

Recruiting
Form A, 1914.



First Newfoundland Regiment

ATTESTATION PAPER

10 11

Regimental No. _____

Name in full James J Kelly Age 19
South Side

Address _____

Married _____ Height 5 6 Weight 130

Single Yes

Color tan Hair tan on top Eyes blue

Other distinguishing marks Elizabeth Kelly

Nearest relative South Side

Address Home

Dependents _____ \$20.00 per week

Occupation Operator Present Wage _____

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

I, _____ do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Aldershot
Aug 18th 1915
James J Kelly
James Kelly
James Kelly

Declared before me this 11 day
of Feb. 1914

Erskine

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1011

Name James J. Kelly
 Apparent age 19 years _____ months. Height 5 feet 6 inches.
 Chest measurement { Girth when fully expanded _____ inches.
 Range of expansion _____ inches.
 Distinctive marks Color: Fair, Hair: Light Brown, Eyes: Grey
Other distinguishing marks: Scar on left wrist

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Elizabeth Kelly, South Side, St. John's
 _____ | Relationship _____
 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	Regt or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pens on		Service not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>29/1/15</u>									
Joined at <u>St. John's</u> on <u>29th January '15</u>									
<u>S. J. H. Hastie</u> <u>3/1/16</u>									
<p><i>Embarked St. John's 20-7-15</i> <i>Embarked at St. J. 20-7-15</i> <i>Embarked at St. J. 20-7-15</i></p> <p><i>enlisted for leave 31-12-15</i> <i>enlisted for 1/1/16</i> <i>enlisted for 1/1/16</i></p> <p><i>Admitted 22nd CCS 5-1-16</i> <i>Admitted 23-12-15</i> <i>Admitted 24-12-15</i></p> <p><i>Admitted 2-1-16</i> <i>Embarked for 2-1-16</i> <i>Embarked 2-1-16</i></p> <p><i>Discharged 28-2-16</i> <i>Discharged 28-2-16</i> <i>Admitted 29-12-15</i></p> <p><i>Embarked at St. John's 3-1-16</i> <i>Admitted 5-1-16</i> <i>Embarked 5-1-16</i></p> <p><i>Arrived 2-2-19</i></p>									
Discharged <u>John's</u> <u>Regularly</u> <u>28-2-17</u>									
Total Service forfeited as above									

Total Service towards Engagement to 28-2-17 (date of discharge) 2 years 31 days
 " " " Pension " (") " " "

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1011

Name James J. Kelly

Apparent age 19 years _____ months. Height 5 feet 6 inches.

Chest measurement (Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks Color: Fair, Hair: Light Brown, Eyes: Grey

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| Relationship _____

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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pens on years days	Service in which served not allowed to reckon towards G. C. Pay years days	Signature of Officers certifying correctness of entries
Service towards limited engagement reckons from <u>29/1/19</u>							
Joined at <u>St. John's</u> on <u>29th January '19</u>							
<u>Discharged</u>	<u>St. John's</u>			<u>Feb 28/19</u>			
Total Service forfeited as above							
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days							
" " " Pension " _____ (") _____ " _____							

C.R. 1011

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1011 Name J. J. Kelly

Witness Ward

Date 4/12/19

Place St John's

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 Star.

C.R. 1011

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name.....

Kelly J. Dickson

Date.....

March 28/19.

Place.....

Please sign, and return to Dept. of Militia.

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. J. Rendell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND.

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli*

from *Sept 19/* 1915 to *Dec 10/* 1915.

(Date) *23/3/16* (NO) *1011* (Rank) *1011* (Place) *St. John's*

(Place).....

*Fill in theatre of War where you served in Gallipoli, Madros, Lemnos, or Western Egyptian Frontier.

C.R. 1011

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

#1011 Pte. Jas. J. Kelly discharged Feb. 28th 1917

~~Printed~~ Medically unfit

Extract from roll of Officers
and N.C.O's and men DISCHARGED
from the Royal Newfoundland
Regiment.

<u>Regtl #</u>	<u>Rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
1011	Pte.	Kelly Jas.	28/2/17	Med. Unfit.

1011

C.R.

Extract from Daily Orders Part II Unit The Royal
WFLA. Regt., St. John's, Feb. 6th, 1917.

The following man returned by S.S. "Metagama" and is
attached to the Strength from Feb. 3rd.

1011 Pte. Kelly.

Transfer of Casualties received from Pay & Record
Office, London, dated January 18, 1917.

The following proceed to Liverpool from London,
18/1/17, for embarkation per S.S. "Metagama"
19/1/17, to Newfoundland vi St. John's, N.B.

#1011 Pte. E. J. Kelly.

G.

15
15th January, 1917.

Dear Madam,

In reply to an enquiry addressed by His Excellency the Governor to the Newfoundland War Contingent Association, London, for a report regarding No. 1011, Private James J. Kelly, the Secretary of the Association states that your son is now making rapid strides. He is able to walk about and can use his right hand. He is himself pleased at feeling so much better, and seems to be gaining strength and making a good recovery.

I feel sure that every possible attention is being given him, and that he is being made as happy and comfortable as circumstances will permit.

Yours faithfully,

Mrs. Elizabeth Kelly,
257 South Side,
St. John's.

Colonial Secretary.

Extract of Letter received by his Governor of Newfoundland
from S. Knox, Secretary The Newfoundland War Contingent
Association, 58 Victoria Street, Westminster, dated
December 28, 1916.

#1011 Pte. Kelly.

is now making rapid strides. He is now able to walk
about, and can use his right hand. He is himself
pleased at feeling so much better and seems to be gaining
strength and making a good recovery.

Original in file 488

G.

15

15th November, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1011, Private James J. Kelly, who was previously reported at Wandsworth, September 11th, dangerously ill Gunshot Wound Head, is now off dangerous list.

Yours faithfully,

Mrs. Elizabeth Kelly,
257 South Side.

Colonial Secretary.

C.R. 1011

NO. 1011 PTE. KELLY. J.

EXTRACT OF CASUALTY RECEIVED FROM THE P & R O. DATED NOV.
14, 1916.

"NOW OFF DANGEROUS LIST 14.11.16 AUTH. TELEPHONE 3rd LONDON
GEN. HOSPITAL 12.45p.m. 14.11.16."

C.R. 1011

NO.1011 Kelley.

EXTRCT OF CASUALTY LIST RECEIVED FROM THE PAY & RECORD
OFFICE LONDON DATED 14/11/16.

"OFF DANGEROUS LIST WANDSWORTH."

✓

G.

15

29th September, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1011, Private James J. Kelly, who was previously reported at Wandsworth, dangerously ill, gunshot wound head, is now reported progressing very favourably.

Yours faithfully,

Mrs. Elizabeth Kelly,
257 South Side.

Colonial Secretary.

C.R. 1011

Extract of Casualties received from Pay & Record Office,
London, dated September 28, 1916.

Progressing report of seriously and dangerously ill
man in Home Hospital:

#1011 Pte. J.J.Kelly.

Progressing very favourably.

Authority Telephone from Record Office.

C.R. 1011

Extract of Casualty List received from P. & R..O. Sep 28th. 1916.

1011, Pte J. J. Kelly. ✓

Progressing very favourably.

C.R. 1011

Extract of Casualty List received from P. & R. O. Sep. 28th. 1916.

1011, Pte J.J. Kelly. ✓

Progressing very favourably.

C.R. 1011

Extract of Dasualties received from Pay & Record
Office, London, dated September 21, 1916.

PROGRESS REPORT.

#1011 Pte. J.J.Kelly. ✓

Dangerously Ill at 3rd London Gener 1 Hospital, 21/9/16
No remarkable improvement.

