



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *5013*

Name *Cyril J. Kennedy* Corps *A.C.*



Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <i>Cyril J. Kennedy</i> |
| 2. What is your full Address? | 2. <i>Prepassey</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>19</i> Years <i>0</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Railway Agent</i> |
| 6. Are you Married? | 6. <i>no</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>no</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>yes</i> |
| 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. <i>yes</i> |

I, *Cyril J. Kennedy* 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.

Cyril J. Kennedy SIGNATURE OF RECRUIT.

James Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Cyril J. Kennedy* do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this *13* day of *May* 191*8*

Signature of Attesting Officer *A. B. Dicks*

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191.....

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5013

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

Name April J Kennedy
 Apparent age 19 years 0 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches



Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Minnie Kennedy
Trepassey | Relationship Mother
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>13-5-18</u>					<u>Lance Cpl. 14 8/18</u> <u>Reverts to ranks 10 1/19</u> <u>Discharged August 8 1919</u>				
Joined at <u>St John's</u> on <u>May 13-1918</u>									
<div style="font-size: 2em; font-family: cursive;"> Discharged August 8 1919 </div>									
<u>Embarked St John's train to Halifax No. 22.9.18</u> <u>to Newfoundland for demobilization 24-6-1919</u> <u>Arrived Newfoundland 1-7-1919</u> <u>Demobilization St John's 8 8/19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 [date of discharge] 1 years 88 days
 Pensions " " " " " " " " " " " "

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

MEDICAL HISTORY

OF

Surname

Kennedy

Christian Name

Lynch J.

Table I.—GENERAL TABLE.



Birthplace:—Parish

Trepassey

County

Wick

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	<i>13</i> day of <i>May</i> 191 <i>8</i>	<i>St. John's</i>	day of	191
Declared Age	<i>19</i> years	days	years	days
Trade or Occupation	<i>Railroadman</i>			
Height	<i>5</i> feet <i>11</i> <i>10</i> / ₁₆ inches		feet	inches
Weight	<i>145</i> lbs.			lbs
Chest Measure-ment	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/12</i>	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>Liam O'Keefe</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at	<i>St. John's</i>	at	
	on	<i>13</i> day of <i>May</i> 191 <i>8</i>	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	<i>The Royal 5013</i>			
Transferred to	<i>Wick</i>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cyril J Kennedy, Regl. No. 5013

hereby agree, until further notification by me, and in similar official form to make an Allotment of 75 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins 1 - 10 - 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7207	mother	M ^{rs} E. J. Laineau (Minnie)	Trepassey	50
Total Allotment, \$				50

This new Allotment cancels allotment on form K. 4-160.

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.) A. L. Sumner
Officer Commanding
E. Company
St. John's field.
13-9-1918

(Sig.) Cyril J. Kennedy
(Rank) L/Cpl.

C.R. 5013.

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated August 19th 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
8-8-19.

5013, Pte. C. Kennedy.

C.R. 5013

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C? Discharge Depot with effect from
25-7-19

5013 Pte. C. Kennedy.

C.R. 5013

Extract from Daily Orders Part III Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5013 Pte. C. Kennedy

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5013

Extract from Nominal Roll Entrained for Overseas at. 50.

John's Sept. 22, 1910.

5013 Kennedy Cyril.

C.R. 5013

Extract of Daily Orders by LT. COL. B.J. BARTON, D.S.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.

10/1/19.

Reverts to Private at his own request.

#5013 B/C Kennedy.

C.R. 5013

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.
St. John's, dated August 14th. 1918.

5013 Pte. C. Kennedy.

To be 1/Opl. from 14-8-181

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 14, 1918.

#5013 Pte. J. Kennedy.

