



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4900 Name Arch Kirby Corps 20th

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Arch Kirby
- 2. What is your full Address? 2. Station C. Barr
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 21 Years Months
- 5. What is your Trade or Calling? 5. Fireman
- 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, Archibald Kirby 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.

A-5-18
4-5-18
Arch Kirby
Signature of Recruit.

James
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Archibald Kirby 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 4 o'clock on this 4th day of May 1918.

Signature of Attesting Officer James

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 May 4 1918

Place St. John's

Approving Officer.

1 The signature of the Approving Officer is to be affixed in the presence of the Recruit.
2 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

4900

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

Name Wm Kirby
 Apparent age 21 years months. Height 5 feet 8 inches.
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Maggie Collins
Collins Ave Durin | Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names

Date and Place of Birth

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or L'epot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|---|----------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from <u>4-5-18</u> | | | | | | | | | |
| Joined at <u>Stalis</u> on <u>May 4th 1918</u> | | | | | | | | | |
| <u>Discharged July 31 1919</u> | | | | | | | | | |
| <u>Embarked Stalis train to Halifax N.S.</u> | | | | | | | | | |
| <u>Embarked for B.C. 26-10-18</u> | | | | | | | | | |
| <u>Re-embarked train 26-10-18</u> | | | | | | | | | |
| <u>June 18th. 3-11-18</u> | | | | | | | | | |
| <u>Transfer from Rank 22nd to Reserve Rank 23rd</u> | | | | | | | | | |
| <u>to Halifax N.S. for demobilization 22nd to Reserve 1/6/19</u> | | | | | | | | | |
| Total Service forfeited as above <u>Demobilization 1/6/19</u> | | | | | | | | | |
| Total Service towards Engagement to <u>3-7-1919</u> (date of discharge) | | | | | | | | | |
| Pensions " " " " " " | | | | | | | | | |

C.

No. *4900* Name *Kirby R.*

Kirby R.

Sq., Batty., or Company

D

Corps

ROYAL NEWFOUNDLAND REG.

Date of enlistment

28/10/71

Bridges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No. *One*

Signature O.C. Company, etc.

[Signature]

Character

| 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 |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|---------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

ARMY FORM B. 122

C.R. 4900

Extract from **Smith's Daily Orders Part II Unit The Royal
Mfld. Regt. St. John's, July 7th, 1919.**

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

4900 Pte. Archibald Kirby.

C.R. 4900

Extract from Daily Orders Part II Unit the Royal RFA.
Regt. Depot, St. John's, June 9th, 1919

The discharge of the Undersated on demobilization has been
APPROVED by C.O. Discharge Depot, 19-6-19.

4900 Pte. A. Kirby.

C.R. 4900

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 7th, 1919

4900 Pte. Arch Kirby

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

Extract from Nominal Roll from 1st. Battalion

C.R. 4900

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Harre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4900 Pte. A. Kirby.

C.R. 4900

Extract from Daily Orders Part II Unit The Royal WFLA, Regt
By Lt. Col. F. G. Mathias, D.S.O. Commanding 1st Bn. 3-11-39

The following joined the Bn. 3-11-39

4900 Pte. A. Kirley.

2 Coy.

C.R. 4905

Extract from Nominal Roll Re-inforcement Draft No.55, Embarked Folkeston
26/12/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
to 1st Batta, Royal Newfoundland Regiment, B.H.F.

4900 Pte.Kirby, A.

MP.

C.R. 4900

Extract from Daily Orders Part 11. from Unit The Royal Wfld.
Regiment, St. John's, dated June 14th 1918.

4900 Pte A. Kirby

Embarked for Overseas with draft 11-6-18.

C.R. 4900

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 6th, 1918.

#4900 Pte. A. Kirby.

Attested for General Service with the Royal Mfld. Regt.
from 4/5/18.

St Kirby

CR.

4900

St Kirby

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

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4902* 3. Rank. *Pls* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Kirby Arch* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *May 4/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (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 bases 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. *hii*
12. Place of origin of disability. *hii*
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. *hii*

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 | na |
| (iv.) Ordinary military service before the war | |
| (v.) Serious negligence or misconduct on the man's part. } | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na

In all cases such as facial injuries, eye, ear, nose and throat, discharges, etc., a specialist's report is to be attached with radiographs when 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.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

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

Repatriation

Sp. to Elmore

Capt R.M.A.

Station ... *Hazley, D. Row*

Date ... *27/4/19*

Medical Officer in charge of case.

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

FORM K



No. 3941



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arch Kirby, Regl. No. 4900

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

Allotment begins 1st June 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|----------------------------------|-----------------------|----------------------|
| 3842 | mother | Mrs George (Margaret) Collins | Collins Cove Burin | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, £ | | | | 609 |

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

Sig.) W. James
 Officer Commanding
a Company
St Johns
May 16th 1918

(Sig.) Arch Kirby
 (Rank) Pte

No 3941

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arch Kirby, Regl. No. 4900

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

Allotment begins 1st June 1916

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|----------------------------------|------------------------|----------------------|
| 3842 | mother | Mrs George (Margaret) Collins | Collins Cove Burrin | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | * 609 |

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

Sig.) W. James Lieut
 Officer Commanding
a Company
St. Johns
May 16th 1916

(S) Arch Kirby
 (Rank) Pte

No. 15089/1557.

