



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 119

Name in full Sylvester Madden Age 19

Address 76 Water Street West

Married Single Height _____ Weight 136

Color Fair Hair Red Eyes Blue

Other distinguishing marks _____

Nearest relative Mother Om Madden

Address 76 Water Street

Dependents Mother

Occupation Sailor Present Wage \$8 per month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

S. Sylvester 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 conditions of my service.

Declared before me this 12 day of Sept 1914
M. Hamble

Sylvester Madden
15/8/15
Re-engaged for war.
Madden
Capt. G. J. J. J. J.
Sept. 7/1914

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
 Applicable to all ranks.

Reg. No. 149

Name Sylvester Madden

Apparent age 19 years months. Height feet inches.

Chest measurement { Girth when fully expanded inches.
 Range of expansion inches.

Distinctive marks Color: Fair, Hair: Red, Eyes: Blue

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Ann Madden, 216 Water St. West, St. John's

Relationship Mother

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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>7/9/14</u>									
Joined at <u>St. John's</u> on <u>7th September '14</u>									
		<u>Debit of Judicial Series</u>		<u>26/1/15</u>					
Total Service forfeited as above									
Total Service towards Engagement to (date of discharge) ... years ... days									
" " " Pension " " " " " " " " " " " "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 149

Name **Sylvester Madden**

Apparent age **19** years _____ months. Height _____ feet _____ inches.

Chest-measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Color: Fair, Hair: Red: Eyes: Blue.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Ann Madden, 216 Water St. West, St. John's.**

| Relationship **Mother.**

Particulars as to Marriage.

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

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 7/9/14					
				Joined at St. John's on 7th September '14					
				Discharged Feb 25th 1919					
<i>Embarked St. John's for U.K. 3rd 10th Embarked L.C.F. 20th 18th. Disembarked May and embarked for Lairs 31st 7th. Embarked Halifax 13th 7th. Landed Sable Bay 19th 20th Sept 18 Admitted 26th Feb. 26th 7th. Invalidated to England 24th 7th. Admitted Liverpool 2nd 7th. Attached to E Coy 4th Coy. 4th 7th. Sent back to Liverpool 8th 7th. Attached Home Coy 14th Coy 26th 7th. Promoted 14th Coy 28th 7th. Recalled for Service 13th 7th. Attached Coy 23rd 7th. Admitted M.I.H.V.D.S. 17th 7th. to Coy 29th 7th. Reverts to Rank of own Regt 28th 7th. Transfer Conditional Leave 4/12/18. </i>									
				<i>Discharged Approved 11th 7th Confirmed 25th 7th</i>					
				Total Service forfeited as above					
				Total Service towards Engagement to 25-2-19 (date of discharge) 4 years 17 days					
				" " " Pension " (") " "					

Casualty Form—Active Service.

Regiment or Corps Newfoundland.

Regimental No. CR 149 Rank pte Name Madden S.

Enlisted (a) 1.10.14 Terms of Service (a) one year Service reckons from (a) 1.10.14

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
 present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged duration of war. Qualification (b) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 218, 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				
		Embarked <u>H.M.S. "Letitia",</u> NFLD.		<u>3/10/14.</u>	
		<u>Disease</u> _____		<u>1/9/15.</u>	
		Embarked <u>H.M.S. "Letitia",</u>		<u>13/9/15.</u>	
<u>16/12/15.</u>	<u>26 C.C.S.</u>	<u>Admitted, Jaundice</u>	<u>26th. C.C.S.</u>	<u>26/11/15.</u>	<u>C 4951.</u>
<u>17/12/15.</u>	<u>No. 2 Aust. Mudros.</u>	<u>do</u>	<u>No. 2 Aust. Hosp.,</u>	<u>29/11/15.</u>	<u>C 5012.</u>
<u>2/2/16.</u>	<u>"Letitia"</u>	<u>Invalided to England</u>	<u>H.S. "Letitia"</u>	<u>24/1/16.</u>	<u>B 919.</u>

[Signature]
 Captain
 for Major,
 Officer i/c Records 11 & 12 Dists.,
 3rd. Echelon, G.H.Q., M.E.F.

[Handwritten mark]

(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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 419 Rank Private Name Madden Sept.
 Intended place of residence 279. Water St. West.

2. Occupation Sailor
 Classification of soldier C Medical Category AT

3. The above named man is discharged in consequence of DEMobilIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place FEB 14 1919
 Date

W. H. Capl
 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 CK # 2225 forward 11-2-19
\$ 35.20

J. S. Macdonald
 Signature of soldier

W. H. Capl
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date St. John's
11-2-19 Plus 14 days

J. Macdonald
 Signature of soldier

W. H. Capl
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-9-14 No of days on Military
 Discharged from service 11-2-19 Plus 14 days Service 1633 days

APPROVAL OF DISCHARGE

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

Place St. John's
 Date FEB 11 1919

R. H. Lait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.
 Date January 25/1919

M. Howley, Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

Attest. 20/19/10 75.

24
 31
 30
 31
 31
 25
 172



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 *Madden Sylvester*

Regiment from which discharged *1st. Newfoundland*

Regimental number *149*

Intended address *27d Water St. St. Johns N. F. Ld*

Height on discharge *5* Feet *5 3/4 in*

Color of hair on discharge *Auburn*

Complexion *Fair*

Color of eye *Blue*

Descriptive Marks *none*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Anna*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth. *St. Johns June 1. 1896*

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) *A. Madden*

Station *St. Johns* Date *Nov. 23/17* *Lane Cpl (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.

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

Station *St. Johns* Date *Nov. 23/17*



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

Date

St. John's Nfld.
Nov. 28/17

1. Unit *1st. Newfoundland*
 2. Regimental No. *149*
 3. Rank. *Pte L. Corp.*
 4. Name. *Madden Sylvestre.*
 5. Age last birthday. *27.*
 6. Enlisted on *1-10-14.*
 at *St. John's Nfld.*
 7. Former trade or occupation *Sailor.*
 8. Disability
Gastritis.

9. History

Report's sent at Dardanelles. with Gastritis even sent back to 3rd London General Hosp. for treatment was developed there. fit for duty - 23. 2. 16.

10. What is his present condition?

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

*States that if he does heavy work
he vomits.*

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit? ✓

Signature

J. W. Burden

Rank or Qualification

MD

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.

*Yrs. Weight 146 lbs in pants & boots.
Muscular man pulse 80. Good Colour
Mouth relaxed, long touches back of tongue*

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance. *no* (b) Misconduct. *no*

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

no

General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.

H. Stan
J. S. President
J. P.

Place

Date

S. Johns
Nov 23/17

APPROVED

Station

Date



Clayton Macpherson
Administrative Medical Officer. *Macpherson*

D. M. S. NEWFOUNDLAND.



Army Form B. 178

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Madden Christian Name Sylvester

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 .
at _____

Declared Age ... 19 years — days.

Trade or Occupation ... Sailor

Height ... feet, _____ inches.

Weight ... 136 lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____

(Rank) _____ Medical Officer.

Enlisted ... { at St Johns. N.F.L.D.
on _____ day of _____ 191 .

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>Newfoundland</u>	<u>149</u>
Transferred to ...		

Became non-effective by _____

on _____ day of _____ 191 .