C.R. 1011

Copy of Cablegram to Governor St. John's Nfld from P.&R.O. 27th Sep. 16.

1011. Pte Kelly. ✓

Progressing very favourably.

G.

22nd September, 1916.

Dear Madam,

I am today in receipt of a cablegram from the Record Office, London, which states that there is no remarkable improvement in the condition of No. 1011, Private James J. Kelly.

I trust that an early report of improvement in his condition will be received.

Yours faithfully,

Colonial Secretary.

Mrs. Elizabeth Kelly,
257 South Side,
St. John's.

G.

11th September, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1011, Private James J. Kelly, who was previously reported at Wandsworth, July 6th, suffering from wounded scalp, is now reported at Wandsworth, dangerously ill, Gunshot Wound Head.

Yours faithfully,

Mrs. Elisabeth Kelly,
257 South Side.

Colonial Secretary.

No.

686/220

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

Prefix _____		Code _____		At _____		SENT _____		FOR STAMPS _____	
WORDS		CHARGE		To _____		By _____			
VIA WESTERN UNION									
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.									

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To GOVERNOR. ST. JOHN'S on newfoundland Government Service
(NEWFOUNDLAND)

SAGOSUP IDENLAND WANDSWORTH TRAMBOOR HEAD 1011 KELLY

SYNOPICAL.

Translation:- 9th. September- Dangerously ill at- Wandsworth-
Gunshot wound- head,- 1011 Kelly.

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 _____

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.

C.R. / 1011



CASUALTIES

O.C., 3rd LONDON GENERAL HOSPITAL, WANDSWORTH,

Reports, 9th September 1916,

DANGEROUSLY ILL

No. 1011, Kelly, Private J., G.S.W., Head.

Authority:-
'phone from
Hospital.

C.R. 1011

C.R. 1011

Copy of Cablegram to Governor St. John's Nfld
from P.&.R.O. 6/7/16.

1011, Kelly ✓

At Wandsworth Gunshot Wound Scalp.

C.R. 1011

Extract of Casualties received from Pay & Record
Office, London, dated July 6, 1916.

#1011 Pte. J. Kelly. ✓

Gunshot wound Scalp.

Admitted 3rd London General Hospital, Wardsworth.
July 5, 1916.

C.R. 1011

Extract of Casualties received from Pay & Record Office,
London, dated July 31, 1916

(Extract from Army Form B 215, from G.O. 1st. MFLA. Regt.
dated 11/7/16.)

#1011 Pte. J. Kelly. ✓

Wounded in Action 1/7/16.

C.R. 1011

Extract from Casualties received from Pay & Record
Office, London, 28th July 6th, 1916.

Admitted to 3rd London General Hospital. July 5th.

1011 Pte. J. Kelley.

G.S.W. Scalp.

C.R. 1011

Extract from Nominal Roll, 3rd Draft to B.E.F. arrived
29, A.B.D. 30-3-16 Joined Battalion 15-4-16

#1011 Pte. J. Kelly.

C.R. 1011

Extract from Nominal Roll of Royal Nfld. Regt. Draft
No.3. from 2nd Bn. Depot to 1st Bn., B.N.F. Embarked 23-5-16.

1011 Pts. J.Kelly.

C.R. 1011

Extract of Nominal Roll Draft (All Ranks) to 1st Bn.,
B.E.F. Detached Southampton.

1011 Pte. J. Kelly.

MAR 4 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1011, Private James J. Kelly, who was previously reported at Wandsworth, January 5th, suffering from frostbite, is now fit for duty and was granted furlough January 24th.

This information has been received by mail.

Yours faithfully,

Mrs. Elisabeth Kelly,
257 Southside.

Colonial Secretary.

V
K 15

January 5, 1916.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1011, Private James J. Kelly, was admitted to Third London General Hospital, Wandsworth, suffering from frost bite.

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,

Colonial Secretary.

Mrs. Elizabeth Kelly,
South Side.

C.R. 10 11

Extract from Casualty List received from Pay & Record
Office, London, dated January 30, 1916.

#1011 Pte. J. Kelly,

Frost Bite.

Transferred to England per "Aquitania" ex 15 S.H. Mudros
25th December 1915.

C.R. 10/1

Copy of Cablegram to Governor St. John's Nfld from
P. & R. O. 5/1/16.

1011, Pte Kelly ✓

Admitted Wandsworth. Frostbite.

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.A.R.O.
January 5th 1916.

1011, Pte J. Kelly.

1 Newfoundland Adm. 3rd London General Hospital Wandsworth
3rd January 1916. Frost Bite.

C.R. 1011

Extract of Casualty List received from P.&R.O. London Dated Jan. 29th. 1916.

1011 Pte. J. Kelly

1st. Nfld. regt., Sick Slight.....Adm. 15 S.H. Mudros 2nd. Dec. 1915.

C.R. 1011

Extract from Nominal Roll of "D" Co. 1st Bn. MFLI. Rgt.
Embarked at Dovenport for Active Service, 21-8-15.

Signaller.

1011 Pte. J. Kelly.

Disembarked Alexandria 31-8-15 Proceeded to Abbasia,
Cairo, same date. Embarked Alexandria for Gallipoli
12-9-15.

C.R. 1011

Extract from Nominal Roll of Draft embarked per S.S.
Stephano for Overseas March 20th 1915.

No. 8. Platoon.

Signaller

1011 J. Kelly.

C.R. 1011

James J. Kelly was attested for General Service

with the NEWFOUNDLAND REGIMENT on Jan. 29th 1915.

Regimental No. 1011 was allotted to Pte James J. Kelly.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1915.

Kelly, J.

1011.

Ray Capt.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1011, Kelly, J.

(Substituting A.F.O. 1325) - N.F.P/Ka

Company. From 28/10/16 To 19/1/17 (Dates inclusive)

Embarked per S.S. Metagama

DR.

Classification ^A (See procedure) Repatriated 19.1.17

From Liverpool Date 19/1/17

Draft No. 24 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	
	8	Forfeited Pay							1	Pay	1.00	84	84	00		
	9	Allotments	60	84	50	40			2	Field Allowances	.10	84	8	40		
	10								3	Other Allowances						
11/12		Total Stoppages			50	40	10 7 2	4/5		Total @ £4.86 2/3			92	40	18 19 9	
13		Fines						6a		Credit Balance 27/10/16			15	14	11	
14		Clothing & Necessaries								Ration Allowance 10 Days @ 2/-			1	0	0	
15		Arms & Accoutrements						This account is in accordance with information received at the Pay & Record Office to 18/1/17 and is therefore subject to amendment if, and as may be found necessary.								
16		Barrack Damages														
17		Hospital Stoppages														
17a		Miscellaneous Stoppages														
19		Casual Payments														
20		1st Payment														
21		2nd "														
18/1/17	22	3rd " Pay & Record Office			2	0	0									
	23	Final "														
	24	Balance Debit Last Period														
	28	" Due by Paymaster			23	7	6	27		Balance Due to Paymaster						
					35	14	8						£	35	14	8



CHECKED.

JAN 18 1917

191

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT.

F.H. Marshall
O.C. " " Company.
PAYMASTER & OFFICER I/C RECORDS



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *James Kelly*, Regl. No. *1011*
 hereby agree, until further notification by me, and in similar official form, to make an Allotment of
 Dollars and *Sixty* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>941</i>	<i>Mother</i>	<i>Mrs Elizabeth Kelly</i>	<i>257 Beach Side City</i>	<i>60</i>
Total Allotment, \$				

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

(Sig.) *Eric Shy*
 Officer Commanding
 Company

(Sig.) *James Kelly*
 (Rank) *Private*

Nov 15 1920

To: Major Howley
O. I. C. Records

From: Vocational Officer

James Kelly 1011

The marginally noted man has completed his course
under the Civil Re-establishment Committee.

