



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1557

Name in full John Joseph Madden, Age 19

Address 214 Water St, West, St. John's

~~Married~~ Height 5'4 Weight 118

Single Color Fair Hair Light Eyes Blue

Other distinguishing marks

Nearest relative Mother (Edna)

Address 214 Water St, West

Dependents Mother

Occupation Messenger Present Wage \$12⁰⁰ a month

Previous service

Decorations

General Remarks

Date of Enlistment May 21st 1915

I, John Joseph Madden, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

John Joseph Madden

Declared before me this 22 day

of May 1915

J. J. [Signature]
Lieut.

Regimental Number 1557

Company _____

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's Forces under the following conditions:

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.

Signed J. Madden

Witness S. Robertson

Dated at _____



191 _____

C.R. 1557

Extract from Nominal Roll of Mfld. Regt. Embarked Devon-
port, 13-3-16 for Egypt, transferred to B.E.F. & disem-
barked Marseilles, 3-4-16.

1557 Pte. J.J.Madden.

L C.R. 1557

Extract from Daily Orders part II, Depot St. John's dated April
28th., 1919.

The discharge of the undernoted on demobilisation has been
confirmed by Officer i/o Records on 28-4-19.

#1557 Pte. John Madden.

C.R. 1557

Abstract from Medical Board held on ~~WEDNESDAY~~ ~~AFTERNOON~~
APRIL 18th., the following were the findings.

8/4/19

1557 Pte. J.J. Madden

RECOMMENDED DISCHARGE FROM THE ARMY

C.R. 1557

Extract from Nominal Roll of the Royal Field. Regt.
24-1-19.

The undermentioned was transferred to
the 2nd Bn., Winchester 19-1-19, awaiting repatriation.

1557 Pte. J. Madden.

C.R. 1557

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. Johns, March 25th, 1919.

The Undernoted returned from Overseas, and reported
at the Depot 24-3-19.

1557 Pte. J.J.Madden.

C.R. 1557

Extract of Daily Orders Part II The Royal Newfoundland
Regiment Depot St. John's dated April 14th/19.

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

1557 Pte. J.J. Madden.

11/4/19.

C.R. 1557

Extract of Orders by Lt. Col. Barton, D.C.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.
8/1/19.

The following having reported back from the 1st Batta.
is taken on the strength and posted to "H" Company.
from 5/2/1918. J. Madden.

#1557 Pte. J. Madden.

C.R. 1551

Extract from Medical Roll published St. John's for Overseas, per
S.S. "Salgerian" June 19. 1915. "P".

1551 Pte. Wadden J.J.

C.R. 1557

Extract of telegram from Syn., London, to
Military, March 15th/19.

Following has embarked "Baltic" Liverpool
for Halifax.

March 12th.

under A.F.B. 179.

#1557 Madden.

Reg. No. *1557* Rank *ptw.* Name *Madison J. J.*

Attested Address *214 Water St. J. J.*

Allotment Allottee

Date of Allotment Returned from Overseas *24-3-19*

Returned on S.S. *Train* Cause *Discharge*

8.4.19 Rec Dis - from the Army.

11.4.19 PASSED ATION OFFICE

11.4.19 DISCHARGE APPROVED ON REDEEMERISATION.

J. J. Madden.

C.R.

1857.

P.R.O.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Madden, Regl. No. 1557, hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty 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.:

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7	Mother	Mr Anne Madden	214 Water St West St Johns	60
6				
9				
			Total Allotment, \$	60

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.)

Officer Commanding
Company

St Johns
June 9 1915

(Sig.) John Madden

(Rank) Sgt

No.

507.

ANGLO-AMERICAN

WESTERN UNION  DIRECT UNITED STATES
CABLEGRAM

Prefix _____ Code _____ WORDS <u>15</u> CHARGE _____	SENT At _____ To _____ By _____ <div style="background-color: black; color: white; text-align: center; padding: 5px;">VIA ANGLO.</div>	FOR STAMPS THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.
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E.F.M. TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

12/8/17.

To **Mrs. J. MADDEN**
214 WATER STREET WEST
ST. JOHN'S (NEWFOUNDLAND).

FURLOUGH FROM FRANCE WELL

JACK MADDEN

CHARGE TO ACCOUNT OF NO. 1557 Pte Jack Madden.

