

## FIRST NEWFOUNDLAND REGIMENT

# ATTESTATION OF

|   | Recruit before Enlistment.   |
|---|--|
| I. What is your name?   | 1 Prilyman Apletoppenin  |
| 2. What is your full Address?   | 2 177 / V/1  |
| 3. Are you a British Subject?   |  |
| 4. What is your age?  | 4  |
| 5. What is your Trade or Calling?   | 5. Periman   |
| 6. Are you Married?   | 6  |
| 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? | 7  |
| 8. Are you willing to be vaccinated or re-vac-  | 7  |
| 9. Are you willing to be enlisted for General Ser-  | 9  |
| 10. Did you receive a Notice, and do you under-<br>stand its meaning, and who gave it to you?     | Corps  |
| 11. Are you willing to serve upon the conditions as em to be signed by you if you are accepted?   | (bodied in the roll of service)  |
|   |  |
| OATH TO BE TAKEN BY F   | ECRUIT ON ATTESTATION.   |
| bear true allegiance to His Majesty King George the Fifth.  |  |
|   | TE OR ATTESTING OFFICER.  If he made any false answer to any of the above questions  Act.  |
| The above questions were then read to the Recruit   | in my presence.  |
| <ul> <li>I have taken care that he understands each question,</li> </ul>                          | and that his answer to sack provides has been dole subsend   |
|   |  |
|   | declaration and taken the oath before me at  |
|   | declaration and taken the oath before me at  |
| on this   | Officer  |
| on this   | e declaration and taken the oath before me at  |
| on this   | Officer  |
| on this   | Officer  Off |
| on this   | o declaration and taken the oath before me at  |
| on this   | Officer  |

viz:—(Name).....on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entr Apparent age months. Girth when fully expanded. Chest Measurement Range of expansion... Distinctive marks .. INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin .... | Relationship..... 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) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Corps in Rgt. or which served Depot Signature of Officers certi-Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of entries Days Years Days Service towards limited engagement reckons from Jo ned at\_ Total Service forfeited as above.....



# FIRST NEWFOUNDLAND REGIMENT 1217 ATTESTATION OF Name Wilman McKey. Corps C. of. E.

|     | .14 | 00 |
|-----|-----|----|
| No. | 42  | 11 |

| Questions to be put to the Recruit Reform Enlistment?   |
|---|
| I. What is your name? I. Minan Men af.  |
| 2. What is your full Address?   |
| 3. Are you a British Subject? 3   |
| 4. What is your age? 4  |
| 5. What is your Trade or Calling? 5 Turnen -  |
| 6. Are you Married? 6. No   |
| 7. Have you ever served in any Branch of His Ma jesty's Forces, haval or military, if so,* which?   |
| 8. Are you willing to be vaccinated or re-vac-  |
| 9. Are you willing to be enlisted for General Ser-  |
| 10. Did you receive a Notice, and do you under-stand its meaning, and who gave it to you?   |
| 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?  |
| made by me to the above questions are true, and that I am willing to fulfil the engagements made.   |
| OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  I  |
| 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 of Attesting Officer . Makely 47  |
| †CERTIFICATE OF APPROVING OFFICER.  |
| I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-   |
| quired forms appear to have been compiled with. I accordingly approve, and appoint him to the   |
| If enlighed by special suphority, such will be attached to the original attestation.  |
| Date. 056 28 40 19  |
| Place   |
| † 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.             |

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Merlical History Sheet Name. 9 inches Height Apparent age Girth when fully expanded Chest Measurement Range of expansion Distinctive marks INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin \_\_\_\_\_ Relationship 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) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Signature of Officers certi-fying correctness of entries Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. Army Rank Dates Days Service towards limited engagement reckons from Total Service forfeited as above......

Extract from Delly Bax Orders Bart 11 Init The Reyal Effic. Regt. Feb. 18th, 1919.

The Discharge of the Undernoted on demobilization has been approved Comfirmed by Officer 1/c Records on noted Dates.

4277 Pte. Norman Mackay.

Extract from Daily Orders Part 11 Unit The Hoyal Mild. Regt. St. John's, Jan. 80th, 1919.

The displayer of the undermoted man has been approved on Demobilization by O.S. Manharyo Depot on matel date.

4277 Pte. N. McKay.

Antreet from Medical Board held Jen-22nd, 1910.

4277 Pte. N. Makay.

Recommended Discharge on permanently forth.

Extract of Telegram from Synoptical, London to Military St. John's dated Jan. 8th 1919.

With reference my telegram Jan. 2nd you can pay

4277 Mackay

Extract from telegrams received from Synoptical Econom, Jan.2,1919.

With reference your telegram Declith 4277 MCkay f.5.3.0.

Extract from Daily Orders Part 11, Depot St. John's dated Dec.23/1918

The u/m returned from Overseas and reported to Depot 21-12-18.

4277 Pte. N. McKay.

Extract from Mominal Roll discharged from 5rd L.G.H. on 7012-18 and sent to 2nd Battn. Winchester, for immediate repatriation, in accordance with arrangements made by Major Timewell. 117 Dec. 1918.

4277 Pte. N. McKay.

detroct from Reminal dell of repatriation draft No. 79

#4277 Pte. N. JMcKay.

Extract from Daily Orders part II. WINCHESTER, by Lieut. Col-B. J. BARTON. D. S. U.Officer Commanding End., Battalion Royal Newfoundland Segment dated 10-12-18.

The u/m having rep rted back from the 1st. Battalion is taken on the strength and posted to "H" Co.,  $\triangle ee -8-18$ 

#4277 Pte. B. Mackay.

Oct. 16th, 1918

Mrs. Sumb McKey

Stephenville Crossing

Dear Madam :-

I beg to inform you that additional information concerning your son. No. 4277, Private Notman McKay, has been received through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably.

Lours faithfully.

Lieut. Col.,

Chief Staff Officer.

# NEWFOUNDLAND POSTAL TELEGRAP



#### Cable Connection with all the World

## All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to

the Sender the amount paid for its transmission. In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or

resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such

The control of the N. P. T. over the Message shall be deemed to have ntirely ceased for the purposes of these Conditions at any point where, in the course of the transmist of the Message shall be deemed to have ntirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (a.d. the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

| NOT | TRA | NSM | ITTED) |
|-----|-----|-----|--------|
|     |     |     |        |

| Signature o    | of Sender    |       | Address Dept of Militia |  |  |  |  |  |  |
|----------------|--------------|-------|-------------------------|--|--|--|--|--|--|
| Line<br>Number | RcdBy_       | Sentb | Check                   |  |  |  |  |  |  |
| Dated          | Oot 5th 1 18 |       |                         |  |  |  |  |  |  |

Sarah McKay, Stephenville Crossing To

> Regret to inform you that Record Office. London. officially reports No. 4277. Private Notman McKey at 3rd London General Hospital, Wandswritth, suffering from ,G.S.W., thigh and head

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

Minister of Militia.

FOR TYPEWRITER

Extract from Casualty List No. H.A. 29551.

4277 Pte. N. McKay.

Adm. to 83 Gen. H. Boulogne 27 Sep.18.

1/Nfld. G.S.W. Thigh L. Hand Sev.

M.M.

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O., Commanding 1st Battalion Royal Newfoundland, dated 5/9/10.

The following arrived to-day and is posted to the following Company.

C. COMPANY.

4277, Pte. H. McKay.

# NEWFOUNDLAND POSTAL TELEG

### Cable Connection with all the

#### All Messages Sent are Subject to the Following Conditions:

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In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

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The control of the N. P. T. over the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

#### (NOT TRANSMITTED)

| Signature of   | Sender |    | Address | Militia Dept. |
|----------------|--------|----|---------|---------------|
| Line<br>Number | Red    | Ву | Sent by | Oheek         |

Dated April 27th 1918.