Butler
Vocational Officer

STATEMENT OF ACCOUNT

No. 1011

Name Kelly J.

1721/

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Jan 19	Balance due by P.M.				
31	By Pay. 12 days @ 1 ¹² / ₁₀₀			113 75	113 75
Feb 2	" " 2 " "			13 20	126 95
25	" " 26 " " 1 ⁵⁵ / ₁₀₀			2 20	129 15
	Bonus			48 10	177 25
	C allowance			12 95	290 20
				26 00	215 20
Feb 6	To Pay	114	15 00		200 20
12	" "	120	25 00		175 20
26	" "	130	20 00		155 20
28	Allotment 4 days abo		24 00		131 20
Mar 1	To Pay	132	191 20		
	War Service Gratuity				
	5 mos @ 70 ⁰⁰ / ₁₀₀			350 00	350 00
	C allowance			10 00	360 00
	Bonus				347 05
Dec 14	To Pay		12 95		347 05
Feb 2	" "	6887	57 15		259 90
	" "		10 00		249 90
Aug 30	" "	8813	70 00		179 90
Dec 25	" "	25072	60 00		119 90
June 25	" "	39945	70 00		49 90
Nov 15	" "	3847	49 90		
			575 20	575 20	0

Signed A. L. Oamy

8
12
1920

April 24th 1920

Major Howley
O. I. C. Records

Please pay to J. J. Kelly - 1011
the sum of ten dollars
on account of allowance to date
and charge same to Civil Re-establishment Committee

\$10.00

NO. 35805	DATE
AMOUNT	REMARKS

J. J. Kelly
C. S.

C. S.
C. W. McCall
Vocational Officer

C. Samuelson

Sept 18 1920

Major Howley
O. I. C. Records

Please pay to J. Kelly, 1101
the sum of forty one dollars and eighty cents
in payment of allowance for 74 days to Aug 31 1920
and charge same to Civil Re-establishment Committee

\$41.80

Wages \$106.20

J. C. R.

ACCOUNT		INITIALS
CHK. NO.	2554	<i>J. C. R.</i>
INL. LEDGER		
PAY LEDGER		INITIALS
GEN. LEDGER		INITIALS

B. Hunter
for Vocational Officer
J. Kelly

WWB/ME

August 26. 1919.

To:- Captain Howley,
O. I. C. Pay and Records.

From:- Vocational Officer.

A. C. R.

J. J. Kelly, 1011

The above named man has been a student under our Committee for some months and he states that he has not yet received any War Service Gratuity. He is badly in need of money just now so would you be kind enough to give him a month's Gratuity if in order.

H. A. Butler
Captain,
For V. O.

March 8th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. J. J. Kelly, No 1101, the sum of
seventeen dollars and forty five cents on account of tools and
charge the same to the Civil Re-establishment Committee.

\$17.45

W. B. Nicholl

Vocational Officer

Tools: Brace \$5.90; 2 Bits \$1.95; Pliers \$2.50; Screw Drivers \$3.00;
Saw \$1.50; 2 chisels \$1.20; Square \$0.60; Lock Saw 80¢;
Tool bag 80¢)

Paid
J. J. Kelly
Unit

6. R. B. Ew
12759

AMOUNT	
NO. OF	
DATE	
BY	
FOR	

FORM P/D

PAY DEPT

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #1011 Pte. J. Kelly

Voucher No. 28515.

Cheque No. 28515.

Reg'l A/c No.

Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount.
Mar. 1	323		Balance of pay	\$93 25
			Bonus 1 week @ \$1.85	12 95
			Civilian Clothing.	25
				\$131 20

CERTIFICATION

Dissect^e Sheet No.

Recap. Sheet No. 323

Checked by _____

W. Bowley
PAYMASTER

RECEIPT

March 1st, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

One Hundred & Thirty One----- Dollars

and Twenty----- Cents in Payment as above stated.

March 1917.

\$131.20

[Sig.] *J. Kelly*

Witness C. F. Shea mark

FORM P/D

PAY DEPT

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #1011 Pte. J. Kelly _____ Voucher No. 28478.

Cheque No. 28478.

Reg'l A/c No. _____ Name _____ C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amount.
Feb. 27	321		Pay on a/c	\$20
				\$20

CERTIFICATION

Dissect^o Sheet No. _____

Recap. Sheet No. 321.

J. M. Howley
PAYMASTER

Checked by _____

RECEIPT

February 27th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Twenty ----- Dollars

and ----- Cents in Payment as above stated.

February 1917.

\$ 20.00

[Sig.]

Pte. ^{his} X Kelly
mark

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Fre. J. Kelly

Voucher No. 28160.

Cheque No. 28160.

Reg'l A/c No. _____ Name _____

C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amount.
Feb. 12	306		Pay on a/c	\$25
				\$25

CERTIFICATION

Dissectⁿ Sheet No. _____Recap. Sheet No. 306

Checked by _____

M. Bowley
 PAYMASTER

RECEIPT

February 12th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Twenty Five-----Dollars
 and -----Cents in Payment as above stated.

February 1917.

\$ 25.00

[Sign]

Kelly

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. J. KellyVoucher No. 28800Cheque No. 28800.

Reg'l A/c No. _____ Name _____

C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amount.	
Feb. 6	298		Pay on a/c	\$15	
					\$15

CERTIFICATION

Dissectⁿ Sheet No. _____Recap. Sheet No. 298.

PAYMASTER

Checked by _____

RECEIPT

February 6th 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Fifteen----- Dollars
 and ----- Cents in Payment as above stated.

February 1917.

\$ 15.00

[Sig.]



Civil Re-Establishment Committee

MILITIA BUILDING,
St. John's, Newfoundland.

BB/OR.

HON. MR. JUSTICE KENT,
CHAIRMAN.

R. B. JOB, ESQ.
H. E. COWAN, ESQ. } VICE-CHAIRMEN

SIR. F. T. McGRATH, DR. V. F. BURKE, LIEUT. COL. MACPHERSON, C.M.S.
SIR M. P. CASHIN, REV. DR. L. CURTIS, MAJOR BUTLER, D.S.O., M.C.

MAJOR PARSONS, M.C.
MEDICAL OFFICER.

DR. W. W. BLACKALL,
VOCATIONAL OFFICER & SECRETARY.

Dec. 23, 1919.

ADDRESS ALL COMMUNICATIONS TO
VOCATIONAL OFFICER
MILITIA BUILDING ST. JOHN'S.

Lt.Col.W.F.Rendell,C.S.O.,
Militia Building.

Dear Sir:- 1011 J.J.Kelly.

The above named man was overpaid by this Committee last summer, and in order to make up for this we have stopped his pay from Oct.10th to Jan.31st. You will understand that at present he is in a bad way financially, and I would suggest that you would make him a payment of a ~~needed~~ sixty dollars (\$60.00) on account of his War Service gratuity.

Yours faithfully,

Butler
Major

For V.O.

*Payment of
Sixty Dollars is
authorized. please
23/12/19 W.F.R.*



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Kelly, Regl. No. 1011
hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
concerned, viz. :

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
941	Mother	Mrs Elizabeth Kelly	257 South Side Cly	60
Total Allotment, \$				

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

Sig.)

[Signature]
Officer Commanding

Company

Sig.)

