



# FIRST NEWFOUNDLAND REGIMENT

4151

## ATTESTATION OF

No. 4151 Name Rupert Kenney Corps R C

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

1. What is your name? ..... 1. Rupert Kenney
2. What is your full Address? ..... 2. Bay Bulls
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years 6 Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Rupert Kenney, 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.

Rupert Kenney SIGNATURE OF RECRUIT.  
J W Cleary RCP Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 21<sup>st</sup> day of November 1917.

Signature of Attesting Officer Walter H. S.

### †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 Nov 21 1917.

Place St Johns } 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).....





Reg. No. 4151 Rank Pvt Name Wesley R.  
 Attested 27-11-17 Address Ray-Bulls Ferryland Brier  
 Allotment 504 Allottee Mrs Pat. Wesley. Mother  
 Date of Allotment 1-12-17 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

Vac 27-11-17 to 26-11-17 2nd 6-12-17  
 H. S. 27-11-17 to 1-12-17 G. 1-12-17 to 3-12-17  
 3rd June 17/12/17, H. S. 18/12/17 - 27/12/17  
 Retd. 27/12/17  
 H. S. 22. 1. 18 - 25. 1. 18, Retd. 26. 1. 18.

C.R. 4157

Extract from Daily Orders Part II Unit The Royal Nfld.  
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from 29-6-19.

4151 Pte. Reuben Kennedy.

C.R. 4151

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, June 19th, 1919.

The Discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

4151 Pte. R. Kenney.

C.R. 4157

Extract from Daily Orders Part A1 Depot, St. John's,

Date

June 18th 1919.

4151, Pte. R. Kenny.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4151

Extract from Telegram despatched to Synoptical, London,  
dated June 5th, 1918

In answer your telegram May 24th #4151 Kenny



C.R. 4151

Extract from Nominal Roll to B.E.F. embarked  
Folkestone. 2-7-19

#4151 Pte.R.Kenny.

C.R. 4151

Extract from ~~24233~~ Telegram despatched to Synoptical,  
London, dated May 21, 1918

Pay to #4151 Kenny 82.

C.R. 4151

Extract from Casualties received from P.&R?Office London,  
Mar.22,1918.

*Reamy*  
4151 ~~Reamy~~, R.

Discharged from Hospital to 2nd Bn.

C.R. 4151

Extract from Naval Well Craft "H" Company Embarked  
U.S. Fleet. Jan. 29th, 1910.

4151 Pte. Kenney R.

4151

C.R!

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Nov. 22nd, 1917.

4151 Pte. R. Penny.

Attested for the 1st Nfld. Regt for General Service, posted to  
"G" Co., with effect from Nov. 21st, 1917.

C.R. 4157

Extract from Casualties received from Pay & Record  
Office, London, April 24th, 1919.

The undermentioned who was on leave from the B.E.F.  
reported at the P.&.R.O., on 2<sup>5</sup>/<sub>3</sub>/4/19 and was instructed  
to report to Depot, Winchester,

4151 Pte. R. Kenney

R. Kenney

C.F. #151

P. Y. R. O.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *41.54* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Murray Rupert* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on *Sept. 4. 17* at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (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."

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? }

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.)

*He complains of no disabilities*

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*

*none by order  
Capt. R. M. C.*

Station *Sanchez D Camp*

Date *30 4-19*

Medical Officer in charge of case.

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

No. 8934/825

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From

To:

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

Officer Commanding,  
2/Bn Royal Newfoundland Regt  
Winchester.

Subject: 6th June 1918

Subject: 4151, Pte. R. Kenney,

With reference to the following telegram (4643) from the Hon. Minister of Militia, received

Pay to 4151 Kenney £2:0:0

Draft £ 2:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*A.A. Munnis Maj.*  
Chief Paymaster & O. i/c Records.

*June 8th 1918*

*Receipt hereunder.*  
*Cham*

*Lieut. Colonel*  
OFFICER COMMANDING 2ND BATTAL ROYAL NEWFOUNDLAND REGT.

received the sum of Two  
Pounds on account of  
cable remittance from Newfoundland.

*R Kenney*  
No. 4151 Rank Private



*Transmitt.*

Witness \_\_\_\_\_

No. 2823/100.

From: NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER I/C RECORDS **No. P. /80.**  
**NEWFOUNDLAND CONTINGENT,**  
58, VICTORIA STREET,  
LONDON, S.W. 1.  
**1st/Bn. Ryl' Newfoundland Regt.**

**B.E.F.**

19th February 1919

3-3-1919

4151. Pte Kenney. R.

With reference to the following telegram from the Minister of Militia, / / ( 34 )

"Pay to-4151. Kenney.

