDER.



No. 4/514

From Company Officer,
The King George Hospital,
Stamford Street, LONDON, S.E. 1.

From

To Regimental Paymaster,

To

58 Victoria St

The counterfoil of A.F.O.1823a

re 2854 Mc Kelly &

Newfoundland

for £ : 1 :- outstanding, sent to you
Jan Dec 14 not having been received
you are requested to expedite the same
and to state hereon when it may be
expected.

G. Hoffmann

Lieut. R.A.M.C.
Company Officer.

7

To. Chief Paymaster & Officer/c Records

of the Newfoundland Contingent

RP 1.0.0
Jas 28/2/18

Receipt No. 5884 58 Victoria Street
London S.W.

Please remit the sum of (\$1) one pound
on account of my telephone bill that may
be due to me



28814
Ste & Kelly

3rd London General Hospital

28/2/18

Approved:
W. H. M. J. R. M. C.
Capt R. M. C.

3RD LONDON GENERAL HOSPITAL
No. 28 FEB 1918
WANDSWORTH, S.W. 18.

Approved
W.P. Est
P.H.C. 1

3rd London General
Hospital
Wandsworth
March 20/18

To Chief Paymaster
of C & Records
59 Victoria St
London

OK
£ 1.0.0
J.R.B. 20/3/18
Receipt No. 6180

Dear Sir

Please allow me the
sum of £1 (one pound)
in advance and charge
~~same~~ to my account -

3rd LONDON GENERAL HOSPITAL
No. _____
20 MAR 1918
WANDSWORTH, S.W. 18.

2856
R.G.

E. Kelly
Royal Medical
Regt

Approved

NEWFOUNDLAND CONTINGENT
68, VICTORIA ST.,
LONDON, S.W.
* 20 MAR 1918 *
PAY & RECORD OFFICE

FILE BRANCH
INITIALS

1816/25

W

4th February

8

2854, Pte. E. Kelly

1181

3 2 18

Pay to 2854, Kelly, £5:0:0

~~A/ 026 677/8.~~

3rd London Gen. Hospital
Wandsworth

7th February 1918.

Pte. Kelly wishes the sum
of £2:0:0 remitted to me for issue
to him in due course, and the
balance placed to the credit of
his account, please.

(Sd)

Capt.
R.A.M.C.

3rd London General Hospital,
Wandsworth, S. W.

2098

8. 17. 1918

1818

3rd London General Hospital,
Wandsworth.

Pay & Record Office,

8th February 1918.

Reference Reverse, Postal Draft for
£2:0:0 is enclosed for payment as
indicated.

Major (S) (Sgt)
Paymaster & O. i/c Records.

3rd London General Hospital,
Wandsworth, S.W. 8.

no record

3rd London General
Hospital
Ward 1310.

March 24 4/8

27/3/18

NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE.	
Ref. Nos. IN	2546
Rec'd 15	MAR 1918
Ack'd	Ans'd 4771
Ref. Nos.	
ACT. NUM.	
COMM.	
P. & C.	
R. & G.	
B. & F.	

To Chief Paymaster,
Records

58 Victoria St
London

Dear Sir

Would you kindly
inform me as to how
much my credit
amount to at present
and oblige

yours truly

2854

Pt Ernest Kelly
Royal Newfoundland
Regt.

Statement of Accounts

No. 2824 Rank Plt OF Name Kelley C.

Company, etc. _____

From 9/6/17 to 26/3/18 (dates).

DEBITS				CREDITS			
Date				Date			
	Allocation for period 9/6/17 to 26/3/18 29 days less = \$174.60	35	17 6		Balance 8/6/17	1	10 2
	Acquittance Rolls	5	10 0		Pay period 9/6/17 to 26/3/18 29 days @ 100 \$291.00	29	19 7
	Hospital Advances		1 0		Field Allowance same period 29 days @ 10¢ =\$29.10	5	19 7
	Hospital Stoppages		8 0				
	E.F.V. D.R.L.P.		3 2				
	P & R O. Payments	5	0 0				
	Creditor Balance		20 6 0		Debtor Balance		
	Total £		67 5 8		Total £		67 5 8

CHECKED.
M/C
27/3/18



Certified correct, NEWFOUNDLAND CONTINGENT

Station _____
Date 27 MAR 1918

[Signature]
CHIEF PAYMASTER & DIRECTOR I/C RECORDS.



Barham Lodge
Hospital
March 5th 1918

To Chief Paymaster
P/c & Records
58 Victoria St
London

Dear Sir
please

allow me the sum of £1
in advance and charge
same to my account

Yours truly
28 54

Pt. E Kelly
Royal Artillery

£1.0.0
6/4/18

Approved

Receipt No

Grace Young
Mrs



WESTERN UNION

171

ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM



Prefix	Code	At	By
WORDS	CHARGE	To	By
15	2/2	VIA WESTERN UNION	

FOR STAMPS

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

31/1/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM FRED KELLY

24 MUNROE STREET STIOHNS (Newfoundland)

CABLE FIVE POUNDS THROUGH MINISTER MILITIA

2854 KELLY

charge 1 etc of

CHECKED.
15
17

CHARGED
PAY BOOK 18/ Salt
Date 7/1/18 by JRB

15 7/2
30 7/2
37 1/2
3 1/2

Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature

Address 50 Victoria St. S.W.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.



3rd London General
Hospital

3/8/18

Royal Army Regt.
59 Victoria St.
London.

Please pay me
the sum of £1 (one pound)
and charge to
my account.

FILE	BRANCH	136/1
	INITIALS	Atley

2854 Pte
OK. AC
£1-0-0. 8422
Receipt

Atley
11/2/18

Admitted 25.1.18

Army Form W. 3202.
(In books of 100.)

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's } 2854 Rank PLC
Regtl. No. }

Name Kelly E
(Surname first)

Corps or Regiment } R. Field Winchester
(also Unit if known) }

To Officer i/c of Records 58 Victoria St

Regimental Paymaster 58 Victoria St

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 5-10-18, has been sent to his home ~~at~~ the address below

~~War~~ to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 8 10 18

to (full address) 58 Victoria St

Date 8 10 18 G. C. Hall { Officer
Capt. L. W. { Comm.

Place Wandsworth Registrar, R.A.M.C.F. Hospital.

Three copies to be made, one copy sent to each Officer, above-mentioned, and one copy filed in the Office. 3rd London General Hospital, H. 1. M. S. W. Q. B. T. H. S. W.

Admitted 25.1.18

Copy

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para, 392 (xvi.) King's Regulations.

Soldier's Regtl. No. } 2854 Rank PLC

Name Kelly
(Surname first)

Corps or Regiment (also Unit if known) } R. Inf'd Winchester

To Officer i/c of Records 58 Victoria St

Regimental Paymaster 58 Victoria St

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 5.10.18, has been sent to his home Wandsworth

to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 8.10.18

to (full address) 58 Victoria St

Date 8.10.18 C. Hall { Officer Comm.

Place Wandsworth Capt. Registrar, R.A.H.S.H.

Three copies to be made, one copy sent to each Officer above mentioned, and one copy filed in the Office. S. W.

Notification to the Regimental Paymaster that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Officer i/c Hospital, may be in possession of particulars of the soldier's children in respect of whom separation allowance is being paid.

This information is required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for despatch to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment by the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there should be no delay in completing and forwarding this Army Form to the Officer i/c Records.

Part I.

A.F.W. 3977a has been sent to
O.O.A.F.W. 3977a has been sent to
The Officer i/c Records,

The Regimental Paymaster,

58 Victoria St
SW58 Victoria St
SW

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 2854 Rank Private
 Name Kelly Ernest
 (Surname). (Christian names in full).
 Unit and Corps Royal Newfoundland Regt
 Station 3rd London General Hospital, 9c Hall Capt
 Date 14th September '15 W. INDS HOSPITAL, S. W.
 Officer i/c Hospital.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to complete such of the following particulars as the soldier can furnish. This information is required by the Officer i/c Records to enable him to verify the claim.

The soldier claims repatriation to _____ (Country) _____ (Place).

- (i) Where enlisted _____
 (ii) Date of arrival in United Kingdom _____
 (iii) Port of arrival _____
 (iv) Ship on which arrived _____
 (v) Name of Shipping Line or Agent _____
 (vi) Names and addresses of two references who can verify the above particulars _____

In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report to the Officer i/c Hospital on Part II. of Army Form W. 3977b whether the claim is substantiated or not.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary, T.F. Association, and forwarded without delay to the Officer i/c Records.

Station _____

Date _____ 191 _____

Officer i/c Hospital.

Notification to the Officer i/c Records that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.

NOTE.—On receipt of this notification the Officer i/c Records is to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of absence or loss of the originals.

Army Form W. 3977c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children for whom separation allowance is being paid, on receipt of which the Army Form is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3977c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If the Army Form has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

Part I.

A.F. W. 3977a has been sent to O.C.

The Officer i/c Records,

58 Victoria St
SW

A.F. W. 3977c has been sent to The Regimental Paymaster,

58 Victoria St
SW

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

You are requested to forward without delay Army Form B. 178, or temporary document, for the soldier.*

No. 2854 Rank Private

Name Kelly (Surname). Gornest (Christian names in full).

Unit and Corps Royal Newfoundland Regt

Station 30th September '18 9 C Hall Cape New
3rd London General Hospital, Officer i/c Hospital.

Date WINDSOR WORTH, S. I.
* Strike out if inapplicable.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/c Records:—

The soldier claims repatriation to _____ (Country). _____ (Place).

- (i) Where enlisted _____
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____
- (vi) Names and addresses of two references who can verify the above particulars _____



In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report on Part II. of this Form whether the claim is substantiated or not.

Part II.

Officer i/c Hospital,

The soldier's claim to be repatriated abroad* _____ accepted. { Insert "is" or "is not." }
On termination of his leave he is to report to the Officer Commanding, { Strike out if inapplicable. }
_____ at _____ (Station)

Station _____

Date _____ 191 _____

Officer i/c _____ Records.

OFFICE COPY.

2854 Pte
Newfoundland

E. Kelly.
16/10/18

1st. Royal Nfld. Rgt.
A.F.B.179
Class A.

Repatriated.

	299	.60¢	179 40	36	17	3	299	1.00	299 00	16	2	11
				42	0	0	<i>297</i>	<i>107</i>	<u>29 90</u>			
Acquittance Rolls (Nil									328 90	67	11	8
Hospital Allowances				4	0	6						
Sub: P.of.W. Fund. 1-7-18					2	6						
do. 1-10-18					2	6						
Other Stop.					11	1						
Cash 9174 - 15/10/18					19	6						

Ration Allowance 8-10-18 to
16-10-18 9 days at 2/1

18 9

84 13 4

84 13 4

84 13 4

84 13 4

London

15 10 18

CHECKED.
AW
15/10/18

COP	
<i>✓</i>	<i>N. 2</i> <i>77 P39</i> <i>16605/168</i> <i>15/10/18</i>

22-12-17 to 16-10-18

FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES UNDER
A.C.I. 1011 OF 1916, PARA. 2(ix.)

R. Inld (Regiment).

No. 28521, Rank PLC, Name Kelly. E

is discharged from* 3. London General Hospital
with orders to proceed to his home:

(Address 58 Victoria St
S.W)



and there to await further instructions as to his discharge from the Service.

Officer Commanding.

Place Wandsworth

E. M. S. [Signature]

Date 8/10/18

Capt. Ramey*
Registrar, R.A.M.C.T.

*Here enter name of Hospital or Unit from which the Soldier is discharged.

3rd London General Hospital,
WANDSWORTH, S.W.

Delough to 10am 15/10/18

No. 2864 Rank Pvt Name Kelly E.

Pay	F.A.	Wkg	Total	N. P. 1/73
100	10		110	W.E.
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	\$	¢	£	s	d
						From	To							
Balance					Balance		2/12/17					16	2	11 ✓
Acquittance Rolls					Pay @ Net Rate	22/12/17	8/10/18	29	50	145	50	29	17	11 ✓
Hospital Advances		4	0	6 ✓	R.A.	8/10/18	15/10/18	8	2/1			16	8	✓
A.B. 64.												46	17	6 ✓
P.&.R.O. Payments		7	0	0 ✓										
<i>P.O. M. Fund.</i>				2 ✓										
<i>Cable</i>				3										
<i>Hosp.</i>				8										
<i>Cash. P. Cheque No. 8906</i>		11	14	11	<i>Gr. Sol. £ 35. 3. 5</i>									
		35	0	0										

W.E.
W.E.