CHECKED.
C.R.
 18/10/17.

CHARGED
 PAY 300L
 8/10/17
[Signature]

15
 22

 30
 72

 372

 3-12

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address **58, Victoria StMS.W.1.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 1557 rank *Plt*

Name *Madden*

Pay	P. Alice Working	Total
100	10	110
Less Allotment		60
Net Rate		50

Date	DEBITS	£ s d	CREDITS	£ s d
1917	Balance	1 / 1	Balance	22 / 11 / 6
	<u>P.M. ADVANCES:</u>		<u>Pay & Net Rate:</u>	
	A.B. 64.	24 0		
	Acquittance rolls	10 4 7	3 / 11 / 6 to 10 / 6 / 17 = 7 days	
	Hospital Advances		50 = \$ 85 ⁰⁰	17 9 4
	<u>STOPPAGES:</u>		<i>Madden's allowance</i>	
	Hospital dys =		11 / 6 / 17 to 20 / 11 / 6 = 10 days	17 6
	Forfeited Pay dys =		19 = \$	
	Miscellaneous			
	Cables			
	<u>P.&R.O. PAYMENTS:</u>	12 8 7	10 / 6 / 17 to 19 / 6 / 17 = 9 days	35 12 8
	Sundry Bills	25 -	4.50.	13 6
	Cash		50 = \$	
	<i>Cash 12/16</i>			
	<i>Cash 1/19</i>			
	<i>Cash 19/17</i>	37 8 7		39 16 8
		2 10		

No. 1557 Rank Pte Name Maddon J.J.

Pay	F.A.	Wkg	Total	N.W.P. 23
100	10		110	K.A.
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance		21-12-17			10	11	3 ✓
Acquittance Rolls	23	4	6		Pay @ Net Rate	22-12-17	18-9-18	271	50.135	50	27	16 10 ✓
Hospital Advances					R.A. 14 days from						1	14 ✓
A.B. 64. <i>70 pres.</i>	2	11	4		B.C.F. @ 1/9							
P.&.R.O. Payments					Pay →	19-9-18	23-9-18	4	50	2 00	8	3 ✓
<i>Other Stopp.</i>		10	6			24-9-18	29-9-18	6	50	3 00	12	4 ✓
<i>266-4 E.P.M.</i>		4	4		13-16-3 ✓							
<i>cash</i>	18-9-18	13	0	0	£1-4-6							
<i>"</i>	23-9-18	1	0	0	£1-2-6 ✓							
<i>Cash 8950</i>	29-9-18		12	6	£0-12-6							

~~£40-2-7 ✓~~
~~40-10-10 ✓~~
~~£41-13-2 ✓~~

159-18
396-4
40-10-8

No. 5

ANGLO-AMERICAN WESTERN UNION DIRECT UNITED STATES CABLEGRAM



Prefix		Code		SENT		FOR STAMPS	
WORDS	CHARGE	At	To		By		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.
21	2 1/2	VIA ANGLO.					

18/9/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS J MADDEN

179 WATER STREET WEST STJOHNS (Newfoundland)

CABLE TEN POUNDS IMMEDIATELY THROUGH MINISTER MILITIA
ON LEAVE WELL

1557 MADDEN

Chge a/c



*4 2/4
15-2
5 2 1/2*

4/4 1/2

CHARGED
PAY LEDGER
Date 20-9-18 by *E.H.*

Authorized.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address 58 Victoria St. S.W. 1.

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6

Madden, J. J.

1557

Pay Sept.

April 25, 1919

#1557 Pte. John J. Madden,

#279 Water St., West,

City.

Dear Sir :-

Please find enclosed "Discharge Certificate
No. 2088."

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1557 Rank Private Name Madden J J
 Date of Enlistment 5-5-15 Address St. John's District St. John's
 Occupation Messenger Classification for Discharge B Medical Category 5
 Recommendation S.M.B. Permanent Discharge Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 11-4-19 O. C. Discharge Depot. H. Madden

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Atm. & Co. St. John's

Date 11-4-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home at *Aty* and Release Certificate No. *2096* issued.

