

4108

Received

27-3-61

ROYAL NEWFOUNDLAND REGT.

484576

1914-1918



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4108 Name Wm Kinella Corps R.R.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wm Kinella
2. What is your full Address? 2. Stuyland
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 5 Months
5. What is your Trade or Calling? 5. His former
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, Wm Kinella 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.

9.14.11-17

Wm Kinella SIGNATURE OF RECRUIT.
Wm E. Edward Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Kinella 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 Stuyland on this 14th day of Nov 1911

Signature of Attesting Officer Wm E. Edward

†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

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

Name W. Consella
 Apparent age 20 years 8 months. Height 5 feet 2 inches
 Chest Measurement { Girth when fully expanded 32 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John (Mary) Consella
Levy Lane | Relationship mother

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4108 Name Wm Kinella Corps R.R.

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. What is your name? | 1. <u>Wm Kinella</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>His Lerman</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. <u>FOR THE DURATION OF THE W.W.P.</u>
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, Wm Kinella, 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.

Wm Kinella SIGNATURE OF RECRUIT.
R. Edward Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Kinella, 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..... day of..... 1918

Wm Kinella Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

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

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

Date..... 1918
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

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

Name Dr. Consella
 Apparent age 20 years 8 months. Height 5 feet 2 inches
 Chest Measurement { Girth when fully expanded 32 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. John (Mrs) Consella
Long Lane 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries				
					Years	Days	Years	Days					
Service towards limited engagement reckons from <u>14-11-17</u>													
Joined at <u>St John's</u> on <u>November 14-17</u>													
Discharged on 28/1919													
Embarked <u>St John's S.S. Messianate</u> <u>11-12-17</u>									Embarked for <u>13.6.18</u> <u>25 5/8</u> <u>November 29-9-18</u> Admitted <u>3rd class</u> <u>St. Helier</u> <u>11.5.18</u> <u>Land</u> <u>30-9-18</u> <u>Regimental Military Hospital</u> <u>St. Helier</u> <u>11-10-18</u> <u>Embarked</u> <u>New Forest to Plymouth</u> <u>18 1/2</u> <u>to New Zealand for demobilization</u> <u>30-1-19</u> <u>Arrived</u> <u>Lyons</u> <u>7-2-1919</u> <u>Demobilized</u> <u>St. John's</u> <u>28-3-19</u>				

Total Service forfeited as above.....

Total Service towards Engagement to 28-3-19 (date of discharge) 1 years 136 days
 " " Pensions " [" "] " " "

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

MEDICAL HISTORY

Surname *Penella*

Christian Name *William*

Table I.—GENERAL TABLE.

Birthplace:—Parish *St. John's*

County *St. John's*

SPECIAL RESERVE.

REGULAR ARMY.

Examined	on <i>14</i> day of <i>Nov</i> 1917	on	day of	191
	at <i>St. John's.</i>	at		
Declared Age	<i>20</i> years <i>8</i> days		years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>2</i> inches		feet	inches
Weight	<i>116 1/2</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <i>32 1/2</i> inches			inches
	Range of Expansion... <i>3 1/2</i> inches			inches

Physical Development... Right Left Right Left

Vaccination Marks { Arm Number

When Vaccinated Vision R.E.—V L.E.—V

(a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Lammie Robertson* (Rank) *major* Medical Officer.

Enlisted at *St. John's* on *14* day of *Nov* 1917

Joined on Enlistment... Transferred to... *1st Regt St. John's* *ROYAL NEWFOUNDLAND REGIMENT.*

Became non-effective by on day of 191 on day of 191 (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				
Bethnal Green Military Hospital, Cambridge Road, E.C.1.	3	10	18	11	11	18	G.S.W. Hand. R	39	Shunt Amp. Talar Intercan. Flat joint Nerve Lacer. Died 10th Dec 1918 R II	P. R. [Signature] REGISTRAR.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (666) W 0017/2121 1000m 6/100s 22 56

Forms
B. 121.
29.