#### To Mrs Smah McKay, Stephenville Crossing.

Regret to inform you that Record Office, London, officially report4277. Pte. Notman McKay, at Hespital. Liverpool, landed from draft which embarked here March 28th suffering from Measles.

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

J.R. Bennett.

Acting

Mininster of Militia.



Extract from Casualties received f rom Payb& Record Office . London .dated May 3rd .1918.

The undermentioned of this draft was left in Kospital at Liverpool:

O.C.lst Western General Hospital L'pool Reports #4277 Pte.N.McKay.

Measles slight Adm. Sparrow Hall Aux. Hosp. Liverpool

Extract from Moninel Boll Braft (61, to 3,2,7, Enhanced Followtone, 51-6-16,

4277 Pte. McKay N.

Satmost from Sominal Roll Embarked St. John's for Overseas Bar. 88th, 1918.

4277 Pte. McKay M.

Extract of Daily Orders part 11, from Unit Royal 4/1st Newfoundland Regiment, Headquarters dated December 29,1917.

#42 77 Pte. N. McKay,

Attested for General Service with the 1st Newfoundland Regiment with effect from 28/12/17.

P.+R. 6

yo paymos ter dage 160 68 2 iction St Please Remit to Paro the sum of one propered an. account a fary traffence dat may be due to mo 1 6 01. makag Robert ON Rade. 16.11.18 QK. fro-0 m. R. 16/11/18 Necept alo. 9799 16/11/8 10/10/19/8 P. 8. 9.

# LAST PAT CERTIFICA OFFICE COPY N.F.P./94.

| DR.          | PARTICULARS                                | 18 | 4  | £ | 8 | a I      | PARTICULARS   | 13 | 18             | h £ | 8  |
|--------------|--|----|----|---|---|----------|---|----|----------------|-----|----|
| 81/21/11     | Balance Dr. from 7/12/18 Allotment days 60 | 8  | 40 | 8 | 9 | 11<br>11 | Balance Cr. from Pay days 0 \$1.00 Field Allce days 0 \$1.00 Other Allces days 0 \$ | 4  | 00<br>40<br>40 |     | 16 |
| or 8/12/8 To | Other Debits                               |    |    |   |   |          | Other Credits:  M. F. 9. 55- 308/9  Sent to H. 2 St. Johns  7/1/19                  |    |                |     |    |
| ROD: F       | Total Debits  Balance due by Paymaster     |    |    | 3 | 7 | 10       | Total Credits  Balance due to Paymaster   |    |                | •   | 18 |
| d 83         |  |    |    | 3 | 7 | 10       |   |    |                | 5   | -  |

3rd.London General Hospital, Wandsworth.

13th. December, 8.
4277. Pte.N.McKay

Pay to 4277 McKay - £5:3:0



#### Medical Report on an Invalid.

Station Date

- 1. Unit Royal
- Regimental No. 4277
- 3. Rank PI
- 4. Name Mc Kay
- 5. Age last birthday
- 6. Enlisted on

- 7. Former Trade or Occupation |
- 7a. If with previous service in Army, state--
  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.

#### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

9. SW left shigh

#### Statement of Case.

Note.-The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- Date of origin of disability.
- 10. Place of origin of disability.

Give concisely the essential facts of the Operation wound; inner side of history of the disability, noting entries left shigh at level off adductor subscule on the Medical History Sheet bearing discharged from Wandesworth for refoliation

- Give your opinion as to the causation of the disability, stating, whether in your opinion it is-
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper man's part, e.g., misconduct, &c. intemperance,

|       | Weight should be given in all cases when<br>it is likely to afford evidence of the<br>progress of the disability.  | thigh heared slight waiting musice left thigh movement knee restricted to less than a right engle pain in leg after walking. |
|-------|--|--|
| TO HE | Time   | restricted Classiff  |
| 14.   | If the disability is an injury, was it caused—   | pain in leg after walking.   |
|       | (a) In action?   |  |
|       | (b) On field service?  |  |
|       | (c) On duty?   |  |
|       | (d) Off duty?  |  |
|       |  |  |
| 15.   | Was a Court of Inquiry held on the injury?   |  |
|       | If so—(a) When?  |  |
|       | (b) Where?   |  |
|       | (e) Opinion?   |  |
|       | (c) Opinion.   |  |
| 10    | W  |  |
| 16.   | Was an operation performed? If so, what?   |  |
|       |  |  |
| 17    | If not are an another added 1  |  |
| 17.   | If not, was an operation advised and declined?   |  |
| 10    | T  |  |
| 18.   | In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?   |  |
|       | to active service (  |  |
| 19.   | Give particulars of any other disabilities<br>existing, but not in themselves sufficient<br>to cause invaliding, and state whether<br>they are attributable to or have been<br>aggravated by service during the present<br>war.  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
| 20.   | Do you recommend— (a) Discharge as permanently unfit, or   | Repatriation 1   |
|       | (b) Change to England?   | . Kaywe.   |
|       |  | With Col   |
|       |  | BOYAL NEWPOLMBLAND REG.  |
|       |  |  |
|       |  | Officer in medical charge of case.   |
|       |  |  |
|       | I have satisfied myself of the g   | general accuracy of this report, and concur therewith,   |
| exc   | ept†   |  |
|       |  |  |
| Sta   | tion   |  |
|       |  | Officer in charge of Hospital.   |
| T 100 | HE WAS A CONTROL OF THE PARTY O |  |

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

Please charge the amounts set opposite my name to my account and pay it to the N.". J.A. "Prisoners of "ar Mund" in quarterly instalments for the period of one year.

Convencing on 1st July 1916.

| Regtl. | Renk. | Name      | Amount  | Signature. |
|--------|-------|-----------|---------|------------|
| 4277   | A/s   | mekay. 2. | \$ 2.50 |            |
|        |       | •         |         |            |

I have the honour to be; Sir,

Your obodient servant.

A Tro kay.

Date June 20th 8

Nº 3971



# 1ST. NEWFOUNDLAND REGIMENT

#### ALLOTMENTS

| to, and fo                     | gree, until further no<br>or the benefit of the                         | tification by me, and Dollars and undermentioned Person | in similar o                 | , Regl. No<br>fficial form to make an<br>Cents, per diem,<br>s, such payment to be n | Allotment of from my Pay, nade on proof |
|--------------------------------|---|---|------------------------------|--|---|
| concerne                       |   | tion of the relative                                    | Identity Co                  | ertificates by the Person  | and Persons                             |
| Identity<br>Certificate<br>No. | Whether Wife, Child,<br>other Relative or<br>Friend                     | NAME (in full)  |                              | Address  | AMOUNT (each person)                    |
| 3/1/                           | Mother  | Na Samh   | nekay                        | Stephenville   | 6.                                      |
|                                |   |   |                              |  |   |
|                                |   |   |                              |  |   |
|                                |   |   |                              |  |   |
|                                |   |   |                              | Total Allotment, S   | 60                                      |
| si                             | his form must be com-<br>gned by the Officer C<br>equired payments on a | ommanding Company a                                     | mmanding Cor<br>nd handed to | npany, signed by the Volumente Paymaster as authority                                | nteer, counter-<br>r to make the        |
| Sig.)                          | Mobiley of  | r Commanding  H Company                                 | (Sig.)<br>(Rank)             | Votman d<br>Private  | bckay                                   |