Date *11-4-19*

J.A. Crawford
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 *25-4-19*

Date *11-4-19*

H. Mears
Depot Paymaster.

Discharge approved for *11-4-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *11-4-19*

J.A. Crawford
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

APR 11 1919

Date

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

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

Date

Civil Re-establishment Committee



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

To resume former occupation
of laborer

J. Madden

Signature of Man.

J. P. Crawford
Signature of the Vocational Officer or his Representative.

Reg. No.

1557

Place **ST. JOHN'S**

Date

191

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. 1557

Name *John Joseph Madalen*

Address

Present Medical Category..... E

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board.....

Members of Board {

..... *R. H. Lant Capt.*

O.C. Discharge Depot.

..... *H. P. ...*

Senior Medical Officer

..... *Geo. Burden*

M. O. Depot

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

MEDICAL HISTORY

OF

Surname Madden Christian Name John Joseph

Table 1.—GENERAL TABLE.

Birthplace:—Parish St. John's County H. H. L. D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>5th</u> day of <u>May</u> 191 <u>5</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age...	<u>19</u> years	days	years	days
Trade or Occupation...	<u>Messenger</u>			
Height	<u>5</u> feet	<u>4</u> inches	feet	inches
Weight		<u>118</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded...	<u>35</u> inches		inches
	Range of expansion...	<u>3</u> inches		inches
Physical Development...				
Vaccination Marks	Arm			
	Number			
When Vaccinated	<u>never</u>			
Vision	R. E.—V=	<u>6/9</u>	R. E.—V=	
	L. E.—V=	<u>6/9</u>	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)	<u>Fred W. Burden</u>			
(Rank)	<u>Lieut</u>			
		Medical Officer.		Medical Officer.
Enlisted	at <u>St. John's</u>	at		
	on <u>21st</u> day of <u>May</u> 191 <u>5</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st H. H. L. D.</u>	<u>1554</u>		
Transferred to...				
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 cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Hayesley Down</i>	<i>26</i>	<i>1</i>	<i>19</i>	<i>6</i>	<i>2</i>	<i>19</i>	<i>Influenza</i>	<i>11</i>	<i>Discharged to duty.</i>	<i>G. S. Twiss</i> CAPT., R.A.M.C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
May 25 June 7	First Inoculation 500 Million Second " 1000 "
Oct 3. 19.	Recommen Rejected WIK WIK
<p style="text-align: center;">It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisa- tion. Medical category <u>F</u> 9.4.19 Date of S.M.B. <u>Jr</u> <u>Wms H.</u> Captain Assistant Adjutant Discharge Department</p>	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. Johns Rifle					



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St John's*

Date *April 8th/19*

1. Unit *Royal Newfoundland*

5. Age last birthday *20*

2. Regimental No. *1557*

6. Enlisted on *May 1/15*

3. Rank *Pte*

at *St John's*

4. Name *Madson. J J*

7. Former trade or occupation *expressman*

8. Disability *debility*

9. History *Had flu in Jan. in Hoop. 14 days.
now complains of weariness. Unable
to work.*

10. What is his present condition? *Looks in good condition.*

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Heart & lungs normal.

11. Was sanatorium advised and refused? *No*
operation

12. Do you recommend discharge as permanently unfit? *No*

Signature *J. H. Keane*
Rank or Qualification *Capt -*

Remarks if any by Officer i/c Hospital.

Place Signature
Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x *may* be considered as ~~aggravated by:~~ due to
(a) Service during this war. (b) ~~Climate.~~ (c) ~~Ordinary Military Service~~
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Well considered, good colour, pulse 88

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *nil*
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *nil*
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any:—

H. G. ...
..... President
Signatures..... *Wanda ...*
..... *P. Patterson ...*

Place *S. St. John's*

Date *April 9 / 19*

APPROVED

Station *APR. 8. 1919*

Date No.
NEWFOUNDLAND.

Clayton Macpherson Major
.....
Administrative Medical Officer



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 *Madder, John Joseph.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1007.*

Intended address *279 Water St.*

Height on discharge Feet *6"*

Color of hair on discharge *Light Brown.*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Annie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St John's. 24.2. 1899.*

Nature and locality of civil employment required

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

(Soldier's signature in full)

J Madder

Station

St John's

Date

7.4.19.