(Signature) Ph
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of 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				
8 th LONDON GENERAL HOSPITAL 3 rd WANDSWORTH.	1	2	16	23	2	16	Gastritis	23	Caused by <u>acute</u> service (Blackburne) <u>acute</u> convalescent from gastritis. <u>acute</u> <u>recovered</u> . Fit for duty	J. H. McDowell 1st Lt. R. A. M. 7.

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

MEDICAL HISTORY

Surname Madden

Christian Name Sylvester

Table I. - GENERAL TABLE.

Birthplace: - Parish _____

County _____

	SPECIAL RESERVE.			REGULAR ARMY.		
	on	day of	191	on	day of	191
Examined	at			at		
Declared age	19	years	days	years	days	
Trade or occupation	Sailor					
Height	feet		inches	feet		inches
Weight			136 lbs.			lbs.
Chest Measure. { Girth when fully expanded .. Range of expansion ..			inches			inches
			inches			inches
Physical development	Right		Left	Right		Left
	Vaccination marks { Arm Number					
When vaccinated						
Vision	R.E. - V. =			R.E. - V. =		
	L.E. - V. =			L.E. - V. =		
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)		
	(b)			(b)		
(b) Slight defects but not sufficient to cause rejection						
Approved by (Signature)	<i>Robert Newell</i>			Medical Officer.		
(Rank)				Medical Officer.		
Enlisted	at			at		
	on	day of	191	on	day of	191
Joined on enlistment	Corps		Regtl. No.	Corps		Regtl. No.
	<i>Newell's Regt.</i>		<i>149</i>			
Transferred to						
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of 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>3rd London General Hospital Wandsworth</i>	<i>12</i>	<i>16</i>	<i>33</i>	<i>2</i>	<i>16</i>		<i>Gastritis</i>	<i>23</i>	<i>Cause. Active Service (Gardanne)</i> <i>Nature. Coupled with Gastritis</i> <i>Result. Recovered. Fit for Duty.</i>	<i>Sgt. J. W. Eberhard</i> <i>Capt. A. C. C. O.</i>

No. _____

Date Feb 23rd 1916.

✓ (1) To the Officer i/c Records,

58 Victoria St
Westminster (Station.)



(2) The Officer Commanding,

Newfoundland Contingent
Ryde (Station.)

(3) The Paymaster,

58 Victoria St
Westminster (Station.)

Regimental No. 149

Rank and Name Pte Madden S.

Regiment or Corps 1st Newfoundlands

has been granted a furlough from Feb 23rd to March 3rd

His address while on leave will be:—

58 Victoria St
Westminster

This man has been furnished with a warrant to Victoria & given an advance of £1. (one pound)

I consider he is fit for* Duty. Light duty.

A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge Registrar Hospital,
3rd London General Hospital,
WANDSWORTH, S. W. (Station.)

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

✓

Reg. No. 149 Rank Plt Name Madden P.
 Attested 1-10-14 Address 279 Water Street. W.
 Allotment ● Allotee _____
 Date of Allotment _____ Returned from Overseas 5-1-17
 Embarked for Overseas 4-10-14 Cause _____

June 26/17	Att. V.D. 14th Contd.
Sept 29	Promoted 2/Cpl.
Oct 13.	Recalled from special furlough duty Reported Hqs
22.11.17.	Reported Back from Lebanon & Capt at Hqs
23-11-17	Rec. Retention in Army
25-11-17.	Employed in G.M. Stores
	Adm. M.I. H Effect 17.11.18
29.6.18.	To Duty from V.D. S. Hos
8-9-18	Head Quarters Travelling for recommend duty
24-9-18	Awarded 14 days retention

Granted Conditional Leave from 4/12/18.

83-2-19
81-2-19.

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILISATION.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 11 1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

Sylvester Madden,

in respect of his service as No. 149 Rank Pvt.

Name S. Madden

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

The above mentioned Medals

Signature

S. Madden

Date

Oct 20th 1921

Address

91 Third St. East Cambridge Mass.

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 149 Rank Plt Name Masloren, J.
 Date of Enlistment 7.9.14 Address 279 Water St District St Johns
 Occupation Painter Classification for Discharge E Medical Category AT
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	<i>Release #1</i> <i>DMB 1</i> <i>Wagon B 1</i>
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	<u>252/1</u>	" 6	
B 179c	B 120	M 93			

Date 13.2.19

W. H. Capri
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Granted Conditional Leave 3.12.18, to take up employment with New Nfld Co Builders.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied

Date.....

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. 1061 issued.

Date 14 2 19 *W. D. D. 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 25-2-19

Date 14-2-19 *W. D. D. Capt.*
Depot Paymaster.

Chk #2225 made 14-2-19
Discharge approved for 11-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1015	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 14 2 19 *W. D. D. Capt.*
Demobilization Officer

APPROVED. *[Signature]*

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

with following additional documents.

Eligible for War Service Gratuity

Date FEB 11 1919 *R. H. Sait Capt.*
O. C. Discharge Depot.

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

Date July 8/19 *[Signature]*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 [632] W12871/404 400m 2/15-1 23 58

Forms
B. 121.
89.

Number of Sheet 1

Regiment of Newfoundland

Signature of O. C. Company Cum Alexander Left

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>149 Madden S.</u>	Age on	<u>18</u> years <u> </u> months	<u>Sailor</u>	
Joined	Date	Place and Date of Enlistment	1/1/14 <u>7/9/14</u>	Religion	
Joined	Date	Period of	{ with Colours <u>1 1/2</u> years. { with Reserve <u>3 1/2</u> years.	<u>Roman Cath</u>	
Joined	Date			Place of Birth		St. John's N.F.
Joined	Date				



Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>St. John's</u>	<u>1915 July 10th</u>	<u>Pte</u>	<u>x 1</u>	<u>Drunk in camp.</u> <u>Urinating outside his tent.</u>	<u>Lieut. Wighton</u> <u>Sgt. Erving</u>	<u>7 days C.C.</u>	<u>12.7.15</u>	<u>Lt. Col. Burton</u>	
<u>Dublin</u>	<u>29/2/16</u>	<u>"</u>	<u>2</u>	<u>Drunk in Westmoreland Street - 11.30 pm</u>	<u>Drummond</u> <u>Evidence</u>	<u>10 days C. B.</u>	<u>7/3/16</u>	<u>Capt W. G. Rendell</u>	<u>See 13</u> <u>Times 2/6 Rev.</u>
<u>Newtonville</u>	<u>6/3/16</u>	<u>"</u>		<u>Absent from all defaulters camp.</u> <u>parades from 5.30 pm to 9.30 pm</u>	<u>Whalen</u>	<u>28 days detention</u>	<u>8/3/16</u>	<u>Maj. G. Whelan</u>	<u>See 13</u>
<u>Newtonville</u>	<u>May 22nd</u>	<u>"</u>		<u>Absent from 2.15 pm Parade.</u>	<u>Cpl. Moore</u>	<u>2 days C.B.</u>	<u>23.5.16</u>	<u>Lieut. Bani</u>	<u>See 13</u>
<u>Demobilized St. John's 20/2/19.</u>									
To be carried over									

Army Form B. 121.