|          | in a   |        | 744 | :          | , ,            |                   |        |        |    | T 11/2- |       |     |          |
|----------|--|--------|-----|------------|----------------|-------------------|--------|--------|----|---------|-------|-----|----------|
|          | No 427) Rank Privat  | Name _ | 11  | (7)        | ay 1.          |                   | Ţ      | Net Re | te | tmen    | t /   | 0   | J. 5 /43 |
|          | DEBITS   | Date   | £   | B <b>4</b> | CREDITS        | Period<br>From To | - Days | Rate   | \$ | \$ 1    | 8 3   | d   |          |
|          | Balance  |        |     | +          | Balance        |                   |        |        |    | -       |       | 100 | /        |
|          | Acquittance Polls  |        |     |            | Pay @ Not Rate | 31/8 6/8          | 98     | 50     | 49 | 00/     | 01    | 4   |          |
| 0/1/20   | Hospital Advances  |        |     | 184        |                | 1.18 1.18         |        |        |    |         |       |     |          |
| 4/12/18  | A.B. 64.   |        |     |            |                |                   |        |        |    |         |       |     | £ 10-1-4 |
| 0        | P.&.R.O. Payments  |        | 4   | 00         | Cr Bal & 5 300 | 1                 |        |        |    |         |       |     |          |
| £4-18-4" | 6  | -      |     |            | 2-3-0          |                   |        |        |    |         |       |     |          |
|          | Hospital Advances  A.B. 64.  P.&.R.O. Payments  Cash 10200 | 6/18   | S   | 20         |                |                   |        |        |    |         |       |     |          |
|          |  | 10     |     |            |                | <b>+</b>          |        |        |    |         |       |     |          |
|          |  |        |     |            |                |                   |        | 1 3 1  |    |         |       |     |          |
|          |  |        |     |            |                |                   |        |        |    |         | Tie e |     |          |
|          |  |        |     |            |                |                   | 17     |        | 1  |         |       |     |          |
|          | 7  |        |     |            |                |                   |        |        |    |         |       |     |          |
|          |  |        |     |            |                |                   |        |        |    |         |       |     |          |
|          |  |        |     |            |                |                   |        |        | :- |         |       |     |          |
|          |  |        |     |            |                |                   |        |        |    |         |       |     |          |
|          | 4  |        |     |            |                |                   |        |        |    |         |       |     | ì        |
|          |  |        |     |            |                |                   |        |        |    |         |       |     |          |
|          |  |        |     | -          |                |                   |        |        |    |         |       |     |          |

No. 20579/388/P&A

S. VICTORIA ST. N. F. P. /80.

From:

NEWPOUNDLAND

CONTAL BROWNING

Ohief Paymaster & 0.i/c Records, Newfoundland Contingent, 58, Victoria Street, London, S.V. 1.

To: Officer Commanding, 3rd.London General Hospital, Wandsworth.

13th. December, 191 8.

Subject: 4277. Pte.N.McKay

With reference to the following telegram (10731) from the Hon. Minister of Militia, received

Pay to 4277 McKay - £5:3:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

Photographical May. Ohief Paymaster & O. 1/c Records,

sint to 00 220 Bath

ely hote that this man was Deshayes from Hop! on 4-12-18, and proceeded to Hazel bown Camp on 3thet Date

SM LONDON GENERAL HOSPITAE

WANDSWORTH W.

Long master Porgae hengandeleund Reg P. 5'8 Vectoria Sweet London &W 101 of Phree Pounds on account of any
Balance that may Brown account of any
To he have that may be fill to
NO. 6-DECISION AMPLIANT CAN Ame OF COMMON COMMON CAN American
WANDSWORTH TO MANDEN CAN American
WANDSWORTH TO MANDEN CAN American Peease Remit his me the fum of Western W Cala E. B. W.

# EXTRACT FROM TELEGRAM. UR

"Bespatched 8/1/19 (13): ."Military, St. John's.

"4277- McKay- see my telegram 2nd January- you can pay-(Sgd) "SYNOPTICAL."

Palumai yeld 200 January

#### MEWFOUNDLAND - CONTINGENT.

| Acknowledged per No.    | dated / /.                          |
|-------------------------|-------------------------------------|
| Branch Pay              | Acted upon (Initial)                |
| Decoded by H.H.B.       | Checken by J.L.                     |
| Dated 2 / 1 /19 ( 84    | ), Received 3 /1 /19                |
| TELEGRAM TOTT tert from | MINISTER OF MILLTIA TO. A.G.16/2/78 |

593. With reference my telegram 10 Dec- with reference my telegram 11 Dec- 4 77- McKay- this-man- repatriated-Shall we pay- fullstop-

Chief Paymaster, Royal NFLD Regt. London.

Ref. attached.

These men proceeded to Newfoundland on the 12-12-18.

Hazeley Down Camp, Winchester. 20-12-18.

From:

## NEWFOUNDLAND CONTINGEN

Chief Paymaster & 0.1/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street. To: Officer Commanding

2/Bn Royal Nfld. Reg

Winchester.

18th December 1918

London, S.W. 1.

Lucidell May.

Subject: 4277, Pte. W. McKey/,

With reference to the following telegram (10731) from the Hon. Minister of Militia, received

Pay to 4277 McKay £5:3:0

Draft £ 5:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon,

Chief Paymaster & O. 1/c Records.

Receipt hereunder.

Officer Commag. Batt'n, Royal Newfoundland Regiment.

Received the sum of

on account of

cable remittance from Newfoundland.

WE?

Witness

191

Rank

NEWFOUNDLAND CONTING

From:

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

18th December 1918

Subject: 4277, Pte. W. McKey,

With reference to the following telegram (10731) from the Hon. Minister of Militia, received

Pay to 4277 McKay £5:3:0

Draft £ 5:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon

weedell May.

Chief Paymaster & O. 1/c Records.

To:

Officer Commanding 2/Bu Royal Nfld. Res

Winchester.

Receipt hereunder.

Officer Commeg. Batt n. Royal Newfoundland Regiment.

Received the sum of

on account of

cable remittance from Newfoundland.

Rank

Titness

Mekay Lorman 4277

Hay soept

Stephenvillebrossers May 19/19 IM. Howley Eng Dear Sur Please Send my discharge badge Ivas descharge Frage yours Truly Ex Ote Notman meky no.4277 Sonal M. Meller UKgo 1 Henry R. Raynes.

# The Royal Newfoundland Regiment

|         | PROCEEDINGS ON DISCHARGE   |
|---------|--|
| 1.      | No. 4277 Rank Name hotoran Me Kaul!  Intended place of residence. Suplements Comme & Herrogen.   |
| _<br>2. | Occupation June Medical Category   |
| 3·      | The above named man is discharged in consequence of  |
| 4.      | His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  Place  Date   |
|         | 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 my present factory to have a signature of softier  Place and date  1 |
| 6.      | CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER  I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  Place and Date farm 25 11.9.9  Signature of soldier  Signature of witness   |
| 7.      | Enlisted for service 2.5.12.17.  Discharged from service. 26.1.9 plus 1+ Day Service 3+15 Day  |
| 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  Officer Commanding Discharge Depot The Royal Newfoundland Regiment.  Date  |
| 9       | CONFIRMATION OF DISCHARGE  The discharge of above mentioned, soldier is hereby confirmed. Mostowley best  Place Fibruary 9/1919.  Officer ic Records  The Royal Newfoundland Regiment  |

