



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

*R.L.*

No. 3263. Name Henry Kelly Corps .....

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Henry Kelly</u>                  |
| 2. What is your full Address? .....  | 2. <u>29 Commercial St<br/>St John</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                          |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>5</u> Months     |
| 5. What is your Trade or Calling? .....  | 5. <u>Salesman</u>                     |
| 6. Are you Married? .....  | 6. <u>no</u>                           |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                           |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                          |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                          |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.....                                      | 10. { Name .....                       |
|  | { Corps .....                          |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                         |

I, Henry 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.

Henry Kelly SIGNATURE OF RECRUIT.  
Harold Knight Signature of Witness.

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

I, Henry 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 St John on this 20th day of November 1915

Harold Knight 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.....1915 .....

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).....



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

*R.C.*

No. 3263. Name Henry Kelly Corps

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Henry Kelly</u>              |
| 2. What is your full Address? .....  | 2. <u>29 Commercial St</u>         |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Salesman</u>                 |
| 6. Are you Married? .....  | 6. <u>no</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....                   |
|  | Corps .....                        |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                     |

I, Henry 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.

Henry Kelly SIGNATURE OF RECRUIT.  
Frank Schright Signature of Witness.

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

I, Henry 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 St John's

on this 20th day of November 1915

Signature of Attesting Officer Frank Schright

### † 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:—(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 Henry Kelly

Apparent age 18 years 5 months. Height 5 feet 3 1/2 inches

Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 2 1/2 inches

Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Kelly  
29 Kemmanahart Rd Relationship Father

W. Johns 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

" " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3263 Name Henry Kelly Corps R.C.

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

- 1. What is your name? ..... 1. Henry Kelly
- 2. What is your full Address? ..... 2. 29 St. Michael's Rd
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 18 Years 5 Months
- 5. What is your Trade or Calling? ..... 5. Salesman
- 6. Are you Married? ..... 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
- 9. Are you willing to be enlisted for General Service? ..... 9. yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service } II. yes  
to be signed by you if you are accepted? }

I, Henry 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.

Henry Kelly SIGNATURE OF RECRUIT.  
Harold Knight Signature of Witness.

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

I, Henry 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 St. John's on this 20th day of November 1915.

Signature of Attesting Officer Frank Knight

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....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).....





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 *Louise Kelly*  
aged *18* conducted at *R. L. B.*  
Date: *Nov 7/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *nd*
- 2 *nd*
- 3 *nd*
- 4 *nd*
- 5 *nd*
- 6 *nd*
- 7 *nd*
- 8 *nd*
- 9 *nd* - *no*
- 10 *nd*
- 11 *nd*
- 12 *nd*
- 13 *nd*
- 14 *nd*
- 15 *nd*
- 16 *nd*
- 17 *nd*
- 18 *nd*
- 19 *nd*  $\frac{b}{9}$  *left*  $\frac{b}{6}$  *right*
- 20 *nd*
- 21 *nd*
- 22 *nd*
- 23 *nd*
- 24 *nd*
- 25 *nd*
- 26 *nd*
- 27 *nd*
- 28 *nd*
- 29 *nd*
- 30 *nd*
- 31 *nd*
- 32 *nd*
- 33 *nd*

*3263*

*No report - Nov. 20/16. Engrave*

*5-3/4  
N.S. 11.7  
\$8.00 3/4 95  
We wish  
none*

*Louise Kelly of L. Marchant  
St. Burden*

Signature of Medical Examiner:

*J. J.*

A Kelly

CR. 3263

~~ASD~~

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

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

1. Unit and Corps... *Royal Newfoundland* }  
 2. Regtl. No. *3263* }  
 3. Rank... *Pte* }  
 7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 4. Name... *K. E. L. E. Y.* }  
 (Surname) } (Christian Names)  
 5. Age last birthday...  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court  
 (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other ailments should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.  
 12. Place of origin of disability.  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*G.S. W. left Buttocks.*