(Rank)

A/6

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

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

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

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

1. Unit and Corps *Loyal Ned Regt* 7. Former Trade or Occupation }
 2. Regtl. No. *1557* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *MADDEN John Joseph* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *20*
 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. *nil*

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.

Came from it both for repatriation developed Influenza Depot sent to Hospital returned completely cured.

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

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

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

Complain of no disability

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

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

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

Repatriation

[Signature]
 Medical Officer in charge of case.

Station

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

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 A.F.P.* 7. Former Trade or Occupation }
 2. Regtl. No. *1667* 3. Rank... *Plt.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name... *Madden, John J.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday... *20*
 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 (b) Date of Discharge;
 (c) on duty (d) off duty? (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.

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
caus from, Apaton
for refutation
severely influenced at depot
sent to Hosp. retained completely cured

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

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

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

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

complaints of no sensibility

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

refatuation
Seaman, Cpl.
 Medical Officer in charge of case.

Station

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

St. Johns
July 9th '19

Colonel Rendell.
Chief Staff Officer
Military Dept.

Dear Sir.

I am writing to ask you if it would be possible for you to pay me the balance of my gratuity. I have a position waiting for me in the United States and have no money to pay my passage out there. I cannot get any work here and this is my only chance of getting anything to do. I have to get out there as

quickly as possible or the job
will be given to another. Will
you please do your best to get
it for me and you will greatly
oblige.

Yours Truly
John Madden

~~2 pay~~ ^{of 10/19}
M.

Minister authorizes
two (2) payments

W. F. Reudell
Lieut. Col.
C/O

10/7/19

Application for Badge

1557

John J. Madden

Discipl. Medically Unfit.
279 Water Street West

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..... *John* 2. Surname..... *Madden*

3. Rank..... *Pte* 4. Regtl. No..... *1559*

5. Address in full to which future payments of gratuity are to be forwarded... *279 Water St. West, St. John's*

6. Date of enlistment in the Regiment... *May 21/15*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
No

8. Relationship of such dependents.....
—

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

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

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..... *From May 21/15 to*
Apr 11/19 date of temporary discharge

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.

*Clothing allowance & back pay 66.53
Board allowance 7.20*

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?

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

No

Apr. 11/19

(b) Reason for discharge

Temporary

Heavy obligations of family

France, Belgium, Germany, Egypt, Italy, Greece, Albania, Macedonia, Serbia, Romania, Bulgaria, Cambodia, Persia, India, Australia

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.

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: *f. madden*
 Place of Residence: *279 Water St. West. St. John's*
 Declared before me at: *St. John's, Nfld.*
 This *11th* day of *April* 19*19*...

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

POST DISCHARGE PAY.				Net amount
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	due
.....	<i>6mes.</i>	<i>1120 00</i>
.....
.....
Certified correct.			Paymaster	<i>[Signature]</i>

KE

Hold Discharge Home

Demobilisation Form 2.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1557.....Rank Private.....Name Madden J.F.
 Intended place of residence.....279 D. St. West St. John's

2. Occupation Messenger
 Classification of soldier B.....Medical Category E

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 APR. 11 1919.....
 for H. Mrs. H.
 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.....
APR. 11 1919.....
 Signature of soldier J. F. Madden
 Signature of witness J. A. Snowling

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.....
11-4-19.....
 Signature of soldier J. F. Madden
 Signature of witness W. J. Cooley RQMS

STATEMENT OF SERVICE

7. Enlisted for service 5-5-15..... No of days on Military
 Discharged from service 11-4-19 Plus 14 days..... Service 1452

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S.....
APR 11 1919.....
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment. Rt. Lt. Capt.

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld......
April 25/1919.....
 The Royal Newfoundland Regiment. W. J. Cooley Capt.
 Officer i/c Records

W. J. Cooley 7088

51
5
96
260
26
379

July 15/1919

To Capt Howley Dear Sir
Please Deliver to my mother
the rest of my money
which is due me I am
leaving town tomorrow
she will call when it is
due and kindly oblige
Yours truly
J. Madden

1557


279 Water St West

Jan 9th 1919

To Col. Rendell. Chief staff officer
Militia department

Dear Sir,

I have decided to get the separation allowance drawn up in favour of Private John Madden, 1557. I fully understand that I am to get nothing from Private S. Madden when he is discharged.