QQ 13 2019/1008

# The Royal Newfoundland Regiment

| DEMOBILIZATION OF / / /c/  |
|--|
| Reg. No. 427 Rank Trivate Name forman he ay                            |
| Date of Enlistment 28-12-17. Address Affent Ky District Of Helevy      |
| Occupation   |
| Recommendation S.M.B   |
|  |
| 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 3                                      |
| B 179 do 3rd " 4   |
| B 179a D 400C Form K do 4th " 5  |
| B 179b B 103 ME 2 " 6 " 6  |
| B 179c B 120 M 93  |
| Date. 25-/-/9. O. C. Discharge Depot.  PARTICULARS FOR DEMOBILIZATION  |
| I. Civil Re-Establishment.   |
| I amin a position to resume civilian occupation.                       |
| h. andkay  |
| Particulars passed to Vocational Officer for information and action.   |
| Date   |
|  |
| 2. Clothing.   |
| Certified that Clothing Regulations have been complied with:—          |
| (a) Clothing Allowance payable. A. 1997                                |
| (b) Clothing Supplied  |
| Date 25-1-19 Oilc. Re-clothing.  |

| 3. Transportation and Release Certificate.   |
|--|
| The above named has been provided with Travelling Warrant No                                   |
| Statement Commission GUZ   |
| and Release Certificate No issued.   |
| 25-1-19 (18DUAS Call)  |
| Date Demobilization Officer  |
|  |
| 4. Pay and Allowances.   |
| The herein named soldier's accounts have been correctly balanced and all matters in connection |
| therewith settled. He has received pay and allowances to                                       |
| 25-1-19. Mohly Cast.   |
| Oversens Par al. the assented - Depot Paymaster.   |
| 92 1- 19   |
| Discharge approved for.  |
| 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 " 6  |
| B 179c B 120 M 93  |
| 26 1 16 Postifolist.   |
| Date 28 1. 19 CION WAS COM-  |
| Demobilization Officer.  |
| APPROVED.  |
| Documents as above forwarded to:—  |
| Officer ilc Records.   |
| Board of Pension Commissioners.  |
| with following additional documents.   |
| ELICIPLE for POST DISCUSPEE PAY  |
| ELICIBLE for POST DISCHARGE PAY  |
| Date JAN 26 1919 R. H. Last Call   |
| Date O. C. Discharge Depot.  |
| 3, 3, 2, 2, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,                                       |
| Received the above noted documents from O. C. Discharge Depot.                                 |
|  |
|  |
| Date Beiduthopeil. a   |

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

| surname Mekay.                           | <i>3</i> //12/D10/2V                     | or<br>Christian Nan       | e holma       | 4            |             |
|--|--|---------------------------|---------------|--------------|-------------|
| P.                                       | Table I.—GEN                             | IERAL TABLE.              | 7             |              |             |
| Birthplace:—Parish Life                  | henrille XV                              | County                    | ryea          | • // A // A  |             |
|  | SPECIAL                                  | RESERVE.                  | REGI          | ULAR ARMY.   |             |
| · . · · · · · · · · · · · · · · · · · ·  | on BU day                                | 1 DEC 1917                | ов            | day of       | 191         |
| Examined                                 | at I.                                    | IThus                     | at            |              |             |
| Declared Age                             | 18 years                                 | 1 Medys                   |               | years        | days        |
| Trade or Occupation                      | 3,                                       | man                       |               | 1.           |             |
| Height,                                  | J' feet                                  | 9 inches                  | 10 a          | feet         | inches      |
| Weight                                   |  | 130 lbs.                  |               |              | lbs.        |
| Chest Girth when fully expanded          |  | . As inches               |               | 2-20 100     | inches      |
| Measure-<br>ment Range of Expansion      |  | inches                    | 1             |              | inches      |
| Physical Development                     |  |                           |               |              |             |
|  | Right                                    | Left                      | Right         | la la        | ft          |
| Vaccination Marks Arm                    |  | . —                       |               |              |             |
|  |  |                           |               |              |             |
| When Vaccinated                          | R.EV                                     |                           | R.EV==        |              |             |
| Vision }                                 | L.EV= 3                                  |                           | L.EV=         |              |             |
|  |  |                           | (a)           |              |             |
| (a) Marks indicating congenital peculi-  | (a)                                      |                           | (a)           |              | -/          |
| arities or previous disease              |  |                           |               |              |             |
|  |  |                           | (b)           |              |             |
| (b) Slight defects but not sufficient to | (6)                                      |                           |               |              |             |
| cause rejection                          | 13 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 7 3 3 44                  | 's' ==0 0.448 |              |             |
|  |  |                           | 01 + 17       | ļ: ir        |             |
| Approved by (Signature)                  | a ammet a                                | Herson                    |               | *            |             |
| (Rank)                                   | ma                                       |                           |               |              |             |
|  | 11 .                                     | Medical Officer.          |               | Medic        | al Officer. |
| Enlisted                                 | at 29 ISK                                | in A.                     | at            |              |             |
|  | on HC day<br>Corps.                      | of NYC 1917<br>Regtl. No. | on Corps.     | day of Regtl | 191<br>No.  |
| Joined on Enlistment                     |  |                           |               |              |             |
|  | ROYAL NEWFOL                             | INDLAND REGIME            | NT.           |              |             |
| Transferred to                           | MILL PRO                                 | 1 4277                    |               |              |             |
|  |  | -                         | 150 mg ()     |              |             |
| Became non-effective by                  |  |                           |               | 10           |             |
|  | on day                                   | of 191                    | on            | day of       | 191         |
| (Signature)                              |  |                           | Sim           | July .       |             |

en Hatagana letour

[Rauk]

P.T.O.

| Name of Hospital   | dmitte | tal    |            | Hospi   | d from | +             | Disease                          | Number<br>Days in<br>Hospital | Remarks bearing on the syphilis, admissions an of treatment |
|--|--------|--------|------------|---------|--------|---------------|----------------------------------|-------------------------------|---|
| Spanow Hall<br>Mut: Nosp   |        | th Yea | C CONTRACT | PAR SEC | ۷      | Transition of | Scarlet Fever                    | 49                            |   |
| 3 <sup>88</sup> I DNDON <b>G</b> ENER <b>M. HOSPITA</b><br>WANDSWORTH. | · /    | 16     | 18         | 7       | 12     | 18            | Js. W. of stoile face of a tops. | 1 67                          | would be with   |
|  |        |        |            |         |        |               |                                  | •                             |   |
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|  |        |        |            |         |        |               |                                  |                               |   |
|  |        |        | •          |         |        |               | ri                               |                               |   |
|  |        |        |            |         |        |               |                                  |                               |   |
|  |        |        |            |         |        |               |                                  |                               |   |
| •                                |        |        |            |         |        |               |                                  |                               |   |

| or to the sick list in case of Warrant Officers treated in quarters.  |                              |
|---|------------------------------|
| Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|   | or columns of our            |
| would of face healed on a smerin. however for would we came with of this stated. How still stiff .  | Worgan by Man All            |
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|   |                              |
|   | P.T.O.                       |

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

| <sup>6</sup> Date |                    | Brief Details, and Signature  |
|-------------------|--------------------|---|
| 1                 | 16.000             | Trust the contest of the second of the second   |
|                   |                    |   |
|                   |                    |   |
| 5.0               | And the            |   |
| 1-17 Vas          | · w                |   |
| 1.18.             | ABM                |   |
| 1-18              | do es              | Villa   |
| 9-18 -            | 10                 |   |
|                   | 3. 18              | 0 00.   |
| 5 DEC 1918 F      | LAZELEY DOWN SAMP. | Recommend befatuation.  |
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|                   |                    | MY CANO HOYAL NEWFOUNDLAND R  |
|                   |                    | 2000年在1800年中的 1900年 1 |
|                   |                    |   |
|                   |                    |   |
|                   |                    | 74: 7   |
|                   |                    | It is hereby certified that this soldier  |
|                   |                    | has been before the E'anding M die 1  |
|                   |                    | Board and h s be n c'assi, d as   |
|                   |                    | Board and h s be n c'assi, d as   |
|                   |                    | Board and h s be n c'assign t as for discharge on Demolitisa-   |
|                   |                    | Board and h s been c'assignt as for discharge on Demolitisa- tion. Menical category                             |
|                   |                    | Board and he s been classified as  for discharge on Demolitisation. Menical category  Date of S.M.B.            |
|                   |                    | Board and h s been c'assignt as for discharge on Demolitisa- tion. Menical category                             |

## Table IV .- SERVICE TABLE.

| Station or Troopship | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation | Station or Troopship | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation |
|----------------------|--------------------------------------|---|----------------------|--------------------------------------|---|
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      | 31 (8)                                    |                      |                                      |   |
|                      |                                      |   | 1.4                  |                                      | Selfo - Selfo                             |
|                      | 1                                    |   | A.,                  |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      | 4 200                                     |                      |                                      |   |

# 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:

Reg. No. 42 7 7.