*G.S. W left Buttocks  
 Simple flesh cured*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | <i>Yes</i>          |                   |
| (ii.) Previous active service .. .. .                              | <i>No</i>           |                   |
| (iii.) Climate in pre-war service .. .. .                          | <i>No</i>           |                   |
| (iv.) Ordinary military service before the war .. .. .             | <i>No</i>           |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <i>No</i>           |                   |

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

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

15. What is his present condition?

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

*Flesh wound buttock healed  
no Disability.*

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

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

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

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

*Repatrisation*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

**ROYAL NEWFOUNDLAND REG**

*W. S. C. C. C.*  
*W. S. C. C. C.*

Station *3244. Down Camp*

Date *Jan 8 1919*

Medical Officer in charge of case.

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





Newfoundland Contingent. N.F.P. 145

To Chief Paymaster & O. of Records.

Newfoundland Contingent  
58. Victoria Street London S.W. 1.

Please remit to H. Kelly

The sum of one Pound Shillings 0.0.

L. 1. 0.0. And charge same to my account

# 3263 Rank. Private Name Kelly

Shelley



Shelley Nov 12

O.K. £ 1-0-0 M.R. 13/11/18 Approved

Receipt No 9712

HL

Hil Talbot

Esher Wood

19.11.18

To Chief Paymaster of Records.

Please give # 3263 H. Kelly the sum of  
one Pound £ 1.00<sup>00</sup> and charge same  
to my account.

Kelly

Dated at Ester

Nov 20/18.

signed



H. Talbot

PPD

Receipt  
£ 1.00  
20/11/18  
9887

18007/117

"

Red Cross  
Esher,

7th November 8

3263 Pte

H. Kelly

1:0:0

O.K. £ 1-0-0  
W.R. 9/11/18

NEWFOUNDLAND CONTINGENT

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE,		
Ref. Nos. in	9571	
Rec'd	6 - NOV 1918	N.F.P./45.
Ack'd		Ans'd
Ref. Nos.	UU 18007/117	
		7-11-18
ACCEPTED UPON		
BRANCH	DATE	BY
Comd		
P & A.		
B & E		
P.S.		

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

Please remit to Plt. H. Kelly

the sum of one pounds 0.0 shillings (£ 1.00)  
on account of any balance that may be due to me.

18007/113

Regtl No. 3263 Rank Private.

Name Harry Kelly see over

Approved H. Dalbot  
Officer i/c.,

Essex Hospital.

Dated at Essex

November 5 1918.

To. Chief P.M. & Co. Records.

Please let me know  
what I have in my credit  
and oblige.

P. H. Kelly



O.K. £ 1-0-0 W.R. 26/10/18

THE FOUNDLAND CONTINGENT,  
PAY & RECORD OFFICE.

NEWFOUNDLAND CONTINGENT

N.F.P./45.

F. NOS. IN 9279

Recd 26 OCT 1918

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,

58, Victoria Street, London, S.W. 1.

17384/109

CH. NOS. UUI 17384/109

Please remit to # 3263 Pte. H. Kelly

the sum of One pounds 00 shillings (£1.00.)  
on account of any balance that may be due to me.

R.S.C.	
B & F	
P.S.	

Regtl No. 3263 Rank Private

Name Harry Kelly

Approved H. Talbot

Officer i/c.,

Dated at Essex

October 24 1918.

Essex Red Cross Hosp Hospital.

Essex

17384/109

Red Cross  
Egher.

28th October

8

H. Kelly

3263

Pte

1:0:0

To Chief Paymaster & Pay & Records  
Royal Newfoundland Regt.

Sir

Please pay to No 9263  
Pl. H. Kelly the sum of  
One pound £1.0.0 and  
charge same to my  
account.

