



**FIRST NEWFOUNDLAND REGIMENT.**

**ATTESTATION OF**

No. 1707 Name Walter Messervey Corps \_\_\_\_\_

Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Walter Messervey</u>             |
| 2. What is your full Address? .....  | 2. <u>St. John's Bay, St. George's</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                          |
| 4. What is your Age? .....   | 4. <u>21</u> Years <u>5</u> Months.    |
| 5. What is your Trade or Calling? .....  | 5. <u>Fishing</u>                      |
| 6. Are you Married? .....  | 6. <u>No</u>                           |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                           |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                          |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                          |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....                       |
|  | { Corps .....                          |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                         |

I, Walter Messervey do solemnly declare that the above answers to the above questions are true, and that I am willing to fulfil the engagements made.

Walter Messervey SIGNATURE OF RECRUIT.  
St. John's Bay Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
 The above questions were then read to the Recruit in my presence.  
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. John's Bay on this 17th day of July 1915  
St. John's Bay Signature of the Attesting Officer.

† Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the : \_\_\_\_\_  
 If enlisted by special authority, such will be attached to the original attestation.

Date \_\_\_\_\_ 191 \_\_\_\_\_  
 Place \_\_\_\_\_ } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, the Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz.—  
 (Name) \_\_\_\_\_ re-enlisted in the (Regiment) \_\_\_\_\_ on the (Date) \_\_\_\_\_

1907

**DESCRIPTIVE REPORT ON ENLISTMENT.**  
Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Walter Messervy  
 Apparent age 21 years 5 months. Height 5 feet 4 1/2  
 Chest measurement { Girth when fully expanded 35 1/2 inches.  
 Range of expansion 2 1/2 inches.  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin Wm Messervy, Sandy Bay  
Sandy Bay | Relationship Sister  
 Particulars as to Marriage.

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

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

**Particulars as to Children.**

Christian Names.	Date and Place of Birth.

**STATEMENT OF THE SERVICES.**

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed for fixing the rate of pension		Service in Re-serve 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>16-7-15</u>									
Joined at <u>St John's</u> on <u>July 16/15</u>									
<u>Despatched July 21/19</u>									
<u>Embarked 11th train to Quebec 27-10-15.</u>									
<u>Embarked for B.E.F. 25-6-16. Joined 8th 12-7-16</u>									
<u>Admitted 14 B.E.F. S.C.T. 20-2-17. Admitted 60005</u>									
<u>6 horse 19-12-18. Discharged to leave 27-2-19. 2601st Coy 1st Bn 18</u>									
<u>Required service 23-2-19. Transferred to 1st Bn 4-4-19. Arrived 19</u>									
<u>for mobilization 22-5-19. Arrived Newfoundland 1-6-19</u>									
<u>Demobilized 24-7-19.</u>									
<u>(St John's)</u>									
Total Service forfeited as above ... ..									

Total Service towards Engagement to 24-7-19 (date of discharge) 4 years 9 days  
 " " " Pension " " " " " " " "



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 1707 Name Walter Meservy Corps \_\_\_\_\_

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

1. What is your name? ..... 1. Walter Meservy
2. What is your full Address? ..... { 2. St. George's  
St. George's
3. Are you a British Subject? ..... 3. Yes
4. What is your Age? ..... 4. 21 Years 5 Months.
5. What is your Trade or Calling? ..... 5. Fishing
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's }  
Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its }  
meaning, and who gave it to you? ..... } 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service }  
to be signed by you if you are accepted? ..... } 11. Yes

I, Walter Meservy do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Walter Meservy SIGNATURE OF RECRUIT.

St. George's Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at \_\_\_\_\_ on this 17th day of July 1915.

St. George's Signature of the Attesting Officer.

### † Certificate of Approving Officer.

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

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

Date \_\_\_\_\_ 1915 }  
Place \_\_\_\_\_ } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, the Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz.—  
(Name) \_\_\_\_\_ re-enlisted in the (Regiment) \_\_\_\_\_ on the (Date) \_\_\_\_\_

# DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name Walter Messervy

Apparent age 21 years 3 months. Height 5 feet 4½ inches.