Signature of the Vocational Officer or his Representative.

-This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 So | ldier B | oarded P | rior to | Discharge  | or |
|---------|--------|---------|---------|----------|---------|------------|----|
|         |        |         |         |          |         | he Reserve |    |

| Transfer to Class W., W. (T), P., or  | P. (T), of the Reserve.  |
|---|--|
| 1. Unit and Corps. Noy at her for all and 7.  2. Regtl. Nott. 2.7.7 3. Rank. St. 76  4. Name MACKAY. (Surname) (Christian Names)  5. Age last birthday. | Former Trade or Occupation are the soldier claims previous service in Army, he should state—  (a) Former Regts. or Corps; with Regtl. Nos. |
| 6. Posted for duty on at  |  |
| 8. If the disability is an injury was it caused (a) in action (b) on field service  |  |

9. If a Court of Inquiry was held on an injury state :-

. (d) off duty?

(a) When

(c) on duty

- (b) Where
- (c) Opinion of Court

is seen by the Officer in charge of the case.

- (b) Date of Discharge;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

Norz.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

#### 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

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

11. Date of origin of disability.

12. Place of origin of disability.

planty wasterings at branch profit.

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.

|  | 14.   | State whether the disabilities are   | (a) attributable to                                       | (b) aggravated by                                    |              |
|--|-------|--|---|--|--------------|
|  |       | (i.) Service during the present war  | Jis   |  |              |
|  |       | (ii.) Previous active service  | - Oh  |  | being        |
|  |       | (iii.) Climate in pre-war service  | 20  |  | Infor        |
|  |       | (iv.) Ordinary military service before the war   | 2a  | ••   |              |
|  |       | (v.) Serious negligence or misconduct on the man's part.   | Za  |  | the pr       |
|  | 14    | (a). If not due to any of these causes, to what specific condition do you attribute it?  | } 2a  |  | the ca       |
| In all cases such as facial injuries, eye, ear, nose and throut disabilities, &c., a specialist's report is to be attached with radiographs where possible and in cases of amputation the stact 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.)  | content. of<br>thigh lear<br>worke left to<br>see fort re | on wound offer want led. High promise thether to les | 21.6         |
|  |       | efte   | wally   | mgle fai i   | leg          |
|  | 16.   | Was an operation performed? If so, when and what was its nature?   | .0  | and the second second                                | 22. S        |
|  | 17.   | If not, was an operation advised and declined?   |   |  | <b>ZZ.</b> 3 |
|  | 18.   | *In the case of loss or decay of teeth,—Is the loss of<br>teeth the result of wounds, injury or disease<br>directly attributable to active service or through<br>service under such conditions that dental treat-<br>ment was unobtainable?  |   |  |              |
|  | 19.   | Give particulars of any other disabilities existing, but<br>not in themselves sufficient to cause invaliding.<br>State whether or not they are attributable to or<br>have been aggravated by service during the present<br>war, and if so, to what or by what specific military<br>conditions? | Name  |  |              |
|  |       |  |   | 4  |              |
|  |       |  |   |  | 22 (a)       |
|  | 20.   | Do you recommend—  | 1   |  |              |
|  |       | (a) Discharge as permanently unfit?  | Repotri   | ation .  | 23. I        |
|  |       | (b) Change to United Kingdom?  | 1   | 7  |              |
|  |       | Note—(b) is only applicable to soldiers invalided at Foreign Stations.   | m. C  | DYAL NEWFOUNDLAND REG.                               |              |
|  |       |  | The N   |  |              |
|  | Sta   | tion BAZELEY DOWN BAMP,  | Medical Officer in  | charge of case.                                      |              |
|  |       | * Loss of teeth on or immediately after active service, short  | uld be attributed therete                                 |  |              |
|  | it is | s due to some other cause  | actionica mereto, m                                       | there is evidence that                               |              |

#### 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.

of Pface 21.

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21. Give diagnosis and particulars of:

(a) Any disability claimed or discovered. Is W. feer which (left)

(b) The present condition thereoft.

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formally healed. Cannot then most to full effect.

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above knew forms. Sear bound that interferes with

tending their beyond the right couple.

| 2. S | state whether the disabilities are :-                        |       | (a) Attributable to | (b) Aggravated by |
|------|--|-------|---------------------|-------------------|
|      | (i) Service during the present war                           |       | yes                 |                   |
|      | (ii.) Previous active service                                |       |                     |                   |
|      | (iii.) Climate in pre-war service                            |       |                     |                   |
|      | (iv.) Ordinary military service before the wa                | r     |                     |                   |
|      | (v.) Serious negligence or misconduct of part of the soldier | n the | ho                  |                   |

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?
- 23. Is the disability in a final stationary condition? If
  - (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.

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e that

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 In monto 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? 25. If an operation was advised and declined, was the refusal unreasonable? the Military 26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? (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)? 27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? 28. Is treatment being recommended on Army Form B. 179c? 29. Does the soldier require :-(a) An attendant for his journey home? (A) Transport from railway station to his home? (c) The constant attendance of another person in his own home? Signatures President or Chairman. Members Date Para. 392 (xvi) King's Regulations Only applicab Statio Potients in Officer in charge, Central Hospital. Hospitals. ) King's Regulations. of the Reserve. (insert sub-para, King's Regulations under which discharge is approved or insert W. or W.(I), P. or P.(I)). O.C. Discharge Centre.

Station



# 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.  $i \mid c$  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 Regiment from which discharged Royal Newfoundland Regimental number Intended address Height on discharge Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth 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 Notman McKay (Soldier's signature in full) Date 11-1-19 Station 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.

Date

EADQUARTERS

Medical O Unit, or C LAST PAT CERTIFICATE DUPL

N.F.P. /94. To be rendered for all ranks on discharge, transfer to other Units, or on return to . with C.L./19, 26/5/17. Regtl No. 4277 Rank Private Name McKay No. Unit Royal Mfld Regt. who was repatriated Newfoundland on 12/12/18 Authority Draft.No.79. to Cause STATEMENT OF ACCOUNT PARTICULARS PARTICULARS Balance Dr. from 7/12/18 Balance Cr. from Allotment 4 days @ 60 Pay 4 days @ \$ 1.00 2 Cash Payments: Field Allce 4 days @ \$ .10 81/18/11 Other Allces days @ g Other Debits Other Credits: Total Debits Total Credits 18 Balance due by Paymaster Balance due to Paymaster I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Date Made up/Checked in accordance with information received in the Pay & Record Office Landon and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London, Weedell I was Chief Paymaster & O. 1/c Records.

2 / 1 / 191 9

February 17,1919

\$4277 Pts. Notman, McKay,
Stephenville Crossing,
St.Ceorge's.

Deer Sir.Please find enclosed "Discharge
Certificate No.1008."

Yours truly.

Captain, Paymaster & Officer i/c Records

Enc'l 1.