Kelly, Ernest

2854

Sept

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2854 Rank Pte Name E. Kelly. Unit 1st. Royal Nfld. Rgt. who was Repatriated.
to Newfoundland on 16/10/18 Authority A.F.B.179 Cause Class A.

STATEMENT OF ACCOUNT

DR.		STATEMENT OF ACCOUNT					CR.				
PARTICULARS		£	s	d	PARTICULARS		£	s	d		
From 22-11-17 To 16-10-18	Balance Dr. from				Balance Cr. from 21-12-17						
	Allotment 299 days @ .60¢	179	40	36	17	3	299	00	16	2	11
	Cash Payments:										
	Acquittance Rolls (Nil)			42	0	0	29	90			
	Hospital Allowances			4	0	6	328	90	67	11	8
	Other Debits:										
	Sub: P.of.W. Fund. 1-7-18				2	6					
	do. 1-10-18				2	6					
	Other Stop.				11	1				18	9
	Cash 9174 - 15/10/18				19	6					
Total Debits			84	13	4	Total Credits			84	13	4
Balance due by Paymaster			84	13	4	Balance due to Paymaster			84	13	4

CHECKED.

15/10/18

PERIOD:

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place)

(Date)

191

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 15/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

15th October, 1918

H. J. Minshall Maj.
Chief Paymaster & Officer i/c Records.

COPY.

Army Form W. 3494.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 2854 Rank Pte Regiment ROYAL NEWFOUNDLAND REGIMENT.

Name Kelly Ernest
(Surname first)

1. State what special qualifications you have for employment in civil life.

None

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*Star Publishing Co
One Year.*

3. What is the nature and locality of the employment you desire?

Not yet decided.

4. What is the name of your Approved Society?

None

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date 4-10-18

Signature *Capt Ernest Kelly*

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Civil Re-Establishment Committee.
(DEPARTMENT OF MILITIA.)

FORM R
16-12-19-2000

May 15th 1920

MAJOR HOWLEY

Officer in Charge of Pay and Records.

Please pay to E. Kelly, 2854
the sum of seven dollars and sixty six cents
in payment of allowance for week ended this date (4 days)
in connection with re-education.

\$7.66

Pension Monthly \$5.00

Wages Monthly

J. C. Marshall

VOCATIONAL OFFICER.

ACCOUNT	<i>CR</i>
CHK NO	<i>37584</i>
INT. LEDGER	
PAY LEDGER	
GEN. LEDGER	

E. Kelly

Jan 6th 1921

Major Howley
O. I. C. Records

Please pay to E. Kelly, 2854
the sum of fifty five dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

~~XXXXX~~
\$55.00

Pension \$5.00

ACCOUNT	
CHK NO	4669
INT. BROKER	
PAY LEDGER	
GEN. LEDGER	

F. C. [Signature]
.....
Vocational Officer

Ernest Kelly

✓
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 question 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... *Ginest*..... 2. Surname... *Fully*.....

3. Rank... *Pvt.*..... 4. Regtl. No... *2854*.....

5. Address in full to which future payments of gratuity are to fax be forwarded... *Baley's Point*.....

..... *Bay Roberts*.....
6. Date of enlistment in the Regiment... *5th of June 1916*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no dependant.....

8. Relationship of such dependents..... *"not applicable"*.....

9. Address in full of such dependent..... *"not applicable"*.....

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..... *no*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *two years and six months*.....

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..... *I have received*

..... *2 months Post-Discharge Pay*

15. Have you been issued with a War Service Badge?..... *no* :

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

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?..... *not applicable*

19. Are you now serving in the Regt? *no* : If not give:- (a) Date of discharge..... *26th of Nov. 1918* (b) Reason for discharge.....

..... *medically unfit*

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.....

..... *yes: France & Belgium*

..... *August-16th 1917* *Nov. 20th 1917*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com? *no*
(b). If (b), are you in receipt of full pay and allowances from that Committee..... *not receiving any treatment*

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: Ernest Kelly.
 Place of Residence: Coley's Point. Bay Roberts
 Declared before me at:
 This 21st day of March 1919

[Signature]
 Signature of Barrister of the
 Supreme Court, ~~Stipendiary Legis-~~
~~trate, 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
.....	5.00	3.50.00
.....
.....
Certified Correct.			Paymaster.	

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 66.00

Jan 23 1919

Received from the First Newfoundland Regiment
the sum of Sixty Six Dollars.
on account of Pay. P. D. O.
balance

Ernest Kelly.

Ch. No. <u>8696</u>	Initials <u>[Signature]</u>
Pay Ledger. <u>392</u>	Initials <u>awz.</u>
Gen. Ledger.....	Initials.....

Regtl. No. 2854 Rank [Signature]

Fred. Jones

No. 2854

Rank O6

Name Kelley, E.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁰⁰

Dec 27 1908

Received from the First Newfoundland Regiment
the sum of Sixty ⁰⁰ Dollars.

~~the amount~~
balance of Pay.

G Kelly.

Ch. No. 6232	Initials EW
Pay Ledger 394	Initials wn
Gen. Ledger	Initials

Regtl. No. 2854 Rank Pte

711

No. 2834

Rank Pt.

Name Kelly E

X Roy. 7/15. Regt.

DEPARTMENT OF VETERANS AFFAIRS

me

Regt. No. 2854

Pension No.

V.A. No.

NAME AND NEW ADDRESS (Typewritten)

PLATE IMPRESSION (H.O. use)

KELLY, E.,
c/o Dept. of Veterans Affairs,
St. John's, Nfld.

FILE CREATED ON CORRESPONDENCE

990-F

For a dependent pensioner deceased soldiers' name must also be inserted.

Old District Office..... "NF"

Issued at..... "NF"..... District Office

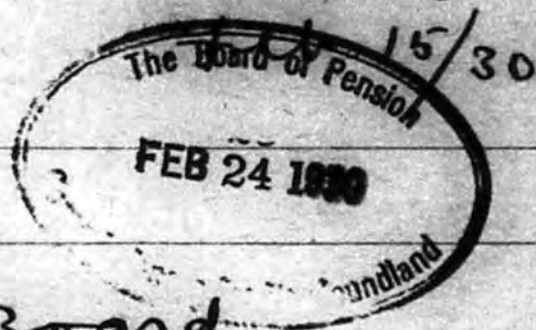
New District Office..... "NF"

By..... B. PECKHAM per *[Signature]*
Signature in Full

Date..... 29 April 49.....

949
2854

153 River St.
Cambridge
Mass



Mr. C. C. Oke
Secretary Board
of Pensions

Dear Sir—

Replying to your letter
of Jan 31st I would
ask you to keep my
cheques at your office
until I come down
next fall, as, in my
line of work I sometimes
move around from
town to town, and
it is difficult for
cheques to reach
me. I will call at-

(2)

your Office when I
come down this
coming Fall.

Would you
kindly do this and
oblige.

DEPARTMENT OF



THE SECRETARY OF STATE
ST. JOHN'S, NEWFOUNDLAND

949

July 20, 1935.

Sir:

I beg to enclose letter under date 18th June from Hon. Harold Mitchell, covering certain papers and cheques in connection with ex-Private Ernest Kelly, who desires that the said cheques be retained by the Government, and thus lessen the expenditure in connection with pensions.

The Executive Government, having considered the matter, direct that the said cheques shall be deposited to the credit of Exchequer Account, as they apply to a period, the accounts for which have long been closed. You had better consult the Treasury with regard to this.

A letter has been sent to Mr. Kelly thanking him for his generosity, and splendid spirit in this connection.

I have the honour to be,
Sir,
Your obedient servant,
John M. Hartney
Asst. Deputy Secretary of State.

C.G.Oke, Esq.,
Secretary, Board of Pension Commissioners.

H.

*Return Apres
to Exchequer
AWM
11/8/35
Cheques deposited
to Exchequer at
11/8/35*

HAROLD MITCHELL
75 WATER STREET, EAST
ST. JOHN'S
NEWFOUNDLAND



Corweil

302

1933

June 12th, 1933.

Hon. F. C. Alderdice,
Prime Minister,
City.

Dear Sir:

I return herewith papers and cheques in connection with Ex. Private Ernest Kelly, and in reply to your covering letter I would say that as there is no special fund for such amounts to be placed in, I would recommend that the General Pensions Account be credited with the amount, which will go against and help offset some of the increases which were necessary in cases of hardship.

Mr. Kelly should be congratulated upon the splendid stand he has taken.

Yours faithfully,
[Handwritten signature]

HM/VC.
Encls.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Ernest Kelly

Rank _____ Regtl. No. _____ Rate of pension _____

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
			(If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason

IV. Pensioner's Signature _____
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address _____

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this _____

day of _____ 19____

and that I believe the Declarant to be the person named herein.

Signature _____

Qualification _____

Address _____

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.



ST JOHN'S,
NEWFOUNDLAND.

IN REPLY REFER TO

No 949

April 13th., 1933.


Sir:-

I have the honour, by direction, to forward herewith a letter from Mr. E. Kelly of Coley's Point, Bay Roberts, together with his pension cheques from March 1932 to March 1933, for your information, and for instruction as to the disposal of same.

I might say that the reason why these cheques were held was because we received no Life Certificate from Mr. Kelly in March 1932 and his whereabouts were unknown to us, and it is only recently we have been successful in locating him at Coley's Point.

Awaiting your instructions in this matter,

I have the honour to be,
Sir,
Your obedient serbant,


Secretary.

Hon. F.C. Alderdice,
Prime Minister,
City.

CCO/BT:

Coleys Point
Bay Roberts
Apr. 3/33

Mr. C. C. Oke
Secty Pension Board
St. Johns

Dear Sir

I am writing to tell you that I am trying to get along without the aid of the pension, and, whatever checks you are holding, there for me, the Govt. can keep them.

I also want you to strike me off the pension list altogether.

Yours Truly

Ernest Kelly

Pension No.

949



949

August 8th., 1933.

Mr. Ernest Kelly,
Coley's Point,
Bay Roberts.

Dear Sir:-

In 1930 when you wrote from the States asking that your pension cheques be held until you called for them, an account was opened in your name in the Bank of Montreal and your cheques deposited each month until March 1932.

I enclose herewith Pass Book #7507 giving the deposits in your name.

All cheques subsequent have, as requested by you, been returned to the Exchequer, and the Government, I understand, have written you, recommending you for your action in this matter.

Yours very truly,



Secretary.

BT:

949

April 13th., 1933.

Sir:-

I have the honour, by direction, to forward herewith a letter from Mr. E. Kelly of Coley's Point, Bay Roberts, together with his pension cheques from March 1932 to March 1933, for your information, and for instruction as to the disposal of same.

I might say that the reason why these cheques were held was because we received no Life Certificate from Mr. Kelly in March 1932 and his whereabouts were unknown to us, and it is only recently we have been successful in locating him at Coley's Point.

Awaiting your instructions in this matter,

I have the honour to be,
Sir,
Your obedient servant,


Secretary.

Hon. F.C. Alderdice,
Prime Minister,
City.

CCO/BT:

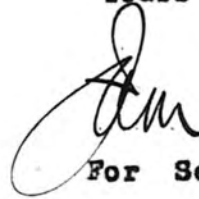
March 25, 1933.

G.W. Thompson, Esq.,
President,
G.W.V.A.,
BAY ROBERTS.

Dear Sir:

Could you trace for the Board the whereabouts of 2854, Ernest Kelly, whose last known address was Cambridge, Mass. He is a son of Mrs. Jane Kelly, Bay Roberts and perhaps she could let you have his present address.

Yours very truly,



For Secretary.

JAMcG/MMS.

Nov 2, 1932.

George Ddrrington, Esq.,
British War Veterans
of American,
Room 402,
115 Broad St.,
NEW YORK.

Re: 2854, Ernest Kelly,
Royal Newfoundland Regiment.

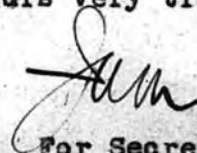
Dear Sir:

The writer had the pleasure of meeting you when you were visiting here this Summer and is soliciting your kind assistance in trying to locate for us the above noted pensioner. His last address as given in 1930 was 153 River Street, Cambridge, Mass. At that time he stated that he would be visiting Newfoundland in the Fall and asked us to hold his cheques until he came down, because as he stated "in my line of work I move around from town to town and it is sometimes difficult for cheques to reach me."