Indent

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 149 Rank. Plt Name Madden, A.
 Date of Enlistment 7.9.14 Address 79 Water St. W. District St. John's
 Occupation Sailor Classification for Discharge E Medical Category 1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	<u>Please 4.1</u> <u>DMB 1</u> <u>3. Nptm. B. 1</u>
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 1.5.21

W. H. C. Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Granted Conditional Leave 3.12.18 to take up employment
with New Nfld. Co. Builders G.S.W.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date.....

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. 1061 issued.

Date 14 2 19

[Signature]
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 25-2-19

Date 14-2-19

[Signature]
Depot Paymaster.

OK #2725 mailed 14-2-19

Discharge approved for 11-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 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 14 2 19

[Signature]
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 11 1919

[Signature]
O. C. Discharge Depot.

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

Date

Medical Roll
Card Index
Part II Orders

To be Noted



To be Noted

Part II. Orders
Card Index
Nominal Roll

The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters Royal Newfoundland Regiment

Date Sept. 8. 1918

Regimental No. 149

Name Madden Sylvester - Pte.

Address

Disease or Disability Gastritis.

Finding of last Standing Medical Board, Retention in the Army.
held on Nov. 23 1917.

Present Condition

Recommendation Dug -

Category

Members
of
Board

R. H. Lait Capt.

O. C. Depot

S. Robinson

D. D. M. S.

S. W. Borden
adj.

M. O. Depot

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 take up position in
Canada.*

Signature of Man.

Reg. No. *149*

Enid's

Signature of the Vocational Officer or his Representative.

S. Madler

Place *St Johns*

Date *14-2* 191*9*.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Madison Sylvester (97)
aged 19 conducted at L. F. B. Army
Date: Aug 26-1914 Recruiting Officer:

NO. OF TEST

FINDING

1	not as far as the knees
2	no
3	no
4	no
5	no
6	no
7	no
8	no
9	no
10	no
11	no
12	no
13	no
14	no
15	no
16	no
17	no
18	no
19	no
20	no
21	no
22	no
23	no
24	no
25	no
26	no
27	no
28	no
29	no
30	no
31	no
32	no
33	none Unsuccessfully
34	5'4.5"
35	137 lbs
36	min. 33 max. 35
37	Irregular
38	mother Ann Madison 216 Water St West
39	mother P. Cantley

Fit 149

Signature of Medical Examiner:

Clay Macpherson

S. Madden,

149

Pay Dept

STATEMENT OF ACCOUNT

No. 149

Name Madden S

1916

Date	Particulars	Ch.Nc.	Dr.	Gr.	Bal.
Sep. 7	Balance due by Pmt				
23	Pay to date			10	10
30	" " "			17 60	17 70
Oct 31	" " "			11 20	28 90
Nov 30	" " "			49 60	78 50
Dec 31	" " "			55 50	134 00
Jan 4	" " "			57 35	191 35
	Ration allowance			7 40	198 75
	B.1-0-0			4 86	203 61
Sep 25	To Pay.	8	15 00		188 66
28	" "	14	15 00		173 66
30	" "	15	10 00		163 66
	" "		15 00		148 66
	To allotment		13 80		134 86
Oct 4	To Pay.	22	10 00		124 86
10	" "	24	10 00		114 86
7	Sub allowance		15 00		99 86
	Today @ 50				99 81
31	To allotment				81 21
Nov 17	To Pay.		18 60		76 21
24	" "	48	5 00		71 21
25	" "	50	5 00		66 21
	" "	52	5 00		66 21
			137 40	203 61	66 21

Signed A. J. [Signature]

STATEMENT OF ACCOUNT

No. 149

Name Madden S

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
	Brought forward		187 40	203 61	66 21
Nov-29	To Police Court		10 50		55 71
30	To allotment		18 00		37 71
					3
Dec 2	To Pay.	58	5 00		32 71
9	" "	64	5 00		27 71
15	" "	70	5 00		22 71
20	" "	74	15 00		7 71
31	To allotment		18 60		10 89
1917 / Jan 4	To Pay.		2 40		13 29
	Collecting Accusation ^{11/2}		2 72		16 02
	To Pay.		2 13		18 15
Jan 31	By Pay 27 days @ 1 10/100			27 90	9 75
	To allotment		16 20		6 45
Feb 28	By Pay 28 days @ 1 10/100			30 80	24 35
	To allotment		16 80		7 55
15	To Pay.		5 00		2 55
28	" "		4 35		1 80
Mar 31	By Pay 31 days @ 1 10/100			34 10	32 30
31	To allotment		18 60		13 70
31	To Pay.		10 00		3 70
31	" "		5 50		1 80
			298 21	296 41	1 80 Dr.

Signed AJ Loamy *SLM*

STATEMENT OF ACCOUNT

No. 149

Name Madden S

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
	Brought forward		468 61	464 71	3 90 <i>Dr</i>
Sept 30	By Pay 30 days @ 1 $\frac{1}{2}$ off in pay at 1 $\frac{1}{2}$			34 10	30 20
	To allotment			3 45	33 65
	To Pay		18 60		15 65
	To Pay		7 50		8 15
	To Pay		7 50		65
Oct 31	By Pay 31 days @ 1 $\frac{1}{2}$			5 65	36 30
	To Pay		7 15		29 15
	To Allot.		18 60		10 55
	To Pay		9 90		65
Nov 30	By Pay 30 days @ 1 $\frac{1}{2}$			34 50	35 15
	To Allotment		18 00		17 15
15	" Pay		17 00		15
30	" "		17 50		17 35
Dec 31	By Pay 31 days @ 1 $\frac{1}{2}$			35 65	18 30
	To allot		18 60		30
15	To Pay		8 00		8 30
24	" "		5 00		13 30
1918 Jan 31	By Pay 31 days @ 1 $\frac{1}{2}$			35 65	22 35
	To Allot.				3 75
15	To Pay		18 60		2 75
30	" "		1 00		65 <i>Dr</i>
			2 10		
			643 06	643 71	65 <i>Dr</i>

Signed A. J. Looney *AJL*

STATEMENT OF ACCOUNT

No. 149

Name Madden S

Date	Particulars	Ch. No.	Dr.		Cr.		Bal.	
	Brought forward		298	21	296	41	180	Dr
April 30	By Pay 30 days @ 1 $\frac{10}{2}$				33	00	31	20
	To allotment		18	60	X8	60	13	20
15	To Pay.			5	00		8	20
30	"			10	00		1	80
May 31	By Pay 31 days @ 1 $\frac{10}{2}$				34	10	32	30
	To Allotment		18	60			13	70
15	To Pay.		10	00			3	70
31	"			5	50		1	80
June 30	By Pay 30 days @ 1 $\frac{10}{2}$				34	00	31	20
	To. Acct		18	00	34	10	13	20
15	To Pay.			7	50		5	70
30	"			7	50		1	80
July 31	By Pay 31 days @ 1 $\frac{10}{2}$				34	10	32	30
	To allotment.		18	60			13	70
15	To Pay.			17	60		3	90
Aug 31	By Pay 31 days @ 1 $\frac{10}{2}$				34	10	30	20
	To allots		18	60			11	60
15	To Pay.			7	50		4	10
31	"			8	00		3	90
			468	61	464	71	390	Dr