James Kelly
(Rank) Private

MAY 8 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. J. J. Kelly, No 1101
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10.00

W. W. Nicholls
Vocational Officer

J Kelly

MAY 10 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. J. J. Kelley No. 1101
the sum of Nine dollars and thirty four cents,
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10.00
Allowance 9.34

G. W. McNeill
Vocational Officer

J. J. Kelly

W 17 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. J. Kelly, No 1101
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10

his
J. J. Kelly
mark
W. Holland

E. W. H. Kelly
Vocational Officer.

MAY 24 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. J. Kelly, No 1101
the sum of nine dollars and thirty four cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10

G. W. B. McNeill.
Vocational Officer

His
J. J. Kelly
Mark Holland

MAY 31 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. J. Kelly, No 1101
the sum of nine dollars and thirty four cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10

W. W. Marshall
Vocational Officer

*Paid to
J. J. Kelly
Mark with Holland*

JUN 14 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. J. Kelly, No 1101
the sum of ~~six~~ dollars and seventy cents
in payment of allowance for week ended this date
in connection with re-education.

\$6.70

Pension \$10
Wages 11.50

B. W. Nichell
Vocational Officer

J. Kelly

April 19th, 1919

~~XXXXXXXXXX~~

Capt. Howley,
O. I. C. Records.

1011

Please pay to **Mr. J. J. Kelly, No 1101**
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension	\$10
Allowance	40
Total	50

W. H. McCall
Vocational Officer

J. J. Kelly

APR 26 1919

Capt. Howley,
O. I. C. Records.

Please pay to ¹⁰¹¹Mr. J. J. Kelly, No ~~1101~~
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10

^{his}
J. J. Kelly.
J. J. Kelly.
W. W. McNeill

W. W. McNeill.
Vocational Officer

April 12th, 1919

Capt. Howley,
O. I. C. Records.

1011

Please pay to **Mr. J. J. Kelley, #1101**
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9 34

Pension	\$10
Allowance	40
Total	50

J. W. Mackall
Vocational Officer

J. J. Kelly

April 5th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to ¹⁰¹¹Mr. J. J. Kelley, No 1101
the sum of nine dollars and thirty four cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10
Allowance 040

Total 50

B. W. McChall
Vocational Officer.

J. Kelly

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

Aug 30 19 19

Received from the First Newfoundland Regiment
the sum of Twenty Dollars.
on account of Pay. Lost
balance

Ch. No. <u>88/3</u>	Initials... <u>EW</u>
Pay Ledger.....	Initials.....
Gen. Ledger.....	Initials.....

J Kelly
Regtl. No. 1011 C. J. P. R.

B. K.
W. P. H.

No. 1011

Rank

Pt

Name

J Kelly

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$49⁹⁰

Nov 15th 1920.

Received from the First Newfoundland Regiment
the sum of Forty nine $\frac{90}{100}$ Dollars.
on account of Pay. w. S. G.
balance

James Kelly

Ch. No. 3847	Initials. [Signature]
Pay Ledger. 172/1	Initials. [Signature]
Gen. Ledger.....	Initials. [Signature]

Regtl. No.

Rank

A. C. B.

No. 1011

Rank

Private

Name

J. Kely

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁰⁰

Dec 23 1919

Received from the First Newfoundland Regiment
the sum of Sixty Dollars.
on account of Pay & Bk
balance

Ch. No. <u>25072</u> Initials <u>WR</u>
Pay Ledger <u>172</u> Initials <u>WR</u>
Gen. Ledger..... Initials.....

Regtl. No. _____ Rank _____

JJ Kelly

57

No. 1071

Rank Pt

Name

J. J. Kelly

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

June 25th 1920.

Received from the First Newfoundland Regiment
the sum of Seventy _____ Dollars.
on account of Pay. W. S. G.
balance

J. Kelly

CA. No. 39945	Initials
Pay Ledger 172	Initials
Gen. Ledger.....	Initials

Regtl. No. 1011

Rank PTE

No. 1011

Rank

Private

Name

J. Kelly

J. Kelly.

1011

P. 196.

Proceedings on Discharge.



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

No. 1011 Army Rank Private
 Name Lally James Joseph
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
 Corps 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>20</u> years _____ months	Descriptive marks.
Height <u>5</u> feet <u>9</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Grey</u>	
Hair <u>Light Brown</u>	
Trade <u>Telegraph Operator</u>	
Intended place of residence <u>207 High side</u>	
(To be given as fully as practicable) <u>St. John's Newfoundland</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 Shot wound head
Right sided Hemiplegia

(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 :—

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*

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. <u>101101</u>	Army Rank <u>Private</u>
Name <u>Selly James Joseph</u>	(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
Corps <u>Newfoundland Regiment</u>	
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	No. <u>18717</u>
Place of discharge	Date <u>18.1.17</u>
1. Description at the time of discharge.	
Age <u>20</u> years _____ months	Descriptive marks.
Height <u>5</u> feet <u>9</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Grey</u>	
Hair <u>Light Brown</u>	
Trade <u>Telegraph Operator</u>	
Intended place of residence <u>57 Bond side</u>	
(To be given as fully as practicable) <u>Newfoundland</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 <u>Gunshot wound head</u> <u>Right sided Hemiplegia.</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character :-	
4. Character awarded in accordance with King's Regulations :-	
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	

Casualty Form—Active Service.

Regiment or Corps 1st Newfoundland

Regimental No. CR. 1011 Rank Pte Name J. Kelly

Enlisted (a) 29-1-15 Terms of Service (a) Duration Service reckons from (a) 29-1-15

Date of promotion } Date of appointment } Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (4)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			



Embark'd Southampton

Disembk'd ROUEN

29 Oct. Ad GSW Soap

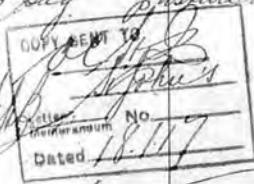
Lance 27.16

82 119 31

12 Cents Home

Due to Eng. of "Distinas" 3/16

SW 30.83



all clerks

CAPTAIN.
FOR O.100 INFANTRY RECORDS
G. H. Q. 3rd ECHELON.

(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) e.g., Signaller, Shooting Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form—Active Service.

Regiment or Corps

New Zealand

Regimental No. 1071

Rank

Pte

Name

Kelly

Enlisted (a) *1 year*Terms of Service (a) *1 year*Service reckons from (a) *Jan 7/15*

Date of promotion to present rank

of 1st Lt

Date of appointment to lance rank

Numerical position on roll of N.C.Os.

Extended *Duration*Re-engaged *Aug 15*

Qualification (b)



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 30, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.	
Date	From whom received					
		Embarked St. John's, Nfld.		20/3/15.		
		Disembarked Alexandria		1/9/15.		
		Embarked for Gallipoli		13/9/15.		
22/12/15.	24 C.C.S.	Admitted; Frostbite	24th.C.C.S.	5/12/15.	C 5124.	
23/1/16	16 Staly Hudson	<i>o</i> <i>o</i>	16 Staly Hudson	27/1/15	85508	
27/1/16	Apstams	<i>Increased to England</i>	Apstams	26/7/15	B 204	
		<div data-bbox="296 704 592 922" data-label="Text"> <p>COPY SENT TO <i>[Signature]</i> <i>[Signature]</i> No. Luted 18.117</p> </div>				
					<div data-bbox="940 404 1197 549" data-label="Image"> </div>	
					<div data-bbox="785 704 1249 870" data-label="Text"> <p><i>[Signature]</i> Captain For Major, Officer i/c Records 11 & 12 Dists., 3rd. Echelon, G.H.Q., M.E.F.</p> </div>	

(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) 42, Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Original *May begone by Kelagana 19.17*

Medical Report on an Invalid



3rd London General Hospital,
Station WANDSWORTH

Date 5th Jan 1917

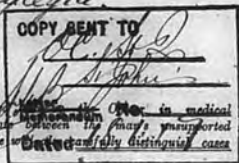
1. Unit 1st Newfoundland
2. Regimental No. 10 11
3. Rank Private
4. Name Kelly J.J.
5. Age last birthday 20
6. Enlisted { on 27th Jan 1915
at St. John's 2'fld.
7. Former Trade { Telegraph Operator
or Occupation

8. Disability.

S. J. W. Head. Right sided Hemiplegia.

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 carefully discriminate between the statements and evidence recorded in his military and medical documents. He will state the date of the case entirely due to venereal disease.