We therefore, opened an account for him at the Bank but he has never drawn against it and we are unable to trace him. It would be appreciated if you would be kind enough to endeavour to trace him and advise us.

Trusting that you are feeling fit and hoping to see you again in the near future,

Yours very truly,



For Secretary.

Bank of Montreal,

Savings 28152

St. John's, Nfld., August 1st, 1930.

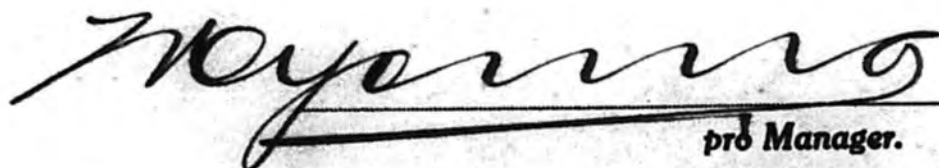
Ernest Kelly, Esq.,

C/o Dept. of Pensions, CITY.

The Bank of Montreal begs to advise at your credit in account
the following amount:—

Cheque - Pension Commissioners -

\$5.00


pro Manager.

A. W. Thompson
President
Is. W. O.
Bay Roberts

Dear Sir

Could you trace for the

Board the whereabouts of 2850 E Kelly
whose last known address was Cambridge Mass
his is a son of Mrs Jane Kelly Bay Roberts.
perhaps she could let you have his present
address.

Yours Truly

Bank of Montreal,

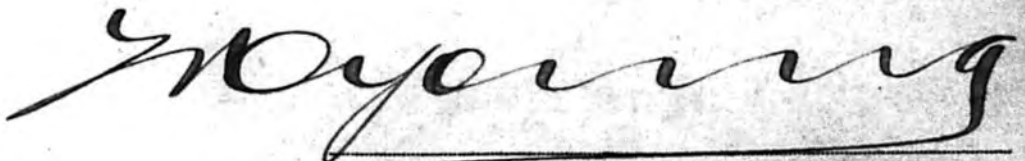
St. John's, Nfld., April 1st. 1930.

Ernest Kelly, (Savings 28152).,

C/o Dept. Pensions, City.

*The Bank of Montreal begs to advise at your credit in account
the following amounts:—*

Deposited by Board of Pension Commissioners	<u>\$5.00</u>
---	---------------



pro Manager.

Bank of Montreal,

Savings 28152

St. John's, Nfld., May 11st, 1930.

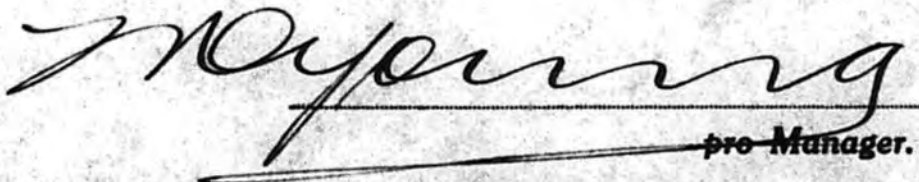
Ernest Kelly, Esq.,

C/o Dept. of Pensions,
CITY.

The Bank of Montreal begs to advise at your credit in account
the following amounts:—

Cheque - Pension Commissioners -

\$5.00


pro Manager.

Bank of Montreal

ST. JOHN'S, NFLD.

February 28th
1930.

Pension No.

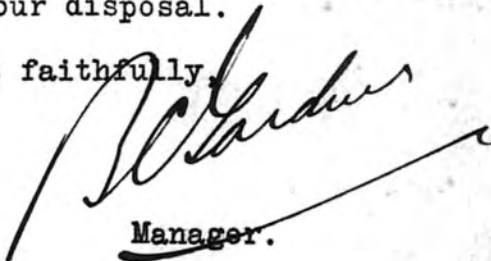
949Ernest Kelly, Esq.,
C/o Department of Pensions,
City.

Dear Sir:

I notice with pleasure that you have opened a Savings Account at this office and I take this opportunity of expressing appreciation at being favoured with your Bank Account.

If at any time the writer can be of any assistance to you please do not hesitate to call as I am only too pleased to have you consider my own, and the Bank's full services at your disposal.

Yours faithfully,


Manager.

Bank of Montreal

ST. JOHN'S, NFLD.

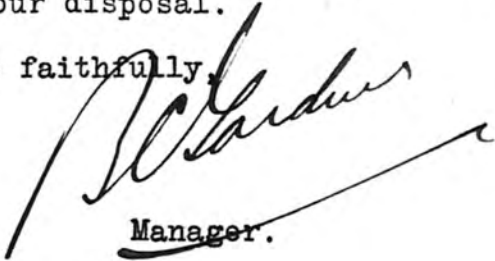
February 28th
1930.*Pension No.**949*Ernest Kelly, Esq.,
C/o Department of Pensions,
City.

Dear Sir:

I notice with pleasure that you have opened a Savings Account at this office and I take this opportunity of expressing appreciation at being favoured with your Bank Account.

If at any time the writer can be of any assistance to you please do not hesitate to call as I am only too pleased to have you consider my own, and the Bank's full services at your disposal.

Yours faithfully,


Manager.



British Great War Veterans of America, Inc.



HONORARY PRESIDENT
MR. GERALD CAMPBELL, C. M. G.
H. B. M.'S CONSUL GENERAL

PRESIDENT
MAJOR C. R. REDGRAVE, M. C.

1ST VICE PRESIDENT
CAPTAIN J. P. KING

2ND VICE PRESIDENT
MR. JOHN P. G. MCPHEE

MR. GEORGE DARRINGTON
RELIEF SECRETARY

Under the patronage of H. B. M.'s AMBASSADOR
His Excellency

The Right Hon. SIR RONALD LINDSAY, G.C.M.G., K.C.B., C.V.O.

—
HEADQUARTERS

Room 402 — 115 BROAD STREET
NEW YORK

Telephone: Whitehall 4-2982

New York Branch of BRITISH LEGION

DIRECTORS

MR. FRANK BUNT
MR. F. MAURICE CHILD
MR. HUMPHREY A. LEE
MR. MICHAEL J. R. MULLIGAN
MR. HARRY E. WALTERS
MR. H. WIGLEY

MR. FRANK BUNT
HON. SECRETARY

November 7th, 1932.

949

Mr. James McGrath,
The Board of Pension Commissioners for Newfoundland.
St. Johns, Newfoundland.

Re: #2854, Ernest KELLY,
Royal Newfoundland Regiment.
Your file No. 949.

Dear Sir:

We will take this case up immediately, and let you know our findings as soon as we have anything to report.

Thanking you fellows sincerely for the cordial reception you gave me while I was in Newfoundland, & hoping to see you again some time, I am,

Yours very truly,

George Darrington

Relief Secretary.

GD/LE.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No: 949

Regt. NO: 2854 Rank: PTE Name: ERNEST KELLY

Corps served with: ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board December 20, 1927 Disability 5% PERMANENT

Pension for Self \$3.75 per month, for LIFE months.

Allowance for Wife: \$1.25 per month, for " months.

ALLOWANCE FOR CHILDREN:

1st Child _____ per month, for _____ months.

2nd Child _____ per month, for _____ months.

_____ children, _____ per month, for _____ months.
(0)

TOTAL MONTHLY PENSION \$5.00 per month, for LIFE months.

Total authorized amount _____ PERMANENT.

.....: *From 26/11/27*

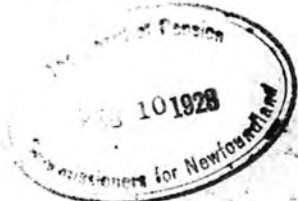
Pension granted to:

ERNEST KELLY

147 Western Ave.

Cambridge Mass,

Approved by:



CHAIRMAN.

Rob

COMMISSIONER.

Clamp

COMMISSIONER.

SECRETARY.

.....
Date of Marriage 23-7-23 Name of Wife Marion

Name of Child. Sex. Date of Birth. Date allow exp.

*Marion
24/1/28*

B. P. C. No. 949
U. S. VETERANS BUREAU
DEC 2 1927
BOSTON REGIONAL OFFICE



BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,
Date NOVEMBER 1927

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per B.T.

AS SOON AS POSSIBLE:

Dec. 20, 1927

Regimental No.	2854	Rank	PRIVATE.
Name	ERNEST KELLY.		
Unit	Royal Nfld. Regt:	Address:-	147, Western Avenue, Cambridge, Mass.....
DESCRIPTION OF PENSIONER:			
Apparent Age	26 YEARS	Height	5'5" Color of Eyes FAIR
Complexion	FAIR	Colour of Hair	BLUE GREY Weight MM 125 LBS:
Marks of Identification:			

November 16th., 1926:

The jaw is stiff, cannot open the mouth but cannot use any force in biting. Quite tender under the jaw. As he cannot masticate he has constant indigestion and sometimes vomits. About two hours after eating his food he gets eructations of gas and this continues until the next meal. Cannot do any work. The history reads like a duodenal ulcer.

GUNSHOT WOUND JAW. FRACTURED MANDIBLE:

RECEIVED
MEDICAL DIVISION
BOSTON REGIONAL OFFICE

NOV 29 1927

U. S. VETERANS BUREAU

Surgical examination by Dr. D.J. HURLEY M.D. 12-20-27.

Below the symphysis, slightly posterior, is a scar, 1 $\frac{1}{2}$ " long, 1/2" wide at it's mid portion, slightly puckered, adherent and sensitive. Point of entrance of bullet. There is 1/2" scar, region of upper lip with no loss of tissue. No loss of motion, except sl. drag left lower corner of mouth. On tip of nose is a superficial abrasion. Teeth both upper and lower are lost. Motion of mastication is not limited.

DIAGNOSIS..... G.S.W. penetrating of the lower jaw.
Compound fracture of the symphysis, healed.
Sensitive scar.
All teeth are false.

This patient states that he is unable to bite hard food, as it puts a strain on the scar. He has no difficulty in swallowing, otherwise muscles of mastication are negative.

D.J. HURLEY M.D.

Surgical Consultant

U.S.V.S. Boston, Mass.

12/20/27. amw.

Disability for which pension has been awarded:—

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition. *complaints of weakness and tenderness of lower abdomen unable to eat hard food.*

U. S. VETERANS BUREAU
 RECEIVED
 DEC 13 1927
 BOSTON REGIONAL OFFICE

Well dev. and well nourished.
 Gen. App good.
 Glandular system negative. Vascular system negative.
 Eyes normal. ENT negative.
 Teeth all replaced.
 Lungs negative.
 Heart- apex in 5th intersp. cc inside of nipple line. Pulse regular.
 Volume good. No murmurs, thrills or acc.
 B.P. 120-85.
 Abdomen no tenderness. L&S Not palpable.
 No hernia or hemorrhoids.
 GU negative.
 NP negative.
 Osseous system, lower jaw.
 Muscles and joints, neg.

C. J. Gillicuddy
 C. J. MD GILLICUDDY M.D.
 11-20-27.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
 (If there are no complaints, it will be so stated.)

Signature of Witness *C. J. Gillicuddy* Pensioner's Signature *Ernest Kelly*

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

GSW, Jaw - Fracture Mandible.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

~~He states that he has been suffering from indigestion, characterized by pain ecc. in the stomach; gas; vomiting, and indigestion is aggravated by milk and eggs.~~

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?.....

no marked increase of disability. Disability of sensitive scar and inability to masticate hard food plus his false teeth, handicap about the same.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

NO.

5 Will disabilities materially increase or diminish? .. Indigestion is variable.

6 Are the disabilities permanent? ... partially. Indigestion may improve in time.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....

Yes, (Artificial Teeth).

(b) Should he continue to do so? ... Yes.

(c) If so, is any alteration in the form of the present appliance recommended? ... No.

(d) If any appliance is necessary? ... No more than stated.

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? .. Yes, advice as to stomach.

(b) Nature of treatment advised. - diet, easily digestible food, further observation of stomach by treatment.

(c) Is pensioner willing to accept treatment advised? ... Yes.

(d) If not, is his refusal reasonable? ... Does not refuse.

