



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 1110 Name Madden Paul Corps R.C. 1st Bn

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Paul Madden</u> .....              |
| 2. What is your full Address? .....  | 2. <u>Madden Cove, St. John's</u> .....  |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>0</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Seaman</u> .....                   |
| 6. Are you Married? .....  | 6. <u>No</u> .....                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....                         |
|  | { Corps .....                            |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u> .....                     |

I, Madden Paul.....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.

Paul Madden.....SIGNATURE OF RECRUIT.  
J. S. Cleary.....Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 21 day of November 1915

Signature of Attesting Officer W. H. H. H. H.

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date Nov 21 1915 .....

Place St. John's .....

} 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 Paul Madden

Apparent age 19 years 6 months. Height 5 feet 11 inches

Chest Measurement { Girth when fully expanded 38 inches  
Range of expansion 4 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Phelps Madden  
Maddox Lane Betty Hill Relationship Father

Particulars as to Marriage

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. 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

4150

## ATTESTATION OF

No. 4150 Name Madden Paul Corps R.C. ~~47th~~

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

1. What is your name? ..... 1. Paul Madden
2. What is your full Address? ..... } M. address Love Perly Str
3. Are you a British Subject? ..... } yes
4. What is your age? ..... 4. 19 Years ..... 6 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, Madden Paul, 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.

32/11/17 Paul Madden SIGNATURE OF RECRUIT.  
J. W. Cleary 2/CPL Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

Signature of Attesting Officer W. J. [Signature]

### CERTIFICATE OF APPROVING OFFICER.

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

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

Date Nov. 21 1917 ..... } Approving Officer.  
Place St Johns .....

† 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 Paul Madden  
 Apparent age 19 years 6 months. Height 5 feet 11 inches  
 Chest Measurement { Girth when fully expanded 38. inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Philip Madden  
Maddox Cove Betty Head Relationship Father  
 Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>21-11-17</u>									
Joined at <u>St John's</u> on <u>November 21-17</u>									
<del>Discharged March 21 1919</del>									
Embarked St John's St. Agnes <u>11-12-17</u>									Embarked for the field <u>24</u> <u>18</u> Boulogne <u>25-10-18</u> to England <u>24-11-18</u> Admitted <u>36</u> <u>COB</u> New York for Wardmouth to New York <u>15-1-19</u> to <u>18</u> for demobilization <u>30-1-19</u> Arrived Newfoundland <u>7-2-1919</u> to demobilization <u>St John's</u> <u>13</u> <u>1919</u>
for the field <u>2-7-18</u> . Disembarked France <u>5-7-18</u>									
Admitted <u>36</u> <u>COB</u> <u>23-10-18</u>									
Admitted <u>36</u> <u>COB</u> <u>23-10-18</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>13-3-19</u> (date of discharge) <u>1</u> years <u>113</u> days									
Pensions " " " " " " " " " " " "									

No. 4150

Name *Madden P.*

Sqn., Batty.,  
or Company

*B* *Royal Newfoundland Corps*

Date of  
enlistment

*21-11-17*

G.C. 2  
Badges

Service or  
Proficiency Pay

Character

Date of last entry in  
Company Conduct Sheet

No. and date  
of last drunk

Period not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

*W. H. Jones*  
*for Good*

Army Form B. 122.

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>None</i>

Reg. No. 4150 Rank Pl Name Madden P.  
Attested 21-11-17 Address Madden Court Petty St.  
Allotment 504 Allottee Mrs P. Madden Mother  
Date of Allotment 1-12-17 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

Vac 22-11-17 Leave 1st 26-11-17 2nd 6-12-17  
St. L. 1-12-17 to 5-12-17 Ret'd 5-12-17

C.R. 4150

Extract of Daily Orders, Part 11, No. 40, THE ROYAL  
NEWFOUNDLAND REGIMENT, St. John's, Nfld., March 4th 1919.

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The discharge of the undernoted on demobilization has been  
~~approved~~ by O.C. Discharge Depot on noted date.

27/2/19.

Confirmed

#4150 Pte. Paul Madden.

#40

C.R. 4150

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

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The Discharge of the undernoted on Demobilization  
has been CONFIRMED by Officer i/c Records from  
noted date.

#4150 Pte. Paul Madden.

