

First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 976

Name in full William Douglas Mc Gillivray Age 18 1/2

Address 28 Forest Rd

Married Single Height 6-3 Weight 114

Color Dark Hair Dark Brown Eyes Brown

Other distinguishing marks Burn Right Breast

Nearest relative Mother

Address 28 Forest Rd

Dependents None

Occupation Engineer Present Wage 2.50 Week

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Jan. 17th 1915

I, William Douglas Mc Gillivray 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.

William (Douglas) McGillivray

Declared before me this 6 day

of Feb 1914

E. Bishop Capt

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 578

Name William Douglas McGillivray

Apparent age 10 1/2 years months. Height 5 feet 8 inches.

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

Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Brown

Other distinguishing marks: Burn right breast

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs. ~~Wm~~ McGillivray, ²⁸ Forest Road, 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>17/1/15</u> | | | | | | | |
| Joined at <u>St. John's</u> on <u>17th January '15</u> | | | | | | | |
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| | | | | | | | |
| Total Service forfeited as above | | | | | | | |
| Total Service towards Engagement to | | | | | (date of discharge) | years: days: | |
| " " " Pension | | | | | (") | " " | |

Regimental Number 976

Company C

THE
1ST NEWFOUNDLAND REGIMENT.

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

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

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

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

Signed W. McMillan

Witness S. Robertson

Dated at _____



_____ 191

WESTERN UNION



ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM

| | | | | |
|-------------------------|--------|---------------------------------------|--|--|
| Prefix _____ Code _____ | | SENT At _____ To _____ By _____ | | FOR STAMPS |
| WORDS 13 | CHARGE | VIA WESTERN UNION | | THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS. |

E.F.M. TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.
28/5/17.

To **McGILLVARY,**
88, FOREST ROAD, ST. JOHN'S (NEWFOUNDLAND)

AM IMPROVING SEND SOME MONEY PLEASE

McGILLVARY.

Charge to account of No. 976 Pte McGillvary.

CHECKED.
C. R.
17/10/17

CHARGED
PAY BOOK
Date by *[Signature]*

2-8/2

NOT TO BE
TELEGRAPHED.

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

Signature _____

Address _____

58, Victoria St, S.W. 1.

June 21st., 1944.

To whom it may concern.

This is to certify that #976, William Douglas MacGillvary enlisted in the Royal Newfoundland Regiment on January 17th., 1915 and was discharged on demobilization at St. John's, Newfoundland on the 27th., March, 1919 after serving four years and seventy days.

Forwarded by direction of Hon. Commissioner for Justice and Defence.

STATE OF CONNECTICUT

OFFICE OF THE
COMMANDANT



PHONE
HARTFORD 9-2571

VETERANS HOME
ROCKY HILL, CONN.

June 2, 1944

War Office
St. John's
Newfoundland.

Re: William D. MacGillvary

Gentlemen:

It has been reported to this office that the above captioned was born in St. John's, Newfoundland, October 1, 1898, and that he enlisted at St. John's, Newfoundland, January 17, 1915; that he was honorably discharged March 27, 1919, a Pvt., Co. B, Royal Newfoundland Regiment, and that it is believed his Serial Number is 1,607.

In order that it may be determined whether or not he qualifies for care through this office, it is requested that we be furnished a statement of his service.

By direction of the Commandant:

D.T. Peck

D.T. Peck
Major - Executive Officer.

DTP/G

975

C.R. 976

Extract from Daily Orders part II, Depot St. John's
dated 31-3-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on 27-3-19.

#976 Pte. Wm. McGillvary.

C.R. 946

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

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

##976 W. McGillvary.

13/3/19.

C.R. 976

Extract from Preliminary Report of Medical Board held on Friday
Afternoon, February 21st 1919.

976 PTE. W. McGillvary.

Recommended Discharge as Permanently Unfit. E.

C.R.

976

Extract from Daily Orders part II, Depot St. John's dated
11-2-19.

Reprinted on A. F. 1179.

#976 Pte, Wm. McGillivray,

C.R. 976

1
Extract from Medical Hall of the Royal Niff. Regt.
Published by S.S. Garrison, Jan./1896, 1899.

976 McGillivray.

H

May 19, 1917.

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. 976, Private William D. McGillvray, has been admitted to Wandsworth suffering from laryngitis.

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. McGillvray,
26 Forest Rd.

C.R. 976

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

SHREWSBURY REGULAR AND TERRITORIAL FORCES.

LIST NO. H. A. 9285



| | | | | |
|--------|-----------------------|--------------------------|------------------------------------|--|
| 47100 | Pte. Latham, L. | 4- Garr. E.W. Fus. | N.Y.D. Mental Slt. | .Adm. 8 Gen. Hosp. Rouen. 6th. May 1917. |
| 202037 | " Latham, H. | 6- Ches. R. att. | R.I. Hernia. | .Dis. ex 10 Gen. Hosp. Rouen. 6th. May 1917. |
| | | 4- R. Wel. Fus. Garr Bn. | | |
| 36786 | " Owen, W. | 1- R. Welsh Fus. | GSW. Thigh. R. Sev. | .Adm. 10 Gen. Hosp. Rouen. 5th. May 1917. |
| 55690 | L/C. Wilson, F. | 1- do. | " Leg. R. Sev. | Do. |
| 19745 | Pte. Weaver, W. J. | 1- do. | " Penis Thigh. R. Sev. | Do. |
| 23363 | Sgt. Parkes, W. | 12- S.W. Bord. | " R. Leg. | .Adm. 12 Gen. Hosp. Rouen. 7th. May 1917. |
| 23918 | L/G. Quinn, J. D. | 12- do. | " R. Leg. Sev. | Do. |
| 24173 | Pte. Dawkins, D. J. | 12- do. | " Chest. Thigh. Abdm. Temple. Sev. | Do. |
| | | | GSW. L. Leg. Sev. | Do. |
| 24147 | " Grice, J. | 12- do. | " R. Foot. Thigh. Sev. | Do. |
| 22964 | L/G. Griffiths, R. A. | 17- Welsh Regt. | " L. Thigh. Arm. Sev. | Do. |
| 26132 | Pte. Fisher, M. H. | 17- do. | " L. Arm. Buttock. Sev. | Do. |
| 20423 | " Travers, R. | 17- do. | " R. Buttock. Sev. | Do. |
| 37507 | " French, W. | 17- do. | " L. Leg. Shoulder. Sev. | Do. |
| 26424 | " Lowe, E. B. | 17- do. | " L. Thigh. Sev. | Do. |
| 46758 | " Trodden, J. | 19- R. Welsh Fus. | " R. Wrist. Sev. | Do. |
| 45659 | " Clarke, T. | 19- do. | " Legs. Sev. | Do. |
| 45688 | " Vernon, J. H. | 19- do. | " L. Thigh. Sev. | Do. |
| 54355 | " Pritchard, W. | 19- do. | " R. Arm. Sev. | Do. |
| 45604 | " Room, W. J. | 19- do. | Scabies Slt. | Do. |
| 266945 | " Hughes, W. | 6- Welsh Regt. | Rheumatism. Slt. | Do. |
| 31009 | " Astle, F. R. | 8- South Lancs. | | |

1448

ROYAL NAVAL DIVISION RECORD OFFICE.