9. Date of origin of disability. July 1916
10. Place of origin of disability. France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Two scalp G.S.Ws. received in France only superficial wounds which healed well. He had been running a temperature showing frequent daily or every other day elevations & continued to do so from his admission July to until September 8th. No evidence of pyogenic infection could be obtained; he was also thought to have meningitis but the cerebro-spinal fluid was found clear. On September 9th he developed a right-sided hemiplegia and right-sided aphasia & was unconscious for several hours. From this he has been slowly recovering.

12. (a) Give your opinion as to the causation of the disability.

- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

Active Service G.S.W. of head eventually producing an apoplexy

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.

He is well nourished & the muscular power on his right side is improving although he is still very weak on this side as compared to the other side. He has a dull stupid expression & his mental powers are not very great.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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?

19. Do you recommend

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

no.

yes.

Victor J. Perez, C.S.

Officer in medical charge of case.

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

3rd London General Hospital,

Station WINDSOR, S.W.

Date 13/1/17

J. E. Donatelli

Officer in charge of Hospital.

..... Lt. Col. R.A.M.C.T.

* Loss of teeth on, or immediately after, active service, should be attributed to the war, unless shown to be due to 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165 Pay Warrant, 1913).

(iv) In answering question 20 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.

20. (a) State whether the disability is the result of (i) active service, (ii) climate, or (iii) ordinary military service.

Active Service

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

G.S.S.

21. Has the disability been aggravated by

(a) Intemperance? *No*

(b) Misconduct? *No*

(c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent? *No*

23. If not permanent, what is its probable minimum duration?

To be stated in months.

Twelve months

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Lessened by one half at present

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act? *No*

25. If an operation was advised and declined, was the refusal unreasonable? *No*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England? *Yes*

Signatures:—

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

Date *Jan 15/19*

Approved.

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

Date *15. 1. 19*

W. P. W. G. J. M. J. R. M. C. E. President.

H. W. M. J. M. C. E. Capt. A. M. M. T. Members.

W. P. W. G. J. M. J. R. M. C. E. Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer	{	Date _____	Name	of	Conveyance _____
		Station _____			Vessel _____
or Embarkation	{	Date _____	}	Officer in	} medical charge
		Port _____			

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or } _____ Officer in medical charge.
Station }

(At Station or Hospital where finally disposed of.)

Station and } _____
Hospital } _____
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical }
Board, or decision }

Administrative Medical Officer.

Army Form B. 179
MEDICAL REPORT ON AN
INVALID.

Station Art
Corps 1st New Brunswick
Regimental No. 10-11
Rank Pte.
Name Wally J. J.
Disability Rt. W. Head. R. Ovary
Date 15/1/17
Wm. J. J.

Hospital or Station }
referred to for }
final disposal }
Date of final }
disposal }
How finally }
disposed of }

The original Report is herewith to accompany the

discharge documents of invalids

(4736) W. 6830/2774, 530a, 913, C. P. 144
Forms
179
24

58/10

No. _____

Date Jan 24th 1916

(1) To the Officer i/c Records,

58 Victoria St

Westminster

(Station)



(2) The Officer Commanding,

Newfoundland Contingent

Ayr

(Station).

(3) The Paymaster,

58 Victoria St

Westminster

(Station).

Regimental No. 1011

Rank and Name Pt Kelly J

Regiment or Corps. 1st Newfoundlands

has been granted a furlough from Jan 24th to Feb 2nd.

His address while on leave will be:—

5 Oxford St Maberly Hotel,

Margate Road St

Kent Edenburgh

I consider he is fit for* ~~Light duty.~~ ^{Duty.}

A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge Registrar, R.A.M.C.T.

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

(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.

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. 1011 Rank PrivateName (surname first) Kelly JamesRegiment 1st Newfoundland

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

Telegraph Operator

COPY SENT TO	
<i>J. Kelly</i>	
<i>J. Kelly</i>	
No.	
Dated	<i>11/17</i>

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?

*Co. 160 Newfoundland
Telegraph Operator for five (5) years*

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

Telegraph Operator

4. What is the name of your Approved Society?

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

*Signaller with 1st Newfoundlandus
(5) five months*

Date 15/1/17Signature J. Kelly 1011

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 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. 4 (ii), item 3, of Army Council Instruction No. 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.

**Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 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

58 Victoria St Sw

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 ²¹ ~~14~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

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

Regt. No. and Rank 1011 Pte. Regt. or Corps 2nd Newfoundland
(If T.F. this should be stated)

His address on discharge will be 257 South Side, St Johns
Newfoundland

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

The Soldier states that no 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.

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

Station

Date

15th Jan: 1917

Walter Major Ramet
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.

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.

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

A Name in full Kelly - James Joseph
Regiment from which discharged 1st Newfoundland
Regimental Number 1011
Where born (Parish, Town and County), and when St. Patrick's, St. John's, Newfoundland.
Intended address 257, South Side St. John's, Newfoundland. 11/8/1896
Height on discharge 5 Foot 9 Inches
Colour of Hair on discharge Light Brown
Colour of Eyes Grey
Descriptive marks Scar on wrist.
Figure on discharge Rather slight.
Christian name of Father Frank
Christian name of Mother Elizabeth
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired Telegraph operator at St. John's.

COPY SENT TO

[Signature]

No. _____

Dated 11/1/17



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) James Joseph Kelly, etc

Station Wandsworth Date 11.1.17

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.

Victor J. Percy, Medical Officer i/c Hospital.

Station _____ Date 11.1.17.

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
B Period of Service and in what Corps ...				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.

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 signing 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 Board 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.

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



A Name in full Kelly James Joseph
Regiment from which discharged Newfoundland
Regimental Number 1011
Intended address 257 South Side St. John's Newfoundland

Height on discharge 5 Feet 9 Inches
Colour of Hair on discharge Light brown
Figure on discharge Slender
Colour of Eyes Grey
Complexion Fair
Christian name of Father Frank
Christian name of Mother Elizabeth
Wife's Maiden name in full Elizabeth
Date and Place of Marriage —
Christian names of Children —

Nature of work of civil employment desired. Telegraph Operator at St. John's

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) James Joseph Kelly Sr.
Station Wandsworth S.W.
Date 11.1.17
(Rank) Private

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

Station Wandsworth S.W.
Date 11.1.17
Medical Officer i/c 3rd London General Hospital

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Award 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.**

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Pension No. 84

Regt. No. 1011 Rank Pte. Name James J. Kelly

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Dec 19/19.

Pensionable Disability 20% for 12 months

Pension Granted: \$10.00 per month for 12 months

Total Authorised Amount \$120.00

or Gratuity Granted:

0 Payable in 0 equal monthly instalments

Granted to:

Name James J. Kelly
Address 257 Southside

Date case disposed of _____

Approved by:

Members of Board

A. C. Mc... Chairman

W. B. ...

*Notes
19/19*

*Y. B. S.
J. M. M.
C. B. B.*

Remarks:

ATT

EE

RECEIVED

Form Z179 A.M.D.