13/3/19.



C.R. 4150

Extract from Preliminary Report of Medical Board held on Thursday  
Feb. 20th 1919.

4150 PTE. P. Madden.

Recommended Discharge as Permanently unfit.

C.R. 4150

Extract from Daily Orders Part II Unit The Royal B.E.F.  
Regt. St. John's, 11-2-19.

The undernoted returned from Operations and reported to  
Regt 7-2-19.

Reprinted on A.F. 1179.

4150 Pte. Paul Madden.

*1-30-19*  
C.R. 4150

Extract from Nominal Roll of the Royal Nfld. Regt.,  
Barrick S.S. Corsican, Jan. 30th, 1919.

4150 Madden.

C.R. 4150

Extract of ORDERS BY LT. COL. E.J. BARTON, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.  
17/1/19.

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The following having reported back from the 1st Battalion  
is taken on the strength and posted to "H" Company.  
15/1/19.

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#4150 Pte. P. Maddon.

CR

4150

Extract of Casualties from Pay & Record Office,  
London dated 17/1/19.

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The following soldier was transferred from 3rd  
London General Hospital, Wandsworth, to 2nd En.  
Winchester, for repatriation to Newfoundland  
16/1/19.

4150 Pte. P. Madden.

Auth:

Memo from Hospital.

C.R. 4150

Nov. 27th 18

Dear Mr. Madden;-

*I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that*  
**No. 4150, Private Paul Madden is at 3rd London General Hospital Wandsworth suffering from influenza.**

*I trust that later reports will bring news of his convalescence.*

*Any further information received at this Office as to his condition will be at once notified to you.*

*Yours faithfully,*

**Mr. Philip Madden  
Maddox Cove  
Petty Hr.**

*Minister of Militia.*

C.R. 4150

Extract of telegram from Synoptical, London dated Nov. 26th 1918.

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Influenza #4150 Wadden.

C.R. 4150

Extract of Casualties, 3rd London General Hospital at Wandsworth  
S.W. 28. Nominal Roll of sick and wounded from the France Expeditionary Force , admitted on 24-11-18.

4150 Pte. P. Madden

Influenza.

(SGD) E.H. Bingley, Capt. R.A.M.C.T.,

Registrar.



C.R. 4150

Nov. 18th 18.

Miss Madden,

c/o Fever Hospital.

Dear Miss Madden,

In answer to our inquiries re your brother, 4150 Pte. Madden, we are informed by the Record Office, London, that on November 15th he was at the 10th Convalescent Depot, Exault, and that he was progressing favourably.

Upon receipt of any further information, you will again be notified.

Yours faithfully,

C.C.B.

Captain,  
Military Secretary.

C.R.

4150

Extract from Telegram from Synoptical, dated Nov. 18/1918.

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In answer your telegram Nov. 15th., 4150 Madden  
10th., Convalescent Depot, *to court.*

BC.

C.R. 415<sup>0</sup>

Extract from telegram to Spnoptical London, Nov.15th, /18.

Inform condition 4150 Madden.

MM.

C.R. 4150

Extract from Casualties.....List No. H.A. 31807.

4150 Pte. P. Madden.

1/Nfld.R. P.U.O. Adm. 10 Con. Dep. Ecault 5 Nov.18 by new  
disease supervening.

**NEWFOUNDLAND POSTAL TELEGRAPHS.**
**Cable Connection with all the World**
**C.R. 4150**
**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	Rcd	By	Sent	by	Check

 Dated **Nov. 4th 1918**

 To **Philip Madden, Maddox Cove, Petty Hr.**

Regret to inform you that Record Office, London, officially reports **No. 4150. Private Paul Madden** at 83rd General Hospital Boulogne Oct 25th suffering from **gas poisoning severe.**

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

**J.R. Bennett**
**Chge Dept of Militia.**

Minister of Militia.

**FOR TYPEWRITER**

C.F. 4150

SICK AND WOUNDED N:C:O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

No. 1. RECORD OFFICE - Y O R K .

No. H. A. 31381.

ADM. 13 (HARVARD U S A.) H. BOULOGNE 5 NOV '18.

85714 Pte Conley T. .... 2/6/D.L.I. .... Hepatitis Sev.

DIS TO ST MARTIN CAMP EX 13 GEN H. BOULOGNE 5 NOV '18.