**£6.0.0.**

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A. O. Minors*  
Chief Paymaster & O. i/c Records

NEWFOUNDLAND COY.  
58, VICTORIA STREET,  
LONDON, S.W. 1.  
6 MAR 1919  
PAY & RECORDS

4151 Pte Kenney

This man wants the amount retained to the credit of his account please

*A. S. Newman*  
*Capt & Adjt* **LICUT. COL.**  
**COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.**

*Deposited*  
*18/2/19*  
*Edw*

not to be posted Bethnal Green Military Hospital



Hospital  
London  
£2.  
Dec. 24<sup>th</sup>  
1918

to the Regimental Pay Master  
Will you please give me  
the Sum of 2 Pounds.

Charge to my credit  
Regimental No. 4251.

Ct P. J. Mitchell  
1st Royal Newfoundland

Wmley CW

A.K.F. 2-0-0  
MR 24/12/18

Receipt No 53

Approved please

J. P. Suddumby

Registrar, Military Hospital,  
Bethnal Green, N.E.

Pa'd.



Kenny, E

4157

Ray Sept

June 29, 191

#4151 Pte. Rupert Kenney,

Bay Bulls,

Ferryland Dist.

Dear Sir:-

Please find enclosed discharge

Certificate No. 2516.

Yours truly

Captain,  
Paymaster & U.i/c records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4451 Rank Pte Name R. Kenny  
 Intended place of residence Bay Bulls  
 2. Occupation Interman  
 Classification of soldier R Medical Category AI

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 JUN 13 1919 JUN 13 1919  
 Date ST. JOHN'S St. John's for Mustard  
 Comanding 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 and date JUN 13 1919  
ST. JOHN'S R Kenny  
 Signature of soldier  
Am to witness  
 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 and Date JUN 13 1919  
ST. JOHN'S R Kenny  
 Signature of soldier  
W Sealton Quo  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 21-11-17 No of days on Military  
 Discharged from service 15-6-19 Plus 14 days Service 586

## 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 Rt Lt Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment  
 Date ST. JOHN'S JUN 15 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St. John's Nfld W Howley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment  
 Date June 29/1919

*290209/2576*

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4451 Rank Plt Name Kenneth P  
 Date of Enlistment 2.1.11.17 Address Bay Bulls District St. John's  
 Occupation Fisherman Classification for Discharge E1 Medical Category B1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36.....	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.....	u
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.....	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 12-6-19 O. C. Discharge Depot H. H. H. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*R. King*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied \_\_\_\_\_

Date 13-6-19

O i/c. Re-clothing. \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1762* to his home at *Bay Bulls* and Release Certificate No. *2706* issued.

Date *13-6-19* *J.A. Knowlton*  
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 *29-6-19*

Date *13-6-19* *J.A. Knowlton*  
Depot Paymaster.

Discharge approved for *13-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.	B 268.	B 121.	1	N.F. Med.	D.F. 1.	1
E 178.	W 3494.	B 122.		Board 1st.	" 2.	1
B 178a.	1 D 400A.	1 B 1915.	1	do 2nd.	" 3.	2 Form B
B 179.	D 400B.	Form L.		do 3rd.	" 4.	
B 179a.	1 D 400C.	Form K.		do 4th.	" 5.	
B 179b.	B 103.	1 ME 2.			" 6.	
B 179c.	B 120.	M 93.				

Date *13-6-19* *J.A. Knowlton*  
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**

Date *11th July 1919* *R.H. Lait 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*

Signature of Man.

Reg. No. 4157

*R. Long*

Signature of the Vocational Officer or his Representative.

*J. A. Snow Capt.*

Place

*St. Johns*

Date

*13-6-19*

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# The Royal Newfoundland Regiment

Class for Demobilization: 2.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12.6.19

Regimental No 4151

Name Kenny Rupert Rank Pt

Address Bay Bulls

Present Medical Category A1

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

Members of Board

R.H. Last Capt  
O.C. Discharge Depot.

J.P. Peterson  
Senior Medical Officer

J.W. Burdon  
M. O. Depot

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

# MEDICAL HISTORY

OF

Surname

*Remy*

Christian Name

*Rupert*


Table I.—GENERAL TABLE.