Regiment of 1st Afld Regt

Number of Sheet 1st

Signature of Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>4108 W Kinsella</u>	Age on	20 years - months	<u>Fireman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's 11/11/17</u>	Religion	
Joined	Date	Period of	with Colours <u>13 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date				
Joined	Date				



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>N. P. School</u>	<u>10.1.18</u>	<u>Pte.</u>		<u>Breaking into ration room at 9. P.M.</u>	<u>Pte. Croker - Muner</u>	<u>168 hrs. Det.</u>	<u>11.1.18</u>	<u>Lt. Col. Whitaker</u>	<u>[Signature]</u>
<u>N. Down Camp</u>	<u>28.2.18</u>	<u>"</u>		<u>Late coming on 5.45 P.M. parade</u>	<u>Cap. Delaney</u>	<u>3 days S.B.</u>	<u>1.3.18</u>	<u>Lt. S. Emerson</u>	
<u>Demobilized St. John's, 28/19</u>									
To be carried over									

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4108 Rank Pte Name Kinsella Wm

Intended place of residence Derryland

2. Occupation Fisherman

Classification of soldier E Medical Category AT

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 6/6/1919 Wm Kinsella Capt
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S W Kinsella
Signature of soldier

13. 3. 19 Wm Kinsella
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 ST. JOHN'S William Kinsella
Signature of soldier

13. 3. 19 Wm Kinsella
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-11-17 No of days on Military Service 500
Discharged from service 14-3-19 Plus 14 days 2199

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 R. H. [Signature] Capt
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date MAR 14 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld M Bowley Capt
Officer in Charge
The Royal Newfoundland Regiment

Date March 28/1919

20 B 9079 / 15000

17
31
31
28
28
135

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | Na | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | Na | |
| (v.) Serious negligence or misconduct on the man's part. } | No | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } N. Li.

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? *Right Thumb amputated unable to hold rifle*
 (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?
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.

Repatiation
Wm. J. C. [unclear]

ROYAL NEWFOUNDLAND REG.

Station **WAZLEY DOWN CAMP**

Medical Officer in charge of case.

Date

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

Newfoundland Contingent 11.13.18

C. 2.—Casualties.

COLONIAL CONTINGENTS ONLY.

Army Form W. 3036A.

(Continuation Sheets are supplied separately.)

The Military

HOSPITAL, at Bethnal Green E. 2

Affiliated to

NOMINAL ROLL of Sick and Wounded from the Expeditionary Force

admitted on discharged from Hospital Ship 11. 11. 18 disembarked at

* Here insert which Expeditionary Force.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission:

- (i) One copy direct to the War Office, Alexandra House, Kingsway, W.C.2.
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.



Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty * (See note in large type above).
<i>Line A 58 Victoria St. S.W. 1. 702 Furlong. 11. 11. 18.</i>				
4 108.	Plt.	Missella. W.	177 Newfoundland G. S. N. W. am. C Co.	

S. Hurry Dewick

Col. Ramey

Off. Ho.
Bethnal Green Military Hospital,
Cambridge Heath, N.E.

Army Form B. 103.

Regimental Number *4.108.*

Casualty Form - Active Service.

Regiment or Corps *21st Royal Newfoundland*

Rank *Pte* Surname *Stinella* Christian Name *Wm*

Religion *R.C.* Age on Enlistment *20* years *8* months

Enlisted (a) *14.11.17* Terms of Service (a) *Duration* Service reckons from (a) *14.11.17*

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

Extended [] Re-engaged [] Qualification (b)
or Corps Trade and rate

Occupation *Fisherman* *J. M. [Signature]* *PA [Signature]* *PA [Signature]*
Signed [Signature] of Officer



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	<i>25.5.18</i>		
		Disembarked	<i>27.5.18</i>		
		Joined Battalion	<i>31.5.18</i>		
		Wounded in action	<i>29.9.18</i>		
<i>5/10/18</i>	<i>10 Col S</i>	<i>A. M. O'Haud</i>	<i>Fins</i>	<i>29-9-18</i>	<i>C.O. 7585</i>
<i>10/1/18</i>	<i>3rd Gen Coy</i>	<i>A. M. O'Haud</i>	<i>Colague</i>	<i>30/1/18</i>	<i>N.A. 29678</i>
	<i>Cambridge</i>	<i>Transferred to England</i>	<i>3rd Gen Coy</i>	<i>7/10/18</i>	<i>N.A. 3083</i>
					<i>Truman Cox</i>
					<i>O/1e No 1 Infantry Section,</i>
					<i>1st Echelon, G.H.Q. B.E.F. ✓</i>