18/445 Pte Coleclough W. .... 14/N. Fus ..... W Shell Gas Mild.

ADM. 25 GEN H HARDELLOT 5 NOV '18.

45407 Pte Taverner F. .... 22 Nthland Fus ..... Scabies Mild.  
367250 " West T. .... 1 Nthland Fus ..... Influenza Mild.

277138 Pte. Unions C. .... 7 D.L.I. .... " "  
91268 " Pilling N. .... 18 " ..... Spr. L. Ankle Mild.

No. TWO. RECORD OFFICE - Y O R K .

No. H. A. 31381.

ADM 25 GEN H HARDELLOT 5 NOV '18.

32341 RQMS Riley T. .... 2 K O Y L I. .... Influenza Mild.  
att 10 Con. Camp.  
203923 Cpl Unwin W. .... 1/5 West Yorks. .... GSW II(1) Mild.  
201987 Pte Smith A. .... 10 West Yorks. .... ICT Lt Knee Mild.  
235730 " Field R. .... 13 Yorks & Lancs .... Scabies Mild.  
112985 Pte Gregory F. .... 15 K O Y L I. att. .... 'W' Gassed Mild.  
120 T.M.B.

ADM. 39 GEN H HAVRE 6 NOV '18.

25890 Pte Mellor A. .... 10/W Riding Rgt. .... N Y D. Mild.

N E W F O U N D L A N D C O N T I N G E N T

No. H. A. 31381

ADM 25 GEN H HARDELLOT 5 NOV '18.

4150 Pte Madden P. .... Roy. Newfoundland Rgt ..... Influenza Mild.



2352

C.R. 4150

Extract from War Office List No. H.A. 31406.

ADMITTED TO CON. DEP. ACAULP 1st., NOV. 1918.

#4150 Pte. P. Madden

GASSES SHELL VARIETY UNKNOWN.

C.R.]

4150

Extract from W. O. List No. H.A. 30865.

ADMITTED 83 GEN .HOSP. BOULOGNE 25 OCT. 1918.

4150 Pte. P. Madden

GASSED BLUE X WD. SEVERE.



C.R. 4150

Extract from Nominal Roll to B. E. F. embarked  
Folkestone 2-7-18

#4150 Pte. P. Madden.

C.R. 4150

Extract from Nominal Roll to B. E. F. embarked  
Folkestone 2-7-18

#4150 Pte. P. Madden.

C.R. 4150

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

#4150 PTE. P. MADDEN.

4150

C.R!

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

4150 Pte. P. Madden.

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

P. Maddens.

4150.

P. P. Q

Two pounds to be held in

Pay Office

Registrar, R.A.M.C.T.

3rd London General Hospital,

WANDSWORTH, S.W.

J. B. Clarke  
Apr 24/19

to Cash

~~AC~~

f 2A

Please give the sum  
of 3 ~~lbs~~ £

no. 4150

C.K. f 3-0-0 W.R. 19/19

Receipt No.

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 }  
 2. Regtl. No. *4158* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 4. Name *Madden* *Pane*  
 (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 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:

*Broncho pneumonia*  
*Reported sick in France*  
*23-10-18 Influenza was*  
*admitted to Hospital Invalid*  
*to 25 L.H. England where he*  
*developed Broncho Pneumonia. Discharge*  
*from Hospital 15-2-19*

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 .. .. . *na* .. .. .
- (iv). Ordinary military service before the war .. .. . *na* .. .. .
- (v). Serious negligence or misconduct on the } .. .. . *na* .. .. .  
 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, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *General appearance good now*  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)* *fully recovered. complaint 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— *Repatriation*
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*W. B. M. O.*  
 ROYAL NEWFOUNDLAND REG.

Station *Hazley town* .. .. .

Date *17 JAN 1919* .. .. .