LIST NO. H. A. 9285

| | | | | |
|---------|-----------------|-----------------|------------------|---|
| LZ/3925 | A. B. Cheal, A. | RND. Drake. Bn. | ICT. Heel. | .Dis. to Base Depot. ex 10 Gen. Hosp. Rouen. 6th. May 1917. |
| MZ/760 | " Hepden, W. D. | " do. | ICT. 2nd Toe. L. | Do. |

NEWFOUNDLAND CONTINGENT.

LIST NO. H. A. 9285

| | | | | |
|-----|----------------------|--------------------|-------------|---|
| 978 | Pte. McGillivray, W. | 1- Newfoundland R. | N.Y.D. Sev. | .Adm. 12 Gen. Hosp. Rouen. 7th. May 1917. |
|-----|----------------------|--------------------|-------------|---|

McGilivray

C.R. 225

SICK AND WOUNDED N.O.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

LIST No. H.A. 8730.

| ARMY SERVICE CORPS. | | | | | |
|---------------------|----------------------|----------------------------------|----------------------|-----------|--|
| M2/15333 | Pte. Wilson, J. | ASC. MT. 58/GCS. | Bac Dysentery. | | .Adm: 25 Sty. Hos: Rouen. 17th April '17. |
| 87542 | " Harvey, F. | do. Remounts. | Rose Measles. | | .Dis: to duty ex 25 Sty. Hos: Rouen. 18th Apl' 17. |
| M2/29763 | " Doe, B.E. | do. MT. 1/BMT. Dep. | Measles. | | do. |
| M2/25678 | G/Sgt. Telford, J. | GHQ. 3. Echelon. | do. | | do. |
| 110543 | Pte. Holt, F. | ASC. 4. Sup. Column. | Bac. Dysentery. | | . <u>DIED</u> in 25 Sty. Hos: Rouen. 18th April '17. |
| M2/032175 | " Hancock, W. | do. MT. 4. Amx. | N.Y.D. Sit. | | .Adm: 1 Sty. Hos: Rouen. 18th April '17. |
| MS/1273 | " Westwater, G. | do. MT. 380-Coy. | do. | | do. |
| M2/032274 | " Armitage, S. | do. MT. att. 192-Sgt. Bty. RGA. | do. | | do. |
| CMT/5397 | " Cole, J.J. | do. MT. 18-Aux. Bus. | do. | | do. |
| M2/082794 | " Thompson, L. | do. MT. 519-Coy. | V.D.G. | | .Adm: 1 Sty. Hos: Rouen. ex 2 Com: Dep. 18th Apl' 17. |
| M2/047869 | " Cussick, P. | do. MT. 135-Coy. | do. | | do. |
| S4/084838 | Cpl. Dickenson, A.G. | do. att. A. Douka. | V.D.S.C. | | .Dis: to Rouen. ex 1 Sty. Hos: 18th April '17. |
| M2/033818 | Pte. Kerr, F. | do. MT. 9-A.S.P. | V.D.S. N.V. | | .Dis: to Base Dep. Rouen. ex 1 Sty. Hos: 18th Apl' 17. |
| S1SR/1016 | JSM. Robertson, F. | do. 5-L. of C. Fld. Butchy. | Balanitis & V.D.S.C. | | do. |
| M2/032941 | Dvr. Hands, E. | do. MT. 1-Div. Cav. | V.D.G. | | .Dis: to Con: Dep. Rouen. ex 1 Sty. Hos: 18th Apl' 17. |
| SS/13875 | Sgt. Davis, F. | do. 16-Lab. Co. | N.Y.D. Sit. | | .Adm: 1 Sty. Hos: Rouen. 18th April '17. |
| M2/076680 | Dvr. Warburton, J. | do. MT. 1-Div. H.Q. | do. | | .Adm: 1 Sty. Hos: Rouen. 19th April '17. |
| M2/152776 | Pte. Morrison, H.M. | do. MT. att. 1-Water. Tank. | do. | | do. |
| M2/034543 | Dvr. Abbott, A. | do. MT. 46-D.S.C. | do. | | do. |
| M2/152138 | Pte. Marshall, J. | do. MT. 320-Coy. | do. | | .Adm: 1 Sty. Hos: Rouen. ex 10 Com: Hos: 19th Apl' 17. |
| M2/032098 | Dvr. Clair, L. | do. MT. att. 2-2-Nthn. Fld. Amb. | V.D.S. | | .Dis: to Base Dep. ex 1 Sty. Hos: 19th Apl' 17. |
| M2/204431 | Pte. Grease, A. | do. MT. 320-Coy. | do. | | do. |

LIST No. H.A. 8730.

| ARMY ORDNANCE CORPS. | | | | | |
|----------------------|-----------------|-------------|-------------|-----------|--|
| 015001 | Pte. Bailey, T. | ACC. 6-Coy. | N.Y.D. Sit. | | .Adm: 1 Sty. Hos: Rouen. 18th April '17. |
| 046046 | " Rideley, J.C. | do. 6- do. | V.D.S.C. | | .Dis: to Base Dep. ex 1 Sty. Hos: Rouen. 18th Apl' 17. |

LIST No. H.A. 8730.

| NEWFOUNDLAND CONTINGENT. | | | | | |
|--------------------------|------------------------|------------|----------------------------|-----------|--|
| 7 | 978 Pte. McGilvray, W. | 1-N.F.L.D. | Inflam Glands. Groin. N.V. | | .Dis: to Con: Dep. Rouen. ex 1 Sty. Hos: 18th Apl' 17. |

SICK & WOUNDED N.C.O.s & MEN OF THE EXPEDITIONARY FORCE - FRANCE



YORK RECORD OFFICE

20913 Pte. Sullivan, J. 22/Dur. L. I.
 10559 Pte. Hincliffe, B. 2/KOYLI.
 9563 D.r. Flint, H. 2/W. Yorks.
 18260 Pte. White, A. 1/E. Yorks.
 40322 Pte. Husband, G. 8/N. Fus.
 40544 Pte. Hirst, H. 16/N. Fus.
 21448 Pte. Hemming, W. 2/KOYLI.

LIST NO. H. A. 8670

GSW. Scalp. Adm. 2 Con. Dep. Rouen ex 1 Ans. I. 22 Apr. 17.
 GSW. Hand. -do-
 SW. Farm R. -do-
 GSW. Back. Adm. 2 Con. Dep. Rouen ex 5 Gen. I. 22 Apr. 17.
 Impetigo. Adm. 2 Con. Dep. Rouen ex 8 Gen. H. 22 April 17.
 Spr. Ankle L. Adm. 2 Con. Dep. Rouen ex 10 Gen. H. 22 April 17.
 GSW. Thigh. Adm. 2 Con. Dep. Rouen ex 12 Gen. I. 22 April 17.

WARLEY RECORD OFFICE

31144 lte. Widdop, W. 2/N. Hants.
 41048 lte. Loton, E. 12/Suff. R.
 19801 Pte. Brown, W. 9/Essex. R.
 17055 L/C. Wood, A. 6/Bedf. R.
 27925 Pte. Kirby, G. 1/Essex. R.
 51480 Pte. Parks, W. 13/Essex. R.
 35261 Pte. Hurcomb, J. 5/N. Hants.