(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.
 W 4025 312731 20/000 9/17 (2011) G. P. & S. Ltd., Form B.103 E/1907. P.T.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* } Former Trade or Occupation }
2. Regtl. No. *4108* 3. Rank: *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *K. INSELLA W.* } (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(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. *G. S. W. Right Hand*
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. *Thumb amputated*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service.. .. . | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. } | No | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } N.A.

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

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
 Right thumb amputated. Unable to hold rifle.

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
 M. J. C. 11
 ROYAL NEWFOUNDLAND REG.

Station WAZELEY DOWN CAMP.

Medical Officer in charge of case.

Date

* 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

DEMOBILIZATION OF

Reg. No. 4108 Rank R14 Name Kinsella Wm
 Date of Enlistment 14 11 17 Address Ferryland District Ferryland
 Occupation Fisherman Classification for Discharge 6 Medical Category 151
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 12 3 19

H. Mears
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William Kinsella

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 Joseph A. Crawford

Date 13-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 745 to his home at Fennyless and Release Certificate No. 1513 issued.

Date 13. 3. 19

C. B. Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 76-3-19

Date 13-3-19

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

W. H. New Capt
Depot Paymaster

Discharge approved for 14. 3. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 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		

2 Form B

Date 13. 3. 19

C. B. Dicks Capt
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date MAR 14 1919

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

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

Date

12. State value of real property belonging to you and your husband

nil

13. State value of personal property belonging to you and your husband.

nil

14. If husband is dead state value of real and personal property left by him.

nil

15. Actual amount contributed by soldier during the year prior to enlistment

\$ 50.00

16. Was this amount contributed weekly or monthly

weekly \$10.00 per week

17. Did this amount include payment of son's board, etc.

Yes

18. State your son's trade or occupation prior to enlistment

Shoeman (fishery)

19. State amount of his wages per week

\$10.00

20. State name and address of his last employer

Thomas Coletto

21. State amount of monthly support from son since enlistment

\$18.60 per month

22. State amount of allotment received by you from son since enlistment

\$18.60 per month

23. State from what date did you receive allotment?

*1914
Jan. 9th ~~1913~~*

24. Actual amount contributed by other children

Weekly Monthly
nil

25. Are any of these children in the employ of you or your husband?

26. If not receiving support from other children, state cause. Explain fully

*have enough to do to support them
Selves*

27. With whom are you residing at present?

San William

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *no was not aware of it*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *no*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government? *no*

(32) In what capacity and in what place? _____

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? *no*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant-----*Marj^{or} Kinsella*

Place of Residence-----*St. John's Newfoundland*

Declared and subscribed before me at-----*St. John's Newfoundland*-----this *13th* day of-----*December*-----1921

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *R. Gordon Prentiss*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee *Superintendent P.F.*



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 *William Kinsella*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4108*

Intended address *Jerryland*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father _____

Christian name of Mother *Mary Jane*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Jerryland, 22 Feb. 1897.*

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)

William Kinsella

Pte
(Rank)

Station

St Johns

Date

10-3-19

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



Medical Officer i/c Hospital.
Unit, or Command Depot:
St. John's

Station

Date

Kinsella, D.²

4108

Hay Sept.



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 5

1921.



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

is/are forwarded herewith to

William Kinsella

in respect of his service as No. 4108 Rank Pte.

Name W. Kinsella Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Oct 10 1921

Signature Wm Kinsella

Date Oct 13/21

Address Lerryland

[P.T.O.]

To: Officer i/c
Records,
Newfoundland Contingents,
58, Victoria Street, S.W., 1.



No. 4108 Pte. Kinsella, W., R. Newfoundland Regt.

The above mentioned man will be ~~discharged~~ Hospital on the 11th inst., and sent to you for disposal.

Category 11

Military Hospital,
Bethnal Green,
London, E, 2,
8th, November, 1918

7

J. J. [Signature]
Cont R.A.M.C.

Major R.A.M.C.,
Registrar,
Military Hospital,
Bethnal Green



C.G.