Birthplace:—Parish

*Bay Bulls, Terra Nova, Brit. County Nfld.*

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	21 <sup>st</sup>	Nov	1917	191
at	<i>St. John's</i>		at	
Declared Age	19	years	6	months
Trade or Occupation	<i>Trickerman</i>			
Height	5	feet	6	inches
Weight			136	lbs.
Chest Measurement	Girth when fully expanded....		34	inches
	Range of Expansion..		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	Number		
When Vaccinated				
Vision	R. E.—V=	<i>6/20</i>	R. E.—V=	
	L. E.—V=	<i>6/9</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>L. M. Patterson</i>			
(Rank)	<i>Major</i>			
Enlisted	at	<i>St. John's</i>	at	
	on	21 <sup>st</sup>	day of	Nov
				1917
Joined on Enlistment	Corps.		Regtl. No.	
Transferred to	<i>1<sup>st</sup> Nfld. Regt.</i>		<i>4151</i>	
Became non-effective by	on	day of	191	on
[Signature]				
[Rank]				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	2	3	18	19	3	18	Lonsilitis	17	Recovered Discharged to Duty	H. G. Lawton, Capt R.A.M.C.





**The Royal Wld. Regiment**

**DEMOBILIZATION**

No. 4151 Rank \_\_\_\_\_

Name Kenny J \_\_\_\_\_

Warned for demobilization on

JUN 13 1919

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade } *Fisherman*  
 or Occupation }  
 2. Regtl. No. *4151* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 4. Name *Kenny* *Robert*  
 (Surname) (Christian Names)  
 5. Age last birthday *20*  
 6. Posted for duty on *Sept 4/17* at *St. Johns*  
 in category (or grade).....

8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (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."

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? } *na.*

In all cases such as facial injuries, 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.)*

*na.  
 he complains of  
 no disability*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

20. Do you recommend—
- (a) Discharge as permanently unfit?
  - (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invaded at Foreign Stations.

*Repatriation*

*na*

*Capt R. A. M. C.*

Medical Officer in charge of case.

*Maj. Adams*

Station *Langley D. Camp*

Date *30-4-19*

\* 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



# 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 *Rupert Kenny*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4151*

Intended address *Bay Bulls.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Patrick*

Christian name of Mother *Josephine*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Bay Bulls, Ferry Land Dist. 31<sup>st</sup> May 1879*

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

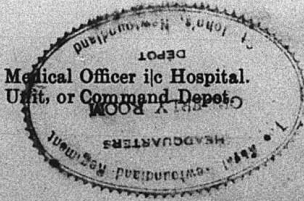
(Soldier's signature in full) *R Kenny*

*J. C. T.*  
(Rank)

Station \_\_\_\_\_ Date *10/9/19*

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.

Station \_\_\_\_\_ Date \_\_\_\_\_



**Casualty Form—Active Service.**

Regiment or Corps... *Royal Newfoundland*

*21-6-1897*

Rank... *Private* Surname... *Renny* Christian Name... *Rupert*

Religion... *R. C.* Age on Enlistment... *19* years *6* months

Enlisted (a) *21-11-17* Terms of Service (a) *2* years Service reckons from (a) *21/11/17*

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

Extended { } Re-engaged { } Qualification (b)...

Occupation... *Dialer* Corp Trade and rate... *Private*

Signature of Officer  
*[Signature]*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>AI</i> Embarked	<i>2 JUL 1918</i>		
		<i>28. 6. 18.</i> Disembarked	<i>5 JUL 1918</i>		
		Joined Battalion	<i>Field</i>	<i>9-7-18</i>	<i>Based 13/1/18</i>
		<i>Leave 15/11/19 to 29/1/19</i>			<i>3213</i>
		<i>Joined Depot, 10 months 23. 4. 19</i>			

*[Handwritten initials]*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

NEXT OF KIN - *Cathick Renny Bay Bulls*

June 29, 1919

#4151 Pte. Rupert Kenney,

Bay Bulls,

Berryland Dist.

Dear Sir:-

Referring to your application I enclose  
cheque for Seventy dollars (\$70.00), being amount  
of first payment due you on account of the "War  
Service Gratitude."

Yours truly

Captain  
Paymaster & C.i/c Records.

25206

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 26th. 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... *Robert Henry* ..... 2. Surname... *Kenny* .....

3. Rank... *Plt* ..... 4. Regt. No... *24151* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Bay Bulls Ferry Land N.S.* .....