Stephenville . 4821 May 6/19 Capt In Howley Please let me know if there is any money luce my mother on the was service gratuity she use to get 20 dollars sepration allowance while I was overseas I am her only suport on I thought there was the same payed as if I was married when she was getting sepration allowance Wease let me know if this is so or not and you will greatly Oblige me Hameli Mackey

| Army For  | m B. 103.          |  | Regin             | nental Nu  | mber 4277   |
|---|--------------------|--|-------------------|--|---|
| 8 E   |                    | Casualty Form—Active   |                   |  | 28-4-18   |
| 5 3 8   |                    | giment or Corps Royal A  | N. 152574557      | THE RESERVE OF THE PARTY OF THE | CONTRACTOR OF THE PARTY OF THE |
| Rafil   | Surname            | Z CIII   | istian Name       |  | ugu de  |
| Religion  | Sel                | [1] [100. [100. ] [100.  | stment /8         |  | month   |
| Enlisted (  | 1919               | Terms of Service (a)   |                   | GESTWINE CONTRACTOR MALES AND  |   |
| Date of pr  | omotion to preser  | nt rank Date of ap   | pointment to lan  | ce rank  | •••••   |
| Extended  | <b></b>            | Re-engaged Q   | ualification (b)  |  |   |
| Datended  | \\                 | 91   | Corps Frade a     | nd rate,   | ,   |
| Occupation  | tisken             | mand   | 1/20m             | Sign   | ature of Office   |
|   | Report             | Record of promotions reductions transfers casualties   |                   |  | Remarks   |
| Date /  | From whom received | &c., during active service, as reported on Army Form B 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.  | Place of Casualty | Date of<br>Casualty  | Taken from Army Fo<br>B. 213, Army Form A<br>or other official<br>documents.  |
| 26.8.18   | N. C.              | A L Embarked   |                   | 3 1 AUC  | 1918  |
|   | 1 - En             | Disembarked  |                   | 3 1 AU   | i ista  |
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|   |                    |  | ord Echel         | on.,G,H  | , Q , B.E. F +  |
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| CONTRACTOR OF THE PROPERTY OF | Determine the      | and the same of th |                   | - 10   | Allara  |

# LAST PAY CERTIFICATE ORIGINAL. N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance

| 0            | Newfoundland on 12/12/1                                       | A B   | utho | rit             | <u></u> | Dra   | ft.No.79. Cause                                    | · ·       |          |     |    |    |
|--------------|---|-------|------|-----------------|---------|-------|--|-----------|----------|-----|----|----|
| R.           |   |       |      | STA             | TEM     | ENT O | F ACCOUNT  |           |          |     |    | CR |
|              | PARTICULARS   | 3     | ¢    | £               | B       | d l   | . PARTICULARS                                      | 1 \$      | 1        | 1 £ | 6  | d  |
|              | Balance Dr. from 7/12/18 Allotment 4 days @ 60 Cash Payments: | 2     | 40   | (IIII) 25/27/11 | 9       | 11    | Pay 4 days @ \$ 1.00<br>Pield Allce 4 days @ \$.10 | 4         | 00<br>40 |     |    |    |
| 91/21/11     |   |       |      |                 |         |       | Other Allces days @ \$                             | 4         | 40       |     | 18 | 1  |
| /18 To       | Other Debits  |       |      |                 |         |       | Other Credits:                                     |           |          | -   |    |    |
| From 8/12/18 |   |       |      |                 |         |       |  |           |          |     |    |    |
| OD: F        | Total Debits  |       |      | 3               | 7       | 10    | Total Credits                                      |           |          |     | 18 | 1  |
| BERT         | Balance due by Paymaster                                      |       |      |                 | Mes     |       | Balance due to Paymaster                           |           | 600      | 2   | 9  | 9  |
| 8            |   | Sishi | in.  | 3               | 7       | 10    |  | Section 1 | 50.00    | 3   | 7  | 10 |

191 (Place) (Date) 0.0 Made up/Checked in accordance with information received in the Pay & Record Office, London and is therefore subject to amendment if and as may be found necessary. Chief Paymaster & O. i/c Records. Pay & Record Office, London,

April 26,1919

#4277 Pte. Notman M.MacKay.

stephenville Crossing.

Dear Sir .-

Referring to your application I enclose theque for Seventy dollars (\$70.00), being amount of first payment due you on account of the "war service Grabuity."

Yours tru 15

Paymaster & 0.1/c Records

10985

## DEPAREMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's Newfoundland.

Declaration required of Officers and men of the Royal Navifoundland 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 demnes, 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. Christien neno Mot men More May . 2, Surnene .. Miller 3. Renk, ... Ohivate ...... 4. Regtl. Po. 4.2. 7. 7. ... 6. Address in full to which future payments of gratuity are to be 6. Date of onlistment in the Regiment. 28 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... My Mother durah mackay. 8. Relationship of such dependents ..... 9./ddress in full of such dependents. Staphens 10. Is said dependent, now, or was said dependent at my time in receipt of Soperation Allowance on account of another soldier? ... Mile. 11. Were you on active service only in Hfld, II so give dates and particulars of such service J. W. A. .... de in Mentamoland. Aud out of A

12. cive total length of time which you served on active service, whether in liftd. or oversees I was on detine service and of language that Colors one fear forty founday

| 13. Have you had more than one enlistment? If so, give particulars   |
|--|
| of discharge and re-onlistments, and under what regimental numbers.  |
| Only one Intestment  |
|  |
|  |
| 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   |
|  |
| 15, Have you been issued with a War Service Badge?   |
| 16. Have you, during the present wer, served in the I period Borees. 200   |
| 17.Are you entitled to receive, or have you received any Gratuity  |
| in the nature of Post Discharge Pay from the Imporial Forces? If   |
| so, state mount received, or to which you are entitled   |
| I Sewed only with Royal not Regionant.   |
| 18.Did you revert Overseas to a rank lower than the substantive  |
| renk held by you on your arrivel in England?   |
| (b) If so, was such reversion in consequence of Misconduct or  |
| inefficiency? Not applicable   |
| 19. Are you now serving in the Root. ?. Ra In not give?- () date   |
| of discharge . 9th feby 19. (b) Rocson for discharge . land and  |
| Rus discharged Qo Medically lings  |
|  |
| 20. Did you at any time serve at the front in an actual theatre of   |
| Var? If so give particulars of places, and dates of such service   |
| Served as actual front spries.   |
| 21.(a) Are you receiving treatment from the givil Ro-Establishment   |
| Com.(t) If so are you in receipt of full pay and allowanees from   |
| that Cornittee. Ma.  |
| 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 and under oath. |

Signature of Applicant: Notman Mackay
Place of Residence: Stephenouse Borossing
Declared before no at: Saint Georges refo
This Hifteenth day of April 1919

Signature of Berrister of the Supreme Court, Stipendiary Magistrate, Fotory Public, Justice of the Stiftending MagisFecce, or Commissioner of affidavits.

|      | PC   | ST DISCHAR      | GE PAY. :         | Wer Service Not mount                      |
|------|------|-----------------|-------------------|--|
| Date |      | Paid<br>Soldier | Paid<br>Dependent | Var Service Not enount due due of the most |
|      |      |                 |                   |  |
|      | ·    |                 |                   |  |
| •••• |      | Certificd (     | Correct.          | Pryrester.                                 |
|      |      |                 |                   |  |
|      | × 10 |                 |                   |  |

for Stephenville grassing Low moster Vay and Record office Dear Sir I have now been discharged since the 2t of January and I got my final discharge the It of Jeburary and got no money yet I understood I was to get seventy doller a month for four months. if that is so blease send my cheque and you will greatly Chilice your Truly 904277 Gutman One Tacy Stephenville Crossing Bay St Score

Nº 3971



# 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

|              | of, and produ                                    |  | ersons, such payment to be ma<br>ty Certificates by the Person                      |                     |
|--------------|--|--|---|---------------------|
| Identity Who | ether Wife, Child,<br>ther Relative or<br>Friend | Teby , Jan.                              | . /9/8  | AMOUNT (each person |
| 37170        | Nother   | No Sarah Mak                             | ay Stephenville   |                     |
|              |  |  | Grossing  |                     |
|              |  |  |   |                     |
|              |  |  |   |                     |
|              |  |  |   |                     |
|              |  | A South And                              |   |                     |
|              |  |  |   |                     |
|              |  |  | Total Allotment, S  | 6                   |
| signe        | d by the Officer ired payments on                | Commanding Company and hand application. | ng Company, signed by the Volumed to the Paymaster as authority  Notman M.  Drivate | to make the         |

### RST NEWFOUNDLAND ETGINENT.

(Separation Allowance Branch.)