Attested for General Service with the Royal Hfld. Regt.
from 13.5.18 to report 15.7.18

J. H. Kennedy

C.R. 5013

~~PHD~~

FORM K

No 4460



ENTERED
PAY LEDGER
NUM. BOOK
ALLOT.
EXAMINED

Asst
Asst 21/3/19

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cyril Kennedy, Regl. No. 5013

hereby agree, until further notification by me, and in similar official form to make an Allotment of Thirty Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4405</u>	<u>mother</u>	<u>Mrs E. J. Quinlan (Minnie)</u>	<u>Trepassey</u>	<u>30</u>
<i>Cancelled to increase amount. A. H. Summers. 13-9-18.</i>				
Total Allotment, \$				<u>30</u>

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.) A. H. Summers
 Officer Commanding
 Company
St. John's Ryld.
12-6-1918

(Sig.) Cyril Kennedy
 (Rank) Private

FORM K

No. 7207



ENTERED
PAY LEAF
NUM. ROLL
ALLOTMENT
REGISTRE
EXAMINED

Auth
ASR 2/13/19

THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cyril J. Kennedy, Regl. No. 5013

hereby agree, until further notification by me, and in similar official form to make an Allotment of 7 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins 1-10-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7207	Mother	M ^{rs} E J Saunders (Mum)	St. John's	50
<p><i>This New Allotment cancels Allotment on Form K. 4-160. & Co. cancelled 3/13/19.</i></p>				
Total Allotment, \$				50

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.) A. L. Summers
 Officer Commanding
 Company

(Sig.) Cyril J. Kennedy
 (Rank) 1st Lt.

13-9-1918

~~37 March~~
ORIGINAL

NEWFOUNDLAND CONTINGENT

ENTERED
PAY LEDGERS
NUM. BOLL. <i>178 a</i>
ALLOT. INDEX
REGISTER
EXAMINED

NEWFOUNDLAND C
60, VICTORIA
LONDON, S.W.
14 MAR 1919
PAY & RECORD OFFICE

CANCELLATION OF ALLOTMENT

1. I, (No) 5013 (Rank) Ite (Name) Kennedy C.
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 7207 dated July 1918 /-10-18 in favour of
Mrs A. J. Sumlin Treasury
for \$ — cts 50 per diem.

Such cancellation to take effect on the 31st day of
March 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 Hazelton
Feb 27th 1919

COPIES SENT		
TO	No.	DATE
M. OF M.	<u>4543/79</u>	<u>21/3/19</u>
O. of 1st. Bn.		
2nd. Bn.		
<u>C. Kennedy</u>		
Allottor.		

Approved and Witnessed:
J. O. M. [Signature]
O.C. "C" Company.

Robert
27-2-19
[Signature]
[Signature]

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.

~~DUPLICATE MAIL COPY~~
N.F.P./12.
Posted.....

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 3013 (Rank) Pte (Name) Kennedy C
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 7207 dated July 1918 1-10-18. in favour of
Mrs J. J. Quinn
for \$ - cts 50 per diem.

Such cancellation to take effect on the 31st day of
March 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 Hayley Down
Feb. 27 1919

C Kennedy
Allotter.

Approved and Witnessed:
J. M. Emerson
O.C. "C" Company.

13-1101
27-2-19
W. M. Windy
C.P.

N.B. - To be made out TRIPPLICATE 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. 3336/508.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT 1919

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
48, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

3rd March 1919

March 5th 1919

5013. Pte. Kennedy. C.

With reference to the following telegram from the Minister of Militia / / (54.)

Receipt hereunder

Cham LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. ___ Batt'n.

"Pay to- 5013. Kennedy.

£4. 0. 2.

Received the sum of £4.0.2.

Cheque £ 4. 0. 2. is enclosed for payment to this Soldier.

Four pounds two pence in respect of telegraphic remittance from the Minister of Militia.

Kindly obtain his receipt hereon.

C. Kennedy

Chief Paymaster & O. i/c Records.

No. 5013 Rank Pte.

Witness Geo. Purdy

No. 114/33/P&A



N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

Officer Commanding,
2nd Bn. R. Newfoundland Regt.
Hazeley Down Camp,
Winchester. Hants.

2nd. January, 1918

Subject: 5013. L/C. C.J. Kennedy.

With reference to the following telegram (19&20) from the Hon. Minister of Militia, received

Pay to 5013. Kennedy - £4:0:0

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Marshall
Chief Paymaster & O. i/c Records.

7/1 1919.

Receipt hereunder
J. Bertram
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 3rd Batt'n
Royal Newfoundland Regiment

Received the sum of £4.0.0

Four Pounds on account of
cable remittances from Newfoundland.

C. Kennedy
No. 5013 Rank L/cpl

Witness *Cpl. R. Mercer*

Kennedy, C

5013

Aug Sept.

