



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4884 Name Daniel Mc Cann Corps RC

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Daniel Mc Cann
2. What is your full Address? 2. Full Island C.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Tradesman
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, Daniel Mc Cann, 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.

Signature of Recruit: Daniel Mc Cann

Signature of Witness: [Signature]

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Daniel Mc Cann, 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 [Signature] on this 2nd day of May 1915.

Signature of Attesting Officer: [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 [Signature].

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

Date: May 2 1915

Place: [Signature] 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 Daniel Mc Car.
 Apparent age 19 years months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Philip Mc Car.
Cule Island O B | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>2-5-18</u>					1				
Joined at <u>St. John's</u> on <u>May 2-1918</u>									
Discharged <u>July 9 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for St. John's 3/6/19</u>									
<u>Presented for France 26-10-18.</u>									
<u>Joined Battalion 3-11-1918.</u>									
<u>Transfer from Rouen 22/19</u>									
<u>Received Certificate 23/19</u>									
<u>to be found dead for demobilization 12/19</u>									
<u>Demobilization St. John's 9/19</u>									
Total Service forfeited as above <u> </u>									
Total Service towards Engagement to <u>9-7-1919</u> (date of discharge)					1				
Pensions <u> </u>									

C.R. 4884

Extract from Daily Orders Part II Royal Newfoundland
Regiment, Depot St. John's dated 12-7-19.

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from noted
date 9-7-19.

4884, Pte. D. McCann.

C.R. 4884

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 27th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25-6-19

4884 Pte. D. McCann

C.R. 4884

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

Date

June 18th 1919.

4884, Pte. D. McCann.

Reported at Headquarters 1/6/19.

which sailed Liverpool May 22/1919.

ex "Corsican"

C.R.

4884

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

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

#4884 Pte. D. McCann.

C.R. 4884

Extract from Daily Orders No. 11, 21st The Royal M.A. Regts.,
By Lt. Col. T. G. Nathan, R.A.C. Commencing 1st Nov. 2-11-16.

The following joined the ²nd Bn. 2-11-16.

4884 Pte. D. McGann.

2 2/2

C.R. 4884

^{Draft}

Extract from Nominal Roll Re-inforcement No. 55, Embarked Folkestone, 25/10/18
from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp, Winchester,
to 1st Batta, Royal Newfoundland Regiment, E.E.F.

4884 Pte. McCann, D.

STANDARD BOND

STRENGTH & QUALITY

C.R. 4884

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

4884 Pte D. McCann

Embarked for Overseas with draft 11-6-18.

C.R. 4884

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 4th, 1918.

#4884 Pte. Daniel McCann.

Attested for General Service with 6888 The Royal Nfld.
Regt. from 5/5/18.

L. McLean

C.R.

4884

PRC

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

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

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman.*
2. Regtl. No. *4084* 3. Rank... *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *McCann* *D.* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on... *28/4/18* at... *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge ;
9. If a Court of Inquiry was held on an injury state :— (c) Cause of Discharge.
- (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 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. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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 ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Accomplish for disability

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

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

Repatrication
approved by W. E. Brown
med
Capt. Brown

Station *St. Mary's, D. O. M.*

Date *29/7/19*

Medical Officer in charge of case.

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

No. 14908/1537

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

To: *J.P.M.*
Officer Commanding,
2/Bn. Royal Newfoundland Rgt.,
Hazeley Down Camp,

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

Winchester.

September 17th, 1918

Sept. 21st 1918

Subject: 4884, Pte. D. McCann,

With reference to the following telegram (8045) from the Hon. Minister of Militia, received

"pay to 4884, Pte. D. McCann, £1:19:0.

Draft £ 1:19:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records
Chief Paymaster & O. i/c Records.

Receipt hereunder.

M. Martin
Commanding 2nd Bn. Royal Newfoundland Rgt.
Officer Commanding. Batt'n
Royal Newfoundland Regiment

Received the sum of £1.19.0

one pound nineteen on account of
shillings
cable remittance from Newfoundland.

D. G. G. G.
No. 4884 Rank Pte

Witness: Pte. E. Manning

5832/254

1st Batt. Ryl. Mfld. Regt.

B.E.F.

14th April

9

4884 Pte McCann D .

132 ✓

4884 Pte D. McCann.

£6. 2. 3.

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

Sir:

Please charge the amount not 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.

Regt. No.	Rank	Name	Amount	Signature
488H	Pte	Mc. Cann D	£2.50	Don Mc Cann

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

W. Khan

Date

July 1/18

McLann, D.

4884

Ray Sept.