OK 1-0-0  
15/10/18  
Receipt No 917  
C. Kelly



Approved  
W. B. [unclear]  
Capt. Ramet

ORIGINAL

ENTERED.
PAY BOOK'S
NUM. <u>P.S.A.</u>
RELOT. <u>AK</u>
REGISTER <u>AK</u>
EXAMINED <u>AK</u>



NEWFOUNDLAND COMPANY

CANCELLATION OF ALLOTMENT

1. I, (No) 3263 (Rank) Ote (Name) Kelly, Henry  
 hereby apply for cancellation of Allotment made by me on N.F.P./11  
 No. 3121 dated February 1<sup>st</sup> 1917 in favour of  
father, Mr H. Kelly 29 The Marchant Rd. St Johns Nfld.  
 for \$ — cts 60<sup>¢</sup> per diem.

Such cancellation to take effect on the 31<sup>st</sup> day of  
January 1919

2. I agree to accept all risks and consequences of this appli-  
 cation failing to reach Headquarters, St. John's, in time to become  
 operative at above-nominated cancelling date, and that in the event  
 of such non-delivery, and thereby the Allotment continuing to be  
 paid to the Allottee, I also agree to such further stoppage in the  
 Pay Books as may be necessary, or otherwise to refund such overpaid  
 amount or amounts.

Dated at Hayden Down Beach  
Wanchewts,  
Dec. 20 1918

COPIES SENT		
TO	No.	DATE
M. OF M.	<u>21475/20/RA</u>	<u>27.12.19</u>
O.C. 1ST. BH.		
" 2ND. BH.		
	<u>Henry Kelly</u>	
	Allottee.	

Approved and Witnessed:  
Wm J. Leody Lt.  
 O.C. "JV" Company.

N.B. - To be made out TRIPLICATE and delivered to the Pay & Record  
 Office not later than the date of cancellation, in accordance  
 with P. & R.O. C.L./10, 9/12/16.

No. 3263 Rank Pte Name Kelley, W.

Pay	F.A.	Wag	Total
1.50	.10	—	1.60
Less Allotment			.60
Net Rate			1.00

N.F.P. 73

*JRS*

DEBITS	Date	s	d	CREDITS	Period		Days	Rate	\$	s	d			
					From	To								
Balance				Balance		2/12/17				9	2	4	✓	
Acquittances Rolls <i>125 francs</i>		5	6	Pay @ Net Rate	22/2/18	16/3/18	85	.50	42	50	8	14	8	✓
Hospital Advances				Ration Allow.	16/3/18	29/3/18	14	1/9			1	4	6	✓
A.B. 64. <i>(251 francs)</i>			18		17 <sup>2</sup> /18	29 <sup>3</sup> /18	13	.50	6	50	1	6	9	
P.&-R.O. Payments														
Cash <i>5-6-4</i>														
Cash <i>6124</i>	17 <sup>3</sup> /18	14	0											
Cash <i>6289</i>	29/3/18		3											

19-1-6  
~~5-6-4~~  
 20-8-3

20-4-8

*JRS*  
 15/3/18

O.K. £1-0-0 W.R. 28/11/18

Receipt No 10046

To. Chief Paymaster & offr Pay Records.

Please pay To. Mr Kelly H. the sum £1.0.0 one pound.

and charge same to my account.

Plt. Kelly # 3263.

Date 28/11/18. Royal Newfoundland Regt.



*Handwritten signature and scribbles*

*Handwritten initials or signature*

No. 3263 Rank Pte Name Kelley H.