Army Form W. 3068.

Transfer Statement of Clothing and Necessaries.

INSTRUCTIONS.—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas.

4/10 8

STATEMENT showing the Articles in possession of (Regimental No.,

Pte Kinsella W.
 Rank and Name) *R. A. F. S. D.*
~~MILITARY HOSPITAL~~

proceeding from the ~~BETHNAL GREEN~~

to the *St. Albans*

Date of Enlistment _____ Date of Transfer *11.11.1918*

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station *Bethnal Green* *H. J. ...*
 Commanding Squadron, Battery, &c. ~~MILITARY HOSPITAL~~

Date *11.11.18* ~~BETHNAL GREEN~~
 Name of Unit man is leaving

(2) Station _____
 Commanding Squadron, Battery, or Company.

Date _____
 Name of Unit man is joining.

Articles of Clothing and Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

CLOTHING	No.	NECESSARIES	No.
Aprons, kilt		Badge, cap	
Boots, ankle, pairs	/	Bag, Kit	/
Caps, Service Dress	/	Braces, pairs	/
Caps, Glengarry		Brass, Button	/
Drawers, pairs	2	Brush, Brass	/
Frock, Canvas	/	" Blacking	/
Greatcoat, D.M.	/	" Clothes	/
Jackets, Service Dress	/	" Hair	/
Kilts		" Polishing	/
Pantaloon, cord, pairs	/	" Shaving	/
Putties, pairs	/	" Tooth	/
Spurs, Jack, pairs	/	Cap, Comforter	/
Trousers, Service Dress, pairs	/	Comb, hair	/
Trousers, Canvas or Khaki		Disc., identity, with cord ...	/
Drill Overalls, pairs	/	Fork	/
Waistcoat, cardigan		Garters, Highland, pairs ...	/
Coat, Waterproof		Holdall	/
Gloves, leather, pairs		Hose-Tops, pairs	
Gloves, Motor Cyclist, pairs...		Housewife	/
Goggles, pairs		Knife, Clasp... ..	/
		Knife, Table	/
		Laces, leather, spare, pairs	
		Shirts, flannel	2
		Socks, worsted, pairs	2
		Spoon	1
		Titles, metal, pairs	
		Towels, hand	2
		Wax Polish, tin <i>Debban</i>	
		<i>Razor</i>	1

I certify that this statement is correct.

Date 11.11.18

Signature of the Soldier

W. Kinsella

Receipt for Army Book 64

No. 4108 Name W. Kissella

To Certify that I have received the AB 64 of the above
named Soldier.

Name W. Kissella

Date Sept 5

Place England

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

No. 16920/4/P&A

NEWFOUNDLAND CONTINGENT

N.F.P/48.

To: Officer Commanding,
Bethnal Green Military Hospital,
Cambridge Road, E.2.

Pay & Record Office
58, Victoria Street,
London, S.W. 1,

17th October, 1918



With reference to request of (No) 4108 (Rank) Private
(Name) William Kinsella Cheque No. 2960 for
£2:0:0. is enclosed for payment to this Soldier as may
be deemed fit.

Kindly complete receipt form on back of cheque before
presenting at a Bank.

Received Cheque £2.0.0.

W. Kinsella

20th Oct - 1918

W.K.

A. J. Minnow
Chief Paymaster & O. i/c Records.

The Royal Newfoundland Regiment

4108

DEMOBILIZATION OF

Reg. No. 4108 Rank Plt Name Kinsella Wm
 Date of Enlistment 14.11.17 Address Ferryland District Ferryland
 Occupation Fisherman Classification for Discharge 6 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	<u>2</u>	N.F. Med.....	D.F. 1.....	<u>1</u>
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....		do 2nd.....	" 3.....	<u>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.....	
B 179c.....	B 120.....	M 93.....				

Date 12.3.19

H. Mews
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

William Kinsella

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied Joseph A. Snow

Date 13-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 745 to his home at Ferryman and Release Certificate No. 1513 issued.