Chest measurement { Girth when fully expanded 35½ inches.  
 Range of expansion 2½ inches.

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

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Walter Messervy, Sandy Point Bay St George | Relationship Father

Particulars as to Marriage.

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

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

## Particulars as to Children.

Christian Names.	Date and Place of Birth.

## STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	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 _____									
Joined at _____ on _____									
Total Service forfeited as above ... ..									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ ( " ) _____ " _____ "									



REGIMENTAL NUMBER 1707

COMPANY 9

THE  
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service ~~HEREIN~~ 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. H. [Signature]

Witness Thos. [Signature]

Dated at Ayr

19 June 1916

C.R. 1707

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL 1914-1919

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I certify that I have received a issue of 5 inches  
of Riband of British War Medal-1914-1919.

Name. *Walter Messervy #1707*

(Date) *13-11-19*

(Place) *Sandy Point St. George's*

C.R. 1707

Extract from Daily Orders Part 11 By Major A.E. Bernard, MC.,

Commdg. 1st Batta. Royal Newfoundland Regt. 23-12-18.

The u/m has been evacuated and is struck off strength of  
Unit.

1707 Cpl. W. Messervey.

C.R. 1707

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 29th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c records from noted date  
~~xxx~~,

24-7-19.

1707, Cpl. W. Messervey.



C.R. 1707

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.

By. Lt. Col. T.G. Mathias, 1st Batta. 4-11-18.

1707 L/Cpl. W. Messervey

B. Coy to be A/Cpl. 4-11-18.

C.R. 1707

Extract from Daily Orders Part 11 Unit The Royal Wfld  
Regt. St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by O.C. Discharge Depot with effect from 10-7-19

1707 Cpl. W. Messervey.

1707

Extract from Medical Board held on Friday July 4th, 1919.

1707 Pte. W. Messervey

Recommended discharge from the Army

EMPERE HOSP. FOR TREATMENT AND OBSERVATION.

CR 1707

Extract from Daily Orders Unit The Royal Nfld. Regt.

"IN the Field" 31-3-19.

1707 A/Cpl. W. Messervey.

Confirmed to rank of Cpl. 4-11-18.

C.R. 1707

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

1707, Cpl. W. Messervey.

Reported at Headquarters 1/6/19.

on "Corsican"

which sailed Liverpool May 22/1919.

CP 1707

Extract from Casualties List No. H.A. 33469.

1707 Cpl. W. Messervey. A

Adm. 7 Gen. H. <sup>Wamerusa</sup> ~~Capt~~ 23 Dec '18 V.D. S.G. Mild.

C.R. 1707

Extract from Casualties.....List No.H.A. 34826.

1707 Bpt. W. Messervey.

Dis. to Base Dtle. Boulogne ex 7 Gen. Hosp. 8th, Feb. —  
19, VDSC.

CR 1707

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. in the field, dated May 28, 1918.

#1707 Pte. W. Messervey.

Appointed Lance Corporal March 16, 1918.



C.R. 1707

Retreat from Federal Hill, S. Co., out about St. John's 27/10/10 for Overseas

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1707 Pte. W. Messurvey.

C.R. 1707

Extract from Daily Orders Part I<sup>I</sup>, in the field.  
dated 22nd. February 1919.

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#1707 Cpl. W. Messervey.

Admitted Hospital Venereal. 23-12-18.

DISCHARGED  
9-2-19.

C.R. 1707

Extract from Medical Board held on Friday afternoon July 4th, 1919.

1707 Pte. W. Messervey

Recommended discharge from the Army

EMPIRE HOSPITAL FOR TREATMENT AND OBSERVATION.

C.R. 1707

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 20/11/18.

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Appointed A/Cpl.

#1707 L/Cpl. W. Messervey.

4/11/18.

C.R. 1707

Extract from Nominal Roll of Hfld. Regt. Draft No.7.  
Embarked Southampton, 25-6-16. From 2nd Bn., <sup>Depot</sup> /to 1st Bn.