I remain yours truly
Ann Madden

Paymaster

For attention of Board of
Review, please

9/1/19

W. F. Rendell
Lieut. Col.

279 Water st. West
May 19th 1919

5073

To Col. Rendell
Chief Staff Officer.

Dear Sir,

It is two months since I
applied for my back Separation
Allowance. As I need the money
I want to know, will you please
oblige and look it up.

I remain

yours truly
Mrs. Ann Madden

*AMs.
passed please
W.H.K.*

April 26, 1919

Mrs. Ann Madden,

#214 Water St. West,

City.

Dear Madam:-

I enclose cheque for Thirty dollars (\$30.00),
being amount of first payment due you on account of the
"War Service Gratuity."

Yours truly

Captain & Paymaster,

~~1775~~

RRK Nov 1st 1919

Major Howley
O. I. C. Records

Please pay to J. Madden, 1557
the sum of fourteen dollars
in payment of allowance for week ended this date
in connection with re-education

\$14.00

Pension Nil

ACCOUNT NO.	19064	<i>Jew</i>
CHEQUE NO.		
IND. LEDGER		
PAY LEDGER		
GEN. LEDGER		

A.C.R.

B. Hunter

.....
Vocational Officer

for

J. Madden

Oct 25th 1919

Major Howley
O. I. C. Records

Please pay to J. Madden, 1557
the sum of fourteen dollars
and charge same to Civil Re-establishment Committee
an payment of allowance for week ended this date

\$14.00

Pension

Nil

ACCOUNT	16545	JW
CH NO		INITIALS
IND LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN LEDGER		INITIALS

~~J. C. S.~~
J. C. S.
Vocational Officer
for
Madden

Oct 18th 1919

Major Howley
O. I. C. Records

Please pay to J. Madden, 1557
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension

N11

ACCOUNT	16051	vs	Geo
CH. NO			
IND. LEDGER			
PAY LEDGER			
GEN. LEDGER			

J. C. S.

Howley

Vocational Officer

for
J. Madden

October 11th 1919

m

Major Howley
O. I. C. Records

Please pay to J. Madden, 1557
the sum of eight dollars
in payment of allowance for four days to date
and charge same to Civil Re-establishment Committee

\$8.00

Pension

Nil

ACCOUNT	14647	INITIALS	How
CHK. NO.		INITIALS	
IND. LOGGERS		INITIALS	
PAY LOGGERS		INITIALS	
GEN. LOGGERS		INITIALS	

J. C. S.

W. W. Mitchell.

Vocational Officer

J. Madden

April 6th 1920

Major Howley
O. I. C. Records

Please pay to J. Madden, 1559
the sum of sixty dollars
in payment of P. & A Bonus
and charge same to Civil Re-establishment Committee

\$60.00

Pension Nil

J. C. R.

W. McNeill

Vocational Officer

J. Madden

ACCOUNT	
CHK NO.	33992 <i>JW</i>
TR. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

ST. JOHN'S, APR 11 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. J. Madden

Billeting Soldiers as undermentioned

from Apr 4th /19 to Apr 11th /19

W. J. Madden 7 20

B. J. M.

ACCOUNT	<u>16065</u>	INITIALS	<u>W. J. M.</u>
GEN. NO.		INITIALS	
ISS. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
CHEQ. NO.	<u>7</u>	INITIALS	<u>W. J. M.</u>

Certified correct for 7

R. J.

W. J. Madden
for W. J. Madden
Billeting Officer.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 140⁰⁰/₁₀₀

July 10 19 19

Received from the First Newfoundland Regiment
the sum of One hundred + Forty Dollars.
on account of Pay. W.S.G.
balance

Ch. No.	2616	Initials	W.S.G.
Pay Ledger	22	Initials	W.S.G.
Gen. Ledger		Initials	

W.S.G.
Regtl. No.

Rank

W.S.G.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1557 Rank Private Name Madden J. J.
 Date of Enlistment 5-5-15 Address St. John's District St. John's
 Occupation Messenger Classification for Discharge B Medical Category 6
 Recommendation S.M.B. permanently unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 11-4-19 for J. H. News H
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

J. Madden

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..... AMC Co. St. John's

Date 11-4-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ²¹⁶.....to his home
at ¹⁰⁵..... and Release Certificate No. ²⁰⁹⁶..... issued.