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



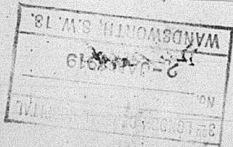
4150

Pte. Paul Wadden

Wishes to Draw

the sum of 1 pound

from account



J. B. Carver  
OK

Signed

OK £ 1-0-0  
Receipt 195  
OK 2-1-19

4150 Pte

P. Madden

Dec.  $\frac{2}{10}$

1915

RECEIVED  
MADISON WORTH, S.W. 18.  
13 DEC 1918  
DONOR GENERAL HOSPITAL

is to Draw the  
Sum of £1/10/0 from

Account

Signed

*[Signature]*

C.R. £1-0-0

M.R. 13/12/18

Receipt No 10325

*[Handwritten signature]*  
P.P.P.

FORM K

No 3815



1ST. NEWFOUNDLAND REGIMENT

**ALLOTMENTS**

I, Paul Madden, Regl. No. 4150

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and 3/8 Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup>  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>  
concerned, viz. :

Allotment begins December 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3237	<u>Mother</u>	<u>Mrs A. (Lynn) Madden</u>	<u>Parish St.</u>		<u>50</u>
Total Allotment, £					<u>50</u>

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

Sig.) [Signature]  
Officer Commanding  
Company

(S) Paul Madden  
(Rank) Pte

[Signature]  
[Signature]  
1917

Nº 3815 <sup>A</sup>



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Paul Madden, Regl. No. 4150

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

Allotment begins December 17 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3337</u>	<u>mother</u>	<u>Mrs. P. (Lynn) Madden</u>	<u>Becky St.</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

Sig.) [Signature]  
Officer Commanding  
Company  
9  
John  
Nov 24 1917

(Sig.) Paul Madden  
(Rank) Pte



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

Sir:-

Please charge the amounts 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 one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4150	Pte	Madden. P	\$2 <sup>00</sup>	

I have the honour to be, Sir,  
~~Yours faithfully,~~  
Your obedient servant,

Date

29-6-18

Paul Madden

Hadden, Paul

4150

Ray Sept

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4150 Rank Pte. Name Madden P.  
 Intended place of residence St Johns  
 2. Occupation Dischargee  
 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 .....  
 Date FEB 27 1919 Wiley 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.  
 Place and date St Johns Paul Madden  
27-2-19 Signature of soldier  
Edwards Capt  
 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 Johns Paul Madden  
27-2-19 Signature of soldier  
St John  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 21-11-17 No of days on Military  
 Discharged from service 27-2-19 Plus 14 days Service 478 days

## 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. R. H. Sait Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date FEB 27 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St Johns Howley Capt  
 Date March 13 1919 Officer i/c Records  
 The Royal Newfoundland Regiment

926079/1365

10  
31  
28  
13  
413



March 14, 1919

#4150 Pte. Paul Madden,

Petty Hr., St. John's West.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1315."

Yours truly,

Captain,  
Paymaster & O.i/c Records

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 450 Rank Plt Name Madden  
 Date of Enlistment 2-1-17 Address Petty Harbour District St. John's  
 Occupation Fisherman Classification for Discharge A-10 Medical Category #1 E  
 Recommendation S.M.B. Employed for 6 months Disability Rating Less than 20%  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	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 2-6-19
M. New Capt.  
 G. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am employed in a position to resume civilian occupation.

Paul 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 2.2.19

Date 2-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 1246 issued.

Date 27-2-19 *gms* \_\_\_\_\_ *Chadwick 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 13-3-19

Date 27-2-19 \_\_\_\_\_ *Whaley Capt.*  
Depot Paymaster.  
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 27-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 288	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	
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 19 \_\_\_\_\_ *Chadwick 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

FEB 27 1919

Date \_\_\_\_\_ *R.H. [Signature]*  
O. C. Discharge Depot.

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

Date \_\_\_\_\_

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

# MEDICAL HISTORY

OF

Surname

*Madden*

Christian Name

*Paul.*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Madden Cross City St.*

County

*Nfld.*

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on <i>21<sup>st</sup></i>	day of <i>Nov</i>	on	day of
	at <i>St. Johns.</i>	191 <i>7</i>	at	191
Declared Age	<i>19</i> years	<i>6</i> months	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>11</i> inches	feet	inches
Weight		<i>130</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>38</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>L. James Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St. Johns</i>		at	
	on <i>21<sup>st</sup></i>	day of <i>Nov</i>	on	day of
		191 <i>7</i>		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<i>Ad 3<sup>rd</sup></i>	<i>Regt!</i>		<i>4150</i>
Became non-effective by				
	on	day of	on	day of
		191		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				
3rd General Hospital Brookline, Mass.	24	11	18	15	1	19	Typhoid fever.	52	Procho Pneumonia. Recovery	W. B. Carlson, Col.