Signed AJ Loamy *[Signature]*

STATEMENT OF ACCOUNT

No. _____

Name Madden

Date	Particulars	Ch. No.	Dr.	Gr.	Bal.
	Proaghe forward		983 86	982 01	25 85
Dec 31	By Pay 28 days @ $1\frac{00}{5}$			28 00	27 15
	" " 3 " @ $1\frac{10}{10}$			3 30	30 45
	To allott		18 60		11 85
3	To Pay.		1 50		10 35
21	" "		11 20		85
1919 Jan 31	By Pay 31 days @ $1\frac{00}{5}$			31 00	30 15
	To allott		18 60		11 55
13	To Pay.		10 00		1 55
Feb 28	By Pay 14 days @ $1\frac{10}{2}$ with 59 days @ " "			12 10	13 65
	To allott		6 60	5 90	19 55
13	To Pay.		13 80		12 95
	By Pay 14 days @ $1\frac{10}{2}$			15 40	85
	Sub allowance			14 40	14 55
	To allott		8 40		28 95
	To Pay.		21 40		20 55
	war Service Statute				85
	6. mos @ $70\frac{00}{2}$			420 00	419 75
Mar 1	To Pay.	11343	70 00		349 75
			1163 96	1513 11	349 15

Signed Alvany S. S. M.

STATEMENT OF ACCOUNT

No. 149

Name Madden S.

Date	Particulars	Ch.No.	Dr.		Cr.		Bal.	
	Brought forward		5 11	71	814	71	3	00
July 31	By Pay 31 days @ 1 $\frac{10}{2}$				34	10	37	10
	To allst		18	60			18	50
15	To pay		9	00			9	50
25	" "		5	00			4	50
26	" "		5	35				85
Aug 31	By Pay 31 days @ 1 $\frac{10}{2}$				34	10	33	25
	To Allment		18	60			14	65
15	To pay		7	00			7	65
30	" "		8	50				85
Sep 30	By Pay 30 days @ 1 $\frac{10}{2}$				33	00	32	85
	To full pay		15	40			16	75
	To pay allment		15	00			1	25
	To pay		7	00			8	25
Oct 31	By Pay 31 days @ 1 $\frac{10}{2}$				34	10	25	85
	To allst		18	60			7	25
	To pay		3	00			4	25
31	" "		6	10				85
Nov 30	By Pay 30 days @ 1 $\frac{10}{2}$				33	00	32	15
	To Allment		18	00			14	15
15	To pay		7	00			7	15
30	" "		8	00				85
			983	86	983	01	85	DT

Signed A. J. Ivory 557

STATEMENT OF ACCOUNT

No. 129
 Name Madden S

Date	Particulars	Ch.No.	Dr.	Gr.	Bal.
	Brought forward		6 43 06	6 42 71	65
Feb 28	By Pay 28 days @			32 20	32 85
	To Allot		16 80		16 05
15	To Pay.		8 00		8 05
"	"		5 00		3 05
28	"		2 40		- 65
Mar 31	By Pay 31 days @ $1\frac{15}{100}$			35 65	36 30
22	To Pay.		8 05		28 25
	To allotment		9 00		19 25
			18 60		65
April 30	By Pay 30 days @ $1\frac{15}{100}$			34 50	39 15
	To Allotment		18 00		17 15
15	To Pay.		10 00		7 15
30	"		6 50		68
May 31	By Pay 31 days @ $1\frac{15}{100}$			35 65	36 30
	Less 4 days @ 5%		20		36 10
	Forfeited Pay.		15 50		20 60
	To allotment.		18 60		2 00
June	By Pay 31 days @ $1\frac{15}{100}$			33 00	35 00
	Forfeited Pay. m.d. 4.		14 00		21 00
	To allotment.		18 00		3 00
			8.11 71	8.14 81	3.00. br

Signed Alvany Esty

2835
 400
 310

 3545
 150

 3695
 3410

 2285

STATEMENT OF ACCOUNT

No. 149

Name Madden S

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
April	Brought forward		1163 96	1513 11	349 15
	Salary	13875	70 00		279 15
May	" "	17946	70 00		209 15
June	" "	21641	70 00		139 15
July	" "	253	70 00		69 15
Aug	" "	5315	70 00		85
			1513 96	1513 11	85 87

Signed Alfano S

12
1
1921



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

RECEIVED FROM PAY & RECORD OFFICE "DISCHARGE
CERTIFICATE NO. 1075."

Sgt. *[Signature]*

Date-----

RELEASE FORM FOR CIVIL EMPLOYMENT

In consideration of having been granted leave of absence for the purpose of taking up civil employment, I agree to free The Royal Newfoundland Regiment from all claims and responsibilities (except as mentioned hereafter) on my behalf from this date, and during the period of such civil employment until I receive my regular discharge from the Regiment, subject to receiving during the said period the ordinary pay of my present rank, and on the understanding that I forfeit field, subsistence and separation allowances, payable from this date.

This grant of leave of absence is subject, also, to my reporting to Depot Headquarters for duty whenever ordered.

Signature of soldier..... *A. Madden*.....

DEC 3 1918ⁿ

Witness..... *R. H. Latt*.....

REPORT OF TRAVELLING MEDICAL BOARD

DEC 3 1918

Held.....at.....

No. *149* Rank *Squad* Name *Madden* *Silvester*.....

This is to certify that the above mentioned soldier has been medically examined and that he suffers from no disability whatsoever on account of military service in the Royal Newfoundland Regiment.

..... *R. H. Latt* C. Depot

..... *[Signature]* S. H. O.

..... H. O.

CHARGE.

Army Form B 252.
(See King's Regulations)

The Royal Newfoundland Regiment

E. F. COMPANY.

CHARGE against No 149 Pte. S. Madden

Place	Date of Offence	Offence	Names of Witnesses	Punishment Awarded	By Whom Awarded
<i>Francis Point</i>	<i>22/9/18</i>	<i>When under orders for active service absent from 10-30 P.M. 21/9/18 until 9 A.M. 24/9/18</i>	<i>P. S. M. Patrick</i>	<i>14 days detention</i>	<i>R. H. East Capt. 24/9/18.</i>

~~Not entered
in B.I.R.~~

Go. Inscribed 10/9/18

To be noted

- Part II. Orders
- Card Index
- Nominal Roll

Company,
The Royal Nfld. Regiment

Sailed per S.S. Corsican
8/9/16



DUPLICATE Army Form O. 1625.

PAY LIST. to 191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *Newfoundland*
 No. *149* Rank *Private* Name *Madden S*
 Died (a) _____ at _____ on the _____ of _____ 191 .
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

C. H. Edwards

Commanding Squadron, Troop,
Battery of Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 6 days at \$1.10 from <i>24/10</i> to <i>7/11</i> <i>11 7 1</i> <i>Pay 1.00. F. Allow 10¹</i> Proficiency, Service or good conduct pay			
	£ s. d.				days at _____ from _____ to _____			
	<i>Sept 7th</i> 1916 <i>100</i>				Messing allowance _____ days at _____			
	" " "				from _____ to _____			
	" " "				Clothing and kit allowance			
	<i>Abstract - 6 Days @ 60¹ 3.60</i>				Amount produced by the sale of Necessaries			
	" " " <i>14 9</i>				Personal Clothing and Effects from Form 2...			
	<i>Canack D. & Boots 1.11</i>				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage.....			<i>116 8</i>	Deferred Pay or Gratuity			
	Balance due by the Paymaster			<i>5</i>	Balance due to the Paymaster.....			
				<i>£171</i>				<i>£171</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public Contingent.