FORM K

No 4460



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cyril Kennedy, Regl. No. 5013

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

Allotment begins 16 - 6 - 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4405	mother	Mrs E J Quinlan (Minnie)	Trepassey	30
Total Allotment, £				30

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.) A. L. Summers

Officer Commanding
Company

St John's Regt.
12 - 6 - 1918

(S) Cyril Kennedy
(Rank) _____

FORM K

N^o 44601ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cyril Kennedy, Regl. No. 5013

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

Allotment begins 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4405</u>	<u>mother</u>	<u>Mrs E J Quinlan</u> <u>(Minnie)</u>	<u>Trepassey</u>	<u>30</u>
			Total Allotment, \$	<u>30</u>

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.) W. B. Summons
Officer Commanding
Company

St. John's Rd.
12-6-1918

(S) Cyril Kennedy
(Rank)

August 8th 1919.

#5013, Pte. C Kennedy.

Holyrood, Hr. Main.

Dear Sir:

Enclosed please find Discharge Certificate
3620.

Yours truly,

Capt.*

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. ... 5013 ...

Name Kennedy, Cyril

Address Holy road

Present Medical Category A.i

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R.H. Lant Major
O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

J.W. Berden
M. O. Depot

✓
DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Arnie* 2. Surname *Kennedy*

3. Rank *Pte* 4. Regtl. No. *5013*

5. Address in full to which future payments of gratuity are to be forwarded *C/o R.N.S. Newfoundland*

Railway Department St. John's,

6. Date of enlistment in the Regiment *May 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

no

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*

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

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments and under what regimental numbers.
no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge?

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the R.A.F.?
If not give:- (a) Date of discharge
July 28/19 (b) Reason for discharge
no 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.
England

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.

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: *Evel Kennedy*
 Place of Residence: *90 Reid St. Railway Department. St. John's*
 Declared before me at: *Dr. John's*
 This *14th* day of *July* 19*19*....

Signature of Barrister of the *John McCarthey*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5013 Rank Pt Name Kennedy C
 Date of Enlistment 13-5-18 Address St. John's District St. John's
 Occupation Barman Classification for Discharge F Medical Category #1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #6000
- (b) ~~Clothing Supplied~~ [Signature]

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **A2428** to his home
 at **Hollywood** and Release Certificate No. **3537** issued.

Date **14-7-19**
Chelouster
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 **8-5-19**
Miss H

Date
Depot Paymaster.

Discharge approved for **25 7 19**

Forwarded with following documents to O.C Discharge Depot.

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

Date **14-7-19**
Chelouster
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

JUL 25 1919

Date
N.R. Cooper Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

L. Kennedy

Signature of Man.

M. C. Constanter

Reg. No. 5013

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date 12.7.78 191



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 *Cyril Kennedy*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5013*

Intended address *Holy wood*

Height on discharge *6* Feet

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Tall.*

Christian name of Father *Minnie*

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 *Holy wood, 1st Sept. 1899*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Cyril Kennedy* *1/6*
(Rank)

Station **ST. JOHN'S** Date *7-7-19*

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 i.c. Hospital.
Unit, or Command Depot.

Station

Date

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. *5013* 3. Rank... *Pvt*
4. Name *Kennedy* *Byrd*
(Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on *13 May 18* at *M. P. H. S.*
 in category (or grade)
7. Former Trade or Occupation } *Railroadman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
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) Where (c) Opinion of Court
 (d) Date of Discharge ;
 (c) Cause of Discharge.
 (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 disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

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. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 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.)

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?

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.*

Refabrication
mark

Station ... *Wazelaybourn*

Date ... *5.1.19*

Major R. A. M. S.
 Medical Officer in charge of *W. G. D. M. S.*
Royal N. F.

* 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

5171

~~September~~
May 24th 19

Hon. J. P. Bennett
Minister of Militia.

Dear Sir:-

I respectfully beg to inform you that
I did not receive any cheque this
past month, on account of my son
Lance-Cor byrd J. Kennedy.

Mrs E. J. Quinlan

Cancelled by allan
31/3/19
LQ

May 29, 1919

Mrs. E.J. Quinlan,
TREPASSEY.

Dear Madam:

With reference to your letter of May 24th. I beg to advise you that Lance/Corp Cyril A. Kennedy cancelled his allotment from and including April 1st., therefore the last cheque which you should have received would be the one posted you in April, in payment for the month of March.

Yours truly,

Esaut.
For Paymaster.