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
27-11-17 26-11-17 6-12-17 17 1 13	Vac. to T.A.B. 4P do 4P Recommended Retention <u>none</u> / <u>Major D.D. Dorr.</u>  It is hereby certified that this soldier has been before the Standing Medical Board and he is classified as B 1 for discharge on Demobiliza- tion. Medical category <u>A-1</u> 20.2.19 Date of S.M.B. <u>W. H. H. H.</u> Captain Assistant Adjutant General

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

## 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 previous occupation  
Sewing

Saul Madden

Signature of Man.

Reg. No. 4150

*Charles A. [unclear]*  
Signature of the Vocational Officer or his Representative.

Place

Date

*St. John*

*27 2 - 19* 191

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 *R N.F.F.P.* 7. Former Trade or Occupation }  
2. Regtl. No. *H.150* 3. Rank *Pls* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Madden Paul* (Surname) (Christian Names) (a) Former Regts. or Corps; 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 (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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."  
*Broncho pneumonia*

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.  
*reported with in France 23 Oct 1915. Influenza was admitted to Hosp. invalided to (3rd L.G.H. Eng) was developed Broncho Pneumonia discharged from Hosp. 15-1-19*



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

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.)

*General appearance good  
now fully recovered  
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— *Repatriation*

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

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

*W. H. M. M.D.*

ROYAL NEWFOUNDLAND REG.

Station *SMILEY DOWN CAMP.*

Medical Officer in charge of case.

Date *17 JAN 1919*

\* 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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

*Broncho-pneumonia (Convalescent)*

(b) The present condition thereof.

*No complaint now.  
Feb 80. Nothing in lungs.*

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

(i) Service during the present war .. .. .

*yes*

(ii) Previous active service .. .. .

(iii) Climate in pre-war service .. .. .

(iv) Ordinary military service before the war .. .. .

(v) Serious negligence or misconduct on the part of the soldier .. .. .

*no*

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

*Infection*

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

*less than 20%*

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

*Yes*

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

*Yes*

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *St Johns* .....

Date *Feb 20/19* .....

*[Signature]* ..... } President or  
*[Signature]* ..... } Chairman.  
*[Signature]* ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station .....  
 Date **FEB 20 1919** .....

Officer in charge, Central Hospital.

Only applicable in case of Patients in Hospitals.

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date .....

O.C. Discharge Centre.

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... *Paul* ..... 2. Surname... *Madden* .....
3. Rank... *Private* ..... 4. Regt. No. *H. 150* .....
5. Address in full to which future payments of gratuity are to ~~far~~ be forwarded... *Cordway St. No. 17* .....
6. Date of enlistment in the Regiment... *26<sup>th</sup> November 1917* .....
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... *No* .....
9. Address in full of such dependent... *No* .....
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... *France* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Fifteen Months* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*

15. Have you been issued with a War Service Badge? *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... *March Feb 27<sup>th</sup>* (b) Reason for discharge *Time up*

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. .... *Served in France and Belgium Sept 28<sup>th</sup> 18*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), 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: *Paul Madden*  
 Place of Residence: *No 17 Cuddihy St*  
 Declared before me at: *St Johns*  
 This *5<sup>th</sup>* day of *March* 19*.19*

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

*William James J.P.*

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
.....	.....	.....	<i>44.00</i>	.....	<i>280.00</i>
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Certified Correct.

Paymaster.

DISCHARGE BOND



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Paul Madden, Regl. No. 4150

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 35 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins December 17 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3237</u>	<u>mother</u>	<u>Mrs. P. (Lynn) Madden</u>	<u>Park St.</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

Sig. *[Signature]*  
 Officer Commanding  
9 Company  
St. John's  
Nov 24 1917

(Sig.) *Paul Madden*  
 (Rank) *Pte.*

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





July 9th., 1921 919.

The accompanying King's Certificate, on his discharge,

(No. 1343), is forwarded herewith to

Private Paul Madden

in respect of his service as No. 4150 Rank Pvte.

Name Paul Madden Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

King's Certificate

Signature

Paul Madden Corp. Pte.