Dated at _____ this _____ day of _____ 191 .



191 .

NEWFOUNDLAND CONTINGENT.

C. H. Edwards
Paymaster & Officer in Charge

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

Handwritten marks and signatures at bottom left.

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 149 Rank. Pte Name S. Madden
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within ~~.....~~ days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00

Date

DEC 3 1918

S. Madden

Signature of Soldier

W. H. C. C. C.

Signature of Witness

C.R. #149 91 Third St
East Cambridge
Mass

Lieut. James
9 Militia Dept.
Dear Sir.

I read in your papers
that the Militia Dept is distributing
the Victory and Service Medal
If you would forward those
medals to me I would be
very much obliged.

P.S. My address;
Sylvester Madden
91 Third St
East Cambridge
Mass

Yours Truly
Private S. Madden
#149 B. Company.

S. Madden

C.R. 149.

S.R.O.
/

Sailed Rm S.S. Corsican
8/9/16

ORIGINAL



PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

Newfoundland

No. *149*

Rank

Private

Name

Madden S

Died (a)

at

on the

of

191

Deserted at

on the

of

191

I Certify to the correctness of above every particular.

C. H. Edgar

Commanding Squadron, Troop,
Battery of Company.

STATEMENT OF ACCOUNT.

[FORM I.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 6 days at <i>£1.10</i> from <i>24/16</i> to <i>29/16</i> <i>'171</i> <i>Pay 100 G. Allow. 10'</i> Proficiency, Service or good conduct pay			
		£	s.	d.	days at _____ to _____			
<i>Sept 7</i>	1916 <i>1 10 0</i>				Messing allowance days at _____			
"	"				from _____ to _____			
"	"				Clothing and kit allowance			
	<i>Allowment 6 day 60' 14 9</i>			<i>10 0</i>	Amount produced by the sale of Necessaries			
	<i>Break Damage 7</i>				Personal Clothing and Effects from Form 2...			
	<i>Laundry 8</i>				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	<i>Foot Repair 8</i>				Deferred Pay or Gratuity			
	Consolidated stoppage.....			<i>16 8</i>	Balance due to the Paymaster.....			
	Balance due by the Paymaster			<i>5</i>				
		£		<i>1 7 1</i>		£		<i>1 7 1</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public.

Dated at

this



day of

191

[Signature]
PAYMASTER & OFFICER IN CHARGE

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with F.F.B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

[Handwritten marks]

C.R. 149

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 149 Name S. Madden

Witness. Jean Madden

Date May 14th 1920

Place St. John's

A. W.

C.R. 149

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name *A. Padden*.....

Date... *21/3/19*...

Place... *St. John's*...

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. J. Readell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue,

having served on* *Gallipoli*

from *Sept 19th* 1915 to *Nov* 1915.

(Date) *Sept 19th* (NO) *149*... (Rank) *Pte.* (Name) *S. Madden*

(Place) *Gallipoli*.

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

C.R. 149

Extract from Daily Orders party 11, Depot. St. John's dated Dec. 4th

149 Pte. S. Madden

Granted conditional leave from 4-22-18 until recalled, field subsistence and separation allowance cancelled during that period.

C.R. 149

Extract of DAILY ORDERS, PART II, THE ROYAL NEWFOUNDLAND
REGIMENT, Depot St. John's, March 1st /19.

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

#149 Pte. S. Madden.

25/2/19.

CR 149

Draft entrained for Overseas at St. John's, Sept. 22, 1918.
Extract from Telegram from Officer Commanding draft, Port-
au-Basque, dated Sept. 24/9/18.

Absentee from draft:

149 Pte. Madden S.

C.R. 149

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 29, 1918

#149 L/Cpl. S. Madden.

Reverts to the ranks at his own request from 28.5.18.

C.R.

149

Extract from Daily Orders Part 11 Unit The Royal
Nfld. R_egt., St. John's, Oct. 15th, 1917.

The following man has been recalled from Special
Guard Duty and reported to Headquarters Oct. 13th, 1917.

149 B/C. S. Madden.

C.R. 149

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Sept. 28th, 1917.

149 Pte. S. Madden.

Promoted to be Lance Corporal from Sept. 28th, 1917.

C.R. 149

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt., St. John's, June, 23rd, 1917.

The following man now on Strength has been told off
for (Home Defence) duty and attached to Heart's Content
Station from ^{June} 26/17.

149 Pte. S. Madden.

C.R.

149

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., Jan. 5th, 1917.

149 Pte. S. Madden.

Attached to the strength from this date.

APR 1 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 149, Private Sylvester Madden, who was previously reported at Wandsworth, February 4th, suffering from gastritis, is now fit for duty and was granted furlough February 23rd.

This information has been received by mail.

Yours faithfully,

Mrs. Ann Madden,
216 Water St. West.

Colonial Secretary.

C.R. 149

Extract of Casualty List received from P.&.R.O

Feb. 29nd. 1916.

The following man having been discharged from the 3rd London
General Hospital, as fit for duty, proceeds on furlough
from 23/2/16. to 3/3/16.

#149 Pte. S. Madden. ✓

C.R. 149

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, No. H. 5464, dated Feb. 6th. 1916.

149 Pte. S. Madden

1st. Newfoundland..... Tuberculosis.....
Dis. to Brit. Base Egypt per H.M.H.S. Letitia ex 3 Can. SH. Jan. 12th. 1916

64
February 4, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 149, Private Silvester Madden, who was previously reported with debility and jaundice at West Mudros November 30th, has now been admitted to the Third London General Hospital, Wandsworth, suffering from gastritis.

Yours faithfully,

Mrs. Ann Madden,
216 Water St. West.

Colonial Secretary.

C.R. 149
Extract from Army Form V 5026.

**SERIAL ROLL of Sick and Wounded admitted to the Spt. LONDON GENERAL
HOSPITAL, WANDSWORTH, on February 2nd., 19 16.**

I49 Pte. Madden. S. Gastritis.

C.R. 149

Extract from Code Telegram from Major Timewell to Hon. Col.,
Secretary dated 3rd. February. 1916.

GASTRITIS

~~XXIX~~ 149 MADDEN.

C.R. 149

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, dated Feb. 1916.

List No: H. 5336.

149 Pte. S. Madden

1st Newfoundland..... Tuberculosis... ..Adm. 3 Can. SH. Mudros
W. 3 Jan. 1916/

C.R. 149

Extract of Casualty List received from P.&R.O. London dated Jan. 27
1916.

149 Pte. S. Madden

1st. Nfld, Regt. V.D.H. Adm. ex H.S. "Lettia" to Mil. Hos. Floriana
Malta 15th. Jan. 1916.

C.R. 149

Extract from War Office List. No.H.5489.

149 Pte. Madden, S.

1/Nfld. Gastric Ulcer Trans. to H.S. Letitia for England
ex Mil.H. Floriana Malta. 24th. Jan.1916.

M 64 ✓

January 20, 1916.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that ~~No. 149,~~

~~Private Sylvester Madden, was admitted to Second Australian Stationary Hospital, West Madros, 30th November, suffering from debility and jaundice. This information has been received by mail.~~ 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,

Colonial Secretary

Mrs. Ann Madden,
216 Water St. W.