Date ¹¹⁻⁴⁻¹⁹.....

J.A. Brown
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 ²⁵⁻⁴⁻¹⁹.....

Date ¹¹⁻⁴⁻¹⁹.....

J.W. News
Depot Paymaster.

Discharge approved for..... ¹¹⁻⁴⁻¹⁹.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1	
F 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	1	<i>News</i>
B 178a.....	D 400A.....	B 1915.....		do 2nd.....	" 3.....	2	
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 ¹¹⁻⁴⁻¹⁹.....

J.A. Brown
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

APR 11 1919

Date

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

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

Date ^{11/4/19}.....

J.A. Brown
for officer i/c Records

August 4th. 1939

Mr. J. J. Madden,
Southside Road West.

Dear Sir,

I am to advise you that if you wish to have your claim for pension investigated, it will be necessary for you to write this Department making application for War Pension on account of disability sustained during your service. This application should be accompanied by a certificate from your doctor stating the disability from which you are suffering and showing its connection with your war service.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

JAM/SM

1557
May 13th

23

No. 1557 Ex Pte. John Jos. Madden,
No. 214 Water Street West.

Dear Sir:-

We are advised by the Dept of Graves Registration and Enq. London that in Ancre British Cemetery, [redacted] is a grave which bears a wooden cross on which is inscribed: No. 1557 Pte. J.M. Madden, 1/7/16. I shall be glad if you can furnish this Dept. with the name and details of any soldier who was likely to have been in possession of any of your property, and who may have been killed on the 1st of July, 1916, as the body of the soldier buried in the [redacted] named above apparently carried some article which bore your Regimental particulars when it was exhumed.

Your assistance in this matter will be greatly appreciated.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer.

C.R. 1537

John J. Madden was attested for General service
with the NEWFOUNDLAND REGIMENT on .. **May 21st, 1915** ..
Regimental No **1557** was allotted to Pte. **John J. Madden**

AUTHORITY:

Record Ledger,

Depts. of Militia,

March 25th, 1919.

Casualty Form—Active Service.

636

Regiment or Corps Newfoundland
 Regimental No. C.R. 1557 Rank Pte Name John J Madden
 Enlisted (a) 21.6.15 Terms of Service (a) War Service reckons from (a) 21.5.16
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<u>Dis Marseilles</u>	<u>3.4.16</u>		
	<u>sent</u>	<u>General Battalion</u>	<u>France</u>	<u>8.4.16</u>	<u>6213</u>
	<u>29 Dec</u>	<u>Admitted Anzac</u>	<u>France</u>	<u>4.8.16</u>	<u>G.D. 1433</u>
	<u>Dis</u>	<u>Discharged</u>	<u>France</u>	<u>10.8.16</u>	<u>G.D. 2314</u>
	<u>"</u>	<u>Transferred do</u>	<u>10.8.16</u>	<u>12.8.16</u>	<u>G.S. 1667</u>
	<u>"</u>	<u>Dis to unit</u>	<u>Belgium</u>	<u>22.8.16</u>	<u>G.S. 2314</u>
			<u>With BATT</u>	<u>25.1.17</u>	
		<u>WITH. Bn 30.12.17</u>			
		<u>leave to UK 18-9-18 to 2-10-18</u>			
		<u>Transferred to U.K.</u>			
		<u>for Re-patriation</u>			

[Handwritten signature]

[Handwritten signature]
2nd Bn

Part 2 2/E
 Capt for Lt Col
 G.H.Q. 3rd Echelon

(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) e.g., Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 5 . AUG. 1970

NAME Service No. *VFLD.?* CPC No.
NOM **HILLIER ROBERT** Matricule N° **1558** CCP N° **260368**

WVA No.
AAC N°

Information Received from:

Information reçue de: **LETTER MRS. J. SULLIVAN DAUGHTER**

Date of Death
Date du Décès .. **20 . APR. 1970**

Place
Endroit . **NOT STATED**

Distribution: WSR-DASG
VI - ASS
DO ~~XXX~~
HO - BC

Pour le chef,
A. F. Coules
for Chief, Central Registry Division.
Dépôt central des dossiers.