Date

July 13<sup>th</sup> 1921

Address

Madden's Cove Petty Harbour



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

\_\_\_\_\_ 1921.

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

is/are forwarded herewith to

Paul Madden Maddox Cove Petty Har-

in respect of his service as No. 4150 Rank Pte.

Name P. Madden Royal Nfld. Regt.  
~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received by

Signature Paul Madden

Date Oct 10<sup>th</sup> 1921

Address Maddox Cove Petty Harbour

[P.T.O.]

**Casualty Form - Active Service.**

Regiment or Corps 2<sup>d</sup> Royal Newfoundland 21 - 6 - 1897

Rank Sgt Surname Madden Christian Name Paul

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

Enlisted (a) 21. 11. 17 Terms of Service (a) Duration Service reckons from (a) 21. 11. 17

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

Extended ( ) Re-engaged ( ) Qualification (b) .....  
 5. or Corps Trade and rate .....

Occupation Fisherman J. A. Curran 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				
		<u>AI</u> Embarked	<u>2 JUL 1918</u>		
		<u>78.6.18</u> Disembarked	<u>5 JUL 1918</u>		
		<u>joined Battalion</u>	<u>Field</u>	<u>9.7.18</u>	<u>Brisd 13/1/18</u>
	<u>30 Cpl Adm &amp; Gen</u>			<u>3/10/18</u>	<u>Edmond</u>
	<u>83 Gun Coy</u>		<u>Canalogue</u>	<u>25/10/18</u>	<u>No. 30865</u>
	<u>25 Gt</u>	<u>Influenza</u>	<u>Mar delat</u>	<u>5/1/18</u>	<u>NR 31381</u>
	<u>10 Comd</u>	<u>D. P. W.</u>	<u>Coast</u>	<u>5/1/18</u>	<u>NR 31207</u>
	<u>Mrs. O'Dea</u>	<u>To England</u>		<u>24/1/18</u>	<u>W 3083</u>
		<u>Warrant</u>	<u>Capt Fort Cpl,</u>		
		<u>7c No 1</u>	<u>Infantry Section</u>		

*J. A. Curran*

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

(b) Signaller, Shoeing Smith, &c.

NEXT OF KIN:

Father, Philip Madden, Mallard Cove Bay St. M.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
29.

Regiment of

*1<sup>st</sup> Newfoundland.*

Number of Sheet

*One*

Signature of O. C. Company

*[Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Madden P.</i>	Age on	<i>19</i> years <i>6</i> months	<i>Fisherman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<i>R.C.</i>	
Joined		Date	Period of	with Colours	
Joined		Date		with Reserve	<i>1</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>✓</i>		<i>Demobilized St. John's,</i>		<i>13 <sup>3</sup>/<sub>19</sub></i>			

To be carried over



## 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 *Paul Madden*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4150*

Intended address *Maddox Cove Petty H.*

Height on discharge *5 Feet 10*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *None*

Christian name of Father *Phillips*

Christian name of Mother *Elyabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Maddox Cove Petty H. 13-5-1898*

Nature and locality of civil employment required

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

(Soldier's signature in full)

Station

Date

(Rank)

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

Medical Officer  
Unit, or Command



# The Royal Newfoundland Regiment

4160

## DEMOBILIZATION OF

Reg. No. 4150 Rank Plt Name Madgden Paul  
 Date of Enlistment 21.11.17 Address Petty Bay District St John's  
 Occupation Fisherman Classification for Discharge A/B Medical Category #5 E  
 Recommendation S.M.B. Enlightenment Disability Rating Less than 20%  
 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 26.2.19 M. New Capt  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*Paul Madgden*  
 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  
 (b) Clothing Supplied Joseph H. Newland

Date 27-2-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 1246 issued.

Date 27-2-19 *EAS* ..... *W. Dicks C.M.*  
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 13-3-19

Date 27-2-19 ..... *W. Dicks Capt.*  
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT. Depot Paymaster.