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment (To be complete when treatment advised has been refused.)

advised and refused to accept the same for the following reasons:

Approved
5 % for Pensioner's Monthly
Approved on our

Pensioner's signature Ernest Kelly

Signature D. J. Hurley
D. J. HURLEY M.D. saw. Medical Examiner.

Place Boston, Mass. U.S.V.B.

Date 12-20-27.

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9 (a) Has pensioner married since last medical re-examination?

(b) If so, is he receiving the additional allowance for a wife? ... NOV 29 1927

10 (a) Has a child been born to pensioner since last medical re-examination?

(b) If so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

U. S. Veterans Bureau

Place

Date

DEC 28 1927

Head of District Office, (or Medical Practitioner)

Medical Division
Insular & Foreign Service
Sub-Division

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 949
Regt. No. 2854 Rank Pte. Name ERNEST KELLY

Corps served with ROYAL NFLS REGT.

Date of Medical Board Nov. 16/26 Disability 20% expiring

Pension for self \$15.00 per month, for 12 months. 25-11-27

Allee., for wife 5.00 per month, for 12 months.

Allowance for children:

1st Child _____ per month, for _____ months.

2nd child _____ per month, for _____ months.

_____ Children _____ per month, for _____ months.

TOTAL ALLEE., for C. _____ per month, for _____ months.

Total monthly Pension 20.00 per month, for 12 months.

TOTAL AUTHORIZED AMOUNT. \$240.00

Pension granted to:

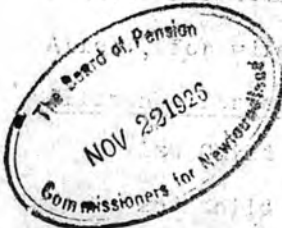
Name Ernest Kelly

Address Coley's Pt.

19.11.26

BT

Approved by:



[Signature] Chairman.

[Signature] Commissioner.

[Signature] Commissioner.

[Signature] SECY.

PARTICULARS OF FAMILY:

23.7.23 Date of Marriage. Name of Wife. Marion Snow

Name of child. Sex. date of Birth. Expiration of A. [Signature]

Report of Medical Board

Station	St. John's, Nfld.	Date	NOVEMBER 16, 1926	
No. and Rank	2854--PRIVATE	Age	26 YEARS	Height 5'5"
Name	ERNEST KELLY	Complexion	FAIR	
Unit	Royal Newfoundland	Eyes	BLUE GREY	Hair FAIR
Address	COLEY'S POINT, B.ROBERTS (The Board will please note how the soldier's appearance corresponds with above description).			
Former Trade				
Enlisted at	ST. JOHN'S	On		
Disease or Disability	Original	<u>GUNSHOT WOUND JAW. FRACTURED MANDIBLE.</u>		

Subsequent

Present Condition (Compare with previous Board)

125 lbs (fully dressed)
 The jaw is stiff, cannot open the mouth but cannot use any force in biting. Quite tender under the jaw. As he cannot masticate he has constant indigestion and sometimes vomits. About 2 hours after eating he gets eructations of gas & this continues until the next meal. Cannot do any work.
 The history reads like a duodenal ulcer

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ? *20%*

Recommendation of Medical Board

Members of Board

[Signature]

[Signature]

No. 532

Pension No. 749

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Ernest Kelly
 (Pensioner's Name) (Relationship to member of forces)
Boleup St
 (Pensioner's Address)
Bay Roberts
 (Name of member of forces) (Rank) (Regt. No.) *2854*

Entire Disability *20*% Pensionable Disability *20*%

AWARD

For Pensioner \$ *10.00* a month
 For Pensioner (Bonus) \$ *5.00* a month
 For Wife \$ *5.00* a month
 For Children \$ a month
 Additional to pension for helplessness \$ a month
 Total \$ *20.00* a month for *12* months
 from *26/11/25* to *25/11/26*

Amount of adjustment payment:
 From *26/11/25* to *30/11/25* @ \$ *20.00* \$ *3 33*

Date *2/12/25*
 Computed by *MM*
 Checked by *BS*
 Check No. *7919*
 (Secretary)
 Board of Pension Commissioners for Newfoundland.

Remarks :

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 949

Regt. No 2654 Rank Pte. Name Ernest Kelly

Corps served with Royal Nfld Regt.

Date of Medical Board Oct 26/25 Disability 20 %

Pension for Self 15.00 per month for 12 months. expiring 25.11.26

Allowance for Wife 5.00 " " " 6660 ~~12~~ months.

Allowance for children:

1st. Child _____ per month for _____ months.

2nd. " 63806 " " " _____ months.

_____ Children @ _____ each per month for _____ months

Total monthly pension \$ 20.00 per 12 months.

Total authorized amount \$ 240.00

Pension granted to:-

Name Ernest Kelly

Address Bay Roberts.

17.11.25
B T

Approved by:-



[Signature] Chairman

[Signature] Commissioner

[Signature] do.

[Signature] Secretary.

Date of Marriage: 23.7.23 Name of Wife: Marion Snow

Names of Children. Sex. Date of Birth. Date expires.

Total authorized amount \$ _____

Pension granted to:-

Name _____

Address _____

[Handwritten signature]
2/12/26

[Handwritten signature]

1667

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

fish

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date

The Secretary, Board of Pension
Commissioners for Newfoundland.

AS SOON AS POSSIBLE.

Per

Regimental No. **2854**

Rank **PRIVATE**

Name **ERNEST KELLY**

ADDRESS: **COLEY'S POINT, RAY ROBERTS.**

Unit **ROYAL NEWFOUNDLAND REGIMENT**

DESCRIPTION OF PENSIONER:

Apparent Age **25 YEARS**

Height **5'5"**

Color of Eyes **B. GREY**

Complexion **FAIR**

Colour of Hair **FAIR**

Weight

Marks of Identification:

JANUARY 29, 1925: Pain of dull aching character, occ. sharp in the middle of the lower jaw. Worse on attempted normal chewing, and when he feels tired. There is a time when he has no pain, and times when pain is present. Jaw and chin, inferior surface of chin middle aspect, a linear scar of 2½" which is depressed, adherent, tender on pressure. There is evidence of fracture of the bone which is healed, in fairly good position with slightly exuberant callus and firm union. Motions of the jaw are all present, and slightly limited, and the man cannot get a straight mechanical bite with his teeth. Apparently gives him trouble on eating, and food disagrees with him. He is also claiming indigestion. The calf, middle third, and lower portion, posterior surface shows circular scar, G.S.W. which is now well healed, and superficial, not complained of. The lower jaw and upper jaw has artificial teeth from service which are fairly well, but it is evident man is having trouble in use of his teeth for practical purposes. Other joints no disease of injury.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUNSHOT WOUND JAW. FRACTURED MANDIBLE.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Disability for which pension has been awarded:—

Inactive lower jaw result of G. S. N.

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.

(2) Give a definite detailed description of the present condition.

Man complains of pain under chin specially on any forced movement of jaw.

Also complains of "indigestion" pains

Man had teeth removed in August ¹⁹⁰⁴ because of difficulty in mastication.

Living on liquid diet mostly complains of flatulency, of sour acid eructations & heaviness after food, appetite poor.

Scar under chin tender, slight swelling to right, otherwise as before

Special Questions:—

..... This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature
of Witness

H.S. Atkinson

Pensioner's Signature

Ernest Kelly

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Gun shot wound jaw of fracture.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

Indigestion

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?.....

About same. Indigestion worse

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

no.

5 Will disabilities materially increase or diminish?

Depends on ability to fit dental plate.

6 Are the disabilities permanent?

Yes.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....

Not at present

(b) Should he continue to do so?

Yes.

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?.....

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

Approved for 4 Months by H.S. Atkinson Medical Adviser

(b) Nature of treatment advised.....

(c) Is pensioner willing to accept treatment advised?.....

(d) If not, is his refusal reasonable?.....

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons:

The foregoing report submitted by
Place *Bay Roberts*
Date *Oct. 26 1925*
Pensioner's signature

Signature *H.S. Atkinson*
Medical Examiner.

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9 (a) Has pensioner married since last medical re-examination?

No.

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

No.

(b) If so, is he receiving the additional allowance for a child?

No.

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death)

No.

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

No.

Place *Bay Roberts N.A.*
Date *Oct. 26 1925*

H.S. Atkinson
Head of District Office, (or Medical Practitioner)

949

30 Prince St
Cambridge
Mass
May 19/25

Mr. C. C. Oke
Secretary



Dear Sir

Would
you kindly send
my pension cheques
to "Boley's Point."

Bay Roberts "

instead of here, as
I am leaving for
that place shortly

Respectfully yours
Ernest Kelly

Regt. no 2854

Pension no. 949

1178

No. ~~1774~~

Pension No. 949

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Ernest Kelly
 (Pensioner's Name) (Relationship to member of forces)
30. Prince St
 (Pensioner's Address)
Cambridge Mass *2854*
 (Name of member of forces) (Rank) (Regt. No.)

Entire Disability... *20*...%

Pensionable Disability... *20*...%

AWARD

For Pensioner..... \$ *10.00* a month
 For Pensioner (Bonus)..... \$ *5.00* a month
 For Wife..... \$ *5.00* a month
 For Children..... \$ a month
 Additional to pension for helplessness..... \$ a month

Total..... \$ *20.00* a month for... *12*... months
 from *26/11/24* to *26/11/25*

Amount of adjustment payment:
 from *26/11/24* to *31/3/25* @ \$ *20.00*
 Date... *18/3/25*

M. S. 33
 Check No *12327*

Remarks:

Computed by... *M*.....
 Checked by... *M. S.*.....

[Signature]
 (Secretary)
 Board of Pension Commissioners for Newfoundland.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 949
Regt. No. 2654 Rank Pte Name Ernest Kelly

Corps served with Royal Nfld Regt.

Date of Medical Board Nov/24 Disability 20%

Pension for Self \$15.00 per month for 12 months.

Allowance for wife \$5.00 per month for 12 months.

Allowance for children:-

1st Child _____ per month for _____ months;

2nd Child _____ per month for _____ months.

_____ children @ _____ ea. _____ per month for _____ months.

Total monthly pension \$20.00 for 12 months.

Total authorized amount \$240.00

Pension granted to:-

Name Ernest Kelly

Address 30 Prince St.
Cambridge.Mass.

13.3.25
B T

Approved by:-

W. J. ... Chairman.

P. H. ... Commissioner.

L. ... Commissioner.

H. ... Secretary.



Date of Marriage 23. 7.23 Name of Wife Marion Snow

NAMES OF CHILDREN. SEX. DATE OF BIRTH COMES OF AGE.

16/8/25
P.S.

M. ...
19/3/25

J. ...

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

Mr. William

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

Medical Report required; review date:—

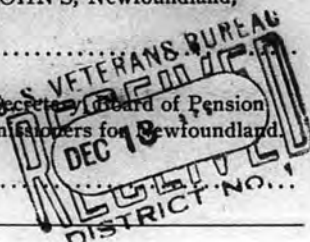
AS SOON AS POSSIBLE.

ST. JOHN'S, Newfoundland,

Date.....

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....



Regimental No. 2854

Rank PRIVATE

Name ERNEST KELLY

ADDRESS: 30, Prince Street,
Cambridge, Mass.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 25 YEARS

Height 5' 5"

Color of Eyes B. GREY

Complexion FAIR Colour of Hair FAIR

Weight

Marks of Identification:

NOVEMBER 24th 1922: Find second molar diseased, slip suspending plate cannot hold it because of decayed second molar. Recommend dentist removing 3rd upper molar sol ----- Due to Gunshot wound through left jaw or maxillary. Would recommend removing all super and inferior maxillary teeth to make the condition good.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUNSHOT WOUND JAW. FRACTURED MANDIBLE.

UNITED STATES VETERANS BUREAU
 609 Washington St.,
 Boston, Mass.

JAN. 29, 1925.

NAME...Kelley, Ernest.
 ADDRESS ...30 Prince St., Cambridge, Mass.
 RANK & ORGANIZATION R.N.R.

C-
 Canadian.

COMPLAINT: Pain of dull aching character, occ. sharp in the middle of the lower jaw. Worse on attempted normal chewing, and when he feels very tired. There is a time when he has no pain, and times when pain is present.