Pay	F.A.	Wkg	Total	F.P.D. 1/33
100	10		110	
Less Allotment			60	
Net Rate			50	

$\pounds 5 \frac{1}{2}$   
 $\pounds$   
 42-12-11

$\pounds$   
 47-2-11

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d	F.P.D. 1/33	
						From	To							
Balance					Balance	2/1/77				9	2	4		
Acquittance Rolls		20	11	11	Pay @ Net Rate	27/12/77	5/12/78	349	50	174	50	35	17	1
Hospital Advances		2	0	0	R.A.	5/12/78	14/12/78	10	7/1			1	0	10
A.B. 64.					Other Allowance							1	4	6
P.&R.O. Payments		20	0	0	Credit Bal.									
Cash 10155	5 12 19	4	10	0	<del>£ 47-11-10</del>	4/12/78	13/12/78	8	50	4	00	16	5	48-1-2
Cash 10316	13/12/78		18	0	Pay.									
					Bal.									
					<del>£ 18-3</del>									

47-4-9

C.R. 3263

Extract from Daily Orders part II, Depot St. John's  
dated March 19th., 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i-<sup>6</sup> Records on 14-3-19.

3263 Pte. Henry Kelly.



C.R. 35/3

Extract of Daily Orders, Part 11, The Royal Newfoundland Regiment  
St. John's, Nfld. March 4th 1919.

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The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot on noted date.

26/2/19.

#3263 Pte. Henry Kelly.

C.R. 3263

Extract from Preliminary Report of Medical Board held on Thursday  
Feb. 20th 1919.

3263 PTE. H. Kelly.

Recommended Discharge as Permanently unfit.

C.R. 3263

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, 11-2-19.

The Undernoted Returned from Overseas and Reported to  
Deges 7-2-19.

Repatriated on A.F. B179.

3263 Pte. Henry Kelly.

C.R. 3263

Extract from Medical Roll of the 821st. Regiment,  
embarked by S.S. "Cornwall" Aug. 30th, 1919.

3263 Kelly.

C.R. 3263

Extract from Daily Orders part 11, By Lt. Col., B. J. BARTON  
Commanding Bn., Battalion of the Royal Newfoundland Regiment.

The undermentioned having reported back from the 1st. Bn. is taken on  
the strength and posted to "H" Coy. 14/12/18.

3263 Pte. H. Kelly.

C.R. 3263

Extract from Casualties received from Pay & Record  
Office, London, Dec. 6th, 1918.

3263 Pte. H. Kelly.

Discharged from 3rd London General Hospital, 5-12-18, granted  
furlough from 5-12-18 to 14-12-18. Classified fit for 1 Duty.

C.R. 3263

October, 22nd, 1918.

Henry Kelly,  
29 LeMarchant Rd.,  
City.

Dear Sir:-

I beg to inform you that additional information concerning No. 3265 Pte. Henry Kelly, has been received through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 3263

Oct. 15th 1918

Mr. Henry Kelly  
29 LeMarchant Rd

Dear Sir:-

I beg to inform you that additional informati<sup>on</sup>  
has been received through the Visiting Committee of the  
Newfoundland War Contingent Association, to the effect  
that No. 3263, Private Henry Kelly is now progressing  
favourably,

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.



C.R. 3263

~~Extract from War Office List, No. 9, 1720 dated 10/30/18.~~

3263 Pte. H. Kelly.

WOUNDED 26-9-18.