B.E.F.

1707 Pte. W.Messervey.

C.R. 1707

Extract of DAILY ORDERS , PART 11, Royal Newfoundland Regiment,  
Nov. 21/11/18.

Leave to U.K. from 18/10/18 to 1/11/18.

#1707 L/Cpl. W. Messervey.

C.R. 1707

Walter Messervey was attested for General Service  
with the NEWFOUNDLAND REGIMENT on ...July 16th 1915.

Regimental No. 1707 was allotted to Pte W. Messervey

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

W. Messervey

1707

P.P. 10.







Signature of Soldier W. J. Conway (1707)

Book opens on July 6 1916. (For the Net Daily Rate of Pay see pages 3 and 4, and Note on page 5.)

If the Soldier was in debt on the above date, the amount to be recovered from the next pay due to him should be stated.

Debt £ \_\_\_\_\_ s. \_\_\_\_\_

H. T. Elliott, Lieut O. C. Company, &c.

Cash Payments

Date	Place	Amount		Signature of Officer
		£	s.	
191 <u>6</u> July 6 <sup>th</sup>	Dep: of Kit.		7/3	H. T. Elliott, Lieut.
" 19	Field	15	00	Shutter Capt.
" 26	"	15	00	Shutter Capt.
21/8/16	"	15	00	Shutter Capt.
28/8/16	"	15	00	Shutter Capt.
15/9/16	"	15	00	W. Rendell Maj.
21/9/16	"	15	00	W. Rendell Maj.
14/9/16	Loss of Foundations		3/6	W. Rendell Maj.
5/10/16	Field	15	00	W. Rendell Maj.
1/11/16	"	15	00	Shutter Capt.
8-11-16	-	15	00	R. Steppard Lt.

Signature of Soldier Wm. [unclear] (1707)

Cash Payments made to \_\_\_\_\_

Date	Place	Amount		Signature of Officer
		£	s.	
Nov 18	Field	15	0	R. Sheppard Lt.
Dec 3	"	15	"	H. Butter Capt
17-12-16	—	15	—	H. Butter Capt
22-12-16	— ✓	15	"	H. Butter Capt
28-12-16	— ✓	15	"	H. Butter Capt
4-1-17	— ✓	15	"	J. Remister Lt.
12-1-17	— ✓	15	"	J. Remister Lt.
11-2-17	— ✓	15	"	J. Remister Capt
15-2-17	— ✓	15	"	G. Byone Lt.
2-3-17	— ✓	15	"	J. Remister Capt
15-3-17	— ✓	16	"	H. Butter Capt
23-3-17	— ✓	15	"	H. Butter Capt
31-3-17	— ✓	15	"	H. Butter Capt
9-4-17	— ✓	15	"	J. Remister Lt.
29-4-17	— ✓	15	"	J. G. Rudel Lieut.

Cash Payments made to \_\_\_\_\_

Date	Place	Amount	Signature of Officer
8/5/17	Field ✓	£ 15	H. Rendell Lieut.
19/5/17	Field ✓	15/-	J. C. Cole Lt.
26/5/17	Field ✓	15/-	J. C. Cole Lt.
2/6/17	Field ✓	20/-	J. C. Cole Lt.
9/6/17	Field ✓	20/-	J. C. Cole Lt.
15/6/17	" ✓	15/-	H. Rendell Lieut.
5/6/17	" ✓	10/-	H. Rendell Lieut.
29/6/17	" ✓	15/-	S. B. Cole Lt.
4/7/17	" ✓	15/-	J. C. Kinnear Capt.
18/7/17	" ✓	15/-	J. C. Kinnear Capt.
25/7/17	" ✓	15/-	J. C. Kinnear Capt.
4/8/17	" ✓	15/-	A. S. Brown Lt.
29.8.17	" ✓	15/-	A. S. Brown Lt.
31.9.17	1.9.17-11.9.17 ✓	20/-	A. S. Brown Lt.