Date 13. 3. 19 C. D. Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 78-3-19

Date 13-3-19 M. W. W. Capt
Depot Paymaster.
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 14. 3. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 / Form B.
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. 3. 19 C. D. Dicks Capt
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

Date MAR 14 1919 R. H. Lait Capt
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date 14/3/19

Reg. No. 4108 Rank Plt Name Kinsella Wm

Attested Address Tullyland,

Allotment Allottee

Date of Allotment Returned from Overseas 2-19.

Returned on S.S. Cause Discharge

12.3.19

14.3.19

DISCHARGE APPROVED ON DEMOBILIZATION.

OFFICER

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY &
RECORD OFFICE LONDON

4108 Pte. Kinsella, W. Dr. Bal. £2-11-3

THIS TRANSFERRED TO PAY OFFICE 7-4-19

C.R. 4108

Extract from Daily Orders part II? Depot St. John's dated
31-3-19.

The discharge of the undernosed on demobilization has been
CONFIRMED by Officer i/c Records on 28-3-19.

#4108 Pte. William Kinsella.

C.R. 4108

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ~~XXXXXXXX~~ ST. JOHN'S DATED MARCH
18th/19.

The Discharge of the undernoted on Demobilization
has been APPROVED by O.C. Discharge Depot from m
noted date.

4108 Pte. Wm. Kinsella.

14/3/19.

C.R. 4108

Extract from Daily Orders Part II Unit The Royal Rifles,
Regt. St. John's, 11-9-19.

The undernoted Returned from Overseas and reported to
Regt 7-2-19.

Reprinted on A.P. RIFs.

4108 Pte. Wm. Kinsella.

C.R. 4108

Extract from Memorial Roll of the Royal WFLA. Capt
Richard S.S. Cassin Jan. 23, 1919.

4108 Kinsella.

C.R. 4108

Extract from Casualties received from Pay & Record
Office, London, Nov. 18th, 1918.

4108 Pte. W. Kinsella.

Was discharged from the Military Hospital Ethnal Green,
on 11/11/18. and granted furlough to 18/11/18. Fit
for 11 Command Depot.

C.R. 4108

Extract from War Office List No C. 1716 dated 16. 9. 18.

#4108 Pte. W. Kⁱnsella.

WOUNDED 29/9/18.

C.

C.R. 4108
Counter No.

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 Dept of Militia.

Line Number	Recd	By	Sent	by	Check

Dated **Oct 7th, 1918**

To **Mrs. John Kinsella, Ferryland**

Regret to inform you that Record Office, London, officially reports **No. 2108, Private William Kinsella at Military Hospital Bethnal Green, London suffering from G.S.W. right hand.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 4108

Extract from Casualties received from Pay & Record
Office, London, Oct. 5th, 1918.

Following at Military Hospital Bethnal Green. *By S W R Hand*

4108 Pte. Wm. Kinsella.

C.R. 4108

Retreat from Wounded and Sick F.C.Os. and Men of the Expeditionary Force -
France, dated 2nd October 1918.

4108 Pte. W. Kinsella

1/Royal Newfoundland Regiment..... G.S.W. R.Hand.Adm. 3rd
Gen. Gen. Res. Boulogne 30th. Sept. 1918.

C.R. 4108

Extract of Nominal Roll Draft. (All Ranks) to 1st
Bn. B.E.F. Embarked Flokestone.

4108 Pte. W. Kinsella.

25-5-18.

CR. 4108

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46,- 120 Other Ranks from 2nd. Bn., Depot
Winchester to 1st. Battrn., The Royal Newfoundland Regiment, B.E.F. Embarked
Folkestone, 25/5/18.

4108 Pte. W. Kinsella.

A.Ps. B. 103 (one for
each soldier) sent to
Sgt. Kinsella. B.E.F.

C.R. 4108

Extract from Nominal Roll Embarked St. John's for Overseas.
per S.S. "Florissal" Dec. 11, 1917.

#5108 PTE. W. KINSELLA.

C.R! 4108

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Nov. 15th, 1917.

4108 W. Kinsella.

Attested for General Service in the 1st Wfld. Regt. posted
to G. Coy, and assigned number as shown, with effect from
Nov. 14th, 1917.