SICK AND WOUNDED N.C.O's AND MEN OF THE MEDITERRANEAN EXPEDITIONARY FORCE.

WARWICK RECORD OFFICE.

No.H.4576

10656 Pte.Lewis W.	7 Glouc.R.	Ingrow.Toenail. ...	Adm.2 Aus.S.H.Mudros West 18 Dec'15.
9571 L.C.Anderson J.	7 Gloucesters ...	... ..	Dis.ex.2 Aus.S.H.Mudros West to Emergency Hos.18 December 1915.
9834 Pte.Caddock L.	4 Worcesters ...	... ..	... Do.
12265 " Rheeston T.	4 Worcesters ...	... ..	Dis.to Con.Camp ex.2 Aus.S.H.Mudros West 20 december 1915.

TERRITORIAL FORCE LONDON RECORD OFFICE.

No.H.4576

2059 Pte.Bundock V.	3 Lon.Reg.R.F. ...	... ..	Dis.ex.2 Aus.S.H.Mudros West to Emergency Hos.18 Dec'15.
1519 " Rowe W.B.	3 Lon.Reg.R.F.	... ..	Do.
2857 CQMS.Nunn F.J.	2/3 Lon.R.R.F. ...	... ..	Dis.ex.2 Aus.S.H.Mudros West to Con. Camp 19 December 1915.
2805 Pte.Heath H.	2/3 Lon R.R.F. ...	... ..	Dis to Con Camp ex.2 Aus.S.H.Mudros West 20 December 1915.

ADMIRALTY

No.H.4576

K20529 A.B.Warren W.	R.N.D. Anson. ...	... ..	Dis.ex.2 Aus.S.H.Mudros West to Emergency Hos.18 December 1915.
2521 " Smith R.	R.N.D.Nelson	Dis.to Con.Camp ex.2 Aus.S.H.Mudros W. 20 december 1915.

NEWFOUNDLAND CONTINGENT.

No.H.4576

149 Pte.Madden S.	1 Newfoundland.
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Dis.ex.2 Aus.S.H.Mudros West to
Emergency Hos.18 december 1915.

C.R. 149



Bar

Extract from Casualties received from Pay & Record Office,
London, dated December 23, 1916.

#149 Pte. S. Madden.

Haemetemesis.

Admitted 2nd Australian S.H. Mudros W. 30th November 1915.

C.R. 149

Extract from Casualties received from Pay & Record Office,
London, dated December 23rd 1915.

#149 Pte. S. Madden;

~~Admitted 54 C.C.S. Sulva, 26th November 1915.~~ Debility & Haundice severe.

Admitted 54 C.C.S. Sulva, 26th November 1915.

C.R. 149

Extract from Nominal Roll of Co. 1st Bn. N.S.I. Regt.
Embarked at Devenport for Active Service 20-8-15.

149 Pte. S. Madden.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

C.R. 149

Abstract of Nominal roll of embarked St. John's For B. C. FLORISAL
October 4th., 1914.

149 Madden Sylvester.

C.R. 149

Sylvester Madden was attested for General Service
with the NEWFOUNDLAND REGIMENT on Sept. 7th. 1914.
Regimental No. 149 was allotted to Pte S. Madden.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Sylvestre Madden, Regl. No. 149

hereby agree, until further notification by me, and in similar official form, to make an Allotment of

 Dollars and Sixty Cents, per diem, from my Pay,

to, and for the benefit of the undermentioned Person ^{and}or Persons, such payment to be made

on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}or

Persons concerned, viz:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).	
	<i>mother</i>	<i>Mrs Anne</i>	<i>216 Wat. St. Wat</i>		<i>60</i>
		<i>Madden</i>	<i>St John's</i>		
			<i>Nfld.</i>		
Total Allotment, \$					

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.) Lynn Alexander

Officer Commanding

J Company

(Sig.) Sylvestre Madden

(Rank) Pvt.

SEPARATION ALLOWANCE.

Claimant... *Madden, Ann (mother, widow)*
On account of *Sylvester Madden 149 Pte*
John Madden No. *1557* Rank.....

Decision... *OK*
Payable from date of enlistment
of second son

W. F. Russell Lieut. Col.

W. Bowley Capt.

1557
Date... *28/5/19*...

Instructions.....
.....
.....
.....

Allotment of *60^z* per day payable to *Ann Madden*
his *mother* from *10/10/14* to *25/2/19*
Discontinued on account of *Discharged*

R. H. Ke. Sgt.

Samuel married 28/10/12.
Marriage certificate presented to me 28/5/19

W. Bowley Capt.
P.M.

228

5-5-15 31-5-17-17

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Plt. Reg't. or Unit. Regt. No. 149.

Sylvester Madden Royal Nfld.

2. Age of soldier. 22 years Married or Single. Single

3. Name in full of mother. Age. Occupation. Permanent Address.

Annie Madden 6 years housekeeper 279 Water st West

4. Give name of your husband. Age. Occupation Where Employed.

John Madden 57

5. If your husband is not supporting you state the reason.

dead

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.

Yes. August, 1907

St. John's Petty Hr

8. Have you married again since death of above mentioned husband?

No

9. Names of your other children. Address in full. Age. Occupation Married or Single.

Jim married Parsons St 30 15/9/19

Luke married Halifax St 28 15/6/10

Maggie married Water Street 26

Sally married Southside Road 24

10. State amount earned by (a) Yourself
(b) Your husband.

11. State amount and source of any other income. *\$36.00 monthly allotment*

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

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

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

15. Actual amount contributed by soldier during the year prior to enlistment. *10.00 per week*

16. Was this amount contributed weekly or monthly. *Weekly*

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

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

19. State amount of his wages per week. *10.00 per week*

20. State name and address of his last employer. *Black Diamond line*

21. State amount of monthly support from son since enlistment. *18.60*

22. State amount of allotment received by you from son since enlistment. *4 year*

23. State from what date did you receive allotment? *Nov-25th 1914*

24. Actual amount contributed by other children. *Weekly Monthly. 18.00 monthly from soldier*

25. Are any of these children in the employ of you or your husband? *No*

26. If not receiving support from other children, state cause. Explain Fully. *married families*
-
27. With whom are you residing at present? *With my two sons and schoolgirls*
-
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *Yes*
-
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *Yes, 15/-*
-
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No*
-
31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*
-
32. In what capacity and in what place? *_____*
-
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No*

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

Signature of Applicant... *Mrs. Ann Madden*...

Place of Residence... *279 Water St. West*...

Declared and subscribed before me at... *St. John's, Nfld.*

this... *3rd* day of... *April*... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *John McCarthy*

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

Signature of Clergyman... *H. T. Renouf*...

Signature of member of the Patriotic Fund Committee. *W. J. [unclear]*

May 16, 1919

W. J. Martin, Esq.,

Registrar of Vital Statistics,
City.

Dear Sir:-

Will you kindly inform me
date of Marriages of the following sons of
Annie and the late John Madden, of No. 279
Water Street West, viz:

James Madden

Luke Madden

Samuel Madden.

Thanking you in advance.