LIST NO. H. A. 8670

DAH. Adm. 2 Con. Dep. Rouen ex 1 Aus. H. 22 April 17.
 Phthisis. -do-
 Concussion Shell. Adm. 2 Con. Dep. Rouen ex 5 Gen. H. 22 April 17.
 G SW. Arm L. -do-
 POUO. Adm. 2 Con. Dep. Rouen ex 9 Gen. H. 22 April 17.
 ICT. Foot L. Adm. 2 Con. Dep. Rouen ex 12 Gen. I. 22 April 17.
 PUO. Adm. 2 Con. Dep. Rouen ex 1 Sty. H. 22 April 17.

ARMY ORDNANCE CORPS

022970 Pte. Collard, C. AOC. 6/Co.

LIST NO. H. A. 8670

Impetigo Pegicule. Adm. 2 Con. Dep. Rouen ex 10 Gen. H. 22 April 17.

63RD (ROYAL NAVAL DIVISION)

20/3280 Cpl. Lynch, T. RND. Hood.

LIST NO. H. A. 8670

..... Dis. to Base Dep. Calais Class "A" ex 2 Con. Dep. 22 April 17.

NEWFOUNDLAND CONTINGENT

976 Pte. McGillivray, W. 1/New. Inf.

LIST NO. H. A. 8670.

Dis. to Base Dep. Rouen Class "A" ex 2 Con. Dep. 22 April 17.

125

C.R. 976

Extract from War Office List No.H.A.8753.

NFLD.CONTINGENT.

#976 Pte.W. McGillvary.

Inf.Glands Grein.

Admitted 2 Con.Dep. Rouen ex 1 Sty.Hosp. April 18,1918.

C.R. 976

Extract from Nominal Roll 2nd Draft to B.E.F.
arrived 29. A.B.D. 30-3-16 Joined Battalion 15-4-16

#976 Pte. W. McGillvery.

C.R. 976

Extract from Nominal Roll of Royal Nfld. Regt. Draft.
No. 3. from 2nd Bn. Depot to 1st Bn., B.N.F. Embarked 28-3-16.

956 Pte. W. McGillivray.

C.R. 976

Extract of Nominal Roll Draft (All Ranks) to 1st Bn.,
B.E.F. Embarked Southampton.

976 Pte. W. McGillivray.

C.R. 976

Extract from Nominal Roll Draft Bⁿ Company Embarked
per S.S. Stephano. April 22nd/1915.

976 Pte. McGillvary W.

C.R. 969

Wm. D. McGillvary was attested for General Service
with the NEWFOUNDLAND REGIMENT on Jan. 17th 1915.
Regimental No. 976 was allotted to Pte Wm. D. McGillvary .

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. & A. G. & Sons Ltd., Printers, Old Bailey, E.C. 4.
Forms B. 121. 25.

Number of Sheet 1
Signature of O. C. Company J. G. Bennett
J. G. Bennett

Regiment of First Newfoundland

| | | | | | |
|----------------------------|------------|------------------------------|---|------------------------|---|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service Pay or Proficiency Pay |
| No. | <u>976</u> | Age on | <u>19</u> years <u>10m</u> months | <u>Engineer</u> | |
| Joined | Date | Place and Date of Enlistment | <u>Saint John's</u> <u>17-11-15</u> | Religion | |
| Joined | Date | Period of | (with Colours <u>70</u> years with Reserve <u>4 3/4</u> years) | Place of Birth | |
| Joined | Date | | | <u>St. John's N.F.</u> | |

| 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 Camp</u> | <u>12/7/15</u> | <u>Pte.</u> | | <u>Spewing food after being ordered not to do so</u> | <u>2nd Lt. Murphy</u> | <u>2 days l.b.</u> | <u>14/7/15</u> | <u>Capt. O'Brien</u> | |
| <u>St. John's</u> | <u>16/5/15</u> | <u>"</u> | | <u>Absent from tattoo till 11pm</u> | <u>l.b.</u> | | | | |
| | <u>17/5/15</u> | <u>"</u> | | <u>absent from 9:15 AM Parade</u> | <u>Bartlett</u> | <u>3 days l.b.</u> | <u>17/5/15</u> | <u>Lieut. Paddy</u> | |
| | | | | <u>Demobilized St. John's</u> | <u>27</u> | <u>3</u> | | | |
| | | | | | | <u>19</u> | | | |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

976

DEMOBILIZATION OF

Reg. No. 976 Rank Plt Name McGillivray Sgt
 Date of Enlistment 15 10 15 Address St John's District St John's
 Occupation Engineer Classification for Discharge F B Medical Category F
 Recommendation S.M.B. Physically unfit Disability Rating 100% 3 mths

Passed to Demobilization Officer with following documents:—

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. P36 | 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 | 1239-1 | " 6 |
| B 179c | B 120 | M 93 | 1238-1 | |

Date 28.2.19 H News Dept for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am not in a position to resume civilian occupation.

W Mcgilivray

Particulars passed to Vocational Officer for information and action.

Date 28-2-19 Ernie's Cup

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~

Date 12-3-19

[Signature]

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. 1501 issued.

Date 12. 3. 19 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 27-3-19

Date 13-3-19 Depot Paymaster.

Discharge approved for 13. 3. 19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14 3 19 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 MAR 13 1919 R.H. Sait Capt. O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date mch 19/19 [Signature]

W. Mc Gillroy

976

P.R.O.

3rd London Gen Hosp
Wandsworth
May 20/17

Lieut Anderson

Dear Sir

would you
be kind enough to
send this wire for
me if you would I
would be very thank
ful to you

Yours respectfully
J. G. 976 Pte W. H. Gilbey

1st Newfoundland
Regt

Cable Sent

SEE NOTICE AT BACK.

POST OFFICE TELEGRAPHS.
(Inland Telegrams.)

No. of Telegram _____

A.

Prefix _____ Code _____

For Postage Stamps

To be affixed by the Sender.

Any Stamp for which there is not room here should be affixed at the back of this form.

A Receipt for the Charges on this Telegram can be obtained, price One Penny.

Office of Origin and Service Instructions.

Words.

Sent

At _____ M.

Charge.

To _____

By _____

When a reply is to be prepaid, write the words "Reply Paid" in the space below. These words are not charged for.

TO { *Mr. Mc Gilloary*
28. Forest Road. St John's
(Newfoundland)

12 words, including the words in the address, 9^{D.} Every additional word, 1 1/2^{D.}

| | | | |
|----------------------|-------------------|-------------|-------------|
| <i>Am</i> | <i>improving</i> | <i>Send</i> | <i>once</i> |
| <i>money. Please</i> | | | |
| <i>456</i> | <i>McGilloary</i> | | |

FROM { *Willie*

The Name and Address of the Sender, IF NOT TO BE TELEGRAPHED, must be written in the Space provided at the Back of the Form.

June 20/17

Repr 3433

M.L.2.
20/17

Officer in Charge Newfoundland Pay & Record Office

Please pay

No 976 Pte W. McGilvary.

1/1 Newfoundland Regt

the sum of two pound 2.00.

approved

Capt. RAMO

49 Fyrum

Adjutant & Registrar.