Notice.

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

Each statement is considered as being made on Oath and the

|     | THE PAYMASTER Separation Approvance Branch, St. John's Nfld.  |
|-----|---|
| Li  | Hame in full of Soldier. Bank Regit. or Init Regit. No. 427   |
| 9:0 | 18: Married or Single.  |
|     | Name in full of Nother Age Occupation Permanent Address.  |
|     | Touch McKay, Note Where employed.   |
| 1   | Ar your husband is not supporting you state the reason.  Deceased   |
| e   | If your hasband is a chronic invalid and totally incorporatated state nature of malady, (A medical mertificate must be successed with this document stating from what date hosband has been totally inespeciated and for how long incapacity is likely to continue) |
|     | It you are a widow, state date and place Sandy Ount   |
| 3   | of death of your husband. Oct 10th 1900 Bangstylog  |

9. Names of your other Address in Age. Occupation Married or Marker Strill Sandy Object 40. Houseless married of Hellana ann Faracle Stephenvillering 37. Edith Mark Broker Borden Borden Borden Broker Strawes 37. Saakella or man Martin Portan Borden 34. agast AMS.

Markey Stephenvillering 24. agast AMS.

|             | (2)  |
|-------------|--|
| 10.         | State amount earned by \$2) yourself (a) Northing at Chrisent (b) Your husband (b)                   |
| II.         | State amount and source of any other income.   |
| ĸ.          | State value of Real Property<br>belonging to you and your husband.                                   |
| 13.         | State value of personal property<br>belonging to you and your husband.                               |
| 14.         | Real and personal Property left by him. one Hunghe & Della   |
| La          | Actual amount contributed by soldier during the year prior to enlistment.  Mosut Six Hundred Mollars |
| 16.         | was this amount contributed weekly or monthly.   |
| 17.         | Did this amount include payment of son's Board etc.  |
| 1.8,        | State your son's trade or occupation prior to enlistment.  |
| 19.         | State amount of his wages per week,  |
| 20.         | State name and address of his last employer.   |
| 21.         | State amount of support monthly from son since enlistment.   |
| 22.         | State amount of Allotment re-<br>ceived by you from son monthly.                                     |
| 23.         | From what date did you receive   |
| 24,         | Actual amount contributed by Weekly Monthly.   |
| 5.P°        | Are any of these children in the employ of you or husband?   |
| <u>≅₫".</u> | if not receiving support from other children state cause, Explain fully.                             |
| 28.         | With whom are you residing at present. My. Own house   |
| 28.         | Have you made a previous claim for<br>Separation Allowance,? If not, Why?                            |
| 29.         | Are you already in receipt of Separation Allowance from any source? If so, how much?                 |

| 30.         | from any P                   | receipt of a<br>atrictic Fund                   | ny payment<br>I li so, How n    | much.                             |  |
|-------------|------------------------------|---|---------------------------------|-----------------------------------|--|
| 31.         | Was the So                   | liler at time                                   | of bis onlists                  | ment. No                          |  |
| 32.         |                              | paolity and in                                  |                                 | none                              | Ist plantage   |
| 33.         | Ta he in r<br>while serv     | ocolpi of a gi<br>ing in the is                 | atary as much<br>t. Mild. Hegt. | If co, how m                      | uoh?.  |
| 0.110       | effect as i                  | he same to be<br>I made under                   | true and know<br>Oath and in vi | ing it to be of<br>the of the Sys |  |
|             | nature of Ap<br>se of Reside |   |                                 | n. di Is.                         |  |
| Dec         | lared and su                 |   |                                 | ut geo                            |  |
| thi         | 5 Leventh                    | 1 7th day o                                     | s. march                        | s.a. D. 191                       | 8.1918<br>1. Much  |
| Cour        | rt, Stipendi<br>lic or Justi | rrister of th<br>ary Magistrat<br>cs of the Pes | e, Notary                       |                                   | am Much  |
|             |                              | Richard.  | mae Down                        | me Sty                            | corque apo   |
|             |                              | /   | / /                             | -                                 |  |
| and<br>your | Tocal Patr                   | whom must be<br>dotte Fund Ge                   | a Glergymur, t                  | he other a repr                   | two responsible resentative of the test of their test of their test of the port of the |
| Saga        | meture of O.                 | enggnen 🤼                                       | u.s. afrid                      | Butter Com                        | ۲ لوسية ؟ ١٠ يختصنه  |
|             | Fund (                       | mber of Patri<br>Consittee.                     | iotic . J. J. C                 | Bethune.                          |  |
| yer         | oved.                        | 28/8/18   | B                               | Sigeorges                         | , orgon  |
|             |                              |   | 107                             | R                                 | Mr.  |

Feb. 22nd., 1918.

Mrs. S.A. McKey, Stephenville Crossing.

Dear Madam.

Application has been made by Arthur N. Mekay #4227 to have Separation Allowance issued to you, and I enclose Form of Statutory Declaration, which, kindly have completed, and signed in the presence of your Magistrate.

As spon as this is returned to me, the matter of granting Allowance to you will be considered.

Yours faithfully,

Capt. & Paymaster.

477

4211

May 27, 1919

Mrs. Sarah M. McKay. STEPHENVILLE CROSSING.

Dear Madam:

\$60.00, being the amount of two month's Separation Allowance on account of War Service Gratuity.

Yours truly,

For FAYNASTER .

Stephenville brokery Copi In Howley avyae Theregme 41/ Styohns. Dlav. Si Wrote you about 2 weeks ago about war Service gratuity for my Mother She was gitting seperate allowence all the time until I was discharged I am her only Support and Junterstance She is intitled to it arrading to hotice that was in Capier I got my first cheque but my mother got home

Chease let me Know the reason she done get hers Oliose reper Doon as Passible notman MKay

Stephenville bearing Cope Hooley Royal Regime Dear Sir I did not receni my Cheque for war gracuity for month of June offen I received 20 2 regments my Son The notman mexay received has 3 months Buy and I only god 2 sleave Adrial mis sa more

4-77

July 10th 1919.

Mrs. Sarah N. NcKay, Stephenville Crossing, Nfld.