BOE

## SICK AND WOUNDED H.O.'s and MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3263

## CANADIAN RECORD OFFICE

LIST NO. H.A. 29603

1000 Pte Muldowney P. 2 Leinesters Inf. Ence R. . . . . Adm. 13 (Harvard U.S.A.) Gen. H. Boulogne 28 Sept/18.

LIST NO. H.A. 29603

13192 Pte Shaw J. RMLC 85 Gang bronchitis mild. . . . . Adm. 30 Gen. H. Calais 22 Sept/18.

## NEWFOUNDLAND EXPEDITIONARY FORCE

LIST NO. H.A. 29603

3263 Pte Kelly H. 1 R. Newfoundland GSW Buttock L. Mild . . . . . Adm. 13 (Harvard U.S.A.) Gen. H. Boulogne 28 Sept/18.

## SOUTH AFRICAN RECORD OFFICE

LIST NO. H.A. 29603

544 Dvr Fortnum C. C.A.H.T. 22 Aux. Conjunctivitis. . . . . Dis. to Unit ex 30 Gen. H. Calais 22 Sept/18.  
H.T.Co.

## SOUTH AFRICAN RECORD OFFICE (NATIVES)

LIST NO. H.A. 29603

1264 Dvr Royine G. Cape Coloured Labour Regt. Bronchitis. . . . . Dis. to Base Dep ex 30 Gen. H. Calais 22 Sept/18.

## NO. 1 RECORD OFFICE EXETER

LIST NO. H. A. 29602

33563 Pte Neathey H. 2/4 Hamps R. GSW Hand L mild. . . . . Dis. to Base Dep. ex 47 Gen. H. Le Treport 24 Sept/18.

C.R. 3263

Oct. 2nd 18

Dear Mr. Kelly:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that No. 3263, Private Henry Kelly is at Wandsworth suffering from G.S.W. left buttock

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Henry Kelly  
29 LeMarchant Rd

Minister of Militia.

C.R. 3263

Extract from Memorial Roll of sick and wounded  
from France, admitted 3rd., London General  
Hospital 29/9/18.

3263 Pte. H. Kelly.

G.S.W. L. BUTOCK.

C.R.3263

Extract from Serial Roll of Draft No. 25 Suburban Southampton  
11/6/17 from 2/1st Newfoundland Regiment, Newton-on-Isle to  
1/1st Newfoundland Regiment, S.-I.F.

3263 Pte. Kelly, H.

C.R.

3263

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Nov. 21st, 1916.

3263 Pte. Henry Kelly.

Attested this day, posted to D.Co'y, and assigned  
number as shown.



Kelly. E

3263

Hay sept.



O/c Militia Dept City.

Oct 28/20

Dear Sir.

Kindly give Bearer one  
of these service Badges you are issuing  
and oblige. 3263 H Kemp

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3262 Rank Private Name Kelly Henry  
 Intended place of residence 29 Le Marchant Rd St Johns  
 2. Occupation Salesman  
 Classification of soldier E Medical Category A.III

3. The above named man is discharged in consequence of **DEMobilIZATION**  
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place .....  
 Date FEB 28 1919 Henry Capt  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.  
 Place and date ST. JOHN'S Henry  
28-2-19 Signature of soldier  
 Signature of witness W. Beaton

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S Henry  
28-2-19 Signature of soldier  
 Signature of witness W. Beaton

### STATEMENT OF SERVICE

7. Enlisted for service 7-11-16 No of days on Military  
 Discharged from service 28-2-19 Plus 14 days Service 858

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S R.H. Lait Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date FEB 28 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St Johns. Med M. Bowley Capt  
 Date March 14/1919 Officer i/c Records  
 The Royal Newfoundland Regiment

11 31 31 98 11 00  
11.15.2079/190-1

March 14, 1919

#3263 Pta. Henry Kelly,

#29 LeMarchant Rd.,

City

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 1304."

Yours truly,

Captain,  
Paymaster & C. i/o Records



# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3213 Rank ATC Name Kelly Henry  
 Date of Enlistment 7.11.16 Address Sydney District Sydney  
 Occupation Salesman Classification for Discharge E Medical Category ATC  
 Recommendation S.M.B. Physically unfit. Disability Rating nil  
 Passed to Demobilization Officer with following documents:—

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

Date 7.7.19for H. M. Evans  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

H. Kelly

Particulars passed to Vocational Officer for information and action.

Date.....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable H. Kelly(b) Clothing Supplied Joseph A. LawfordDate 28-2-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at \_\_\_\_\_ and Release Certificate No. 1279 issued.

Date 28-2-19 .....  
 Demobilization Officer *W. B. Dicks*

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 14-3-19

Date 18-2-19 .....  
 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT. Depot Paymaster. *W. B. Dicks Capt.*

Discharge approved for 28.2.19 .....

Forwarded with following documents to O.C Discharge Depot.