3632 July 16/17

ok. 0.0
+2
16.7.17

To Officer in Charge
Newfoundland Contingent

Please pay to Pte. W. McJillevary
the sum of two pounds £2.0.0

G G Ferguson

Capt. R.A.M.C.
Adjutant & Registrar.

17-0-0.
D.R. M. ✓

Re 3593

July 10/17

Officer in/c Records
Newfoundland Contingent

Please pay No 976 to W McGilvary the
sum of two pounds 2.00.

approved & forwarded
G.H. Curran

Capt. R.A.M.C.

Adjutant & Registrar.

July 10/17
Bromley
Military Hospital
Talliswell

Barrack military Hospital

3579

Falmouth

to £2.0.0 ~~at All~~
2/1/17

July 2/17

Paymaster & Officer i/c Records
Newfoundland Contingent

Please pay 97% to W M McGillivray the
sum of two pounds 2 0 0
for the purpose of paying debts

Approved July 2/17
G. F. Furum

Capt. R.A.M.C.

Adjutant & Registrar.

FAMILY REMITTANCES.

Army Form O. 1727.
(In page of 150)

Corps 1. Liverpool



B



STATEMENT OF PAY AND ALLOWANCES not drawn by officers, civilians (including subordinates), warrant officers, non-commissioned officers, and men during the month of April which it is desired to remit for payment at home. (In the case of inter-colonial remittances the name of the colony should be substituted for home.)

| Remitter | | Name, christian name and address of person to whom payment is to be made | Amount | | | Signature of Remitter |
|---------------|-----------|--|----------|----|----|------------------------|
| Regtl. No. | Rank | | £ | s. | d. | |
| <u>946</u> | | <u>Pte Mc Galloway W.</u> | | | | <u>W. Mc Gillivray</u> |
| <u>10 1/2</u> | <u>Sr</u> | <u>Mr. A. Mc Gilmont 3 Citadel Place Fort Ayr Scotland</u> | <u>5</u> | | | |
| | | <u>This man is at present a patient in No. 1 Station HP</u> | | | | |
| | | <u>Certified that Entries have been made in A B C</u> | | | | |
| | | <u>W. Mc Gillivray Officer Comdg. No. 1 Station HP</u> | <u>5</u> | | | |

IN REPLY
PLEASE QUOTE
LOW/4/105

7
Certified correct.

The sum of (in words) _____ will be credited by me in my account for _____ 191 , under the head of "Remittances," and I certify that the remittances included in this return are strictly in accordance with regulations.

Station _____ Paymaster.

80
~~3879~~/₂

Several letters to payee

~~3643~~/₁ Is it necessary to advise parent of
OH Hospital R.
OC. Hook . 7H

POST CARD.

THE ADDRESS TO BE WRITTEN ON THIS SIDE.



Lt A Anderson
Officer i/c Records
Newfoundland
Pay & Record Office
58 Victoria St
London SW1

Parkland



ON ACTIVE SERVICE.

Apr. 24. 17

27/4/17

£5. —

Dear Mr. Anderson

Some time ago I made a remittance and I have not heard anything about it since would you be kind enough to tell me if it went through allright and oblige yours truly
Pte W McIlwary
No 976 // 1 Newfoundland Regt B E F France

NEWFOUNDLAND CONTINGENT

N.F.P/45.

No. _____

37/10

To Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W.

Please remit per Postal Money Order to:

3rd London General Hospital
Wandsworth London

the sum of Three pounds Ten shillings, on
account of any balance that may be due to me.

*W.L. 3-10-0
8/17*

Regtl. No. 976 Rank Private

Name W. McGilvary

Approved [Signature]
Officer i/c

3rd London General Hospital
Wandsworth
Dist.

Dated at _____

June 4 1917



PHOTO POST

Printed in Great Britain.

June 19/17
R. B. Monday
Ladyswell

Address below.

To Lt. RECORD OFFICE
P. J. Anderson

Dear Sir

would you be kind
enough to send me a blank
pay form and oblige
yours sincerely.

No 976 Pte W. McGilvary
Newfoundland Regt

19/6/17

5934/1

B

20-1/44/45

No. 6276/1

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to

Bermundsey Military
Hospital Ladywell Rd Lewisham S.E.

the sum of one pound & ten shillings, on

account of any balance that may be due to me.

Regtl. No. 976 Rank Private

Name W.M. Gilver

Approved G.G. Ferguson
Officer i/c.,

Bermundsey Military Hospital.

Dated at Ladywell

June 26 1917.

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE

| | |
|----------|--------------------|
| Ref. No. | <u>3370</u> |
| Res'd. | <u>JUN 27 1917</u> |
| Ack'd. | |
| Ans'd. | |
| File No. | |

W.G. 10-0
27/17

6276/1

27th, June

Bermundsey Military

Lewisham, S. E.

976

Pte

W. McGilvary

1.10.0



ORIGINAL

U.S.A.

Allotments.



NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 976 (Rank) Private (Name) William M. Gillroy
hereby apply for cancellation of Allotment made by me on
N.F. 955 dated January 1915 in favour
of Meather for \$ cts 60
per diem. Such cancellation to take place on the

Thirty-first day of August 1917

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Bury Camp
August 9th 1917

W M Gillroy
Allotter.

Approved and Witnessed,

A. Reley Cap^t
O.C. "A." Company.

NOTED
G. J. Clancy
C.C.M.
Date 9/17 " " Coy

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.

NOTED
W. J. N.
1524 "A" Coy



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Douglas McGilley Regl. No. 976
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 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) |
|--------------------------|---|-----------------------------------|---------|----------------------|
| 475 Meth. | | Ms Susan McGilley & Janet Robt | | 60. |
| April 21st | | | | |
| Total Allotment, \$ | | | | |

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

(Sig.) [Signature]
 Officer Commanding
 Company

(Sig.) [Signature]
 (Rank) [Rank]

Adjutant,

Newfoundland Contingent,

Stob's Camp,

Hawick, Scotland.

18th May, 5.

ALLOTMENT, NO.976,
PTE.W.MCGILLVARY.

May 26, 1915.

The Deputy Paymaster, St.John's,
writes under date 22/4/15:-

"No.976, Pte.W.McGillvary.
 "Please note that this soldier
 "made an allotment in March,
 "with a view to going with "D"
 "Company, but he did not go,
 "but is going today with "E"
 "Company. A copy of the allot-
 "ment was sent you with the last
 "lot, please make it payable
 "from April 24th, instead of
 "March 27th."

The O.C. D.Company has been duly
 notified to have this allotment
 payable from April 24th.

(Sd.) W.F.Rendell

Captain & Adjutant.

Capt.

Paymaster & O. i/c Records.