CHECKED  
 1/9/17

1ST N. W. YORK  
PAY. RECORD OFFICE  
Ref. No. 5124  
Rec'd. SEP 10 1917  
No. 4917  
File No.

The Officer in charge

of 8th Board Ordnance  
Sept 8/17 Edinburgh  
Scotland

Dear Sir

Will you please be so kind as to give the inclosed letter to Mr Walter Messervey of your Regt, when he calls on Monday. I am taking the chance to send with him a parcel with a few parcels inside to be given to a few boys serving in France. We have had letters from these boys saying that their mail is long in reaching them. So if Walter takes over the parcel they will have a little bit of home until their letters arrive. Please give him the Parcel and the inclosed, tells him what to do with it. Hoping this is not troubling you to much I remain Sincerely yours

(Miss) J A Chamber

11th September,

7.

9349/2

Miss J. A. Chambers,  
8, Barns Crescent,  
Ayr, Scotland.

Madam,

With reference to your letter 8/9/17: in accordance with your request the one enclosed therein addressed to No. 1707, Pte. W. Messervey, was handed to that soldier when he called at this office yesterday.

I am,  
Madam,  
Your obedient servant,

Major,

Chief Paymaster & O. i/c Records.

HT/NW





*Pay*

# WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES

## CABLEGRAM

Prefix _____		Code _____		At _____		FOR STAMPS
WORDS	12	CHARGE	1	To _____	By _____	
				<b>VIA WESTERN UNION</b>		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

19/10/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To MRS NIXON MESSERVEY  
STGEORGES (Newfoundland)

FURLOUGH WELL CABLE TEN POUNDS THROUGH MILITIA  
MESSERVEY

*Business rate*

*12 Shilling*

CHARGED  
 PAY LEDGER.  
 Date *22-10-18* by *CH*

CHECKED.  
*607*  
 22-10-18

Authorised.

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.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

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. *Regt. Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *1707* 3. Rank. *platoon Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Messervoy* *Walter* (a) Former Regts. or Corps; with Regtl. Nos.  
 (Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on *July 12, 1918* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*nil*  
*nil*  
*nil*  
*nil*

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

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

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*The complainant of no disability*

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

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

Repatriation

*Sybil E. ...*  
*7th ...*  
*Capt R.A.M.C.*

Station *Hazeley D. Camp...*

Date *30-4-19...*

Medical Officer in charge of case.

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

WILL. 740

Name

Walter Messewey

Regtl. No.

1707

Rank

P/S

Regiment

ROYAL NEWFOUNDLAND REGIMENT

Date of:—

3/4/17

Receipt

... ..

20/3/18

Transfer

... ..

Final disposal and  
to whom sent ...

POST



CARD

WANDSWORTH S.W.

9. 30



To the

Officer in Charge of Records  
Royal Newfoundland Regiment

✓ 8675

58 Victoria Street

NEWFOUNDLAND COMPANY  
PAY & RECORD

Ref. Nos. 1

Rec'd 7

Acc't

Ref. Nos. (ub)

BLANC  
Comd.

P. & A.

H. & C.

S. & E.

P. S.

18/11/18

Oct 6<sup>th</sup> 1918

K.P.R/61 A sent. 9<sup>10</sup>/<sub>18</sub>

Dear Sir

S.W. 18

Sergt. G. Messervy 2853 K.P.R. in  
Ward 11 3<sup>rd</sup> London Gen Hospital. SW 18

would be glad to know the latest  
information available in respect of  
his brother S/C W. Messervy 1707

Royal Newfoundland Reg<sup>t</sup>. He is naturally  
anxious about his brother as they were  
both in the same "engagement"

Yours truly

(Mrs) E. A. Ellwell

M. C. C. C. C. C.

No. 1707 Name Messervy, W. Sqn., Batty., } G. Corps 2/1. Nfld. Regt Date of enlistment } July 16/5 G.C. Badges } Service or Proficiency Pay }  
Date of last entry in } No. and date } Period not reckoning towards } Sheet No. } Signature O.C. } Character }  
Company Conduct Sheet } of last drunk } freedom from extra fine } Company, etc. } *Butler Capt*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>12/7/16</i>	<i>Pte</i>		<i>Defacement of tea &amp; sugar iron ration</i>	<i>Capt Butler</i>	<i>Pay for same</i>	<i>13/7/16</i>	<i>Lt Col Hudson</i>	<i>Butler Capt</i>

Army Form B. 122

Hessner, W.