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,
2/Bn, Royal Newfoundland Rgt.,
Hazeley Down Camp,
Winchester.

September 20th, 191⁸

Sept 22nd 191⁶

Subject: 4900, Pte. A. Kirby,

With reference to the following telegram (8208) from the Hon. Minister of Militia, received

Receipt hereunder.

Okant
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Comdng, Batt'n
Royal Newfoundland Regiment

"Pay to 4900, Pte. A. Kirby, £4:0:0.

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

Received the sum of £4.0.0
Four pounds on account of cable remittance from Newfoundland.

Chief Paymaster & O. i/c Records.

Arch Kirby
No. 4900 Rank Private

Witness
P. R. Wainwright

No 8599/1018

9945

N.F.F./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,
2nd Batt. Nfld. Regiment
Winchester.

2nd May 1919

~~4900~~

Pte A. Kirby

With reference to the following
telegram from the Minister of
Militia / / (160)

"Pay to- 4900 A. Kirby
£7-0-0

Cheque £7-0-0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. C. Munn
Chief Paymaster & O. i/c Records.

May 9 1919

Receipt hereunder.

Williams Lieut. & Adjutant
Officer Commdg. Batt'n.

Received the sum of _____

Seven pounds in respect of
telegraphic remittance from the
Minister of Militia.

A. Kirby
No 4900 Rank Pte

Witness *W. Haynes*

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-
Please charge the amount set opposite my name to my account and
pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments
for the period of the year.
Commencing on the 1st July 1918.

| Regtl. No. | Rank | Name | Amount | Signature |
|---------------|------|-----------|--------|-----------|
| 4900 | LtE | Keeble R. | £2.50 | A Kirby |

I have the honour to be, Sir,
Your obedient servant.

Date July 1/18

A Kirby

Kirby, A

4900

Ray Sept.

July 3, 1919

#4900 Pte. Rehibald Kirby,

Collins Cove,

Murin.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2345.

Yours truly

Captain
Paymaster & Officer i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 14906 Rank _____

Name Kesby A _____

Warned for demobilization on

JUN 5 1919

July 3, 1919

#4900 Pte. Archibald Kirby,

Gollin's Cove,

Burin.

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

Captain,
Paymaster & C. I. C. Records.

559

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 Archiebaud 2. Surname Kerby

3. Rank Pte 4. Regtl. No. 4900

5. Address in full to which future payments of gratuity are to be forwarded, Collins' Cove Burn

6. Date of enlistment in the Regiment. Sept 28/18

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. do

9. Address in full of such dependents. do

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. Thirteen months and nineteen days

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.

Yes
No. 68 Clothing board & pay allowances

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

No

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

No

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

No

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

No

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

No

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge.

No

June 19/19

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.

France Oct. 1918, Belgium & Germany

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *a Kelly*
 Place of Residence: *Callum Co. Barin*
 Declared before me at: *St. John's*
 This *5th* day of *June* 19*.1.9...*

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

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4900 Rank Pfc Name Kirby Arch
 Intended place of residence Collins Cove Buncie

2. Occupation Fireman
 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 JUN 5 1919
 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 JUN 5 1919
 Signature of soldier Arch Kirby
 Signature of witness James O'Brien

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 5-6-19
 Signature of soldier Arch Kirby
 Signature of witness James O'Brien

STATEMENT OF SERVICE

7. Enlisted for service 4-5-18 No of days on Military
 Discharged from service 19-6-19 28 14 days Service 426

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 JUN 10 1919
 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 July 3/1919
 Officer in Charge
 The Royal Newfoundland Regiment

A J B 207 91 2345

28
30
3
61

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *A 900*.....

Name *K. Kelly* *Arch*.....

Address *Barrington*.....

Present Medical Category *A-1*.....

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~.....

Members of Board {

R.H. Law *Capr.*
O.C. Discharge Depot.

W. P. A. ...
Senior Medical Officer

Geo. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 149-01 Rank Pl Name Kerby Arch
 Date of Enlistment 11-5-18 Address St. John's District Bampf
 Occupation Freelancer Classification for Discharge by Medical Category H.I.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

| | | | | | | |
|----------|----------|----------|---|-----------|--------|---|
| N.F. F36 | B 268 | B 121 | / | N.F. Med. | D.F. 1 | 1 |
| B 178 | W 3494 | B 122 | | Board 1st | " 2 | |
| B 178a | / D 400A | / B 1915 | / | do 2nd | " 3 | 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 5-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. w Kerby

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. McClouston

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1415 to his home at Ellis Cove Bunn and Release Certificate No. 22-85 issued.

