

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5647

Name Michael Kough Corps R.C.

Questions to be put to the Recruit before Enlistment.

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

I, Michael Kough 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.

Michael Kough SIGNATURE OF RECRUIT.

D. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Kough 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 10 day of June 1915.

C. D. Drinks Signature of Attesting Officer Reut.

†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

5647

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

Name Michael Redugh
 Apparent age 19 years months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Redugh
St Joseph, Bonaville Relationship father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>10-6-18</u>									
Joined at <u>St John's</u> on <u>June 10 1918</u>									
<u>Transferred</u>									
<u>Embarked St John's S.S. Co. to Halifax N.S. 22-7-18</u>									
<u>Transferred for demobilization</u>									
<u>Arrived Liverpool 1-7-1919</u>									
<u>Demobilization</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-1919</u> (date of discharge) <u>1</u> years <u>58</u> days									
" " Pensions " " " " " " " " " " " "									

C:R. 5647

Extract from Daily Orders Part II Unit The Royal WFLA. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 6-8-19.

5647 Pte. M. KeMos.

C.R. 5647

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has
been APPROVED by Q.C. Discharge Depot with effect from 24-7- 19

5647 Pte. M. Kehoe.

C.R. 5647

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

Reported at Headquarters on 1-7-19 on "Cassandra" which sailed
Glasgow June 24th, 1919.
5647 Pte. M. Kehoe.

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

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

C.R. 5647

Extract from Daily Orders part 11, from Unit The Royal

Nfl d. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.

"Columbella" July 22, 1918.

#5647 Pte. Michael Keough.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

No.

Place from

10
 Bonnet Bay 11
 Registrar Military Service



Wire Certifying my
 Son Michael Keough
 has passed examination
 and is now serving
 Thomas Keough

C.R. 5647
C. Registrar No. 47

Form No. 17

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Department.

Line Number	Rcd	By	Sent	by	Check

Dated June 12, 1918.

To Thos. Keough Bonne Bay

Michael Keough now serving Newfoundland Regiment

Registrar Military Service Act.

C.P. 5647

Extract from Daily Orders Part 11, from Unit The Royal Nfld.,
Regiment, St. John's, dated 11th June 1918.

5647, Pte. M. Keough.

Attested for General Service with The Royal Nfld., Regiment,
10/6/18

M. Keough

C.R.

5647

P. 10

No. 21463/2445

B

21463/2445

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.

To:

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

27th. December, 1918.

See 31 1918

Subject: 5647. Pte. M. Keough.

With reference to the following telegram (11186) from the Hon. Minister of Militia, received

Receipt hereunder.

Keough

LIEUT. COLONEL.

OFFICER COMMANDING
2ND Bn. R. NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

Pay to 5647 Keough - £3:0:0

Received the sum of three

Pounds on account of
cable remittance from Newfoundland.

Draft £3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Keough

No. 5647 Rank Private

Witness T R Henneberg

A. A. Minwell Maj.
Chief Paymaster & O. i/c Records.

No. 3195/485.

From: NEWFOUNDLAND CONTINGENT

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

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

25th February 1919

March 3rd 1919

5647. Pte Keough. M.

With reference to the following telegram from the Minister of Militia / / (48.)

"Pay to- 5647. Keough.
£2.9.0.

Cheque £2.9.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt, hereunder

P. Keough ^{Cap} LIEUT. COLONEL,
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.

Received the sum of Two pounds
five shillings in respect of
telegraphic remittance from the
Minister of Militia.

M. Keough
No. 5647 Rank Pte
Witness M. Rockett

W. Hunt
Chief Paymaster & O. i/c Records.

56 43



No. 4477/664

B

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

20th March 1919

March 24th 1919

5647 Rce. Keough M.

With reference to the follow-
ing telegram from the Minister of
Militia / / (84)

"Pay to-5647 Keough
£2. 13. 0.

Receipt hereunder.
Cham *Capt*
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt R.

Cheque £2. 13. 0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of Two
ounds & thirteen shillings respect of
telegraphic remittance from the
Minister of Militia.

A.A. Minnauld
Chief Paymaster & O. i/c Records.

on Keough
No. 0647 Rank Lt.
Witness M. Rockett

No. 5955/875

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment,
Winchester.

16th April 1919

5647 Pte. Keough M.

With reference to the following telegram from the Minister of Militia / / (139)

"Pay to-5647 Keough M.
£3. 0. 0.

Cheque £ 3. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

[Signature] April 19th 1919

Receipt hereunder.

[Signature] LIEUT. COLONEL
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

Received the sum of Three pounds

in respect of telegraphic remittance from the Minister of Militia.

on Keough
No. 5647 Rank Private
Witness [Signature]



[Large handwritten scribble]
B 25
15
19

Kehoe, M

5647

1
Hay Sept.

August 15, 1919

Mr. Michael Keough,
St. Josephs Cove,
BONNE BAY.

Dear Sir:-

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

Yours truly.

Captain & Paymaster.

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 *Michael*..... 2. Surname *Keough*.....
3. Rank *Pvt*..... 4. Regtl. No. *5669*.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Bonne Bay*.....
Tr. Josephs Cove.....
6. Date of enlistment in the Regiment..... *June 5th/15*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable.....
8. Relationship of such dependents..... *not applicable*.....
9. Address in full of such dependents..... *not applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service.....
.....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *thirteen months*.....
..... 1. $\frac{3}{4}$

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

Not applicable

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

Not applicable

15. Have you been issued with a War Service Badge? *Not applicable*

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.