DURATION 6 yrs ONSET sudden PROGRESSION sta. CAUSE - GSW, serv. origin, involving frac. lower jaw.
 EXAMINATION:

Previous work..... Printer. Service two years 9 months. After 11 mths. service received injury. Complaint from the teeth for sometime. Discharged Nov 4th 04 5th, 1918, also received a minor GSW.

Jaw and chin, inferior surface of chin, middle aspect, a linear scar of 2½" which is depressed, adherent, tender on pressure. There is evidence of fracture of the bone which is healed, in fairly good position, with slightly exuberant callous and firm union. Motions of the jaw are all present, and slightly limited, and the man cannot get a straight mechanical bite with his teeth. Apparently gives him trouble on eating, and food disagrees with him. He is also claiming indigestion.

The calf, junction of middle third, and lower portion, posterior surface, shows circular, scar, GSW, which is well healed, and superficial, not complained of.

The lower jaw and upper jaw has artificial teeth from service, which are fairly well, but it is evident man is having trouble in use of his teeth for practical purposes.

Other joints no disease or injury.

DIAGNOSIS: GSW; frac. lower jaw, involving loss of teeth.

PROGNOSIS: Max. result prob. reached, except as the regards dental alterative treatment.

TREATMENT: Advise examination, recommendation

Dental Dept., and forwarding rating to Canadian or New Foundland authorities.

OPINION: This case suggests a rather severe vocational handicap, as he is unable to chew his food properly; stomach is not apt to do particularly good work. He is complaining of subjective indigestion. Suggests major vocational handicap, a rating of 30%. subject to approval, merely suggestion on the part of Exmt.

REFERRED BY: DR. FITZGIBBON MD.

EXAMINATION REUSILE no.

E.S. JOHNSON MD. AAW.

Orthopedic Examiner.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

MEDICAL REPORT FORM



(40)

N.B.—EVERY QUESTION SHOULD BE ANSWERED THERE SHOULD BE NO BLANKS.

To be used when an Ex-member of the Canadian or Imperial Forces applies, or is recommended, for treatment in the United States of America, or where Pension Examination has been authorized.

Place Easton, Mass. Date Feb 22, 19 1925

U.S. MEDICAL BUREAU
FEB 22 1925
MAIL AND TELEGRAPH

1. (a) Surname Kelly (b) Christian Name Ernest
 (c) Regimental or Serial No 2854 (d) Rank Pvt. (e) Original Military Unit RNR
 (f) Present Address 30 Prince St., Cambridge, Mass.
 2. Age last birthday 25 Height 5' 5" Weight 135 Complexion Fair
 3. Enlisted at St Johns on 1916
 4. Discharged at St Johns on 1919
 5. Last Medical Board held at Bay Roberts, N.F. on _____
 6. Pension No. 949 7. Married or Single Married 8. Present Occupation Printer
 (If not employed, state usual employment.)
 9. Next of kin Mother Jane Relationship Mother

Address Bay Roberts, Newfoundland

10.	Dependents	Relationship	Age
	Donald	Son	7 Months

(NOTE—The man's identity as an ex-member of the Canadian or Imperial forces should be established by the examining physician, by examination of Discharge Certificate, Protection Certificate (Ex-Imperials) or other military documents in the man's possession. If there are no documents available confirming his statements, this should be indicated in a footnote on this form.)

11. Present Disability gunshot wound jaw, fracture mandible.
 12. Was this disability caused or aggravated by war service? caused.

13. What is the man's present condition? (Please report as fully as possible, and, if Specialist's examination has been authorized by the Department of Soldiers' Civil Re-Establishment, have report attached. The information given in pension cases is to be used as a basis for estimation of pensionable disability.)

Fairly developed and nourished. - fair general appearance - weight 125 lbs height 5'5"
 skin clean smooth unbroken - normal color - glandular system - no adenopathy.
 Eyes blue - hair brown - complexion fair - eyes - vision no defects.
 Ears, nose and throat - no pathology. Teeth several false in front.
 had been avulsed by bullets from sniper in action. pulse seated 60/
 Heart: shows a nervous rapid heart action - roughened first sound. No enlargement - no cardiac pathology.
 Lungs: x-ray negative.
 lower jaw and mandible shows healed scar of GW which fractured the mandible and came out thru center of upper lip taking a small particle of the tip of the nose - referred to orthopedist.
 Abdomen: negative. no hernia, no hemorrhoids or varicose vein tract - no pathology.
 Bones and jts - no abnormalities. - except as noted. - spine and back - no pathology.

13. Present condition (continued)

.....

.....

.....

Mentally clear. -

there is near the anal opening a little pedunculated tumor of no importance.

.....

.....

.....

.....

14. As a result of my examination, I recommend that treatment be given for.....

..... in hospital..... as an out-patient.....

(One of these should be deleted)

N.B. If the condition requiring treatment is that shown on the official documents as constituting the pensionable disability, action may be taken at once, with notification to the District Manager. Otherwise, treatment should not be undertaken until authority has been obtained from the Department of Soldiers' Civil Re-Establishment.

15. Specify the treatment.....

16. What is probable duration of treatment?.....

17. If Out-patient treatment is required, will the man be able to carry on employment?.....

18. If the man has been treated in Hospitals in the United States since discharge from the Forces, please indicate:

<u>Name of Institution</u>	<u>Address</u>	<u>Dates of Hospitalization</u>
.....	from..... to.....
.....	from..... to.....
.....	from..... to.....

19. Remarks.....

.....

.....

.....

.....

.....

.....

U. S. Veterans Bureau
 RECEIVED
 FEB 24 1925
 Medical Division
 Bureau of Pensions Service
 War Department

20. Date of Admission to Hospital (if applicable).....

Ernest Kelly (Man's Signature)

Edward J. Fitzgibbon (Examining Physician)

THE BOARD OF PENSION COMMISSIONERS

Pension No 949

Regt. No 2854 Rank Pte Name Kelly Ernest

Disability: B. S. W. Jaw.

Rate of Pension 10 % ending 25/11/24

Date of Marriage 23/7/23

Name of Wife: Marion Snow

Additional Allee., granted for wife \$ 2.50 per month

Date 1/10/23.

[Signature]
Secretary

[Handwritten signature]

ALLOWANCES FOR CHILD OR CHILDREN

Rate of pension _____ % ending _____

Receiving allowances for _____ Children

PARTICULARS OF _____ CHILD

Name	Sex	Date of birth

Allowance of \$ _____ per month granted from _____

Child becomes of age _____

Date _____

Secretary.

*Notes
1/10/23*

August 9th 1924.

The General Passenger Agent,
Nfld. Govt. Railway,
City.

Dear Sir:⑥

Kindly supply Ex-Pte. Ernest Kelly with first
class passage from St. John's to Bay Roberts, and charge
same to this Department.

Yours very truly,

Secretary.

E ED.

455 Cambridge St
Allston Mass
Boston
Sept. 18th 23.

To the Secy
Board of Pensions.
Water Street
St Johns.

Dear Sir - your
communication of aug 28th
to hand. I have filled out
form as requested. and
am returning same to
you. Kindly send me
the result here, but you
can forward the checks
to the same address
as before - namely to
Bay Roberts;
And Oblige.

Yours faithfully
Pension no. 949) Ernest Kelly

The Board of Pension Commissioners for Newfoundland.

DISABILITY

Pension No. 949

CLAIM FOR PENSION.

I hereby make claim for pension and solemnly declare that the answers given by me to the following questions are true.

1. What is your full name? Ernest Kelly Regt. No. 2854
2. What is your address? 455 Cambridge St. Allston Boston
Mass. U.S.A.
3. (a) Are you married? yes On what date? July 23rd 1923.
(b) What is your wife's maiden name? Margaret Snow.
(c) When was she born? Jan. 6th 1899
(d) Is she living with you? yes
(e) Is she supported by you? yes
4. (a) How many children living under the age of sixteen years (if boys) or seventeen years (if girls) have you? none
(b) Are they living with you? none
(c) Are they being supported by you? none
(d) Have any of them contracted marriage? none
(e) Give full particulars of children hereunder:—

PARTICULARS OF CHILDREN

(Name in Full)	(Sex)	Date of Birth (Day, Month, Year.)
----------------	-------	--------------------------------------

(No children listed)

Ernest Kelly
Signature of Pensioner.

IMPORTANT

This claim form must be signed in the presence of either a representative of the Board of Pension Commissioners, a Barrister, Solicitor, Notary Public, Justice of the Peace, or any person authorized to administer an oath, who will make the following declaration:

I solemnly declare that I was present and saw the claimant (described above) sign this claim for pension form and to the best of my knowledge and belief he is the claimant he represents himself to be.

Date Aug. Dept. 18/23

Hubert E. Beckwith Signature
226 Eric St. Cambridge, Mass Address
Clergyman, Pastor of Occupation
Pilgrim Congregational Church
Cambridge

949

August 28, 1923,

Mr. Ernest Kelly,
455 Cambridge Street,
Allston, Boston, Mass.
U.S.A.

Dear Sir:-

I beg to acknowledge receipt of your letter of August 20th, 1923, in which you inform us that you are now a married man.

Kindly fill out the enclosed Form in every detail, have same signed by a Magistrate, Clergyman, or some person of authority, and return to this Office, together with your Marriage Certificate. Your account will then be adjusted and you will be further advised.

Yours faithfully,

Secretary.

WVW/BT.

January 30th 1923.

The General Passenger Agent,
Reid Newfoundland Co.,
City.

Dear Sir:-

Kindly supply Ex-Pte. Ernest Kelly with first class
passage from St. John's to Bay Roberts and charge same
to this Department.

Yours faithfully,

Secretary.

Per _____

929

December 7th 1922.

Mr. Ernest Kelly,
Coley's Point
Bay Roberts.

Dear Sir:-

With reference to your communication of Dec. 4th
relative to your examination papers.

I beg to state that the papers have been received at
this office, but have not yet passed the Pensions Board,
but we hope to be in a position in a few days to let
you know the result.

Yours faithfully,

Secretary.

Per _____

EED.

750
712
90.10

455 Cambridge St
Allston, Mass
Boston

U. S. of
Aug. 20th/₂₃

To Mr. C. B. Dike
Secty. Board of Pensions
St. Johns.

Dear Sir - I beg to
advise you that I was married on the
2nd of July, and I am writing to know
whether I ~~am~~ am entitled to a raise in
my pension or not; you can still
send the money to the same address
as before - to Bay Roberts;

I Remain

Yours faithfully
Ernest Kelly

Pension no. 249.

28/8/23
B S



Coleys Point
Bay Roberts
Dec 4th/22

Mr. G. B. Oke
Secty. Board of Pensions

Dear Sir.

Your letter of Nov. 30th.

Concerning my re-examination to hand, and in reply would say, that I was examined by Dr. Ritchard of Bay Roberts, on Nov. 25th, and his report posted on ~~at~~ the same date. You should have received it last week.

Yours Truly

Ernest Kelly.

Pension No. 949

Mr. G. B. Oke.

THE BOARD OF PENSION COMMISSIONERS
FOR N.F.L.D.

Pension No 949

Regt. No. 2854 Rank pvt Name ERNEST KELLY

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Rank held when disability was incurred _____

Date of Medical Board 24-11-23 Disability 10 %

Pension for self \$ 7.50 per month for 24 months

Allowance for wife \$ _____ per month for _____ months

Allowance for children:

First child \$ _____ per month for _____ months

Second " \$ _____ per month for _____ months

Children @ \$ _____ each = \$ _____ for _____ months

Total monthly pension \$ 7.50 for 24 months

Total authorized amount \$ 180.00

Granted to:-

Name ERNEST KELLY

Address BAY ROBERTS.

((NOTED))
M. Manu
initials
10/1/23
date.

Approved by:-

_____ Chairman

W. P. ... Medical Advisor.

... Secretary.

10/1/23 ✓
10

Date of Marriage _____ Name of Wife _____

Particulars of children:

Name	Sex	Date of birth	Expires.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date.....

AS SOON AS POSSIBLE.The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2854 Rank PRIVATE
 Name ERNEST KELLY ADDRESS: BAY ROBERTS, C. B.
 Unit ROYAL NEWFOUNDLAND REGIMENT
 DESCRIPTION OF PENSIONER:
 Apparent Age 23 YEARS Height 5' 5" Colour of Eyes BLUE GREY
 Complexion FAIR Colour of Hair FAIR Weight
 Marks of Identification: BULLET WOUND SCAR UPPER LIP AND UNDER CHIN.