Discharge approved for 27-2-19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1	500 m
B 178	W 3494	B 122	Board 1st	" 2		
B 178a	1. D 400A	1. B 1915	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	12. D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 1. 3. 19 ..... *W. 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 FEB 27 1919 ..... *R. H. ...*

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

Date March 11 1919 ..... *Devot Records*



EXTRACT FROM STATEMENT OF A/C TO 30-1-19 FROM PAY & RECORD  
OFFICE, LONDON

4150 Pte. Maddon, G. Dr. Bal. £2:17:2 plus 1 day's pay (31-1-19)

This transferred to Pay Office 14-3-19

Reg. No. *4150* Rank *PLC* Name *Madden, Paul.*  
Attested ..... Address *Maddock, Levee.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *2-19.*  
Embarked for Overseas ..... Cause *Discharge*

*20-2-19* Rec. Dis. Permanently unfit

*FEB 26 1919* PASSED TO DEMOBILIZATION OFFICER

*27.2.19.* DISCHARGE APPROVED ON DEMOBILISATION.

U  
29 Dean Street  
Roxbury Mass  
Aug 10, 1942.

Dear Sir,

Will you kindly send  
me my discharge papers  
from the army. I refer  
to discharge during World  
War I.

Please forward them to  
me at once as I need  
them.

Thank you,

Paul J. Madden,

*Amir*

MC.

  
DEPARTMENT OF JUSTICE  
ST. JOHN'S, NEWFOUNDLAND



October 6, 1942.

Secretary for Public Health & Welfare.

I send you herewith letter received from Paul J. Madden, Roxbury, Mass., requesting his discharge papers from World War I. This would appear to be a matter for your Department. It has been briefly acknowledged.

*S. B. Emmert*  
Secretary for Justice.

October 9th. 1942

#4150. Pte. Paul Madden. Royal Nfld. Regt.

THIS IS TO CERTIFY that the above named  
enlisted in the Royal Newfoundland  
Regiment on 21st. November 1917. He  
embarked for British Expeditionary Forces  
2nd. July 1918 and saw service overseas.  
He was demobilized at St. John's, Newfoundland  
on 13th. March 1919 having served one year  
and one hundred and thirteen days.

D. L. Butler,  
Clerk, War Pensions.

DLE/SM

Please quote above reference  
and date of this letter in  
your reply.



DEPARTMENT OF  
PUBLIC HEALTH AND WELFARE,  
ST. JOHN'S,  
NEWFOUNDLAND.

October 9th. 1942

Mr. Paul J. Madden,  
29 Dean Street,  
Roxbury, Mass.

Dear Sir,

Your letter of August 10th. has been  
referred to this Department for attention.

As requested by you we enclose  
copy of your service with the Royal Newfoundland  
Regiment.

Yours very truly,

D. L. Butler,  
Clerk, War Pensions.

DLB/SM



DEPARTMENT OF VETERANS AFFAIRS

# STATEMENT OF SERVICE

ROYAL NEWFOUNDLAND REGIMENT

## ~~CANADIAN ARMED FORCES~~

DEPARTMENT OF  
VETERANS AFFAIRS  
WITHOUT THE  
IMPRINT OF  
MAR 8 1963 OFFICIAL  
STAMP OF THE  
DEPARTMENT  
WAR SERVICE RECORDS  
OTTAWA, CANADA

- Service Rank and/or Number 4150 Name Paul MADDEN
- ROYAL NEWFOUNDLAND REGIMENT**
- Branch of Service:
  - Date and Place of Birth: 23rd May, 1898 Maddox Cove, Petty Harbour, Nfld.
  - Date and Place of Appointment, Enlistment or Enrolment: 21st November, 1917 St. John's, Nfld.
  - Theatres of Service: NEWFOUNDLAND - BRITAIN - FRANCE
  - Date and Place of Retirement or Discharge: 13th March, 1919 St. John's, Nfld.
  - Type of Retirement or Discharge: Honourable
  - Reason for Retirement or Discharge: Demobilization
  - Rank on Retirement or Discharge: Private
  - Medals and Decorations: BRITISH WAR & VICTORY MEDALS
  - Remarks: N11

*9 Ramsey Ave.  
Dorchester, Mass.  
U.S.A.*

### DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Height: 5 11 Feet 11 Inches.  
 Eyes: Blue Hair: Light Complexion: Fair  
 Marks or Scars: N11

Ottawa, Canada.

/DF 8th March, 1963.

*J.R.B.*  
Supervisor, War Service Records, Division