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

Date 1.3.19 .....  
 Demobilization Officer. *W. B. Dicks Capt.*

APPROVED.

Documents as above forwarded to:—  
 Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents. **ELIGIBLE FOR WAR SERVICE GRANTS**

Date FEB 28 1919 .....  
 O. C. Discharge Depot. *R. H. Sait Capt.*

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

Date .....

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

# MEDICAL HISTORY

Surname Kelly Christian Name Henry

Table I.—GENERAL TABLE.



Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 7 day of Nov 1916 at St John's		on day of 1916 at	
Declared Age	18 years 5 months		years days	
Trade or Occupation	Caldwagner			
Height	5 feet 3 1/2 inches		feet inches	
Weight	115 lbs.		lbs.	
Chest Measurement	Grith when fully expanded ... 35 inches		inches	
	Range of Expansion .. 2 1/2 inches		inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= 6/6 L.E.—V= 6/9		R.E.—V= L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<i>Samuel Peterson</i>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St John's on 20 day of Nov 1916		at on day of 1916	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT			
Transferred to				
Became non-effective by	on day of 1916		on day of 1916	
(Signature)				
(Rank)				



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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	29	9	18	5	12	18	G. S. M. Bullock, Lt.	67	L.R. Gen. 9. Discharged to Regt.	Lt. B. Carapin C.M.D.

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

Date	Brief Details, and Signature
21-11-16	TAB LP
10-1-17	3 LP
17-1-17	3 LP
29. 12. 16	Dace LP
14/1/19	Recommnd. Reevaluation. <div style="text-align: right; margin-right: 100px;"> <i>Y. B. ... Capt                      name</i> </div> <p style="text-align: center;">It is hereby certified that this soldier has been before the Standing Medical Board, and has been classified as <u>6</u> for discharge on Demobilisation. Medical category <u>A III</u></p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>21.7.19 Date of S.M.B.</p> </div> <div style="text-align: right;"> <p><i>H. ...</i>                      Captain                      Assistant Adjutant                      Discharge Depot—Newfoundland</p> </div> </div>

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
S.S. Florigel Windsor N.S.	May 31	Feb 3"			
	Feb 3	1917			



## 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:

*I. name Farmer. Occupation a  
Dry Goods Clerk*

*Haley*

Signature of Man.

Reg. No.

*3263*

*Charles C. ...*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*28-2-19* 191

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade }  
 2. Regtl. No. *3268* 3. Rank..... *Pte* } or Occupation }  
 4. Name ..... *KELLEY* ..... 7a. If the soldier claims previous service in }  
 (Surname) (Christian Names) } Army, he should state—  
 5. Age last birthday..... (a) Former Regts. or Corps ;  
 6. Posted for duty on..... at..... with Regtl. Nos.  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- G S D Battalion (left)*
11. Date of origin of disability.  
 12. Place of origin of disability.  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.  
*G S D Battalion (left)  
 Simple flesh cure.*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | Yes                 |                   |
| (ii.) Previous active service.. .. .                       | No                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | No                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } | No                  |                   |

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

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

15. What is his present condition?

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

*Flesh wound Battle of  
heal no disability*

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

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

*M.A.*

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

*M.A.*

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

*M.A.*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repetition*

NEWFOUNDLAND REG.

*W. S. ... Capt  
Rang*

Station .. .. .

*Hazelton Down Camp*

Date .. .. .

*Jan 1919*

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.  
 (b) The present condition thereof.

*G.S.W. left buttock  
 flesh wound left buttock. Complains of  
 quite healed*

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war .. .. .	<i>Yes</i> .. .. .	.....
(ii) Previous active service.. .. .	.....	.....
(iii) Climate in pre-war service .. .. .	.....	.....
(iv) Ordinary military service before the war ..	.....	.....
(v) Serious negligence or misconduct on the part of the soldier .. .. .	<i>No</i> .. .. .	.....