NOVEMBER 13, 1918: SCAR UNDER CHIN HEALED. WEARING ARTIFICIAL
 TEETH. CANNOT BITE ANYTHING HARD AND CANNOT MASTICATE ANY SOLID
 FOOD. WOUND LEFT LEG QUITE HEALED. NO DISABILITY.

FEBRUARY 18, 1919: CONSION SAME AS AT LAST BOARD. SMALL ULCER
 IN LOWER JAW CAUSED BY ARTIFICIAL TEETH?

MAY 7, 1919: WOUND COMPLETELY HEALED. STILL SLIGHT TENDERNESS
 WHEN MASTICATION.

NOVEMBER 3, 1919: PENSION COMPLAINS OF PAIN WHEN EATING. WOUND
 HEALED. PHYSICALLY FIT.

NOVEMBER 15, 1920: STILL COMPLAINS OF PAINS WHILE EATING AND
 MASTICATING.

NOVEMBER 16, 1921: PAIN WHEN EATING. WOUNDS COMPLETELY HEALED. PH
 PHYSICALLY FIT.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUNSHOT WOUND JAW. FRACTURED MANDIBLE.

3
MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

Five years in also upper forehead cap
 supposed plate cannot read it heard
 of decayed 2nd 7.
 recommends quiet resting ^{upper} ~~lower~~ also advised
 also the
 Due to the ^{through} ~~road~~ ^{left-} ~~right~~ ^{left-}
 law. or Superior Military Bone.
Superior Military Bone
 R. Would recommend to moving
 all superior military membership
 task to make the condition
 good.

Special Questions:—

Dr. Parsons:—
 Am unable to make out words underlined.
 Would you mind writing them plainly
 please. EBA.

This is to certify that I have read, or have heard read, the above description of my disabling condition. I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
 (If there are no complaints, it will be so stated.)

Signature EBA
 of Witness

Pensioner's signature [Signature]

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

(a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to inactivity, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

vised and refuse to accept the same for the following reasons:

Pensioner's signature

The foregoing report submitted by

Signature

Place. Bay Roberts, CB

Medical Examiner.

Date. 24-11-22

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

(a) Has a child been born to pensioner since last medical re-examination?

(b) If, so, is he receiving the additional allowance for a child?

If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)



Disability for

Head of District Office, (or Medical Practitioner.)

October 6th 1922.

The General Passenger Agent,
General Newfoundland Co.,
City.

Dear Sirs-

Kindly supply Ex-Pte. Ernest Kelly with first
class passage from St. John's to Bay Roberts, and
charge same to this Department.

Yours faithfully,

Secretary.

Per _____

EBD.

949

Kelly Ernest -

Pm @ \$ 500 Dm 1-1-21 to 31-12-21 \$ 6000.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Pension No. 949

Regt. No. 2854 Rank Pte Name Kelly Ernest

Corps. served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board October 29, 1921

Pensionable Disability 10% for 12 months.

Pension granted: \$ 5⁰⁰ per month for 12 months.

Total authorized amount \$ 60⁰⁰

or Gratuity granted: \$ _____ payable in _____ equal monthly installments.

Granted to:-

Name Ernest Kelly

Address Bay Roberts
CB

Date case disposed of: _____

Approved by:

Members of Board

W. P. Brown Chairman W. C. [unclear]
[unclear] [unclear]

Remarks:

29/11/21
RJ

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date OCTOBER 29, 1921.AS SOON AS POSSIBLEThe Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2854Rank PRIVATEName ERNEST KELLYADDRESS: BAY ROBERTS, C. B.Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 22 YEARSHeight 5' 5"Colour of Eyes BLUE GREYComplexion FAIR

Colour of Hair

FAIR

Weight

Marks of Identification: BULLET WOUND SCAR UPPER LIP AND UNDER CHIN.

NOVEMBER 13, 1918: SCAR UNDER CHIN HEALED. WEARING ARTIFICIAL TEETH. CANNOT BITE ANYTHING HARD AND CANNOT MASTICATE ANY SOLID FOOD. WOUND LEFT LEG QUITE HEALED. NO DISABILITY.

FEBRUARY 18, 1919: CONDITION SAME AS AT LAST BOARD. SMALL ULCER IN LOWER JAW CAUSED BY ARTIFICIAL TEETH.

MAY 7, 1919: WOUND COMPLETELY HEALED. STILL SLIGHT TENDERNESS WHEN MASTICATING.

NOVEMBER 3, 1919: PENSIONER COMPLAINS OF PAIN WHEN EATING. WOUND HEALED. PHYSICALLY FIT.

NOVEMBER 15, 1920: STILL COMPLAINS OF PAINS WHILE EATING AND MASTICATING.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUN SHOT WOUND JAW. FRACTURED MANDIBLE.

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

(2) Give a definite detailed description of the present condition.

Pain when eating
Wound completely healed
Physician's report

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature of Witness *Loose P. [unclear]*

Pensioner's signature *Ernest Kelly*

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.-

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

Handwritten notes:
C. W. ...
1/20/21
1/20/21

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature

Medical Examiner.

Place

Date

16-11-21

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers)

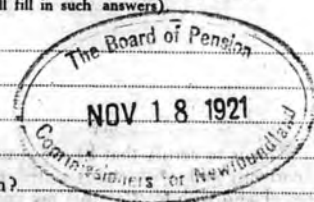
9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)



12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

Place

Head of District Office. (or Medical Practitioner.)

Date

2854

Dr. T. P. SMITH, D.D.S.
DENTIST

949

256 Water Street,

St. John's, Nfld., Dept-5th

1921

Military Hospital Commission

Dear Sir:-

I have looked over Mr. Kelly's
mouth and recommend having teeth on
plate replaced and teeth filled which
would amount to about eight dollars

Yours respectfully
T. P. Smith

949

Dr. W. S. Goodwin
HARBOR GRACE
NEWFOUNDLAND

June 4th 1921

Board of Pension Commissioners
for Newfoundland.
St. John's.

Dear Sirs, —

Re the case of Mr.
Ernest Kelly, Colley's Pt. Bay
Roberts — I find that in
order to make his case satisfactory
the remainder of his upper teeth will
need to be removed and a full
upper set put in. He will also
need a partial lower set. Total
cost will be about \$35.00

Yours truly
W. S. Goodwin.

	Date	Initials
RECEIVED	6/4/21	W.S.G.
FORWARDED TO		Fate W.H.F.
ANSWERED		

Mr B
Kelly Kelly
Goodwin
Kearney
Kearney



May 26th/21

Mr. Ernest Kelly,
Coley's Point,
Bay Roberts.

Dear Sir:-

I beg to acknowledge receipt of your communication of May 21st relative to replacing your teeth.

In reply I would state that we have heard nothing from Dr. Goodwin as to the cost of same, but as soon as we do, we shall be glad to consider your case.

Yours faithfully,

Asst. Surg.

EBD.

Boleys Point
Bay Roberts
May 21st /21

To Major W. H. Parsons M.C.
Militia Building
St. Johns.

Dear Sir. - I called at your office about the 1st of this year, about getting repairs effected to some teeth, which were knocked out on service, and which were replaced in hospital you told me to see Dr. Goodwin at St. Grace and get his estimate of the cost of repairing them. I did so. and I understand he has sent in his estimation a long while ago, but has received no reply yet.

Would you kindly advise me what to do in the matter. now.

Yours etc.

Ernest Kelly.
Regt. No. 2854

Pension no.
949.

Ceo

Paul
head rolling
from on road down
WPT

P. No. 949
Kelly, Ernest

Pensions @ 5% from 1.1.20 to 31.12.20
10% Increase

60 00

60 00

6 00

6 00

MEDICAL BOARD OF PENSION REGULATIONS
FOR NEWFOUNDLAND.

Pension No. 949

Regt. No. 2854 Rank Pte. Name Ernest Kelly,

Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board November 15-1920.

Pensionable disability 10% for 12 months

Pension Granted: \$ 5.00 per month for 12 months

Total Authorized amount \$ 60.00

or Gratuity Granted:

0 Payable in 0 equal monthly instalments.

Granted to:-

Name Ernest Kelly,

Address Bay Roberts.

Date case disposed of _____

Approved by:

Members of Board

Chairman

W. J. Roberts
lll

JAS
Robert Kelly
Secy

Remarks:

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date. October 28, 1920.

AS SOON AS POSSIBLE

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2854 Rank PRIVATE
Name ERNEST KELLY ADDRESS: BAY ROBERTS
Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 21 YEARS Height 5' 5" Colour of Eyes BLUE GREY
Complexion FAIR Colour of Hair FAIR Weight
Marks of Identification: BULLET WOUND SCAR UPPER LIP AND UNDER CHIN.

NOVEMBER 13TH., 1918:

SCAR UNDER CHIN HEALED. WEARING ARTIFICIAL TEETH. CANNOT BITE
ANYTHING HARD AND CANNOT MASTICATE ANY SOLID FOOD.

WOUND LEFT LEG QUITE HEALED. NO DISABILITY.

FEBRUARY 18TH., 1919:

CONDITION SAME AS AT LAST BOARD. SMALL ULCER IN LOWER JAW CAUSED BY
ARTIFICIAL TEETH.

MAY 7TH., 1919:

WOUND COMPLETELY HEALED. STILL SLIGHT TENDERNESS WHEN MASTICATING.

NOVEMBER 3RD., 1919:

PENSIONER COMPLAINS OF PAIN WHEN EATING. WOUND HEALED. PHYSICALLY FIT

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUN SHOT WOUND JAW. FRACTURED MANDIBLE.
(SYMPHYSIS)

MEDICAL REPORT

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *Yes*
- (2) Give a definite detailed description of the present condition.

*Sticri Complacis of pain
while eating & masticating*

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature of Witness: *Frank J. [illegible]*

Pensioner's signature: *James Kelly*

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

.....
.....

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

.....
.....

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?.....

None

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?.....

Diminish

6 Are the disabilities permanent?.....

Yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....

Artificial teeth

(b) Should he continue to do so?.....

Yes

(c) If so, is any alteration in the form of the present appliance recommended?.....

(d) If any appliance is necessary?.....

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?.....

(b) Nature of treatment advised.....

(c) Is pensioner willing to accept treatment advised?.....

(d) If not, is his refusal reasonable?.....

Approved to pay 100% of B.P.

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

.....
.....

The foregoing report submitted by Pensioner's signature *E. Kelly*

Signature *James Hutcherson* Medical Examiner.

Place.....

Date *15-11-20*.....

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?.....

9 (b) If so, is he receiving the additional allowance for a wife?.....

10 (a) Has a child been born to pensioner since last medical re-examination?.....

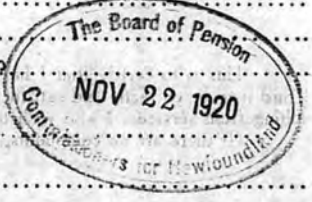
10 (b) If, so, is he receiving the additional allowance for a child?.....

11 If pensioner was married, has his wife died since last medical re-examination?.....

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?.....

(State date of death and names of children who have died.)



Place.....

Date.....

Head of District Office, (or Medical Practitioner.)

No 25

Especially

949

2294

Jensen

Camp

Sept 27 90

30.9.20 wab.

Dear Sir!

I am writing you in regards to a allowance for my wife. At the present time I am getting fifty dollars a month, after I take a little for my own wants. My wife has about enough left to live on bread & butter only for the remainder of the month.

I believe the reason you do not make my wife any allowance is because I was married after I was discharge. (Granted when I was married. I hadent the slightest thought I was suffering

2

from T.B. although I
had been to the Dr.
with a cough. I was
married in June 1919.

At that time I thought
I was quite capable
of supporting her. In Aug. 1919
the Doctor told me I had
T.B. & I find my self
incapable of supporting
my wife as I would have
been able to, if I had
never joined the army.

Therefore I think the
Committee should make
my wife a allowance as
well as my self.

As it was through service
I find my self not able
to support her.