1707

Hay Sept.



July 24th 1919.

#1707, Cpl. W. Messervey,

Sandy Pt. St. Geo.

Nfld.

Dear Sir:

Enclosed please find Discharge Certificate # 3215.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1707 Rank Capt Name Messervoy W  
 Date of Enlistment 17.7.15 Address Sandy Pt District St George  
 Occupation Fisherman Classification for Discharge 100% Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 100% 1 month

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 8.7.19 O. C. Discharge Depot St George

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am last in a position to resume civilian occupation.

W. Messervoy

Particulars passed to Vocational Officer for information and action

Date 8-7-19 AMC Lush

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

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

Date 8-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2295-12 to his home at at-johns and Release Certificate No. 3367 issued [Signature]

Date 9-7-19

[Signature]  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 24-7-19

Date 9-7-19

[Signature]  
Depot Paymaster.

Discharge approved for 10-7-19

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 9-7-19

[Signature]  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date .....

[Signature]  
O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

OF

Surname Messersmith

Christian Name Walter

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County W. York

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .....	on <u>12</u> day of <u>July</u> 191 <u>5</u>	on	day of	191
	at <u>St Johns W. York</u>		at	
Declared Age.....	<u>21</u> years	days	years	days
Trade or Occupation.....				
Height .....	<u>5</u> feet	<u>4 1/2</u> inches	feet	inches
Weight .....		<u>115</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	<u>35 1/2</u> inches		inches
	Range of expansion...	<u>2 1/2</u> inches		inches
Physical Development.....				
Vaccination Marks {	Arm .....			
	Number .....			
When Vaccinated .....	<u>no</u>			
Vision .....	R. E.—V==	<u>4/6</u>	R. E.—V==	
	L. E.—V==	<u>4/6</u>	L. E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>W. Messersmith</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.		Medical Officer.	
Enlisted .....	at <u>St Johns</u>	at		
	on <u>16</u> day of <u>July</u> 191 <u>5</u>	on	day of	191
Joined on Enlistment .....	Corps. <u>1<sup>st</sup> W. York Regt</u>	Regtl. No. <u>1707</u>	Corps.	Regtl. No.
Transferred to.....				
Became non-effective by.....				
(Signature)	on	day of	191	on
(Rank)				day of
				191

Table II.—Only for admission 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, admissions of treatment
	Day	Month	Year	Day	Month	Year			
Bladda Inf. Disease St Mary's, Lenark	29	Jan'y	1916	14	Feb'y	1916	Measles Measles (Convalescent)	17	

in 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 of out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

*C. J. Mours L. Rame*  
*C. J. Mours L. Rame*

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

Date	Brief Details, and Signature
15.10.15.	1st Inoculation
19.11.15.	Vaca. R.P. Graham Lt. Rame.
9.12.15.	T.V. R.P. Graham. Lt. Rame.
19.6.16	Fit for Foreign Service H.A.W.

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

5.9.19  
Date of S.M.B.

*[Signature]*  
Discharge Agent

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
St Johns Wood					



Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....**St. John's, Nfld.**.....

Date.....**July 3rd., 1918.**.....