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

*G.S.W.*

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?  
 (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

*nil*

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

*Yes*  
*ATIT*

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

*Yes*

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

*[Signature]*

President or Chairman.

Station *St John's*

Date *Feb 20/19*

*[Signature]*  
*[Signature]*

Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *St John's*

Date *Feb 20 1919*

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

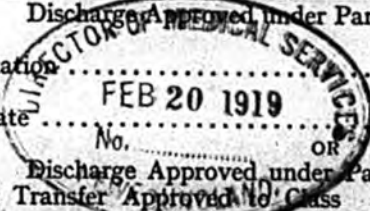
Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved No. Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

Date .....

O.C. Discharge Centre.





## Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. I. C. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Harry Kelly*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *3263*  
 Intended address *29 Le Marchant Road*  
 Height on discharge *5 Feet 4*  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks —  
 Figure on discharge *Short*  
 Christian name of Father *Henry*  
 Christian name of Mother —  
 Wife's maiden name in full —  
 Date and place of marriage —  
 Christian names of children —  
 Place and date of soldier's birth *St Johns 19-6-1898*  
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*Harry Kelly*

*St*

(Rank)

Station

*St Johns*

Date

*18-3-19*

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

Medical Officer of the Hospital.  
 Unit, or Command Depot.  
 St. John's, Newfoundland.

Station

Date

**Casualty Form—Active Service.**

Regiment or Corps 1<sup>st</sup> Newfoundland  
 Rank Pte Surname Kelly Christian Name Henry  
 Religion R. C. Age on Enlistment 18 years 5 months  
 Enlisted (a) 20-11-16 Terms of Service (a)..... Service reckons from (a) 20-11-16  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation Salesman Signature of Officer [Signature]

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>Shampton</u>	<u>11.6.17</u>	
			Disembarked... <u>Rouen</u>	<u>12.6.17</u>	
			Joined Battalion	<u>2 JUL 1917</u>	<u>B 213</u>
		<u>WITH .Bn. 30-12-17.</u>			
	<u>of course</u>	<u>Wounded</u>	<u>Leed</u>	<u>26/9/18</u>	<u>B213 29/9/18</u>
	<u>897A</u>	<u>at New Barrack trans</u>	<u>3 Aus. C&amp;S</u>	<u>- " -</u>	<u>827363 30/9/18</u>
	<u>13 (1400.USA) Camp</u>	<u>" "</u>	<u>Boulogne</u>	<u>28/9/18</u>	<u>18A 29603</u>
	<u>Photo de barack</u>	<u>" To England</u>	<u>29/9/18</u>	<u>11 20823</u>	
			<u>O/L No 1 Infantry Section,</u>		
			<u>3rd Echelon, G, H, Q., B, E, F.</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, Shoeing-Smith, &c.

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. *Henry*..... 2. Surname... *Kelly*.....  
3. Rank... *Private*..... 4. Regtl. No. *3263*.....

5. Address in full to which future payments of gratuity are to fax be forwarded. *29 Le Marchant Road, St. John's, Litz*.....

6. Date of enlistment in the Regiment... *20 November 1916*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not Applicable*.....

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?.. *Not Applicable*.....

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *Not Applicable*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *2 Years 2 1/2 Months*.....



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

*Not Applicable*

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. *None received*

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

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *Received. None entitled to. None*

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.. *28/2/19*..... (b) Reason for discharge. *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service,....

*France & Belgium... 1917 and 1918*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee..... *Not Applicable*

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: *W. Kelly*  
 Place of Residence: *29 Le Marchant Road St. Johns City*  
 Declared before me at: *St. Johns*  
 This *11<sup>th</sup>* day of *March* 19*27*

Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of Affidavits.

*William James Esq.*

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
.....	.....	.....	5 mos.	.....	350.00
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified Correct.					Paymaster.