HAMMERMILL
BOND

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 949

Regt. No. 2854 Rank Pte Name Ernest Kelly
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Nov. 3/19

Pensionable Disability 10% for 12 months

Pension Granted: \$5.00 per month for 12 months

Total Authorized amount \$60.00

*Noted
JMS*

or Gratuity Granted:

 Payable in equal monthly instalments

Granted to:

Name Ernest Kelly
Address Bay Roberts

Date case disposed of

Approved by:

Members of Board
L. C. C. pro. Chairman

W. H. Parsons.

*lll
hkd
JMS
S.E.*

Remarks:

BOND

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

949

In replying please mention Date and

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT OF MILITIA, NPLD.

No.

St. John's, Newfoundland.

October 28th., 1919.

To:— **Lionel Fritchard, Esq., M. D.,**
Bay Roberts.

From:—The Board of Pension Commissioners for Newfoundland,
St. John's, Newfoundland.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

2854, PTE. ERNEST KELLY

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

BAY ROBERTS.

If another Registered Medical Practitioner is in your neighborhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ for each Doctor for each examination.
(\$3.00)

I have the honour to be,
Sir,
Your obedient servant,

THE SECRETARY
BOARD OF PENSION COMMISSIONERS FOR NPLD.

DIRECTOR OF MEDICAL SERVICES!

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age.....20.....Height.....5'5".....Colour of Eyes.....BLUE GREY
Complexion.....FRESH COLOUR OF HAIR.....FAIR.....Marks of Identification
.....BULLET WOUND SCAR UPPER LIP AND UNDER CHIN.

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on...MAY 7TH, 1919...and other necessary information, follows:—

Condition of Pensioner:—

WOUND COMPLETELY HEALED. STILL SLIGHT TENDERNESS WHEN MASTICATING. PHYSICALLY FIT.

DISABILITY: GUN SHOT WOUND JAW. FRACTURED MANDIBLE(SYMPHYSIS)

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED

MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? *Yes.*
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

Pensioner complains of pain in jaw when eating hard bread. Physically fit

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct? *Same.*
- (4) Will it materially increase or diminish? *To much*
- (5) Is the disability permanent? *Yes.*
- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability due to or incurred during service?

(State in percentage.)

- (8) Would treatment reduce the pensioner's disability or increase his comfort? *No reason*
- (9) If so, is pensioner willing to accept such treatment, and when? *—*
If not, why? *—*

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place *By Report* President

Date *Nov 3rd*

Members

Pensioner's Signature

Ernest Kelly

Signature of Witness

Frank P. ...

CONTINUATION

*Approved for 10% (loss of teeth)
Army Macpherson
Lt. Col.*



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination?..... No.....
- 8 (b) If so, is he receiving the additional allowance?
- 9 (a) Has a child been born to pensioner since last medical re-examination?.....
- 9 (b) If so, is he receiving the additional allowance?
- 10 If pensioner was married, has his wife died since last medical re-examination?
.....
- 11 Have any of pensioner's children died since last medical re-examination?

Place

Bay Roberts

Date

Nov 30

Frank P. ...

Medical Examiner.

949

Dec 4, 1929.

Post Master,
BAY ROBERTS.

Dear Sir:

Would you kindly give us some information regarding the address of Ernest Kelley late of the Royal Nfld. Regiment.

The last address we have for him is 30 Prince's St. Cambridge, Mass. According to our records his monther's name is Mrs. Jane Kelly, Bay Roberts. I have no doubt that if you enquire from her she will be able to give you the her son's address.

Thanking you in anticipation,

Yours faithfully,

Secretary.

WWV/MS.

949
Bank of Montreal,

St. John's, Nfld., October 1st. 1930.

Ernest Kelly Esq., (Savings 28152)
C/o Dept. Pensions,
CITY.

*The Bank of Montreal begs to advise at your credit in account
the following amount :—*

Deposited by Hoard of Pensions

5.00

W. Young
Pro Manager.

Bank of Montreal,

St. John's, Nfld., December 18th. 1930.

Ernest Kelly, Esq., (Savings 28152)
~~C/o Dept. Pensions,~~
CITY.

The Bank of Montreal begs to advise at your credit in account
the following amounts:—

Deposited by Board of Pensions

5.00

W. Young
pro Manager.

Bank of Montreal,

Savings 28152

St. John's, Nfld., June 30th, 1930.

Ernest Kelly, Esq.,

C/o Dept. of Pensions,

CITY.

*The Bank of Montreal begs to advise at your credit in account
the following amounts:—*

Cheque - Pension Commissioners -

\$5.00


pro Manager.

Bank of Montreal,

St. John's, Nfld., September 1st. 1930

Ernest Kelly, Esq.,

C/o Dept. Pensions, City.

The Bank of Montreal begs to advise at your credit in account
the following amount:—

Board of Pensions Commissioners

5.00

W. Young

pro Manager.

949

NOV 1 - 1919

Dear Sir:-

I beg to advise you that the enclosed cheque for $\$4 \frac{17}{32}$ is the balance due you to *Nov 25th* the date on which your pension expires.

You will be notified where and when to report for Medical examination to determine the continuance or otherwise of your pension, during the present month. If, however, you are not notified by the end of the present month, kindly communicate with me.

Yours faithfully,

C. C. Oke
Asst. Secy.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 949

Regtl. No. 2851 Rank Plt Name Ernest Kelly

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 7-5-19

Pensionable disability 10% for Six months

Pension granted:

\$5.00 per month for Six months

or Gratuity granted:

\$ _____ payable in _____ equal monthly insts.

Granted to:

Name Ernest Kelly

Address Bay Roberts
CB

ML

Date case disposed of MAY 19 1919

NOTED
DATE 25/7/19
INITIALS TH

Approved by:

Members of Board

P. J. [Signature] Chairman
[Signature]
[Signature]

Remarks:

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and
No.

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT, OF MILITIA, N.F.L.D.

St. John's, Nfld.,
April 29th., 1919.

To:— "L. E. Pritchard, Esq., M. D.,
Bay Roberts

From:—The Board of Pension Commissioners for Nfld., St.
John's, Nfld.

Sir:—

The Board of Pension Commissioners requiring a report on
the Pensioner named in the margin, kindly notify him to appear be-
fore you **AS SOON AS POSSIBLE**.

2854, Pte. Ernest Kelly

You will find a form on which to record your examinations on
pages 2 and 3.

Pensioner will be notified to appear before you on whatever
date you will find convenient.

Address

If another Registered Medical Practitioner is in your neigh-
bourhood, or likely to be there during the week, it is preferable that
you should both examine the Pensioner at the same time, and both
sign report.

Bay Roberts

The form when *fully* completed, signed and dated, is to be re-
turned by the president of the Board of Medical Examiners to the
undersigned.

If the pensioner neglects to present himself for examination
within a reasonable period, you will please telegraph the fact to the
undersigned.

If it is necessary for the pensioner to travel, in order to present
himself for examination, bills for Transport should be certified by
you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for
such examination is One dollar (\$1.00) for each Doctor for each
examination.

I have the honour to be,
Sir,
Your obedient servant,

Cluny Macpherson

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age **20** years on Height **5'5"** Colour of Eyes **BLUE GREY**
Complexion **FRESH** Colour of Hair **FAIR** Marks of Identification
BULLET WOUND SCAR UPPER LIP AND UNDER CHIN

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on **NOV. 12th 1918** and other necessary information, follows:—

Condition of Pensioner:— **SCAR UNDER CHIN HEALED - WEARING ARTIFICIAL TEETH. CANNOT BITE ANYTHING HARD AND CANNOT MASTICATE ANY SOLID FOOD. WOUND LEFT LEG QUITE HEALED. NO DISABILITY**

CONDITION FEB. 18th., 1919. CONDITION SAME AS ON NOVEMBER 12th 1918 SMALL ULCER IN LOWER JAW CAUSED BY ARTIFICIAL TEETH.

DISABILITY: GUN SHOT WOUND JAW. FRACTURED MANDIBLE (SYMPHYSIS)

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified. The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED.

MEDICAL REPORT.

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
- (2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

Wound completely healed still slight tenderness when mastering physical fit

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

Almost entirely

- (4) Will it materially increase or diminish?

Diminish

- (5) Is the disability permanent?

No

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

Nothing

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

Nothing

- (8) Would treatment reduce the prisoner's disability or increase his comfort?

No

- (9) If so, is pensioner willing to accept such treatment, and when?

If not, why?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place *Bay Roberts*

..... President

Date *May 7th*

..... Members

Pensioner's Signature..... *Ernest Kelly*

Signature of Witness..... *Lois Quinn*

CONTINUATION.

*Approved for 10% (G.M.O.)
Clay Macpherson
Major*



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination?..... *No*
- 8 (b) If so, is he receiving the additional allowance?..... *—*
- 9 (a) Has a child been born to pensioner since last medical re-examination?..... *—*
- 9 (b) If so, is he receiving the additional allowance?..... *—*
- 10 If pensioner was married, has his wife died since last medical re-examination?
..... *—*
- 11 Have any of pensioner's children died since last medical re-examination?
..... *—*

Place *Bay Roberts*

Date *May 7th*

Lois Quinn
.....
Lois Quinn
.....

Medical Examiner.

Febv. 13/19

Ernest Kelly, Esq.,

Bay Roberts.

Dear Sir: -

Kindly report to Dr. T. C. McLeod, Bay Roberts,
for re-examination, on whatever date he notifies
you to appear.

Yours faithfully,

Asst. Secy.

Board of Pension Commissioners
for Newfoundland.

CCO/LBD.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

February 10th., 1919.

From:- D. M. S.
To:- B. P. C.

2854, Pte. Ernest Kelly
Bay Roberts.

The marginally noted man should report to Dr. T. C. McLeod, Bay Roberts, for re-examination, on whatever date the doctor notifies him to appear.

Cluny Macpherson

Major, D. M. S.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 949

Regtl. No. 2824 Rank Pvt. Name Ernest Kelly

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Feb 18th 1919

Pensionable disability 60% for 3 months

Pension granted:

\$ 30.00 per month for 3 months

or Gratuity granted:

\$ payable in equal monthly insts.

Granted to:

Name Ernest Kelly

Address Bay Roberts

CB

Date case disposed of MAR 8 - 1919

Approved by:

Members of Board

[Signature] Chairman
[Signature]
Watrous.

Remarks:

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No. **2854**

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT, OF MILITIA, NFLD.

St. John's, Nfld.,

February 10th., 1919.

To:— T. C. McLeod, Esq., M. D.,
Bay Roberts.

From:—The Board of Pension Commissioners for Nfld., St.
John's, Nfld.

Sir:—

Name

2854, Pte. Ernest Kelly

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

You will find a form on which to record your examinations on pages 2 and 3.

Address

Bay Roberts.

Pensioner will be notified to appear before you on whatever date you will find convenient.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is One dollar (\$1.00) for each Doctor for each examination.

I have the honour to be,
Sir,
Your obedient servant,

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age **19** on Height **5'5"** Colour of Eyes **Blue Grey**
Complexion **Fresh** Colour of Hair **Fair** Marks of Identification
bullet wound scar upper lip and under chin

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on **Nov. 12th., 1918** and other necessary information, follows:—

Condition of Pensioner:— Scar under chin healed - wearing artificial teeth. Cannot bite anything hard and cannot masticate any solid food. Wound left leg quite healed. No Disability

Disability:— Gun shot wound jaw. Fractured mandible (symphy^{SJS})

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED.

MEDICAL REPORT.

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? ... *J.H.*
- (2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

*Condition same as on Nov 12th 1918
Small ulcer in lower jaw caused
by artificial teeth*

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

no difference

- (4) Will it materially increase or diminish? *will probably diminish*

- (5) Is the disability permanent? *more or less*

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

2/5

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

40%

- (8) Would treatment reduce the prisoner's disability or increase his comfort?

Possibly

- (9) If so, is pensioner willing to accept such treatment, and when? *J.H. at any time*

If not, why?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place President

Date Members

Pensioner's Signature..... Ernest Kelly

Signature of Witness..... [Signature]

CONTINUATION.

Approved for 40% 60% for 3 months.
Cluny Macpherson Major.



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? no
- 8 (b) If so, is he receiving the additional allowance?
- 9 (a) Has a child been born to pensioner since last medical re-examination? no
- 9 (b) If so, is he receiving the additional allowance? no
- 10 If pensioner was married, has his wife died since last medical re-examination?
- 11 Have any of pensioner's children died since last medical re-examination?