July 11, 1919

#4884 Pte. Daniel McCann,

Gall Island,

Bay de Verde

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service Gratuity.

Yours truly

Captain,
Paymaster & O.i. c records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *Daniel* 2. Surname..... *McCann*

3. Rank..... *Private* 4. Regt. No..... *4884*

5. Address in full to which future payments of gratuity are to be forwarded..... *Guil Island, Bay de Verde*

6. Date of enlistment in the Regiment..... *May 1st 1918*

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

Maggie McCann.

8. Relationship of such dependent..... *Son*

9. Address in full of such dependents..... *Guil Island*

Bay de Verde

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 Mfld. If so, give dates and particulars of such service..... *not applicable*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *One year, six months and*

24 days

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Not applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

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?

not applicable

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

June 24/19 (b) Reason for discharge

Demobilized

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France, Belgium, Germany

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

A. no - B. 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.

-3- *Janet A. Lann*

Signature of Applicant

Place of Residence:

Gull Island, Bay de Verde

Declared before me at:

St. John

This

25th

day of

June

191*9*.....

Robert Alsop

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

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

July 91919

#4884 Pte. Daniel McCann,

Gull Island,

Bay de Verd

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2856.

Yours truly

Captain
Raymaster & C. i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4884 Rank Pfc Name M. Sam J.
 Intended place of residence Gull Hall B.D.V.

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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

Eligible for War Service Gratuity

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

Place JUN 24 1919
 Date ST. JOHN'S *M. J. [Signature]*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 24 1919
M. Sam J.
 Signature of soldier
Adm. [Signature]
 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
JUN 24 1919
M. Sam J.
 Signature of soldier
James Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2-5-18 No of days on Military
 Discharged from service 26-6-19 PLUS 14 DAYS Service 435

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
JUN 25 1919
R. H. [Signature]
 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.
July 19/1919
M. Howley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

27/2079/2856

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 4884

Name McCann, Daniel

Rank Pte

Address Gull Island, BDV

Present Medical Category A1

Recommended for:— (a) Immediate discharge
(b) Standard ~~Medical Board~~ *R. J. [unclear] Capt.*

Members of Board { O.C. Discharge Depot.
(sgnd) L. Paterson
Senior Medical Officer
" F. W. Burden
M. O. Depot

Military Service: 435 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

Please receive documents as indicated below

No. RANK AND NAME

- N. F. P. 86 Non-combative account.
 - B. 178 Medical history sheet.
 - B. 178a N. F. P. 178a medical history sheet
 - B. 179 Medical report on an invalid.
 - B. 288 Proceedings on discharge.
 - W. 3494 Civil life qualification.
 - D. 400A Descriptive return.
 - B. 103 Active service casualty form.
 - B. 120 Regimental conduct sheet
 - B. 121 Company conduct sheet
 - B. 122 Field conduct sheet
- Report of Newfoundland Medical Boards
- 1st. Board
 - 2nd Board
 - 3rd Board
 - 4th Board
 - Board
 - B. 1015 Attestation paper
 - Form L Identity certificate
 - Form K Allotment papers
 - A. P. W. 5463
 - Headquarters Travelling Board
 - D. F. 2 Proceedings on discharge
 - D. F. 1

Sto McCann. N.

Received above noted documents,

Dated 19

Signature of Officer forwarding documents:

Date

S. J. 1919 2/29

The Royal Newfoundland Regiment

Class for Demobilization: 8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24.6.19

Regimental No 4854

Name McCann Daniel Rank Pte

Address Gull Island B.D.V.

Present Medical Category A7

Recommended for: (a) Immediate discharge
(b) Standard Medical Board

Members of Board

R.H. East Major
O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

W.D. Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *18874* Rank *Pvt* Name *McCann, Daniel*
 Date of Enlistment *2-5-18* Address *Full St. St. John's* District *25*
 Occupation *Fisherman* Classification for Discharge *A* Medical Category *A1*
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 *2-12-19* *H. Mann* O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

D. Mann

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 _____

D. Mann
O i/c. Re-clothing

Date _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 1925 to his home at Queloid B.D.V. and Release Certificate No. 2986 issued.

Date

24-6-19

J.A. Snowball
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

Date

24-6-19

J. H. Sait
Depot Paymaster.

Discharge approved for

25-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	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
B179c	B 120	M 93		

Date

24-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 25 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Daniel Klann

Signature of Man.

Reg. No. 4884

J. A. Snowball

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

24-6-19

191

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

MEDICAL HISTORY

Surname Mc Carr OF Christian Name Daniel

Table I.—GENERAL TABLE.