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* }
 2. Regtl. No. *976* 3. Rank... *Pvt* }
 7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 4. Name *McGILLVARY*
 (Surname) (Christian Names)
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

11. Date of origin of disability. *of French Nephritis & Syphilis not vol. 3rd Mar. 1915 Nephritis 7-6-17*
12. Place of origin of disability. *St. John's France*
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.
Accidentally stabbed by bayonet while on duty in C. L. B. Ammunition at St. John's was sent to Hosp. treated for local pyelitis following vol. Nephritis developed 7-6-17 in France sent to 4th General Hosp. Rouen Transferred to 3rd London Gen. Hosp. later Bermuda Mil. Hosp. from there discharged Sept 18-7-17

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i) Service during the present war | Yes | |
| (ii) Previous active service | No | |
| (iii) Climate in pre-war service | No | |
| (iv) Ordinary military service before the war | No | |
| (v) Serious negligence or misconduct on the man's part. } | V. P. S. cured | |

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

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? Scar 3 inches long on right side of abdomen result of operation not no pain on pressure. Slightly to the right of midline of abdomen. Operation not 2 inches long. Does not complain of Nephritis no albumen present

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

16. Was an operation performed? If so, when and what was its nature? Yes for peritonitis resulting from bug bite

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? Complains of bronchitis developed in France, since unable to relieve

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.

Refutation
Miss
C. S. D. M.

Station Hayley Down Camp

Date

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

NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No. 926 Rank Pte

Name W. Mc Silvery

| Pay | F. Allow | Working | Total |
|----------------|----------|---------|-------|
| 100 | 10 | | 110 |
| Less Allotment | | | 60 |
| Net Rate | | | 50 |

| Date 1917 | DEBITS | £ s d | | | CREDITS | £ s d | | |
|--------------|--------------------------------|-------|----|---|-------------------------------|-------|----|------|
| | | £ | s | d | | £ | s | d |
| | Balance | | | | Balance | 816 | 15 | 17 6 |
| | <u>P.M. ADVANCES:</u> | | | | <u>Pay @ Net Rate:</u> | | | |
| | A.B. 64. | | | | 9/16/17 to 18/7/17 = 4 days. | | | |
| | Acquittance Rolls | | | | @ 50 = \$ 2000 | 4 | 2 | 2 |
| | Hospital Advances | 1 | 7 | 0 | 18/7/17 to 27/7/17 = 10 days. | | | |
| | <u>STOPPAGES:</u> | | | | @ 2/- = \$ Allow | 1 | 0 | 0 |
| | Hospital dys @ = | | | | 1/1 to 1/1 = days. | 20 | 19 | 8 |
| | Forfeited Pay dys @ | | | | @ = \$ | | | |
| | Miscellaneous | 5 | 10 | 0 | | | | |
| | Cables | | | | | | | |
| | <u>P. & P.O. PAYMENTS:</u> | 6 | 17 | 0 | | | | |
| | Cash | | | | | | | |
| | | 14 | 0 | 0 | | | | |

18/7/17

[Signature]

Mr. Shilbary W^m

976

Ray script



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 1607 "

DATE

Feb 29/1919

SGD

W. McIlwain

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 976 Rank Private Name McGillivray Wm
 Intended place of residence 28 Front St St Johns

2. Occupation Engineer
 Classification of soldier B Medical Category E

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

Eligible for War Service Gratuity

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

Place
 Date MAR 13 1919 *for H News Sernt*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
13-3-19
 Signature of soldier W.M. McGillivray
 Signature of witness Joseph A. Howley

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
25.2.19.
 Signature of soldier W.M. McGillivray
 Signature of witness J. Howley

STATEMENT OF SERVICE

7. Enlisted for service 15.11.15 No of days on Military
 Discharged from service 13.2.19 Plus 14 days Service 1229 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
MAR 13 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's Head
 Date March 27/1919
 Officer in Charge
 The Royal Newfoundland Regiment

22 B 1079/1607

15
28
27
30

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 976 Rank Plt Name McGillivray W.
 Date of Enlistment 15.10.15 Address St John's District St John's
 Occupation Engineer Classification for Discharge F B Medical Category F
 Recommendation S.M.B. Physically Unfit Disability Rating 60% 3 mths
 Passed to Demobilization Officer with following documents:—

| | | | | |
|-----------|--------|--------|---------------|--------|
| N.F. P 36 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| B 178 | W 3494 | B 122 | Board 1st | " 2 |
| B 178a | D 400A | B 1915 | do 2nd | " 3 |
| B 179 | D 400B | Form L | do 3rd | " 4 |
| B 179a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | <u>1239-1</u> | " 6 |
| B 179c | B 120 | M 93 | <u>1238-1</u> | |

Date 28.2.19 H. News Leut
for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am not in a position to resume civilian occupation.

W. McGillivray

Particulars passed to Vocational Officer for information and action.

Date 28.2.19 W. News Capt

2. Clothing.
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied

Date 12-3-19 O i/c: Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1501 to his home at 1501 and Release Certificate No. 1501 issued

Date 12.3.19 *C. B. Dukes Capt.*
Demobilization Officer

4. Past 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 27-3-19

Date 13-3-14 *H. M. News H.*
Depot Paymaster.
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 13.3.19

Forwarded with following documents to O.C Discharge Depot.

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

1539 1
1238 1

Date 14.3.19 *C. B. Dukes Capt.*
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date MAR 13 1919 *R. H. Sait Capt.*
O. C. Discharge Depot.

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

Date

To be used only for Special Reserve Recruits, and for Special Reserve Regular Army.

MEDICAL HISTORY

OF

Surname McGillivray

Christian Name William



Table 1.—GENERAL TABLE.

Birthplace:—Parish St John's County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|--|---------------------------|---------------------------|----------------------------|
| | Right | Left | Right | Left |
| Examined | on <u>15</u> day of <u>Jan</u> 1915 | on _____ day of _____ 191 | at <u>St John's</u> | at _____ |
| Declared Age | <u>18</u> years <u>7</u> months | years _____ days _____ | Trade or Occupation | <u>Engineer</u> |
| Height | <u>5</u> feet <u>3</u> inches | feet _____ inches _____ | Weight | <u>114</u> lbs. _____ lbs. |
| Chest Measurement | Girth when fully expanded... | <u>29 1/2</u> inches | inches _____ | inches _____ |
| | Range of expansion... | <u>32 1/2</u> inches | inches _____ | inches _____ |
| Physical Development | _____ | _____ | _____ | _____ |
| Vaccination Marks | Arm | _____ | _____ | _____ |
| | Number | _____ | _____ | _____ |
| When Vaccinated | _____ | _____ | _____ | _____ |
| Vision | R.E.—V= | <u>1906 or 1907</u> | R.E.—V= | _____ |
| | L.E.—V= | _____ | L.E.—V= | _____ |
| (a) Marks indicating congenital peculiarities or previous disease | (a) _____ | (a) _____ | (a) _____ | (a) _____ |
| (b) Slight defects but not sufficient to Cause Rejection | (b) _____ | (b) _____ | (b) _____ | (b) _____ |
| Approved by (Signature) | <u>Patterson</u> | | _____ | |
| (Rank) | <u>Capt</u> | | _____ | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at <u>St John's</u> | at _____ | on _____ day of _____ 191 | on _____ day of _____ 191 |
| | Corps. _____ | Regtl. No. _____ | Corps. _____ | Regtl. No. _____ |
| Joined on Enlistment | _____ | _____ | _____ | _____ |
| Transferred to | <u>Newfoundland 976</u> | | _____ | |
| Became non-effective by | _____ | _____ | _____ | _____ |
| (Signature) | _____ | | _____ | |
| (Rank) | _____ | | _____ | |



Table II.—Only for admissions to hospital or to the sick list

| Name of Hospital. | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on syphilis, admission of treatment |
|-------------------|----------------------|-------|------|--------------------------|-------|------|--|-------------------------|---|
| | Day | Month | Year | Day | Month | Year | | | |
| Johns Hopkins | | Mar | 26 | Mar | 15 | | Reopened stab wound Local Peritonitis | 23 | |
| Memorial U.S. | 7 | 6 | 17 | 18 | 7 | 17 | Toxæmic hepatitis. | 41 | No albuminuria |
| McLellan Helms | 24 | 7 | 18 | 2 | 9 | 18 | W. Syphilis | 41 | Second primary treatment |

In the case of Warrant Officers treated in quarters

The cause, nature or treatment of the case likely to be of interest or of future use. In cases of readmissions to hospital will be shown. The subsequent progress, including particulars sent out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

L. Paterson Capt.

ps. Heart normal.