Not applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

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

Not applicable

19. Are you now serving in the Reserve? *No* If not give: (a) Date of discharge *July 24/19* (b) Reason for discharge

Not applicable

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.

Not applicable
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? *Not applicable*

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

M. Kough

Signature of Applicant: -

Place of Residence: *Bonne Bay, nfd*

Declared before me at: *St John's nfd*

This *10* day of *July* 19*19*.....

Signature of Barrister of the *John M. Carthy*
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.		

Paymaster

August 7th 1919.

#5647, Pte.M.Kehoe,
St.Joseph's, St.Barbe.

Dear Sir:

Enclosed please find Discharge Certificate
3427.

Yours truly,

Capt. ^w O.I/c Records.

RS/

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3647 Rank Pte Name Kelso M
 Intended place of residence St-Joseph ST Barbe
 2. Occupation Fisherman
 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 10 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 10 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 10 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service...	<u>10-6-18</u>	No. of days on Military
Discharged from service...	<u>24-7-19</u> Plus 14 days	Service <u>424</u>

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 24 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 7/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 263207913427

26
31
7
59

The Royal Newfoundland Regiment

Class for Demobilization:

76.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5647*

Name *Kehoe Michael*

Address *Bonne Bay*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board {

J. Paterson
.....
Senior Medical Officer

Geo. Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5147 Rank A19 Name Kohler M
 Date of Enlistment 10.6.19 Address St. Johns District St. John's
 Occupation Fisherman Classification for Discharge Medical Category A1
 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 9.7.19

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 £60.00

(b) Clothing Supplied

O i/c. Re-clothing.

Date 10-7-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **R2301** to his home
 at **St Josephs** and Release Certificate No. **3399** issued:

Date **10-7-19**
 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 **7-8-19**

Date **10-7-19**
 Depot Paymaster.

Discharge approved for. **29-7-19**

Forwarded with following documents to O.C Discharge Depot.

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
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**
 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 **JUL 24 1919**
 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.

M. Keough

Signature of Man.

J. H. Mawlaft

Signature of the Vocational Officer or his Representative.

Reg. No. *3647*

Place

St Johns

Date

10-7-19.

191

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

MEDICAL HISTORY

Surname Keough OF Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's, Bonne Bay County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	10 th	June		191
	at	St. John's	at	
Declared Age	19	years		days
Trade or Occupation	fisherman			
Height	5	feet 7		inches
Weight	145	lbs.		lbs.
Chest Measurement	Girth when fully expanded			inches
	Range of Expansion			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating structural peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	10 th day of June	on	day of 191
	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	Royal Nfld. Regiment.			
Transferred to	5644			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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. & 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 *Michael Keough*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5647*

Intended address *Bonne Bay*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *— medium*

Figure on discharge *Thomas*

Christian name of Father *Katherine*

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 *Bonne Bay, 7th July, 1898*

Nature and locality of civil employment required

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

(Soldier's signature in full)

Michael Keough *Plt*
ST. JOHN'S. (Rank)

Station

Date *5/7/19*

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 N. F.F.H.*
2. Regtl. No. *5747* 3. Rank.....
4. Name *Thuragh* *Michael*
 (Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Instrument*
- 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) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical 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 complaints of no sensibility

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

W. E. Proctor
 Medical Officer in charge of case.

Station *Hazley*

Date *1-11-19*

* 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

St Josephs Cove
Bonne Bay.

March. 29th /21

Capt. Butter. D. S. O.

Dear Sir.

I have not received my
service badge yet and I
would like for you to see
if I can get it. I was
discharged fit.

hoping you will give this your
attention.

I remain faithfully yours
5647. Michael. Kehoe.

L. Lass!

Badge forwarded
to above address
April 14th 1921 L.M.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

One
P. B. D. K. O. J. I. A. I. A. I.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5647 Michael Keough</i>	Age on	19 years	<i>Labourer</i>		
				Religion		
Joined	Date	Place and Date of Enlistment	<i>10/6/18</i>	<i>R.C.</i>		
Joined	Date					
Joined	Date	Period of	with Colours <i>1 5/8</i> years.	Place of Birth.		
Joined	Date				with Reserve <i>3 1/2</i> years.	<i>St Josephs Bonn Bay</i>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St Johns</i>	<i>6 8 19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5647 Rank PFC Name Kehar M
 Date of Enlistment 10.6.19 Address St Josephs District St. John's
 Occupation Fisherman Classification for Discharge 6 Medical Category A I
 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 9.7.19

O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable..... 660.00
- (b) ~~Clothing~~ Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2301 to his home at St Josephs and Release Certificate No. 3399 issued.

Date 10-7-19

J.A. Snowcroft
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 7-8-19

Date 10-7-19

J.A. Snowcroft
Depot Paymaster.

Discharge approved for 24-7-19

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 10-7-19

J.A. Snowcroft
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 JUL 24 1919

R.P. Cooper Capt.
O. C. Discharge Depot.

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

Date July 25/19

[Signature]

Reg. No. *5647* Rank *PL* Name *Keogh L*

Attested Address *St J repls*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

107 9
247 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 5647
Army Form 179

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 Rifles*
- 2. Regtl. No. *5647*
- 3. Rank... *plc.*
- 4. Name *Heough* *Michael*
- (Surname) (Christian Names)
- 5. Age last birthday. *26*
- 6. Posted for duty on at
in category (or grade)
- 7. Former Trade or Occupation } *Fisherman*
- 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 ?
(b) Date of Discharge ;
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other 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? }

The complaint of his disability

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.)

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

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

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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

W. E. Proctor Capt Rame

Medical Officer in charge of case.

Station *Hazeley Down*

Date *2/4/19*

* 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