Yours truly

Captain
Paymaster & C. i/c Records

May 26, 1919

Mrs. Annie Madden,
#279 Water St West,
City

Dear Madam:-

Referring to your application for
Separation Allowance, I beg to state that same has
been granted to you, payable from the date of
enlistment of your second son John. I enclose
cheque for Five hundred and fifty-eight dollars
(\$558.00) in payment of same.

Yours truly

Captain,
Paymaster & O.i/c Records.

Paymaster . . .

Minister authorizes
payment of Deparation
Allowance to Mrs Madden
of a Sylvester

30/12/15

W.A.P.
Noted
30/12/17

File

Date

Apr 27/18

No

Newfoundland Patriotic Fund.

It must be distinctly understood that the signing of this Form is no pledge that assistance can or will be given.

APPLICANT.

1. Name Mrs John (Ann) Madden Address 714 Water St W.
2. Relationship to Soldier or Naval Reservist Mother Religion RC
3. Date and Place of Marriage (if wife) Kelly Hr 30 yrs ago

SOLDIER OR NAVAL RESERVIST.

(Strike out the designation which does not apply.)

1. Name in full Edward Madden Age 18
2. Birthplace Kelly Hr Religion RC
3. Regiment or Ship 12th Contgt.
4. Date and Place of Enlistment 1st June 18
5. Where Last Employed St. Johns Wages —
6. Next of Kin (other than Wife) see below
7. Rent

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED.	WAGES
mother	Mrs Ann Madden	54	housewife	widow
children	John	10	messenge	750 wks
sons	Jane	12	schoolgirl	
3				
4				
5	1500 wks			
6	promoted to gunner			

Other Dependents,—
 Rick is now under Dr O'Connell's care

Applicant's statement as to means salary (if any), capacity for earning and what proportion of Soldier's or Naval Reservist's pay is made over to the Applicant?

✓ 60cts a day

I declare that the above statement is correct.

(Signature)

Mrs Ann Madden

Witness:

[Signature]

References

John Maddon gone with 7" les allots 60¢.

(Remarks Over)

Newfoundland Patriotic Fund.

GRANT NO...86.

Name of beneficiary..... Mrs. John (Anne) Maddon.....
Address..... 214 Water Street West, City.....
A Dependent on..... Sylvester Maddon, (Son).....
Of First Newfoundland Regiment.....

Grounds for making Grant.... Other resources inadequate for support.....

Amount of Grant..per week. \$1.50.....

Duration of Grant..... Until June 30th, 1915.....

Payable..... Monthly.....

First payment to be made as from March 1st, 1915.

Authorized by Committee on April 2, 1915.

CHAIRMAN..... *W. Cashin*

SECRETARY..... *J. J. [unclear]*

REMARKS:-

Mrs. Maddon is a widow. Her son joined the First Contingent. He allots her sixty cents a day. She has another son, aged 15, a messenger, who gets \$2.50 a week, and a girl aged 12 at school. She has herself been sick four months under Dr. O'Connell's care,

*4/5 31 May
+ 157 = 6*

April 5, 1915.

Mrs. John Maddon,
214 Water Street West,
City.

Dear Madam:-

Your case has had consideration and it has been decided to allow you \$1.50 a week from March 1st to June 30, when we will reconsider your case. Cheque for March will reach you in a day or two and hereafter you will be paid monthly.

Respectfully yours,

Hon. Secretary.

Patriot St.

To certify that Mrs.
Madden is a widow in a
delicate state of health,
having a son with the
Newfoundland Contingent
is deserving of some
assistance from the
Patriotic Fund.

Rev. F. Doyle.

FIRST NEWFOUNDLAND REGIMENT.

Separation Allowance Branch.

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Such statement is considered as being made on oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to.-

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of Soldier *Sylvester Madden* Rank *Lt. Col.* Reg't. or Unit *1st. Nfld. Reg.* Reg't. No. *1st 9*

2. Age of Soldier *21* Married or Single *Single*

3. Name in full of Mother of Soldier *Annie Madden* Age *56.* Occupation *None* Permanent Address *279 Water St. West.*

4. Give name of your husband, Age Occupation Where Employed.
His name was John Madden, He is dead.

5. If your husband is not supporting you state the reason.

6. If your husband is a chronic invalid and totally incapacitated state nature of malady (A medical certificate must be enclosed with this document, stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue).

7. If you are a widow, state date and place of death of your husband.
August, 12th, 1902 at Petty Harbour, Nfld.

8. Have you married again since death of above mentioned husband? *No.*

9. Names of your other Children. Address in full Age Occupation. Married or Single.

<i>James</i>	<i>St. John's</i>	<i>32</i>	<i>Labourer</i>	<i>married</i>
<i>Luke</i>	<i>St. John's</i>	<i>25</i>	<i>ditto</i>	<i>married</i>
<i>Samuel</i>	<i>ditto</i>	<i>23</i>	<i>ditto</i>	<i>married</i>
<i>Margaret</i>	<i>ditto</i>	<i>16</i>	<i>ditto</i>	<i>single</i>
<i>John</i>	<i>ditto</i>	<i>14</i>	<i>ditto</i>	<i>single</i>
<i>Leanne</i>	<i>St. John's</i>	<i>13</i>	<i>ditto</i>	<i>ditto</i>

FIRST NEWFOUNDLAND REGIMENT.

Separation Allowance Branch.

Notice.

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Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PARAMESTER,
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of Soldier *Sylvester Madden* Rank *Lt. Col.* Reg't. or Unit *1st. Nfld. Reg.* Reg't. No. *149*

2. Age of Soldier *21* Married or Single *Single*

3. Name in full of Mother of Soldier *Anne Madden* Age *56.* Occupation *None* Permanent Address *279 Water St. West.*

4. Give name of your husband, Age Occupation Where Employed.
His name was John Madden, He is dead

5. If your husband is not supporting you state the reason. *_____*

6. If your husband is a chronic invalid and totally incapacitated state nature of malady (A medical certificate must be enclosed with this document, stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue). *_____*

7. If you are a widow, state date and place of death of your husband.
August, 12th, 1902 at Petty Harbour, Nfld.

8. Have you married again since death of above mentioned husband? *No,*

9. Names of your other children. Address in full Age Occupation. Married or Single.

<i>James</i>	<i>St. John's</i>	<i>32</i>	<i>Labourer</i>	<i>Married</i>
<i>Luke</i>	<i>St. John's</i>	<i>25</i>	<i>Stitcher</i>	<i>Married</i>
<i>Samuel</i>	<i>St. John's</i>	<i>23</i>	<i>Stitcher</i>	<i>Married</i>
<i>Margaret</i>	<i>St. John's</i>	<i>21</i>	<i>Stitcher</i>	<i>Married</i>
<i>John</i>	<i>St. John's</i>	<i>18</i>	<i>Crown's Clerk</i>	<i>Single</i>
<i>Lucy</i>	<i>St. John's</i>	<i>15</i>	<i>_____</i>	<i>Stitcher</i>