J. H. H. Dawson B.M.D.

any symptoms. Vide A.F.T. 1238. Was positive 6/6/44. To continue treatment. Set to rejoin unit.

*Howard
Capt. R.S.C.*

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

| Date | Brief Details, and Signature |
|------------|---|
| 29. 2. 16. | Vaccination. R.P. Grohmann. LeRanno. |
| 20. 3. 16. | Fit for active Service. Krijm |
| 8-1-19 | Recommend Repatriation <div style="text-align: center; margin-top: 10px;"> <i>MR 21</i> <i>Capt. Dr Dorr</i> </div> |

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category E
21. 2. 19
Date of S.M.B.
H. Mearns Captain
Assistant Adjutant
Discharge Depot—New Zealand

TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|---------------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
| <i>St John's N.Z.L.D.</i> | | | | | |

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 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, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|-----------------------|----------------------|-------|------|--------------------------|-------|------|--|-------------------------|---|------------------------------|
| | Day | Month | Year | Day | Month | Year | | | | |
| Johns Hospital. | Mar | 26 | 15 | Mar | 15 | | Reopened stab wound Local Parotiditis | 23 | | J. Patterson Capt. |
| Naval Hospital, M. B. | 7 | 6 | 17 | 7 | 17 | | French hepatitis. | 41 | No albuminuria etc. Heart normal. | J. H. H. Davton C.M.D. |
| Midway Hospital | 24 | 7 | 18 | 2 | 9 | 18 | 41 Syphilis | 41 | Secondary symptoms. Vide R.F.T. 1238. Was erman positive 6 months. To continue treatment. Set to rejoin unit. | Flanagan Capt. R.S.C. |

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 trade, with a view to learning
dancing.

W. M. Gellera
Signature of Man.

Reg. No. 976

H. Campbell
Signature of the Vocational Officer or his Representative.

Place Dept. Illinois

Date March 12, 1919

Casualty Form—Active Service.

5669

Regiment or Corps 1st NewfoundlandRegimental No. 976 Rank Pte Name W. Mc GillivrayEnlisted (a) 17-1-15 Terms of Service (a) Duration Service reckons from (a) 17-1-15Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|-----------|--------------------|--|-----------|-----------|--|
| Date | From whom received | | | | |
| | | Embark'd Southampton | 28. 3. 16 | | Joined Det. 15. 4. 16 B 213. |
| | | Disembark'd ROUEN | 30 3. 16 | | |
| 29. 4. 16 | 87 Fa. | Atlanta. Products transferred | O.R.S. | 26/4/16 | E. 89207. |
| 6. 5. 16. | O.R.S | Dis to unit | O. | 28/4/16 | E. 89395, |
| | unit | Stat Battalion | Lance | 4. 4. 16 | B 213 |
| | | | | | With BATT. 25. 1. 17 |
| 8. 3. 17 | N. Z. F. A. | Ad. Tuberole Hong | Americas | 28. 2. 17 | H.A. 7209. |
| 17. 3. 17 | 1 Stat. N. | Ad. N. Y. D. Alt. | Rouen | 7. 3. 17 | H.A. 7403. |
| 23. 4. 17 | 29 P. A. D. | joined Base Depot | do | 22. 4. 17 | Non. Roll. |
| 12. 5. 17 | 12 G. Hosp | Ad. N. Y. D. Sev. | do | 7. 5. 17 | H.A. 9295. |
| | "Grantully ble" | Invalided to England | | 16. 5. 17 | W 3083. |



Bohile FOR
O. No. 1 Reg. Infantry Section
C. H. O., 2nd Trench

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Form B. 213, each re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps.

Casualty Form - Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank... *Pvt*... Surname... *Mc Gillvray*... Christian Name... *Thomas William D.*
 Religion... *Presbyterian*... Age on Enlistment... *19* years... months
 Enlisted (a) *St. John's*... Terms of Service (a) *Duration*... Service reckons from (a) *14-1-15*
 Date of promotion to present rank... Date of appointment to lance rank...
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....
 Occupation... *Engineer*..... Signature of Officer

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|--------|--------------------|--|-------------------|------------------|---|
| Date | From whom received | | | | |
| | | | Embarked | | |
| | | | Disembarked | | |
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(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) Signaller, Shoeing Smith, &c.
 W 8645-312733-20-000 2/17 (35011) C. P. & S., Ltd. Form B.103 2/1907. P.T.O.

2119

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

| Corps | Company | Regimental No. | Rank and Name | * Date on which case originally came under treatment |
|---|---------|----------------|-----------------|--|
| Newfoundlands | F. | 976. | Pvt W.C. Gilroy | 24. 7. 18. |
| | | | | REMARKS |
| <p>Herewith A.S. I. 1238</p> <p>Kindly acknowledge receipt hereon.</p> <p>Please note: The above man has completed treatment.</p> | | | | |

To Ofc. F. Coy: Newfoundlands.
 Station and date Laysley Barr
Wentworth



W. J. Clements
 Lieut. Colonel, R.A.M.C.
 Officer in Charge

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

SYPHILIS CASE-SHEET.

Regtl. No. 976 Rank and Name Pte W. Gilroy W Corps King's Own

Placed on Syphilis Register at Sheeo on 24.7.18 No. in Register 2119.

Disease contracted at _____ Primary sore appeared on (date) _____

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Pigmented scar st. side shaft of penis

Lymphatic glands Swollen double inguinal, double epitroch.
 Skin (nature and distribution of rash) Hard cervical adenitis. Condylomata ac.

Mucous membranes Ulceration tonsils & fauces.

Other symptoms Multiple mucous patches all over buccal

mem. memb.

Examination of exudate from sore—Spirochaeta Pallida (present or absent) Not taken

Examination of blood serum—(Method employed (original or modification) Original

Wassermann reaction (Result (positive or negative) Positive?

Station Sheeo Date 30/8/18 Signature of M.O. J. J. Smith
Capt R. P. S.