S I X T H B O A R D

Report of Medical Board.

Station St. John's, Nfld. Date DECEMBER 19th., 1919.

No. and Rank 1011 PRIVATE Age 23 Height 5'9"

Name KELLY JAMES J. Complexion FAIR

Unit Royal Newfoundland Eyes GREY Hair LIGHT BROWN

Address 257 SOUTHSIDE

Former Trade TELEGRAPH OPERATOR

Enlisted at ST. JOHN'S On 27/1/15 (The Board will please note how the soldier's appearance corresponds with above description).

Disease or Disability Original GUN SHOT WOUND HEAD. RIGHT SIDED HEMAPLEGIA.

Subsequent

Present Condition (Compare with previous Board)

Has weak grasp with right hand, increased patellar reflex exaggerated in right; absent from left leg.

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

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

20%
Recommendation of Medical Board

Members of Board

Cluny Macpherson
Local

J. M. C. C.
J. P. H. H.

Approving Medical Officer.



THE BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLAND.

Pension No. 84

Regtl. No. 1011 Rank Ser Name J. Kelly

Corps served with ROYAL CANADIAN MOUNTED POLICE

Date of Medical Board Dec. 17th 1918

Pensionable disability 20% for 12 months

Pension granted:

\$8.00 per month for 12 months

or Gratuity granted:

 payable in equal monthly insts.

Granted to:

Name J. Kelly

Address

*OK
Lund*

Date case disposed of DEC 27 1918

Approved by:

Members of Board

[Signature] Chairman
[Signature]
[Signature]

Remarks:

F I F T H B O A R D

Form Z179 N. M. D.

Report of Medical Board.

Station	St. John's, Nfld	Date	December 17th., 1918
No. and Rank	1011 - Private	Age	23 Height 5'9"
Name	KELLY, J. J.	Complexion	Fair
Unit	Royal Newfoundland	Eyes	Grey Hair Light Brown
Address	257 Southside		
Former Trade	Telegraph Operator		
Enlisted at	St. John's On 27/1/15		(The Board will please note how the soldier's appearance corresponds with above description.)
Disease or Disability	Original	G. S. W. HEAD. RIGHT SIDED HEMAPLEGIA	

Subsequent

Present Condition (Compare with previous Board)

Mental Condition good, hand steady, good grasp, full movement

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

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

Recommendation of Medical Board

Members of Board

Cluny Bradpherson
Major
 D. M. S. NEWFOUNDLAND

W. H. ...
J. ...
Waterson Major

Approving Medical Officer.





Medical Report on an Invalid

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

Date 5 Jan'y 1917

- 1. Unit 1st Newfoundland
- 2. Regimental No. 1011
- 3. Rank Private
- 4. Name Kelly J.J.
- 5. Age last birthday 20
- 6. Enlisted { on 27 Jan'y 1915
at St. John's Nfld.
- 7. Former Trade { Telegraph Operator
or Occupation

8. Disability.

G.S.W. Head Right sided Hemiplegia

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.

July, 1916
France

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Two scalp G.S.W.s received in France
only superficial wounds which healed well. He had been running a temperature showing daily on every other day elevations & continued to do so from his admission July 5th until September 8th. No evidence of Postgoutal infection could be obtained, he was also thought to have a meningitis but the cerebro spinal fluid was found clear. On September 9th he developed a right sided hemiplegia & right sided aphasia & was unconscious for several hours. Since that he has been slowly recovering.

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

} Active Service G.S.W. of head
essentially producing an
apoplexy J.J.

Original true copy
J.J.

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.

He is well nourished, & the muscular power in his right side is improving although he is still very weak on this side as compared to the other side. He has a dull stupid expression & his mental powers are not very great.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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?

19. Do you recommend

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

No

Yes

Sgt
Victor Percy C.S.
Officer in medical charge of case.

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

General Hospital
Station Wandsworth S.W.

N. Bruce Taylor
Officer in charge of Hospital

Date 13.1.19

London General Hospital

* 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service
G.S.W.

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

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

No
No

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

Twelve Months

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Lessened by one half at present

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

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes

Signatures

3rd London General Hospital

Station

Date

Wandsworth Sw.

15. 1. 17

W. Edgerton *Major* *President.*
F. Withered *Capt.* *Members.*

3rd London General Hospital

Station

Date

Wandsworth Sw.

15. 7. 17

Administrative Medical Officer.

(On Leaving Corps or Station where invalided.)

Transfer	Date _____	Name of _____	Conveyance _____
	Station _____		
or Embarkation	Date _____	Name of _____	Officer in medical charge _____
	Port _____		

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or Station _____ } Officer in medical charge. _____

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____
Administrative Medical Officer. _____

Army Form B. 179.
MEDICAL REPORT ON AN
INVALID.

Station _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____
Hospital or Station transferred to for final disposal _____
Date of final disposal _____
How finally disposed of _____

The original Report is transmittable to accompany the Invalid's discharge certificate of Invalidity.
(S) (68579) Wk. 1008 4702E 6-10 W B & L
Form B. 179
24

NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station St. John's, Nfld. Date February 13th., 1917.
No. 1011 Age 20 Height 5ft.9"
Rank Private Complexion Fair
Name Kelly, J. J. Eyes Grey Hair L. Brown
Unit 1st Nfld.
Address 257 Southside, St. John's Former Trade Telegraph Operator
Enlisted at St. John's, Nfld. on 27th January, 1915.
Disease or disability G.S.W.Head. Right sided Haemiplegia

Present condition *Wounds healed. Right arm weak & cannot be raised to put his hand to the scalp. leg now strong. Facial expression dull*

Estimated disability *60%*

Recommendation of Medical Board *Discharge*

Class

Members of Board

Approving Medical Officer.



R. S. Francis
John S. Dait
W. Gordon for Major Paterson.
Clay Macpherson, Major.

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station **ST. JOHN'S NFLD.** Date **NOVEMBER 27th., 1917**
 No. **1011** Age **20** Height **5'9"**
 Rank **PRIVATE** Complexion **FAIR**
 Name **KELLY, J. J.** Eyes **GREY** Hair **LIGHT BROWN**
 Unit **1ST NEWFOUNDLAND**
 Address **257 SOUTHSIDE** Former Trade **TELEGRAPH OPERATOR**
 Enlisted at **ST. JOHN'S NFLD.** on **JANUARY 27th., 1915**

Disease or disability **G. S. W. HEAD. RIGHT SIDED HAEMIPLEGIA**

Present condition *Can move arm up w all directions touch his scalp. Hand firm steady. Writes with left hand*

Estimated disability

20%

Recommendation of Medical Board

Discharge from Army

Class

Members of Board

J. J. Kelly
Wm. J. Fox
Wm. J. Fox



Approving Medical Officer.

Chas Macpherson
Major

THIRD BOARD

REPORT OF THE MEDICAL BOARD.

STATION St. John's, Nfld. DATE March 14th 1918

NO. 1011 AGE 23 HEIGHT 5'9"

RANK Private COMPLEXION Fair

NAME Kelly, J. J. EYES Grey HAIR Light Brown

UNIT 1st. Nfld.

ADDRESS 257 Southside FORMER TRADE
Telegraph Operator

ENLISTED AT St. John's, Nfld. ON Jan. 27th 1915

DISEASE OR DISABILITY G. S. W. HEAD. RIGHT SIDED HAEMIPLEGIA

PRESENT CONDITION *Hand not steady very little power & cannot always control movements. Not so well as at last board. Mental condition somewhat improved*

HAS HE BEEN EMPLOYED AND BY WHOM? *No*

AVERAGE WEEKLY EARNINGS

ESTIMATED DISABILITY *60% 3 months*

RECOMMENDATION OF THE MEDICAL BOARD

MEMBERS OF BOARD

APPROVING MEDICAL OFFICER.