6. Date of enlistment in the Regiment... *3/9/18* .....

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

... *Mrs Patrick Kenny* .....

8. Relationship of such dependents.....

9. Address in full of such dependents... *Bay Bulls* .....

... *Ferry Land N.S.* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... *no* .....

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

12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *From Sept 31. 17* .....

... *to June 17/19* .....

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.....

..... *No* .....

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

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

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge..... *No*

(b) Reason for discharge..... *Temporary*..... *Deportation*

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

*France, Belgium & Germany - From July 1918 to Sept. 1919*

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..... *No*

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: *R. Henry*  
 Place of Residence: *Bay Mills, Perryland District*  
 Declared before me at: *St. John's, Nfld*  
 This *13th* day of *June* 19*19*.

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

*John H. Carthy*  
*J.P.*

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Society.	Net amount due
.....	.....	.....	<i>4.00</i>	<i>7.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This ..... day of .....

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

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

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This ..... day of .....

From. Ophthalmic Surgeon, Central Military Hospital,  
WINCHESTER.

To, Medical Officer in Charge, -----  
----- *Royal N. F. L. S.*

----- *5. 4.* 1918

"REPORT OF VISION".  
-----

No. *4151. Pte Kennedy* -----  
V.A. R.E.  $\frac{6}{36}$  With correcting R.E. *4/24pt*  
Has... I.E.  $\frac{6}{6}$  lenses. L.E. *4/6*

*There is a bad Leukoma on Rt Cornea  
& he cannot be refocused in this  
eye but L - eye he improves a little  
flame not indicated*

----- *Stammers* -----

Capt., R.A.M.C.  
Ophthalmic Surgeon.

Note..... This report should be attached to this man's  
Medical History Sheet for future reference  
please.....

N<sup>o</sup> 3844



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Robert Kenny*, Regl. No. *4157*

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and *3/4* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins *December 1<sup>st</sup> 1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3263</i>	<i>Mother</i>	<i>Mr. Patrick (John) Kenny</i>	<i>Bay Bulls Ferryland.</i>	
			Total Allotment, \$	<i>50</i>

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.) *[Signature]*  
 Officer Commanding  
 Company  
*[Signature]*  
 1917

(S) *[Signature]*  
 (Rank) *Plt*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Rupert Kenny, Regl. No. 4157

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

Allotment begins December 12 1917

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 3263, Mother, Mrs Patrick (Jane) Kenny, Bay Bulls Ferryland.

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

[Signature] 1917

Sig. [Signature] (Rank) [Signature]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
3A.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet One

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Renny, R.</u>	Age on	19 years 6 months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	31-11-17	<u>R.C.</u>	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colours 221 years.	with Reserve 365 years.		

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>Regally down Camp</u>	<u>31.5.18</u>	<u>Pte</u>		<u>Not complying with an order.</u>	<u>Cpl Christian</u>	<u>2 days' C.B.</u>	<u>6.6.18</u>	<u>[Signature]</u>	
<u>" " "</u>	<u>7.6.18</u>	<u>-</u>		<u>Disorderly conduct in hut.</u>	<u>Cpl Corry</u>	<u>2 days' C.B.</u>	<u>8.6.18</u>	<u>[Signature]</u>	
<u>Demobilized St. John's, 29<sup>th</sup> 6/19</u>									

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 451 Rank No Name Kenning P  
 Date of Enlistment 21-11-17 Address Paul Bull District St. John's  
 Occupation Techman Classification for Discharge E Medical Category H  
 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 12-6-19 for H Mrs H O. C. Discharge Depot.

### 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 \$65.00  
 (b) Clothing Supplied \_\_\_\_\_

Date 13-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1712 to his home at Bay Mills and Release Certificate No. 2706 issued.

Date 13-6-19

*J.A. Snowlight*  
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 24-6-19

Date 13-1-19

*H. J. ...*  
Depot Paymaster.

Discharge approved for 13-6-19

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 13-6-19

*J.A. Snowlight*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

*R.H. Sait Capt.*

Date JUN 15 1919

O. C. Discharge Depot.

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

Date June 24/19

*Wm. ...*

Reg. No. 1987 Rank Ho. Name Kenneth Rupert  
4151.  
Attested ..... Address Bay Falls.  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 29.1.19.  
Returned on S.S. Corsican Cause Discharge

12.5.19  
15.6.19

PASSPORT FOR MOBILIZATION OF  
DISCHARGE APPROVED ON DEMOBILIZATION