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register

| |
|---------------------------------|
| (a) Recovered |
| (b) Transferred to Army Reserve |
| (c) Discharged from Army |

Station _____ Date _____ Signature of M.O. _____

1. The name of a member of the service and his or her last name shall be entered in the first column and the date when the member was first seen in the second column. The date and name of the blood test to be entered, and if negative, the date on which the next blood test is due to be entered.

| Station | Date | Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.) | Weight checked, without boots—lbs | Wassermann Reaction | | Treatment | | Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initials) |
|---------------|-----------------|--|-----------------------------------|---|---|---|---|---|
| | | | | Original (O.) Method Modification (M) | Results Positive (+) Negative (-) | Arterial Injections. Dose in grammes | Mercurial Intramuscular injections. Dose of Methyl Mercury in grains Injections or Oral (Preparation and dose) | |
| <i>Silsea</i> | <i>24.7.18</i> | <i>Admitted to Hospital</i> | | | | | | |
| | <i>25.7.18</i> | <i>WASSERMANN XXX</i> | | | | | | |
| | <i>2.8.18</i> | | | <i>N</i> | | <i>45</i> | | |
| | <i>2.8.18</i> | | <i>BB</i> | | | | <i>1</i> | |
| | <i>9.8.18</i> | | | <i>N</i> | | <i>45</i> | | |
| | <i>9.8.18</i> | | <i>BB</i> | | | | <i>1/1</i> | |
| | <i>16.8.18</i> | | | <i>N</i> | | <i>45</i> | | |
| | <i>16.8.18</i> | | <i>BB</i> | | | | <i>1/1</i> | |
| | <i>20.8.18</i> | <i>WASSERMANN XX</i> | | | | | | |
| | <i>25.8.18</i> | | <i>BB</i> | | | | <i>1/1</i> | |
| | <i>27.8.18</i> | <i>WASSERMANN ++</i> | | | | | | |
| | <i>30.8.18</i> | | | <i>N</i> | | <i>6</i> | | |
| | <i>30.8.18</i> | | <i>BB</i> | | | | <i>+</i> | |
| | <i>6.9.18</i> | | | <i>N</i> | | <i>6</i> | | |
| | <i>6.9.18</i> | | <i>BB</i> | | | | <i>+</i> | |
| | <i>20.9.18</i> | | | <i>N</i> | | <i>6</i> | | |
| | <i>20.9.18</i> | | <i>BB</i> | | | | <i>+</i> | |
| | <i>27.9.18</i> | | | <i>N</i> | | <i>75</i> | | |
| | <i>27.9.18</i> | | <i>BB</i> | | | | <i>+</i> | |
| | <i>16.10.18</i> | <i>WASSERMANN TEST RESULT</i> | | | | | | |

*Frank
Rat*

*Frank
Rat*

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

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

1. Unit and Corps..... **ROYAL NEWFOUNDLAND** 7. Former Trade }
or Occupation }
2. Regtl. No. **876** 3. Rank **PRIVATE** 7a. If the soldier claims previous service in
Army, he should state—
4. Name **McGILLVARY** **WILLIAM H.** (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

FRENCH NEPHRITIS AND BAYONNET WOUND

11. Date of origin of disability. **WOUND MARCH 3rd 1918 NEPHRITIS 7/6/17**
12. Place of origin of disability. **ST. JOHN'S FRANCE**
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
ACCIDENTALLY STABBED BY BAYONNET WHILE ON DUTY IN C.L.B. ARMOURY AT ST. JOHN'S. WAS SENT TO HOSPITAL AND TREATED FOR LOCAL PERITONITIS FOLLOWING WOUND. NEPHRITIS DEVELOPED 7/6/17 IN FRANCE. SENT TO 3RD LONDON GENERAL HOSPITAL, TRANSFERRED TO 3RD LONDON GENERAL, LATER BERMONDSEY MIL. HOSP. FROM THERE DISCHARGED TO DEPOT 18/7/17

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | YES | |
| (ii.) Previous active service | NO | |
| (iii.) Climate in pre-war service | NO | |
| (iv.) Ordinary military service before the war | NO | |
| (v.) Serious negligence or misconduct on the man's part. | V.D.S.CURED | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } **N.A.**

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

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) **SCAR THREE INCHES LONG ON RIGHT SIDE OF ABDOMEN RESULT OF BAYONET WOUND. NO PAIN ON PRESSURE. SLIGHTLY TO RIGHT OF MID LINE OF ABDOMEN OPERATION WOUND FOUR INCHES LONG. DOES NOT COMPLAIN OF NEPHRITIS. NO ALBUMEN PRESENT.**

16. Was an operation performed? If so, when and what was its nature? **YES FOR PERITONITIS RESULTING FROM BAYONET WOUND**

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? **COMPLAINS OF BRONCHITIS DEVELOPED IN FRANCE SINCE BEEN UNABLE TO RELIEVE**

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

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

(SGD) J. STP. KNIGHT. CAPTAIN
 Medical Officer in charge of case.

Station

Date

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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment: (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). **60% for 3 MONTHS**

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? **YES**

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him? **I**

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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

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

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

29. Does the soldier require:—

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

Signatures:—

(Sgd) H. S. FRASER

J. S. TAIT

President or Chairman.

Station **ST. JOHN'S**

Date **FEB. 21st., 1919**

L. PATTERSON. MAJOR

Members.

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

Station **ST. JOHN'S**

Date **FEB 21 1919**

(Sgd) CLYDE MACPHERSON. MAJOR

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

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

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

Station

O.C. Discharge Centre.

Date



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 *William L. McIlwray*

Regiment from which discharged *Royal Newfoundland*

Regimental number *976*

Intended address *28 Forest Road*

Height on discharge *5* Feet *5*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *Wound + Stomach*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Susan*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns 1-10-1895*

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) *William L. McIlwray* *St* (Rank)

Station *St Johns* Date *18.4.19*

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.



Medical Officer i/c Hospital,
Unit, or Command Depot,
St. John's, Newfoundland.

Station _____ Date _____

DUPLICATE ORIGINAL



Allotments.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 976 (Rank Private (Name) Wm. M. Gillivray
hereby apply for cancellation of Allotment made by me on
N.F. 955 dated January 1916 in favour
of Matthe for \$ 1 cts 00
per diem. Such cancellation to take place on the

Thirty-first day of August 1917

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Bony Camp
August 9th 1917

W. M. Gillivray
Allotter.

Approved and Witnessed,
A. Raley Capt
O.C. "X." Company.

NOTED
J. S. Clavidge
C.Q.M.S.
Date 9/17 Coy

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.

NOTED
1857
Date 1857 Coy



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Douglas McGillivray, No. 976.

hereby agree, until further notification by me, and in similar official form, to make an Allotment of _____ Dollars and _____ 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) |
|---------------------------------------|---|-----------------------------|----------------|----------------------|
| 975 | Mother | William Douglas McGillivray | 28 Forest Road | 60 |
| payable from April 24/15 No. 31/17 | | | | |
| 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.) [Signature]
 Officer Commanding
 Company

St John's

(Sig.) W. D. McGillivray
 (Rank) Pte

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *William* 2. Surname *Mc Gillivray*

3. Rank *Private* 4. Regtl. No. *976*

5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded. *28 Forest Road St Johns Newfoundland*

6. Date of enlistment in the Regiment. *7th January 1915*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Not applicable*

8. Relationship of such dependents. *Not applicable*

9. Address in full of such dependent. *Not applicable*

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *3 years Nine months 15 days served Overseas*

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

~~Not applicable~~ *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.....