February 7th. 1922

Mrs Mary Kinsella,

Ferryland,

Dear Madam:-

Referring to your application for Separation Allowance, I enclose cheque for \$329.39, representing payment to date of your son's discharge, and one for \$120000 on account of War Service Gratuity.

These two cheques cover the full amount due you.

Yours truly,

Major
Paymaster

England.
27/1/20

Dept. Medicine
St. John's

Dear Sir

I beg to inform
you that I have not yet
received any information
allowance for my services
for my term while at the
work, as which is allowed,
may should I have to wait
as long as others have
received their pay as if
my services were of no
value. I also lost his health
part of his services which led to
him to be unable to earn
a livelihood. I look forward
to the amount of my pay.
At the present we are only
receiving a small amount.
Soldiers that do not receive
any money are in receipt
of double his pay.

Yours faithfully
Mrs. Mary O. Shaw,

SEPARATION ALLOWANCE.

Claimant. *Mrs Mary Kinsella*
On account of *Wm Kinsella* No. *4108* Rank. *Pte*

Decision. *Approved*

Date *Feb 6/1922*
W J Russell Lieut. Col
M Dowley Major

Instructions.

Allotment of per payable to
his from to
Discontinued on account of

14-11-17 to 30-11-17 = 11.33
18 = 240.00
1-12-18 to 28-2-19 = 60.00
1-3-19 to 28-1-19 18.06

329.39

APR 11 3rd., 1919

#4108 Pte. William Kinsella,
Ferryland.

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 Gratuity."

Yours truly,

Paymaster & O. i/c Records Captain

137243

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name. *William* 2. Surname. *Kinsella*

3. Rank. *private* 4. Regtl. No. ~~4108~~ *4108*

5. Address in full to which future payments of gratuity are to be forwarded. *France*

6. Date of enlistment in the Regiment. *14 Nov - 1917*

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

8. Relationship of such dependents. *allotment to* *Mary Kinsella*

9. Address in full of such dependent. *mother* *France*

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 Nfld. If so, give dates, and particulars of such service. *in France*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Nov 1917 to March 1919*

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.....

\$60 for clothes

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

No

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

17. Are you entitled to receive, or have you received any Gratuity of 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?.....

No applicable

19. Are you now serving in the Regt. ~~1/15~~ If not give:- (a) Date of discharge *13 Mar 1919*. (b) Reason for discharge.....

wounds and war other

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 May 1918 to Oct. 1918

wounded

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: *William Skinsella*

Place of Residence: *Pennsylvania*

Declared before me at: *St. Johns*

This *14* day of *March* 19*19*

William Skinsella
W. Gray

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.60</i>	<i>280.00</i>
.....
.....

Certified Correct.

Barrister.

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
Fishing

William Kinella

Signature of Man.

Reg. No.

4108

Charles C. P.

Signature of the Vocational Officer or his Representative.

Place

Rt 1000

Date

12-2-19

191

March 28, 1919

#4108 Pte, William Kinsella,
Ferryland.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1500."

Yours truly,

Captain,
Paymaster & C. I. c Records

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 *10.3.19*

Regimental No. *4108*

Name *Kinsella, William*

Address *Jerryland*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. [unclear] Capt
O.C. Discharge Depot.

[unclear]
Senior Medical Officer

[unclear]
M. O. Depot

February 7th.1922

Sir Michael P.Cashin,K.B.E.,

City

Dear Sir:-

With reference to the enclosed letter from Mrs Mary Kinsella,I beg to advise that the cheque for \$3.60 spoken of in the letter from the Pensions Board,is payment of an allowance to which she is found to be entitled under the new Canadian Pensions Regulations,adopted as from January,1st.1922. This cheque has nothing to do with Separation Allowance.

Her claim for Separation Allowance was only received a short time ago,and has now been disposed of. I have to-day sent her cheques amounting to approximately \$450.00,on this account.

Yours truly,

Major
Paymaster

ST. JOHN'S, MAR 14 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. Kinsella

Billeting Soldiers as undermentioned

from Feb 8th /19 to Mar 14th /19

4108. W. Kinsella 36 00

ACCOUNT BY W. Kinsella
126308

Certified correct for \$ 36.00

Joseph A. Snow
R.J. W. Kinsella
Billeting Officer.