ST. JOHN'S, FEB 28 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Mr - H. Kelly  
Le. Merchant. Rd

Billeting Soldiers as undermentioned

from Feb 21<sup>st</sup> /19 to Feb 28<sup>th</sup> /19

<u>3263 - Pte. H. Kelly</u>	<u>7</u>	<u>20</u>
-----------------------------	----------	-----------

Certified correct for \$ 7.20

J. H. Lawrence  
N.Y. J. H. Lawrence  
Billeting Officer.

C.R. 3263

RECEIPT

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 326.3. NAME Harry Taylor

DATE 7/1/20  
DATE .....  
PLACE Le Mercant  
St. John .....

NO. .... DATE .....

1501

The recipient of this Medal is a member of the British War Medal

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

---

Fold Here

Signature

Date

Address

[PRINTED]

SEP 9 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Henry Kelly

in respect of his service as No. 3265 Rank Pte.

Name Henry Kelly

Royal Nfld. Regt.

Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received

15/9/21

Signature

H. P. Kelly

Date

Address

29 R. E. Merchant Rd.

[P.T.O.]

Receipt for Army Book 64

No. 3263 Name W. Kelly

To Certify that I have received the <sup>2</sup> AB 64 of the above  
named soldier.

Name H. P. Kelly

Date Aug 11/8/20

Place 29 Lombard St. Cal.

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

*W*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet First  
Signature of O. C. Company Thos. O'Connell

Regiment of 1st Newfoundland

<b>Regimental Number and Name</b>		<b>Enlistment</b>		<b>Trade</b>	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Kelly A.</u>	Age on	<u>18</u> years <u>5</u> months	<u>Salesman</u>	
Joined _____	Date _____	Place and Date of Enlistment	<u>St. John's N.F.</u> <u>20.11.16</u>	Religion <u>R.C.</u>	
Joined _____	Date _____	Period of	{ with Colours <u>2</u> <sup><u>11</u></sup> / <sub><u>365</u></sub> years. with Reserve _____ years.	Place of Birth	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's N.F. 14<sup>3</sup>/<sub>19</sub></u>					
				To be carried over					

# The Royal Newfoundland Regiment

D 3263

**DEMOBILIZATION OF**

Reg. No. 3263 Rank AFE Name Kelly Henry  
 Date of Enlistment 7.11.16 Address St John's District St John's  
 Occupation Salesman Classification for Discharge 6 Medical Category AFE  
 Recommendation S.M.B. Physically unfit Disability Rating Nil

Passed to Demobilization Officer with following documents:—

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

Date 27.3.19for H. M. Evans  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

H. Kelly

Particulars passed to Vocational Officer for information and action.

Date.....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00(b) Clothing Supplied Joseph & ThomasDate 28-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 1279 issued.

Date 28-2-19 ..... W. B. Dicks Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-3-19.....

Date 14-3-19 ..... W. B. Dicks Capt.  
Depot Paymaster.  
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 28.2.19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....		
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	1	57126
B 178a.....	1. D 400A.....	1. B 1915.....		do 2nd.....	" 3.....	2	
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....		
B 179a.....	12. D 400C.....	Form K.....		do 4th.....	" 5.....		
B 179b.....	B 103.....	ME 2.....			" 6.....		
B 179c.....	B 120.....	M 93.....					

Date 1.3.19 ..... W. B. Dicks Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

FEB 28 1919

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

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

Date March 1919 ..... W. B. Dicks Capt.

Reg. No. 3263 Rank Pte Name Kelly, Henry

Attested ..... Address 29 LeMarchand Road

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

Date of Allotment ..... Returned from Overseas 2-19

Embarked for Overseas ..... Cause Discharge

20-2-19 See Dis. Permanently unfit

**FEB 27 1919** PASSED TO DEMOBILIZATION OFFICER

28. 2. 19. DISCHARGE APPROVED ON DEMOBILISATION.

extract from statement of account to 31-1-19 from

Pay and Record Office, London

3263 Pte. Kelly, H.

Dr. Bal.

£1-11-3

This transferred to Pay Office 26-3-19