\$60.00. Clerk allowance.
Not applicable

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 Regt.? .. If not give:- (a) Date of discharge.....

13/3/19

Demobilised

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.....

14.5 Months, France
16 March 1916 to May 1917

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: *William D. McElwary*

Place of Residence: *28 Forest Rd. St. Johns. A.P.S.*

Declared before me at: *St. John's*
This *15* day of *March* 19*19*

*Robert James
Notary*

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 mos.</i> | <i>420.00</i> |
| | | | | |
| | | | | |
| Certified Correct. | | | Paymaster. | |

December 24th 1919

Major Howley
O. I. C. Records

Please pay to W. McGillivray, 976
the sum of twenty three dollars and thirty two cents
in payment of allowance for two weeks ending Jan 3rd 1920
and charge same to Civil Re-establishment Committee

\$23.32

Pension

\$10.00

W. B. Rachell
.....
Vocational Officer

Wm. M. Gilvary

| | |
|----------------------|--------------------|
| ACCOUNT | |
| CH. NO. <i>25078</i> | INITIALS <i>EW</i> |
| INL. LEDGER | INITIALS |
| PAY LEDGER | INITIALS |
| GEN. LEDGER | INITIALS |

March 6, 1920.

Major Howley,
O. I.C. Pay and Records.

Please pay to 976 W. McGillvary,
the sum of six dollars,
in payment of suit of overalls, as per bill attached to duplicate
and charge same to Civil Re-establishment Committee.

\$6.00

[Handwritten signature]

.....
Vocational Officer.

| | |
|-------------|-------------------------------|
| ACCOUNT | |
| CHK. NO. | 31405 |
| INITIALS | <i>[Handwritten initials]</i> |
| INL. LEDGER | INITIALS |
| PAY LEDGER | INITIALS |
| GEN. LEDGER | INITIALS |

[Handwritten signature: W. McGillvary]

June 8th 1920

Major Howley
O. I. C. Records

Please pay to W. McGillvary, 976
the sum of fifty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$50.00

Pension \$10.00

F. C. S. W. S. McNeill

Vocational Officer

W. M. Gilboady

| | |
|------------------------|--------------------|
| ACCOUNT _____ | INITIALS _____ |
| CHEQ. NO. <u>39018</u> | INITIALS <u>AS</u> |
| INL. LEDGER _____ | INITIALS _____ |
| PAY LEDGER _____ | INITIALS _____ |
| GRN. LEDGER _____ | INITIALS _____ |

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt. - W. McGilbray

Billeting Soldiers as undermentioned

from Feb 21st /19 to Feb 28th /19

| | | | |
|------------|----------------------------|----------|-----------|
| <u>976</u> | <u>Plt. - W. McGilbray</u> | <u>7</u> | <u>20</u> |
|------------|----------------------------|----------|-----------|

Certified correct for \$ 7.20

N.J. Joseph A. Knowles
Billeting Officer.

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

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

1. Unit and Corps. *Royal Newfoundland*..... 7. Former Trade }
 or Occupation }
 2. Regtl. No. *9760* 3. Rank *Pte*..... 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
 4. Name *McGILLVARY*.....
 (Surname) (Christian Names)
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
French Nephritis & Pyelitis w/d.
 11. Date of origin of disability. *w/d. Mar. 30th 18* Nephritis 7-6-17
 12. Place of origin of disability. *St. John's* France
 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. *Accidentally stabbed by bayonet while on duty in C. L. B. Birming at St. John's was sent to Hosp. and treated for local peritonitis following w/d. Nephritis developed. 7-6-17 in France sent to 4th Gen. Hosp. Bowen, transferred to 3rd London Hosp. later Bermuda Mil. Hosp. from there discharged to depot 12-7-17*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|------------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service.. .. . | <i>No</i> | |
| (iii.) Climate in pre-war service | <i>No</i> | |
| (iv.) Ordinary military service before the war | <i>No</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>V. P. S. caused</i> | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N. A.*

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

15. What is his present condition? *Scar 3 inches long on right side of abdomen result of bayonet wd. No pain when it is likely to afford evidence of the progress of the disability.)*
on perineum slightly to right of midline of abdomen operation wd. four inches long. Does not complain of Nephritis no albumen present.

16. Was an operation performed? If so, when and what was its nature? *Yes, for peritonitis resulting from Bayonet wd.*

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *Complains of bronchitis developed in France since been unable to relieve*

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.

Reoperation
W. H. S. / C. P. D. D. D. D.

Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

Cough & dyspnoea

(b) The present condition thereof.

Pulse 88.

*Harsh vesicular breathing upper lobe right lung.
Patches alveolar creata. No albumen in
urine*

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

(i) Service during the present war

Y/S

(ii) Previous active service.. .. .

(iii) Climate in pre-war service

(iv) Ordinary military service before the war

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

W

Give details:

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

No Condition

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

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

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

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

60% 3 months

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

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

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

Yes

Opinion of Military Member in case of disagreement.

E

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

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

Yes

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

29. Does the soldier require:—

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

Signatures

Station *S. Khan*

Date *Feb 21/19*

[Handwritten Signatures]
 President or Chairman.
 Members.
 Only applicable in cases of Patients in Hospitals.

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

Station

Date

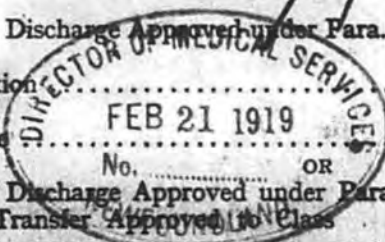
Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

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

Station

Date

O.C. Discharge Centre.



The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 976 Rank Pts Name McGillvary, Wm.

Intended place of residence..... 28 Forest Road

2. Occupation Engineer

Classification of soldier B Medical Category E

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S (sgnd) H. Mews, Lt......

Date MAR 13 1919 for 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 (sgnd) W. McGillvary.....

MAR 13 1919

Signature of soldier

" Jos. H. Snow, Lt.

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 (sgnd) W. McGillvary.....

MAR 13 1919

Signature of soldier

" H. Daymond, Sgt.

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-11-15 No of days on Military

Discharged from service..... 13-2-19 plus 14 days Service 1229 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 R. H. Snow, Lt......

MAR 13 1919

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date

CONFIRMATION OF DISCHARGE

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

Place

Date Officer in Charge
The Royal Newfoundland Regiment

Dio St Johns
WILL

298

No. 976, W.D. McGillvary.

28 Jones - RS

13
WILL.

14/11/16
(298)

In the event of my
death I leave all my
property & effects to the
dog & Cats home Land
providing they dont
take in any more
black cats signed

976 Wm D. Mc Gillvary
No 976 B Coy
1st Newfoundland Regt
B E 7 France

NEWFOUNDLAND CONTINGENT

COPY OF WILL

of

No. 976,

Wm. D. McGillvary.

In the event of my death I leave all my property and effects to the Dog and Cats Home, London providing they don't take in any more black cats.

(Signed) Wm, D. McGillvary,
No. 976, B Coy,
1st Newfoundland Regt.,
B.E.F. France.

14/11/16.

Certified True Copy.