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <b>25</b>                 |
| 2. Regimental No. <b>1707</b>     | 6. Enlisted on <b>JULY 16th., 1916</b>         |
| 3. Rank <b>PRIVATE</b>            | at <b>ST. JOHN'S</b>                           |
| 4. Name <b>MESSERVEY WALTER</b>   | 7. Former trade or occupation <b>FISHERMAN</b> |
| 8. Disability                     |  |

**DROP FOOT**

9. History

**ABOUT JANUARY 6TH., 1918 HE FELT HIS FOOT BETTING DEAD. IT WAS ALL RIGHT GOING TO BED AND IN THE MORNING THE FOOT WAS DEAD. HE FELT NO PAIN IN IT AT THAT TIME. NO ACCIDENT. HE NOW FINDS THAT HE CANNOT RAISE THE TOE**



10. What is his present condition ?

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

**HE FEELS PIN PRICKS IN LOWER DORSUM OF FOOT. GALVANIC STIMULATION OF TIBIALIS ANTERIOR GROUP NORMAL LIKEWISE OF POSTERIOR GROUP. WITH SINUSOIDAL RATHER TARDY BUT POSITIVE WITH INCREASED STIMULATION**

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ?

**E**

Signature **(SGD) J. STP. KNIGHT** .....

Rank or Qualification **MAJOR** .....

Remarks if any by Officer in Charge Hospital.

Place ..... Signature .....

Date ..... Rank .....

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as ~~aggravated by~~ ~~due to~~
- (a) ~~EXCESSIVE~~ (b) ~~EXCESSIVE~~ (c) Ordinary Military Service
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**YES? NO EVIDENCE OF ORGANIC DISEASE BUT STATES THAT HE CANNOT MOVE THE FOOT. PATELLAR REFLEX NORMAL**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **100%**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **100% one months**
- (State in percentage.)
- Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanitorium is:— (a) Reasonable (b) Unreasonable
- Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to **EMPIRE HOSPITAL FOR TREATMENT** **AND OBSERVATION**  
General Hospital  
Naval and Military **CON**  
valescent Hospital,  
Jensen Tuberculosis Camp.
20. We recommend discharge from ~~XXXXXX~~ the Army

Remarks if any:—  
**DISCHARGE PERMANENTLY UNFIT** **(SGD) N. S. FRASER**.....  
President

Signatures..... **J. S. TAIT**.....  
..... **L. PATERSON, MAJOR**.....

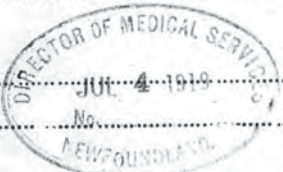
Place **ST. JOHN'S** .....

Date **JULY 4th, 1919** .....

APPROVED

Station .....

Date .....



**(SGD) CLUNY MACPHERSON, MAJOR.**.....  
Administrative Medical Officer.



## 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 *Walter Messervey*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1707*

Intended address *Sandy Pt. St Georges*

Height on discharge *5'* Feet *5"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Winn*

Christian name of Mother *Beatrice*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *— Sandy Pt. 17 February 1893*

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

(Soldier's signature in full) *W. Messervey*

*Cpl.*  
(Rank)

Station *St Johns*

Date *2-7-19*

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

Station

Date



# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No 1707

Name Messinway H. Rank Cpl.

Address Sandy Pt.

Present Medical Category E

Recommended for:—

- (a) ~~Immediate discharge~~  
(b) Standard Medical Board

Members of Board

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

J. Robinson  
Senior Medical Officer

M. O. Depot

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

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

1. Unit and Corps. *Royal Newfoundland* } 7. Former Trade or Occupation } *Fisherman*  
 2. Regtl. No. *1707* 3. Rank. *Corpl* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Messervel* *Walter* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday. *25*  
 6. Posted for duty on *July 12/15* at *St Johns*  
 in category (or grade).....

8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?

(b) Date of Discharge ;  
 (c) Cause of Discharge.

9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (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 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."

11. Date of origin of disability. *nil*  
 12. Place of origin of disability. *nil*  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*  
*nil*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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.)

no complaints of no disability.

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

na.  
na.  
na.  
na.

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

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

Repatriation

Station Bazely D. Camp  
 Date 30-4-19

W. E. Proctor Capt R. A. M. C.  
 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

## Civil Re-establishment Committee



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

To take course in Telegraphy.

*W. Messervey*

Signature of Man.

Reg. No. 1707

*A. D. Butler*  
Signature of the Vocational Officer or his Representative.