Place Bury Roberts

Date Feb 18 1919

W.S. Anderson
[Signature]
Medical Examiner.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

949

April 29th., 1919

From:- D. M. S.
To:- B. P. C.

2854, Pte. Ernest Kelly
Bay Roberts.

The marginally noted man should report
to Dr. L. E. Pritchard, Bay Roberts,
for re-examination, on whatever date
the doctor notifies him to appear.

Cluny Macpherson

Major, D. M. S.

AMB.

April 29/19

Ex-Pte. Ernest Kelly,
Bay Roberts.

Dear Sir:-

Kindly report to Dr. L. E. Pritchard, Bay Roberts,
for re-examination, on whatever date he notifies
you to appear.

Yours faithfully,

Asst. Secy.

LED.

949

Bank of Montreal,

St. John's, Nfld., February 2nd. 1931.

Ernest Kelly, Esq., (Savings 28152a)
C/o Dept. Pensions,
CITY.

The Bank of Montreal begs to advise at your credit in account the following amounts:—

Cheque-Board of Pensions -

5.00

L. W. Young

pro Manager.

THE BOARD OF PENSION COMMISSIONERS FOR
NEWFOUNDLAND.

Regtl. No. 2854 Rank Pvt. Pension No. 949 Name Ernest Kelly
Corps served with ROYAL NEWFOUNDLAND REGIMENT
Date of Medical Board Nov. 12th 1918
Pensionable disability 100% for 3 Months
Pension granted:

\$ 40.⁰⁰ per month for 3 Months

or Gratuity granted:

\$ payable in Equal monthly ins.

Granted to:

Name Ernest Kelly
Address Bay Roberts

*OK.
MMAA.*

Date case disposed of NOV 27 1918

Approved of [Signature]
Members for Board
[Signature] Chairman
[Signature]
[Signature]

Remarks

2810

Report of Medical Board.

Station **St. John's, Nfld.** Date **November 12th., 1918**
 No. and Rank **2854 - Private** Age **19** Height **5'5"**
 Name **KELLY, ERNEST** Complexion **Gresh**
 Unit **Royal Nfld.** Eyes **Blue Grey** Hair **Fair**
 Address **Bay Roberts**
 Former Trade **Printer**
 Enlisted at **St. John's** On **5/6/16** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **G. S. W. JAW. FRACTURED MANDIBLE (SYMPHYSIS)**

Subsequent

Present Condition (Compare with previous Board)

Scar under chin healed - wearing artificial teeth cannot bite anything hard, & cannot masticate any food. ^{solid}
Wound left by spine healed as disability -

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

100%

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

100% 3 months

Recommendation of Medical Board

Discharge permanently unfit Members of Board

Clay Macpherson,
 Major.

D. M. S. NEWFOUNDLAND.

Approving Medical Officer.

R. G. Ross
Quintan Jact
Palmer



COPY.

Medical Report on an Invalid.
3rd London General Hospital

Station WANDSWORTH S W

Date 30-9-1918

1. Unit **ROYAL NEWFOUNDLAND REGIMENT.**

2. Regimental No. 2854

3. Rank Private

4. Name Kelly Ernest

5. Age last birthday 19

6. Enlisted { on 5th June 1916
 at St Johns Newfoundland

7. Former Trade or Occupation } Printer

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

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

8. Disability in respect of which invaliding is Proposed.

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

GSW Jaw. Fractured Mandible (Symphytic)

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. Nov 30th 1917

10. Place of origin of disability. Cambrai

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Received a penetrating wound of chin fracturing lower jaw. Wds were excised and fragments of bone removed 4-12-17. Admitted to King George Hosp 7-12-17 - operated on twice. Sequestrectomy & application of splint. Admitted to 3rd LGH on 26-1-18. No consolidation commenced until August 1918 it was complete by end of September when upper lower dentures were fitted.

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.

GSW
Active Service

13. What is his present condition?

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

Wounds healed - fitted with dentures - Consolidation complete. - Pt unable to bite yet - Unable to masticate food stuffs as meat or crusts.

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

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

} Yes
✓

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?

vide 11

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

✓

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?

Yes result of wounds.

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.

✓

20. Do you recommend—

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

Permanently unfit

(Sgd) D.H. Davies CG

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military services before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

Yes

No

No

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Yes in jaw (lower)

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

/

23. Is the disability permanent?

Yes

24. If not permanent, how soon do the Board recommend re-examination?

/

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

100% at present.

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

/

27. Do the Board recommend—

- (a) Discharge as permanently unfit, &c.
- (b) Change to England?

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

No

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station

3rd Gen Genl

Date

5-10-18

(Capt) Frank Bateson Col President.

(Capt) G Gore Gillon Lt Col Members.

Approved.

Station

X

Administrative Medical Officer.

Date

No. 697

Pension No. 949

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Kelly Ernest
 (Pensioner's Name) (Relationship to member of forces)
Coleys Pt
 (Pensioner's Address)
Bay Roberts
 (Name of member of forces) (Rank) (Regt. No.) *2854*

Entire Disability% Pensionable Disability *20* %

AWARD

For Pensioner \$ *10.00* a month
 For Pensioner (Bonus) \$ *5.00* a month
 For Wife \$ *5.00* a month
 For Children \$ a month
 Addition to pension for helplessness a month
 Total \$ *20.00* a month for *12* months
 from *26-11-26* to *25-11-27*

Amount of adjustment payment :
 From *26-11-26* to *30-11-26* @ \$ *20.00* *JAM* *3.33*
 Date *7-12-26* Check No. *8108*

Computed by *JAM* (Secretary)
 Checked by Board of Pension Commissioners for Newfoundland.

Remarks :

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. 876

Pension No. 949

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Ernest Kelly
(Pensioner's Name) (Relationship to member of forces)

147 Western Avenue
(Pensioner's Address)

Cambridge
(Name of member of forces) (Rank) (Regt. No.) 2834

Entire Disability 5% Pensionable Disability 5%

AWARD

For Pensioner	\$ 200	a month
For Pensioner (Bonus)	\$ 125	a month
For Wife	\$ 125	a month
For Children	\$	a month
Addition to pension for helplessness	\$	a month
Total	\$ 500	a month for <u>permanent</u> months from <u>26/1/17</u> to <u>1/1/25</u>

Amount of adjustment payment:
From 26/1/17 to 31/1/25 @ \$ 5.00 MM \$ 108.30

Date 24/1/25 Check No. 9746

Computed by MM (Secretary)

Checked by _____ Board of Pension Commissioners for Newfoundland.

Remarks:

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (888) W:017/2124 1000m 6/15ss 02 56

Forms
B. 121.
30.

Regiment of

Newfoundland

Number of Sheet

Signature of O. C. Company

First
H. Kingham
Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>54 Kelly E.</i>	Age on	18 years - months	<i>Printer</i>	
Joined	Date <i>5/9/16</i>	Place and Date of Enlistment	<i>St John's 5-6-16</i>	Religion	
Joined	Date	Period of	{ with Colours <i>2 1/2</i> years. { with Reserve <i>3 1/2</i> years.	Place of Birth	
Joined	Date			<i>Wexley Pt.</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													
				<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; margin: 0;">COPIES SENT</p> <table style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 10%;">To</td> <td style="width: 10%;">No</td> <td style="width: 10%;">DATE</td> </tr> <tr> <td>M. OF M.</td> <td style="text-align: center;"><i>166</i></td> <td style="text-align: center;"><i>15 OCT 1918</i></td> </tr> <tr> <td>O.C. 1st Bn.</td> <td></td> <td></td> </tr> <tr> <td>" 2nd Bn.</td> <td></td> <td></td> </tr> </table> </div>	To	No	DATE	M. OF M.	<i>166</i>	<i>15 OCT 1918</i>	O.C. 1st Bn.			" 2nd Bn.								
To	No	DATE																				
M. OF M.	<i>166</i>	<i>15 OCT 1918</i>																				
O.C. 1st Bn.																						
" 2nd Bn.																						
				Medically Unfit Alpha's		26 ¹¹ / ₁₈ .																
				To be carried over																		

Army Form B. 121.

COPY

W. P. Griffith & Sons Ltd., Printers, Old Bailey.
[834] W13042/4155 753m 12/15s 127 55

Form
B. 120
2b

Company
REGIMENTAL CONDUCT SHEET.

Army Form B. 120.

Age on Enlistment 18yrs
Trade Printer
Religion RC

Number of sheets }
(in words) }
Signature of C.O. }
or Adjutant }

First
Adj. G. Redingham
W. W. W. W. W.
Regiment.

ROYAL NEWFOUNDLAND REGIMENT.
Regiment of _____

Regimental Number and Name

2834 Kelly E.

Attested

S. Johns 5-6-1916.

Joined

Depot 5-9-16 19

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award, or of order disposing with trial	By whom	Date of Commencement	Date of Expiration	REMARKS

To be carried over

REPORT ON WOUNDS or OTHER INJURIES, RECEIVED OTHERWISE THAN IN ACTION.

Certificate of Medical Officer.

No. 2854 PTE. KELLY, E., 1st NEWFOUNDLANDS
was admitted to hospital on the 2/10/1917 suffering
from Lacerated WOUND, HEAD

The disability is of a TRIVIAL nature, and in all
probability WILL NOT interfere with his future efficiency
as a soldier.

He CLAIMS that he was in performance of military
duty at the time of the accident.

Station XIV C.S.C.P. (No.10 F.A.)

Date 2/10/1917 (Sgd) D.S. CAMPBELL, Capt.
R.A.M.C.
Medical Officer in Charge.

Certificate of Commanding Officer

I certify that the injury to the above-named soldier
OCCURRED while he was in the performance of military duty.

If on duty state

- a. date of the injury (a) 2/10/17
- b. The place where it occurred (b) Henley Camp
- c. The nature of the duty. (c) Bombing practice
- d. Whether the soldier was in any way to blame. (d) No

Station B.E.F.

(Sgd) A. L. HADOW, Lt. Col.,

Date 7/10/17.

Commanding Newfoundland Regt.

NO.	1674/21	DATE	29/1/19
M. OF M.			
D.C. 1ST. BN.			
" 2ND. BN.			

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full Kelly Ernest.
 Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT.
 Regimental Number 2854
 Where born (Parish, Town and County), and when Bay Roberts Nfld 20-8-1899
 Intended address As above
 Height on discharge Five Feet Five Inches
 Colour of Hair on discharge Fair Colour of Eyes Bluish Gray
 Descriptive marks Bullet wd scars upper lip & under chin Complexion Fresh.
 Figure on discharge—Medium
 Christian name of Father Israel
 Christian name of Mother Jane
 Wife's Maiden name in full } M/A.
 Date and Place of Marriage }
 Christian names of Children }
 Nature and locality of civil employment desired Not decided

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) (Sgd) Ernest Kelly (Rank) Pte
 Station Wandsworth Date Oct 4th 1918

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.

(Sgd) DA Davies CS Medical Officer i/c Hospital.
 Station Wandsworth Date Oct 4th 1918

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }		
Sums due on account of public debts ...						

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.



AUG 16 1977 P.D.

Bureau of Pensions Advocates

Bureau de services juridiques des pensions

PLACE St. John's, Nfld.

LIEU _____

DATE 6 April 1977

DATE _____

Chief,
Central Registry,
Ottawa, Ontario, K1A OP4.

Le Chef,
Dépôt central des dossiers,
Ottawa, Ontario, K1A OP4.

Please forward copies of all service documents pertaining to:

Veuillez nous faire parvenir copies de tous les documents de service concernant:

RANK: Pte.

GRADE: _____

NUMBER: 2854 Royal Nfld Regt

MATRICULE: _____

SURNAME: KELLY

NOM: _____

CHRISTIAN NAMES: Ernest

PRÉNOMS: _____

DATE OF RELEASE: 26.11.18

DATE DE LIBÉRATION: _____

REMARKS: Pension Review.

REMARQUES: _____

B. Johnson
B.C. Johnson
District Pensions Advocate

Avocat de district des pensions

This space for C.R. use only

Espace réservé à l'usage du Dépôt central

Was Board of Inquiry located? Yes No

A-t-on trouvé un rapport de commission d'enquête? Yes No

Date of Mailing 28-10-77

Date d'expédition postale _____

C.R. - please place on H.O. file.

D.C. - à placer au dossier du Bureau chef.

D. Boucher
Central Registry

Dépôt central des dossiers