ST. JOHN'S, July 16th /19

Royal Newfoundland Regiment.

Billeting Account,

To Plt J. Kennedy

Billeting Soldiers as undermentioned

from July 11th /19 to July 17th /19

5013 Plt J. Kennedy R.C.S. 6 60

AMOUNT	
ON NO	<u>3008</u>
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 6.60

R.J. McElovey
Billeting Officer.
J. Kennedy

PM

5013 Keady C

Please make first pay. to S.L.

31/7/19

A. C. J. D.

5013 Kearney

PM.

Please make our pay to LL
to FA

7/8/17

J. C. S.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

July 31 19 19

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

C. Kennedy
5018 Pl
Regtl. No. Rank

Ch. No. 4075	Initials C.K.
Pay Ledger 224	Initials W.H.
Gen. Ledger	Initials

J.C.R.

No. 5013

Rank Pfc.

Name C Kennedy

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$70⁰⁰

Aug 1 1919

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W. J. C. R. Kennedy
balance

Ch. No. <u>4351</u>	Initials <u>EW</u>
Pay Ledger <u>220</u>	Initials <u>WJ</u>
Gen. Ledger.....	Initials.....

Regtl. No. 5013 Rank Pte

No. 5013

Rank

Pl

Name

J Kennedy

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. Dick *Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>Kennedy C. J.</u>	Age on	<u>19</u> years <u>8</u> months	<u>Railway Agent</u>	<u>Renovated Laurels 12-8-18</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns 13.5.18</u>	Religion	<u>Reverted to Rank at his own request.</u>	
Joined	Date	Period of	with Colours <u>88</u> years. with Reserve <u>365</u> years.	Place of Birth		
Joined	Date			<u>Treponey</u>		

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>St Johns Camp</u>	<u>15-1-19</u>	<u>Pte</u>		<u>Absent from parade from 8.45 clock to 12.00 o'clock.</u>	<u>1 Sgt Webber</u>	<u>2 days C.B</u>	<u>16-1-19</u>	<u>A. H. Small</u> <i>Lieut</i>	<u>N.H.S.</u>
				<u>Demobilized St Johns</u>		<u>8/19</u>			

To be carried over

Army Form B. 121.

5013

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5013 Rank Private Name Kennedy, G.
 Date of Enlistment 13-5-18 Address Robynood District St. John's
 Occupation Railroad man Classification for Discharge F Medical Category #1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 10-7-19 O. C. Discharge Depot Miss H.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 11-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing Supplied~~

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A2428 to his Home
 at Hollywood and Release Certificate No. 3537 issued.

Date 14-7-19 Demobilization Officer *[Signature]*

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 1919

Date Depot Paymaster. *[Signature]*

Discharge approved for 25 7 19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14-7-19 Demobilization Officer *[Signature]*

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 *[Signature]*
 O. C. Discharge Depot.

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

Date Aug 7/19 *[Signature]*

Reg. No. *5013* Rank *Yk* Name *Kennedy C J*

Attested Address *Trepassey*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

14715
25715

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

CR 50/3
Army Form B. 179A

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. *5013* 3. Rank. *Private*
4. Name *Kennedy* *Cyril*
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *13 May 1918* at *S. Johns*...
in category (or grade).....
7. Former Trade or Occupation *Railroad Man*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
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) Where
(c) Opinion of Court

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 disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

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.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | ✓ |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war ... | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

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

In all cases such as facial injury, eye, ear, nose and throat, disabilities, etc., 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.)

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?

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.

Repatriation
MR
 Major *Home*
 Medical Officer in charge of cases
W. G. M. S.
Royal Nfld.

Station *Bazeley Doan*
 Date *5/11/19*

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

The Royal Newfoundland Regiment



PROCEEDINGS ON DISCHARGE

1. No. 5013 Rank. PT Name. Kennedy C.
 Intended place of residence. Holywood N.S. Main
 2. Occupation Railroader
 Classification of soldier. E Medical Category. A 1

3. The above named man is discharged in consequence of

DEMobilIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 14 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 1 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

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, ST. JOHN'S

Date JUL 1 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 13-5-18 No. of days on Military
 Discharged from service. JUL 25 1919 Plus 14 days Service. 453

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 25 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 8/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten notes]
 5013 509 91 3620

19
28
31
8
8