J. H. [Signature]
W. Sinclair's Dist
L. A. [Signature]
Clayton Macpherson, Major

Report of Medical Board.

Station **St. John's, Nfld.** Date **June 18th., 1918**
 No. and Rank **1011-PTE. DISCHARGED** Age **23** Height **5'9"**
 Name **KELLY, J. J.** Complexion **Fair**
 Unit **Royal Nfld.** Eyes **Grey** Hair **Light Brown**
 Address **257 Southside**
 Former Trade **Telegraph Operator**
 Enlisted at **St. John's On 27/1/15** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability: Original **G. S.W. HEAD. RIGHT SIDED HÆMIPLEGIA**

Subsequent

Present Condition (Compare with previous Board)

Condition Same as at last Board.

Has he been employed, and by whom?

Worked couple weeks at Ref. Exchange

Average Weekly Earnings

12.50

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

60% six months.

Recommendation of Medical Board

Members of Board

[Signature]
[Signature]
[Signature]

Approving Medical Officer

[Signature]
[Signature]

D. N. S. NEWFOUNDLAND.



Temporary

7/3 10-1-17

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospitals. 1916
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 J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined { on _____ day of _____ 191
at _____

Declared Age years _____ days _____

Trade or Occupation ... _____

Height feet _____ inches _____

Weight lbs. _____

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

Physical Development ... _____

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

When Vaccinated

Vision { R.E.—V= _____
L.E.—V= _____

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

(b) Slight defects but not sufficient to cause rejection { (b) _____

Approved by (Signature) _____
(Rank) _____

Medical Officer.

Enlisted { at _____
on _____ day of _____ 191

Joined on Enlistment	Corps	Regt. No.
	<u>1st Newfoundland</u>	<u>1011</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.

8th LONDON GENERAL HOSPITAL
WANDSWORTH.

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				
	2	1	16	24	1	16	<i>Joint pain</i>	<i>22</i>	<i>Came. Active service (dark matter) Felt Pain & numbness right foot Result Normal</i>	<i>H. J. McKeown R. H. M. P.</i>

4

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

MEDICAL HISTORY

OF

Surname WellerChristian Name James

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on _____ day of _____ 1915	on _____ day of _____ 191		
Examined	at <u>St. John's</u>	at _____		
Declared Age	<u>19</u> years	_____ days		
Trade or Occupation	<u>Operator</u>	<u>COPY SENT TO</u>		
Height	<u>5</u> feet	<u>6</u> inches		
Weight	<u>130</u> lbs.	<u>_____</u> lbs.		
Chest Measurement	Girth when fully expanded... <u>32</u> inches	<u>_____</u> inches		
	Range of expansion... <u>3 1/2</u> inches	<u>_____</u> inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated	<u>eyes</u>			
Vision	R. E.—V=	L. E.—V=	R. E.—V=	L. E.—V=
(a) Marks indicating congenital peculiarities or previous disease	<u>(a) Slight pigeon breast</u>	(a)		
(b) Slight defects but not sufficient to Cause Rejection	(b)	(b)		
Approved by (Signature)	<u>Cluny Macpherson</u>			
(Rank)	<u>Capt.</u>			
Enlisted	at <u>St. John's</u>	at _____		
Joined on Enlistment	on <u>1st Xfd Regt</u> 1011	_____		
Transferred to				
Became non-effective by	on _____ day of _____ 191	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 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				
3rd London General Hospital, WANDSWORTH, S.W.	5	7	16				G. S. H. Head. R. Lateral Hemiplegia		<p>Board-held — see overleaf</p> <p>Disability — G. S. H. Head. Right-sided Hemiplegia Weak muscular power on right side. Mental powers are not very great, & has a dull stupid expression</p> <p>Cause — G. S. H. on Active Service Capacity for earning a livelihood lessened by one half at present.</p>	<p>W. M. Moxley — Captain</p> <p>3rd London General Hospital, WANDSWORTH, S.W.</p>

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
20. 3. 16.	Fit for active Service. <i>WJH</i>
15-1-17	Board held 15/1/17 Found - Permanently unfit Board - Approved 15/1/17
	<i>W. H. M. Myles - Capt R.A.M.C.</i> for 3rd London General Hospital, WANDSWORTH, S.W.

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
Sr John Nfid	Jan 20. 15	20 Mar 15			
T.S. Stephens	20 Mar 15	22 Mar 15			
T.S. ORDUNA	22 Mar 15	30 Mar 15			
Edinburgh Castle	30 Mar 15				

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

MEDICAL HISTORY

Surname Kelly OF Christian Name J

Table I.—GENERAL TABLE

Birthplace:—Parish _____ County _____

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	day of	on	day of
Examined	191		191	
Declared age	years	days	years	days
Trade or occupation				
Height	feet	inches	feet	inches
Weight		lbs.		lbs.
Chest Measurement {	Girth when fully expanded		inches	
	Range of expansion ...		inches	
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number				
When vaccinated				
Vision	R.E.—V.—		R.E.—V.—	
	L.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)	Medical Officer.		Medical Officer.	
(Rank)				
Enlisted	191		191	
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Pt. 776d.</i>		<i>1011</i>	
Transferred to				
Became non-effective by	191		191	
(Signature)				
(Rank)				



(9 38 41) W 1 751-6539/1 75,000/0 1016-11 1016-11 3201/1
16.92-191 75,000-0
Army Form W. 3201.
(In pads of 50)

ONLY FOR USE IN THE CASE OF ~~WOUNDED~~ RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Med. (Regiment).

No. 1011, Rank Pte, Name Kelly, J. J.

is discharged from Hospital with orders to proceed to home

(Address 58 Victoria St.
S.W.)

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

Officer Commanding, 3rd London General Hospital
WANDSWORTH
Registrar, R.A.M.C.I
3rd London General Hospital
WANDSWORTH
Hospital.

Place 3rd LONDON GENERAL HOSPITAL
WANDSWORTH.

Date 16/1/17

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1011, Kelly, J.

(Substituting A.F.O. 1325) R.F.P/Ka

Company. From 28/10/16 To 19/1/17 (Dates inclusive)

Embarked per S.S. Metagama

From Liverpool Date 19/1/17

DR. Classification A (See procedure) Repatriated 19/1/17

Draft No. 214 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	
	8	Forfeited Pay									1	Pay	1.00	84	84	00				
	9	Allotments	60	84	50	40					2	Field Allowances	.10	84	8	40				
	10										3	Other Allowances								
11/12		Total Stoppages			50	40	10	7	2	4/5		Total @ \$4.86 2/3			92	40	18	19	9	
13		Fines								6a										
14		Clothing & Necessaries										Credit Balance 27/10/16					15	14	11	
15		Arms & Accoutrements										Ration Allowance 10 Days @ 2/-					1	0	0	
16		Barrack Damages																		
17		Hospital Stoppages																		
17a		Miscellaneous Stoppages																		
19		Casual Payments																		
20		1st Payment																		
21		2nd "																		
19/17	22	3rd " Pay & Record Office					2	0	0											
	23	Final "																		
	24	Balance Debit Last Period																		
	28	" Due by Paymaster					25	7	8		27	Balance Due to Paymaster								
							35	14	8								£	35	14	8

CHECKED.