W Kinsella

C.R.

4108

~~PKR~~

CHIEF PAYMASTER & OFFICER IN CHARGE
NEWFOUNDLAND CONTINGENT
88 VICTORIA STREET
LONDON, S.W. 1
ENGLAND

Bethnal Green Military Hospital
2-12-29.
Cambridge Road, E. 2.

To:

Reg: Paymaster,

58, Victoria Street,

London.

Counterfoil of A.F.O. 1823a relating to No. 4108.

Rank. Pte... Name ... Kinsella, W. 1st. R. N. F. L. D. which
sent to you on the 11th. November has not yet
returned. Kindly return same at once, please.

(Sd)
Capt. R.A.M.C.
Registrar,
Military Hospital
Bethnal Green. E.2.

20064/P&A.

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.
NEWFOUNDLAND CONTINGENT
88, VICTORIA STREET,
LONDON, S.W. 1
ENGLAND.
TO: Officer Commanding,

Bethnal Green Military Hospital,
Cambridge Road, E. 2.

Reference reverse: Counterfoil of A.F.O. 1823a was forwarded to you with two others 16/11/18, As there is a possibility that they may have gone astray in the course of the post, duplicate counterfoil relating to A.F.O. 1823a is enclosed, please.

FM/NM.

Chief Paymaster & Officer in Charge Records.

Major,

Pay & Record Office, (b)
London. S. W. (1).
December 10th, 1918.

16866

CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND REGIMENT,
53, VICTORIA STREET,
LONDON, S.W. 1.

Officer i/c,
Military Hospital,
Bethnal Green.



Pay & Record Office,
21st October 1918.

Reference Reverse:- Postal
Draft for £2:1:2 is enclosed for
payment as indicated, please.

Kindly acknowledge receipt
hereon.

W. Kinnella

A. A. Munnell
Major,
Chief Paymaster & O.i/c Records.

OH 9614
DRB

The Paymaster's
Pay and Record Office
Royal Newfoundland Regt.
58 Victoria Street
London

4108

from G.

8/10/11

11/12/17
Draft No: 17

EXACT COPY TAKEN FROM LEDGER

Date of Enlistment:
14 Nov. 17
Age on Enlistment:
20 8/12
Married (Yes or No)
NO

NAME: KINSELLA, William

REGL. NO: 4108

Next of Kin: KINSELLA, Mrs. John

Relationship: Mother

Address: Ferryland, Nfld.

CASUALTIES.						PROMOTIONS, REDUCTIONS, etc.				
Date Rec'd.	Auth- ority.	Dated	Nature of	Whereabouts	Ref. No.	Authority	Date	Rank etc.		
21/10/18	W.O.	29/9/18	Wounded		2015					
8/10/18	W.O.	30/9/18	G.S.W. R. Hand	Ad. 3 Ca. G.H.						
5/10/18	Hosp.	3/10/18	Slt. G.S.W. Hand Rt.	Boulogne Ad. Mil. Hosp.	1877					
12/11/18	"	11/11/18	Fit for 11 Command	Bethnal Green	1856	SERVICES IN THE FIELD.				
			Dep. Dis-			Bn.	Draft No.	Date of Embarkation.	Expeditionary Force.	Rmks
			charged from the Mil. Hosp.		2332		46	25/5/18	B.E.F.	
27/11/18	DO 2nd. Rg.	18/11/18	Bethnal Green and granted furlough to 18/11/18	Posted to H. Coy 2nd. Rg.						
5/2/19	AFB 179A		G.S.W. Rt. Hand	Winchester	285	HONOURS, AWARDS, etc.				
"	O. i/c Rods.	30/1/19	Recommended for repatriation	H.D. Camp		Authority	Date	Action	Distinction	
			To Nfld. for discharge per Sorsican from Liverpool		146A					
11/2/19	DO's Hq.	7/2/19	Attached to Strength	30/1/19		DISCHARGE.				
						Authority.	Date.	Where.	Cause.	
						D.O. Hqrs. 31/3/19	28/3/19	St. John's	Demobiliz- ation.	

28.5.49
Approved Copy
O. C. Elliott
a/b/a