Birthplace:—Parish Gull Islands Prov. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	7	May 1918		191
Declared Age	at <u>S. Johns</u>		at	
Trade or Occupation	<u>Fisherman</u>			
Height	5 feet	<u>8 1/2</u> inches	feet	inches
Weight		<u>150</u> lbs.		lbs
Chest Measurement	Girth when fully expanded... <u>35 1/2</u> inches		inches	
	Range of Expansion... <u>4 1/2</u> inches		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>1000</u>			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambertson</u>			
(Rank)	Medical Officer.		Medical Officer.	
Enlisted	at <u>S. Johns</u>		at	
	on	7 day of <u>May</u> 1918	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal</u>	<u>488</u>		
Transferred to	<u>Nfld Regt</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 Office 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 *Daniel McEann*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4884*

Intended address *Gull Island, B.D.V.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father *Phillip*

Christian name of Mother *Maggie*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Gull Island, Dec 28th 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)

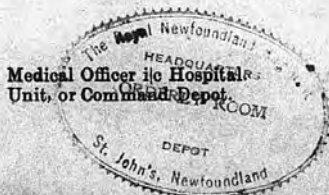
Daniel McEann

Pte
(Rank)

Station

Date *23-6-19*

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



Station

Date

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2884* 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 *McCann, L.* (Surname) (Christian Names)
5. Age last birthday... *20*...
6. Posted for duty on *28.4.18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 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. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*
nil

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

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

no complaint of no disability.

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

20. Do you recommend—

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

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

Repatiation

W. J. Proctor
 Medical Officer in charge of case.

Station *Hugeley Down Camp.*

Date .. *29. 11. 19* .. .

* 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

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte. Surname McLennan Christian Name Daniel

Religion R. C. Age on Enlistment 19 years months

Enlisted (a) 2/1/18 Terms of Service (a) DURATION. Service reckons from (a) 2/1/18

RFB 1915

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

Extended Re-engaged Qualification (b)
or Corps Trade and Rate

Occupation Fisherman Signature of Officer J. M. Curran Capt.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked <u>26 OCT 1918</u>		
			Disembarked <u>3 NOV 1918</u>		
		<u>Arrived in UK</u>		<u>93/1/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-2-1124. 1,000,000. 616 D.S. Form B/103 (B. 103.) **I.P.T.O.**

Next of kin Father, Philip McLennan, Fall Island Cape Med

JUN 2 1919

ST. JOHN'S,

Royal Newfoundland Regiment.

Billeting Account,

To Pt. D Mc Cann

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

4884 Pt. D. Mc Cann 25. 00

ACCOUNT	<u>Byrne</u>
CH. NO.	<u>2486</u>
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

[Handwritten initials/signature]

Certified correct for \$ 25.00

[Handwritten signature]

Billeting Officer.

[Handwritten signature]

[Handwritten initials]

Receipt for Army Book 64

No. 4884 Name D. McCann

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

Name Daniel McCann

Date August 3 - 1920

Place Gull Island, Dist. B. Co. Va.

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
30.

Number of Sheet 61

Regiment of Royal Newfoundland Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	14 years months	Fisherman	
<u>H 84</u>	<u>Mc Cann D</u>	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date		<u>2-5-18</u>	<u>R.C.</u>	
Joined	Date				
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		1/69 years. <u>30</u> years.

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>Demobilized 9/19</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 14884 Rank Plt. Name McLann, Daniel
 Date of Enlistment 2-5-18 Address Full St. S. St. District 301
 Occupation Disarmen Classification for Discharge H Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board Ist.	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	5
B 179	D 400H	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 2-11-6-19 *H News H*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

D McLann

Particulars passed to Vocational Officer for information and action,

Date 2-11-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied _____

Date _____

O i/c, Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1925 to his home at Inst. Rd. B. D. Land Release Certificate No. 2986 issued.

Date 24-6-19

J. H. Snowball
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

Date 24-1-14

J. H. Snowball
Depot Paymaster.

Discharge approved for

25-6-19

Forwarded with following documents to O. C. Discharge Depot.

N. F. 136	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
B179c	B 120	M 93		

2 Form B

Date 24-6-19

J. H. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 25 1919

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

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

Date July 8/19

James H. Sait
for O. C. Discharge Depot

Reg. No. *4884* Rank *Pfc* Name *McLean S.*
Attested Address *Gull Island B.D.V.*
Allotment Allottee
Date of Allotment Returned from Overseas
Returned on S.S. Cause *Discharge*

Apr 6 1945 PASSED TO DEMOBILIZATION OFFICER
25.6.19 DISCHARGE APPROVED ON DEMOBILISATION.