191

CERTIFIED CORRECT
NEWFOUNDLAND CONTINGENT

O.C. " " COMPANY
PAYMASTER & OFFICER IN CHARGE

NEWFOUNDLAND CONTINGENT

N.F.P/47.

NO 493/8

Pay & Record Office,
58, Victoria Street,
London, S.W.,

17th January 1917

To: Medical Officer in Charge,

3rd London General Hospital,

Wandsworth, S.W.

Postal Money Order No. 32507 for £ 5:0:0

is enclosed at request of No. 1011, Pte. James Kelly,

1st Newfoundland Regt.

Attached receipt form to be signed and returned, please.

Cancelled

A. J. Guinness Major,
Paymaster & Officer i/c Records.

NEWFOUNDLAND CONTINGENT

493/6

Paymaster & Officer i/c Records,
Newfoundland Contingent,
53, Victoria Street,
London, S.W.

Please remit per Postal Money Order to the ^{O.C.} 3rd London General Hospital

to hold for 1011 Pte James Kelly 1st Newfoundland Reg
and 3rd London General Hospital

the sum of Five (5) pounds _____ shillings, on

the account of any balance that may be due to me.

Regtl. No. 1011 Rank Private

Name ~~H. Lagan~~ James Kelly

Approved H. Lagan Capt R.A.M.C.

for Officer i/c

3rd London General Hospital.

Dated at 3rd London General Hospital.

16. 1. 1917

O.K.
\$ 5-0-0
M.S.P.A.

H7

G15

165

No.

317

3/3 written
H. Lagan
Capt R.A.M.C.
X
with

417/1

3rd London General
Hospital Wandsworth

13/1/17

To the Pay and Record Office
Newfoundland Regiment

Dear Sir

I desire you to forward me five Pounds £5 from my account I have been in the above Hospital since July 1916 and have not had any pay but as I am now able to get about I want to make a few purchases to send home.

Thanking you in anticipation
faithfully yours

No 1011 Pk G Kelly
1st Newfoundlanders

NEWFOUNDLAND REGIMENT PAY AND RECORD OFFICE	
File No.	289
Paid	JAN 15 1917
Ac'd	
Ans'd	
File No.	

NEWFOUNDLAND CONTINGENT

No. 417/1

Pay & Record Office,
58, Victoria Street,
London, S.W.,

15th January, 1917

To: 1011, Pte. J. Kelly,
3rd London General Hospital,
Wandsworth, S.W.

With reference to your request dated 13/1¹⁷
Regulations do not permit a soldier to have money whilst in
hospital without express permission of the Officer i/c.
If the enclosed N.F.P/45 is completed and returned to this
office it will be complied with, subject of course to the
state of your account.

The Newfoundland War Contingent Association are
notified of admissions to Hospitals, etc. and will supply
you with comforts, but not cash. If one of their Visiting
Committee has not already seen you, write to:

"The Hon. Secretary,
N. W. C. A.,
58, Victoria Street, S.W."

H. J. Pinnewell Major,
Paymaster & Officer i/c Records.



1ST NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, *James Kelly*^{Joseph}, Regl. No. *1011*

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

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<input checked="" type="checkbox"/>		<i>Mother Mrs Elizabeth Kelly</i>	<i>257 South Side City</i>	<i>60</i>
Total Allotment, \$				

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

(Sig.) *[Signature]*
Officer Commanding
Company

(Sig.) *James Kelly*
(Rank) *Private*

St. John's

No. *1001* Name *J. Kelly.*

Sqn., Batty.,
or Company } *6*

Corps *1st New Zealand*

Date of
enlistment }

Jan 29/1910 G.C.
Badges }

Service or
Proficiency Pay }

Date of last entry in
Company Conduct Sheet } *24/1/16.*

No. and date
of last drunk } *Nil*

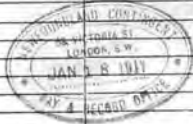
Period not reckoning towards
freedom from extra fine }

Sheet No. *1*

Signature O.C.
Company, etc. }

A. K. Grady Character
2/56

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>Pte</i>							



[Handwritten signatures and scribbles]

NO

Dated

Army Form B. 122

Admitted
5-7-16

Army Form W. 3203.



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Afld Regiment.
*The Officer Commanding 1st Afld Contingent Coy.
The Officer in Charge of Records 58 Victoria St. S.W.
The Regimental Paymaster 58 Victoria St. S.W.

With reference to No. 1011 P/O Kelly G.
of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London Command, on the 15-1-17.
for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a week of gratuity.

He proceeded to 58 Victoria Street S.W.
on [date] 18-1-17

W. J. O'Connell Capt R.A.M.C.(F) Officer Commanding
Registrar, R.A.M.C.T. Hospital.

Place Wandsworth WANDSWORTH, S.W.
Date 18-1-17

* In case of Territorial Force "Officer Commanding the Administrative Centre."
Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

Admitted
5-7-16

Army Form W. 8202



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Bn

Regiment.

*The Officer Commanding

1st Bn Newfoundland Contingent

The Officer in Charge of Records

58 Victoria St. S.W.

The Regimental Paymaster

58 Victoria St. S.W.

With reference to No. 1011 Pte Kelly, J.
of the above Regiment, who appeared before a Medical Board and was approved by
the D.D.M.S., London Command, on the 15-1-17

for discharge from the Service as permanently unfit, please note that this man has
been sent to his home on ~~leave~~ with orders to await instructions as to his final
discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to

58 Victoria Street S.W.

on [date]

18-1-17

Honour Surgeon Capt R.A. McCall

Officer Commanding

Registrar, R.A.M.C.I.

Place

Windsor

London General Hospital, Hospital.

WINDSWORTH, S. W.

Date

18-1-17

* In case of Territorial Force "Officer Commanding the Administrative Centre."

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


Squadron, Troop, Battery and Company Conduct Sheet.

Form
B. 121
22

Regiment of *Newfoundland*

Signature of G. C. Company

Number of *100*
W. J. ...
Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Prolonged Pay		
No.	<i>1011 Kelly Jr</i>	Age on	<i>19</i> years <i>—</i> months	<i>Operator</i>			
Joined	Date	Place and Date of Enlistment	<i>St. Johns Jan 29 1915</i>	Religion	<i>R. C.</i>		
Joined	Date	Period of	(with Colours) <i>2 3/4</i> years.	Place of Birth			
Joined	Date		(with Reserve) <i>2 5/8</i> years				

Place	Date of Offence	Rank	Case of Discharge	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
<i>St. John's Camp</i>	<i>3/7/15</i>	<i>Pte</i>		<i>Absent at Tattoo</i>	<i>Cpl Grandy</i>	<i>2 days C.C.</i>	<i>6/7/15</i>	<i>Capt. J. W. March</i>	<i>24h</i>
	<i>4/7/15</i>			<i>do.</i>	<i>Cpl Ferguson</i>	<i>do.</i>	<i>6/7/15</i>	<i>do.</i>	<i>24h.</i>
<i>Newton</i>	<i>23/2/16</i>			<i>Absent from Roll call until 10-45 pm</i>	<i>Cpl Grandy</i>	<i>2 Days C.B.</i>	<i>24/2/16</i>	<i>Lieut. Bensusan</i>	
<i>"</i>	<i>26/2/16</i>	<i>Pte</i>		<i>Absent from tattoo until 10:15 pm</i>	<i>"</i>	<i>1 day C.B.</i>	<i>27/2/16</i>	<i>Lieut. Bensusan</i>	
				<i>Medically Unfit St. John's 26/17</i>					

COPIES SENT TO
[Signature]
 No. *1011*
 Dated *10/1/17*

To be carried over