#### Dear Madam:

With reference to your letter of July
1st, I enclose herewith chaque sixty dollars
(\$60.00) in payment for two menths Separation
Alkowance on account of "War Service Gratuity."
Yours truly

Lieut. For Paymaster. Nº 3971



## 1ST. NEWFOUNDLAND REGIMENT

| to, and f        | or the benefit of th                      | notification by me, and   | in similar of and Persons  | Cents, per diem         | Allotment of<br>, from my Pay,<br>made on proof |
|------------------|---|---|----------------------------|-------------------------|---|
| Allotment begins |   | NAME (in full)  |                            | ADDRESS                 | AMOUNT (each person)                            |
| 371/             | Metho,                                    | No Saint  | net of                     | Stephenoille            | . 6   |
|                  |   |   |                            |                         |   |
| 100              |   |   |                            |                         |   |
|                  |   |   |                            |                         |   |
|                  |   |   |                            | , Total Allotment,      | s 6,  |
| 8                | ligned by the Officer equired payments on | mpleted by the Officer Cor<br>Commanding Company and<br>application.  cer Commanding  H Company | mmanding Comnd handed to t | pany, signed by the Vol | unteer, counter                                 |

Fold Here

## ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia.

St. John's Mfld.

Fold Here

July 9th.1921. 1917.

| ,                               | ne accompanyii   | ng King's Certificate, on his discharge, |
|---------------------------------|--|--|
| (No                             | 1357   | ), is forwarded herewith to.             |
| No                              | tman McKay   | paraman, di.                             |
| in resp                         | ect of his service   | ce as No. 4277 Rank Pyte.                |
| Name_                           | N. Makay   | Corps Royal Nfld Reg                     |
| Re                              | eceipt of the s  | ame should be acknowledged hereon.       |
| Receive                         | ed Roya  | l NJID Regt.                             |
| Section 1. Section 2. Section 1 | CONTRACTOR AND DESCRIPTION OF THE PARTY OF T | in Mekay 1868                            |
| Date                            | July.  | 29. 1921.                                |
| SERVICE STREET                  | MARKET ATTICKED TO A STREET OF THE STREET AND ASSESSMENT OF THE STREET, AND ASSESSMENT OF THE ST | mville brossing                          |
|                                 |  |  |

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### ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

| OCT 5 | 1921 | 1921. |
|-------|------|-------|
|       |      |       |

[P.T.O.]

| The a        | ccompanying Victory I | Medal and/or British War Med  | dal |
|--------------|-----------------------|---|-----|
| is/are forw  | arded herewith to     | MoH   |     |
| 1 2 3        | Notman Mol            | <b>Gay</b> (100 - |     |
| in respect o | of his service as No  | 4277 Rank Pte.  |     |
| Name         | N. McKay              | Royal Nfld. Regt.   |     |
|              | er, of Miller         |   |     |
|              |                       | acknowledged hereon.  |     |
| Received     | from the b            | Royal NFIDA   | gt  |
| Signature_   | Notman c              | McKay   |     |
|              | t 10 192              |   |     |
| Address      | Stephenvil            | le brossing   | /   |

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of Royal rifla Reg! Signature of O. C. Company

|     | Reg         | imental Numb       | er and Na | me              | Enlistment   | Trade .               | Good Conduct Badges, Ser   | rvice pay or r  | proficiency pay  |              |
|-----|-------------|--------------------|-----------|-----------------|--|-----------------------|--|---|--|--------------|
|     | No.         | her                | 50        |                 | Age on /8 years 8 months                           | Ferman                |  | the July on J   | making pay   |              |
|     | Joined Date |                    |           |                 | Place and Date   L. Tohus of Enlistment   28-12-17 | 616.                  |  |   |  |              |
|     | Joined      | D                  | ate       |                 | Period of with Colours 444 years.                  | Pince of Birth        |  |   |  |              |
|     | Place       | Date of<br>Offence | Rank      | Cases of Drunk- | OFFENCE  | Names of<br>Witnesses | Punishment awarded   | Date of<br>award or<br>of order<br>dispensing<br>with trial | By whom awarded  | REMARKS      |
|     |             |                    |           |                 |  |                       |  |   | OWN CONTRACT SERVICE SERVICE   |              |
|     |             |                    |           |                 |  |                       |  |   |  |              |
|     |             |                    | 1000      |                 |  |                       |  |   |  |              |
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|     |             |                    |           |                 |  |                       |  |   |  | F            |
|     |             |                    |           |                 |  |                       |  | 180   |  | For          |
|     |             |                    |           |                 |  |                       |  |   |  | Army Form B. |
|     |             |                    |           |                 |  |                       |  |   |  | · ·          |
|     |             | ic zanca e         |           |                 |  |                       |  |   |  |              |
|     |             | SECOND OF          | S CAN     |                 | To be carried over                                 |                       | No. of the last of | 1000  |  | to Alexander |

1477

# The Royal Newfoundland Regiment

| DEMOBILIZATION OF  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Reg. No. 4277 Rank Murate Name Notman & Tay  |  |  |  |  |  |  |  |  |
| Date of Enlistment. 28-12-17. Address Stylenitte King District Of Leberge.   |  |  |  |  |  |  |  |  |
| Occupation Steman Classification for Discharge Medical Category  |  |  |  |  |  |  |  |  |
| Recommendation S.M.B. Commanes My Confessability Rating 20% for 6 10   |  |  |  |  |  |  |  |  |
| 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 179 D 400B Form L do 3rd " 4   |  |  |  |  |  |  |  |  |
| B 179b B 103 ME 2 " 6 " 6  |  |  |  |  |  |  |  |  |
| B 179c B 120 M 93  |  |  |  |  |  |  |  |  |
| Date. 25-1-19. O.C. Discharge Depot.  PARTICULARS FOR DEMOBILIZATION   |  |  |  |  |  |  |  |  |
| I. Civil Re-Establishment.   |  |  |  |  |  |  |  |  |
| I amin a position to resume civilian occupation.   |  |  |  |  |  |  |  |  |
| h. anckay.   |  |  |  |  |  |  |  |  |
| Particulars passed to Vocational Officer for information and action.   |  |  |  |  |  |  |  |  |
| Date   |  |  |  |  |  |  |  |  |
| a Comment in the control of the cont |  |  |  |  |  |  |  |  |
| Certified that Clothing Regulations have been complied with:-  |  |  |  |  |  |  |  |  |
| (a) Clothing Allowance payable   |  |  |  |  |  |  |  |  |
| (b) Gooding Supplied State of Annual Just  |  |  |  |  |  |  |  |  |
| Date. 25-1-19 O ilc. Re-clothing.  |  |  |  |  |  |  |  |  |

| 3. Transportation and Release Certificate.   |
|--|
| The above named has been provided with Travelling Warrant No                                   |
| at . The hand Release Certificate No issued.   |
| Desit Cli  |
| Date 21-1-19 (18)0000 (ap)   |
| 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 9 - 2 - 19                            |
| 15-1-10: Monly Cash  |
| Date Depot Paymaşter.  |
| oriners lay up to he approved  |
| Discharge approved for   |
| 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   |
| B 179. D 400B. Form L. do 3rd. " 4. B 179a. D 400C. Form K. do 4th. " 5                        |
|  |
|  |
| B 179c   |
| 26 1 10 Cost in Cost-  |
| Date 28-1-19 EJON CLAS CAM-  |
| **************************************   |
| APPROVED. "  |
| Documents as above forwarded to:—  |
| Officer ilc Records. Board of Pension Commissioners.   |
| with following additional documents.   |
| TOOT DISCULABOL DAY  |
| FIRE For FULL UNCESTION FALL FALL  |
| JAN 26 1919 - Fritt-Jail   |
|  |
| O. C. Discharge Depot.   |
| Received the above noted documents from O. C. Discharge Depot.                                 |
| luca -   |
| 1  |
| Date Jary 30/19  |
|  |

Receiving Form **NEWFOUNDLAND POSTAL TELEGRAPHS** 

## NEWFOUNDLAND POSTAL TELEGRAPHS

|  |  | No. ILLEAN   |
|--|--|--|
| Received   | m, By  | - (A)  |
| Sent out for delivery  | _m. By   | JAN 9 1919   |
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