Date 6-19

J.A. Shaw 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 3-7-19

Date 5-6-19

H. W. S. Sait
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P/36 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| F 178 | W 3494 | B 122 | Board 1st | " 2 |
| F 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 | | |

Form B

Date 5-6-19

J.A. Shaw Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former occupations

a. k. bly

Signature of Man.

Reg. No. *4900*

J. A. Chew Capt.

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date *5 - 6* 1919

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

MEDICAL HISTORY

Surname

Kirby

OF

Christian Name

Archibald

Table I.—GENERAL TABLE.

Birthplace:—Parish

Collins Cove

County

Nfld

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------|-----------------|------------------|------------|
| | on | at | day of | 191 |
| Examined | 4 th | St Johns | May | 1918 |
| Declared Age | 21 | years | — | days |
| Trade or Occupation | Fisherman | | years | days |
| Height | 5 | feet | 8 | inches |
| Weight | 120 | | lbs. | lbs. |
| Chest Measurement | 36 | | inches | inches |
| | 5 | | inches | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | / | | / | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | 6/10 | R.E.—V= | |
| | L.E.—V= | 6/10 | L.E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | Lance Corporal | | | |
| (Rank) | Major | | Medical Officer. | |
| Enlisted | at St Johns | | at | |
| | on | 1 st | day of | May 1918 |
| Joined on Enlistment | Corps | Regtl. No. | Corps | Regtl. No. |
| | The Royal Nfld Regt | | 4900 | |
| Transferred to | | | | |
| Became non-effective by | on | day of | 191 | on |
| (Signature) | | | day of | |
| (Rank) | | | 191 | |



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. I. C. Records together with the remainder of the man's documents.

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

Name in full *Kirby Arch.*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *2500.*
 Intended address *Burin.*
 Height on discharge *5* Feet *8*
 Color of hair on discharge *Black.*
 Complexion *Dark.*
 Color of eyes *Grey.*
 Descriptive Marks _____
 Figure on discharge *Tall.*
 Christian name of Father *Step. Collins George.*
 Christian name of Mother *Margaret.*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *Burin. Nov. 14 - 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)

Arch Kirby

Station

ST. JOHN'S.

Date

JUN 4 1919

(Rank)

Private

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

Station

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. *Regal. Newfoundland* Former Trade or Occupation } *Fisherman*
2. Regt. No. *4900* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Kirby* *Coch* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on *May 4/18* at *St. John's* 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?
9. If a Court of Inquiry was held on an injury state:—
- (a) When
- (b) Where
- (c) Opinion of Court
- (d) Date of Discharge;
- (e) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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.
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.

nil
nil
nil
nil

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service.
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na.*

In all cases such as "facial neuritis, eye ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs when 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 complaint of no disability

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na.*

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?

Repatriation

W.E. Prosser, Capt R.A.M.C.

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Station *Hayley D. Camp*

Date *29-4-19*

Medical Officer in charge of case.

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

RECEIPT.

C.R. 4900

FOR ISSUE OF RIBAND OF VICTORY METAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO 4900..NAME.. Arch. Kerby

DATE. Jan. 30/20
PLACE... Collins Cove...

Burns

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

1

Signature of O. C. Company

A. J. Jamieson

| | | | | | |
|----------------------------|--------------------------|------------|--|---------------------|---|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
| No. | <i>4900 Kinsley Arch</i> | Age on | <i>21</i> years <i>1</i> months | <i>fisherman</i> | |
| Joined | | Date | Place and Date of Enlistment | Religion | |
| Joined | | Date | <i>St. John's</i> | <i>4.5.18</i> | <i>Method.</i> |
| Joined | | Date | Period of } with Colours <i>1 1/2</i> years. with Reserve <i>3 1/2</i> years. | Place of Birth | |
| Joined | | Date | | <i>Collier Cove</i> | |

| Place | Date of Offence | Rank | Cases of Drunkenness. | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|----------|-----------------------|-----------------------|--------------------|--------------------|---|-----------------|---------|
| | | <i>1</i> | | <i>Demobilization</i> | <i>3 1/2</i> | | | | |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 14900 Rank Pvt. Name Kesley Archib.
 Date of Enlistment 4-5-18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge 1 Medical Category H.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 | 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 4-5-19 for H. H. H. H. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 all clothing

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1415 to his home at Bellevue Cove Binn and Release Certificate No. 2285 issued.

Date 5-6-19 *J.A. Snow 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 3-7-19

Date 5-1-19 *H. H. Stewart*
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P/36 | B 208 | 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 | | |

2 Form B

Date 5-6-19 *J.A. Snow 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 JUN 19 1919 *R.H. Stewart*
O. C. Discharge Depot.

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

Date June 12 1919 *H. H. Stewart*

Reg. No. *4900* Rank *Pfc* Name *Kirby, Arch*

Attested Address *Collins Cove,*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. Cause *Discharge*

4-6-19 PASSED TO DEMOBILIZATION OFFICER
19-6-19 DISCHARGE APPROVED ON DEMOBILIZATION.