10. State amount earned by (a) yourself (b) your husband (a) Nothing (b)
-
11. State amount and Source of any other income. None
-
12. State value of Real Property belonging to you and your husband? A piece of land at Maddox Cove, Betty St., which has no value.
-
13. State value of personal property belonging to you and your husband. None
-
14. If husband is dead state value of Real and Personal Property left by him? A piece of land at Maddox Cove as above.
-
15. Actual amount contributed by soldier during the year prior to enlistment. An average of \$5⁰⁰/₁₀₀ weekly
-
16. Was this amount contributed weekly or monthly? Weekly.
-
17. Did this amount include payment of son's Board etc.? Yes.
-
18. State your son's trade or occupation prior to enlistment. Labourer.
-
19. State amount of his wages per week. An average of \$5⁰⁰/₁₀₀ weekly
-
20. State name and address of his last employer. Longshoreman, No particular Employer
-
21. State amount of support monthly from son since enlistment. \$18.60 per month
-
22. State amount of support Allotment received by you from son monthly. \$18.60 " "
-
23. From what date did, you receive Allotment. About December 1918.
-
24. Actual amount contributed by other children. Now in France contributes \$18.60 monthly. (John of the 1st Field Reg)
-
25. Are any of these children in the employ of you or husband.
-
26. If not receiving support from other children state cause. Explain fully. Four are married and one a child.
-
27. With whom are you residing at present? I live with my little girl in a tenement house.
-
28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. No.
-
29. Are you already in receipt of Separation Allowance from any source? If so, how much? No.

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *No*

31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government? *No.*

32. In what capacity and in what place? _____

33. Is he in receipt of a salary as such while serving in the 1st. Bn. Regt.? If so, how much? *No.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under oath ~~and~~ in virtue of the Evidence Act.

Signature of Applicant..... *Anne Madden*

Place of Residence *279 Water Street West St. John's*

Declared and subscribed before me at..... *St. John's Newfoundland and*

this *20th.* day of *October* 191*7*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *John McCarthy*

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

Signature of Clergyman *P. J. Sheehan*

Signature of Member of Patriotic Fund Committee

Approved 11/1/18
[Handwritten signatures]

[Handwritten signature]

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, M.Y. & RECORD OFFICE, ST. JOHN'S.

1. Christian name. *Sylvester* 2. Surname... *Madden*.....

3. Rank.. *Pte.*..... 4. Regtl. No. *149*.....

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded.. *279 Water St. West*.....

6. Date of enlistment in the Regiment... *Sept. 7th 1914*.....

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

8. Relationship of such dependents... *Mother & Sister*.....

9. Address in full of such dependent. *Jenny Madden 279 Water*.....

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... *No.*.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas. *4 Years and 172 days*.....

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.? .. *No.* ... If not give:- (a) Date of discharge... *Feb. 25th 1919* (b) Reason for discharge.....

..... *Demobilisation.*

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. *yes.*

..... *Gallipolia. 1.9.15*

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: *Mr. S Madden*

Place of Residence: *279 Water St. West*

Declared before me at:

This *28th* day of *February* 1919.

London Masley Barrister at Law

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>6 40/-</i>	<u><i>420.00</i></u>
.....	<i>420.00</i>
.....

Certified Correct.

Paymaster.

THE ROYAL NEWFOUNDLAND REGIMENT.

No 229

ACCOUNT ST. JOHN'S, NFLD.,

CHEQUE NO

clothing
6250

DEC 3 1918

IND. LEDGER

191

CASH ORDER.

To PAYMASTER, Royal Newfoundland Regiment,
St. John's.

Please Pay

149 *Pl^e S. Madden*

at

Sixty

DISTRICT OFFICER
NEWFOUNDLAND
dollars

100

for

clothing allowance *DEC 3 advance*

COUNTERSIGNED

H. M. Laph

S. Madden
COMMANDING

MAJOR

District Officer Commanding,
NEWFOUNDLAND.

RANK and NAME.

October 16th, 1917.

149
Mrs Jas. Ollerhead,

Heart's Content.

Dear Sir:-

I enclose herewith cheque for \$20.70, being
the amount due you for boarding Cpl. S. Madden from
September 19th. to October 13th.

Yours faithfully,

Lieut.
Deputy Paymaster.

October 2nd, 7.

149
Mrs. J. Ollerhead,
Heart's Content.

Dear Madam,-

I enclose herewith cheque for \$26.70, being
the amount due you for boarding the following Recruits:-
Pte. S. Madden, from Aug. 19th-Sept. 19th.

Yours truly,

Lieut.
D/Paymaster

No.



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. Sylvester Maddon Voucher No. 25706

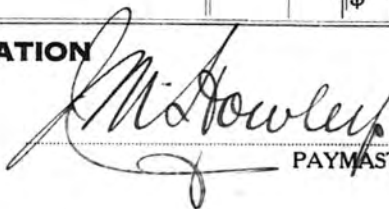
1st. Nfld. Regiment Cheque No. 25706

Reg'l Ac No. Name C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amou
Sept. 30		I	on A/c. Pay	10

\$ 10

CERTIFICATION


PAYMASTER

Dissect Sheet No.

Recap. Sheet No. **180**

Checked by

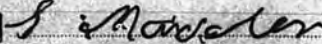
RECEIPT

30th September 1916

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Ten Dollars
 and Cents in Payment as above stated.

30th September 1916

\$ 10.00

[Sig.] 

No.



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. S. Maddon, Voucher No. 25751.
1st. Nfld. Regiment. Cheque No. 25751.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amou. Entry: Oct. 4, 182. On a/c pay \$10

CERTIFICATION

Dissect Sheet No.

Recap. Sheet No. 182.

Signature of Paymaster

PAYMASTER

Checked by

RECEIPT

October 4th, 1916.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Ten Dollars

and Cents in Payment as above stated.

October 4th / 1916.

\$ 10.00

[Sig.] S. Maddon

No.



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. S. Maddon, Voucher No. 25787
Ist. Nfld. Regiment Cheque No.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amou. Entry: Oct 10, I, on a/c. Pay, 10. Total: \$ 10

CERTIFICATION

Dissect Sheet No.
Recap. Sheet No. 186

Signature of Paymaster

Checked by

RECEIPT

10th October 1916

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Ten..... Dollars
and Cents in Payment as above stated.

10th October 1916

\$ 10.00

[Sig.] S. Maddon

March 21st. 1922

Mr. Sylvester Madden,
91 Third Street,
East Cambridge, Mass.,

Dear Sir:-

Referring to your letter of Jan. 13th., I beg to advise that I hold your receipt for your discharge certificate, and that a discharge badge was forwarded to your home address (297 Water Street West), some time last year.

Yours truly,

Major
Paymaster

Discharged All

pink
water
KOG
WELL

91 Thudot
East Lambrook
Jan 15th 1912

Lieut James

Dear Sir,

Would you kindly
oblige me by seeing if you
could get the honorable discharge
which I think is due me from
the militia Dept, also I
think there is a badge issued
for service from 1914 - to 1918
Kindly see what you can
do for me as I am going
to Western Canada in the
Spring

Cremen
Yours truly
Sydney Maden

St. John's, Nfld
April 16th 1919

4658

Capt. J. M. Howley,
Pay and Records. Royal Nfld Regt.

Dear Sir,

Up to the present writing, I have received no word of the separation allowance claim made on behalf of my mother. I was given a verbal reply that the board of Enquiry would go into this matter, and there it has rested as far as I am concerned. I am writing you this letter with a view of an explanation or an answer as to what is being done, in regards to this claim.

Awaiting from you a reply to
this query

I remain yours truly
S. Madden

149