Place

St John's

Date

July 9th. 1919

July 29th 1919.

Mr. Walter Messervey,  
Sandy Pt. St. Geo.

Dear sir:

Referring to your application, I enclose  
cheque for seventy dollars (\$70.00) being amount  
of first payment due you on account of War Ser-  
vice Gratuity.

Yours truly,

Capt. & Paymaster,

RS/.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... *Walter* ..... 2. Surname... *Messervoy* .....

3. Rank... *Cos. pool* ..... 4. Regtl. No. *1707* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Sandy Point St. Georges* .....

6. Date of enlistment in the Regiment... *16<sup>th</sup> July 1915* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None* .....

8. Relationship of such dependents... ..

9. Address in full of such dependents... ..

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 field, if so, give dates and particulars of such service. *France Belgium Germany* .....

12. Give total length of time which you served on active service, whether in field or Overseas. *Four years* .....

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

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

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Post? *No* If not give? - (a) Date of discharge *7<sup>th</sup> July 1919* (b) Reason for discharge

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *France, N. pres. Guedalvort, Croisilles, Arras, etc.*

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: *Walter Messervey*  
 Place of Residence: *Sandy Point St Georges*  
 Declared before me at: *St Johns*  
 This *10<sup>th</sup>* day of *July* 19*.19...*

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

*Wm. Guines J.P.*

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

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 1707 Rank Capt Name Messervoy W.  
 Intended place of residence Sandy Point

2. Occupation Fisherman  
 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  
 Date JUL 9 1919  
 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, ST. JOHN'S  
 Date JUL 8 - 1919  
 Signature of soldier W. Messervoy  
 Signature of witness J. H. Knowlton

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am <sup>not</sup> in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 8 - 1919  
 Signature of soldier W. Messervoy  
 Signature of witness W. G. Beaton

## STATEMENT OF SERVICE

7. Enlisted for service 12.7.15 No. of days on Military  
 Discharged from service JUL 20 1919 Plus 14 days Service 147 1/2

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S  
 Date JUL 10 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  
 Date July 24/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Handwritten notes:* ANB 507 91 3215



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Benjamin D. Manning, Regl. No. 1707  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
                         Dollars and 50 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz :  
 Allotment begins Oct. 30 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1527	Mother	Mrs. Beatrice Manning	Sandwich, 19, 15, St. George	5
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.) Benjamin D. Manning  
 Officer Commanding  
 Company  
St. Johns, Nfld  
30th 1915

(Sig) Benjamin D. Manning  
 (Rank) Private

ST. JOHN'S, July 9<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Cpl. W. Messervey

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to 30<sup>th</sup> /19

*W. C. S.*

1707 - Cpl. W. Messervey      31 00

ACCOUNT	<u>Btm</u>
CH. NO.	<u>2608</u>
INITIALS	<u>EW</u>
INITIALS	
INITIALS	
GEN. LEDGE	<u>31 00</u>

Certified correct for \$ 31 00

*A. J. Shawcraft*  
A. J. Billeting Officer.  
D. Messervey

Reg. No. *1707* Rank *Cpl* Name *Messervy Walter*

Attested ..... Address *Sandy Pt*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.5.19*

Returned on S.S. *Corsican* Cause *Discharge*

*5.7.19* Rec Discharge from Army  
*Empire Hosp. for Treatment & Observation*

*8.7.19* **PASSED TO DEMOBILIZATION OFFICER**

*10.7.19* **DISCHARGE APPROVED ON DEMOBILISATION.**

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1707 Rank Capt Name Messervy W  
 Date of Enlistment 12.7.15 Address Sandy Pt District St George's  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 100% 1 month

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.....	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 8.7.19 ..... [Signature] O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

W. Messervy

Particulars passed to Vocational Officer for information and action.

Date 8-7-19 ..... [Signature]

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date 8-7-19 ..... O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2275-78 to his home at St. Johns and Release Certificate No. 3367 issued.

Date 9-7-19

*[Signature]*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 24-7-19

Date 9-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 10-7-19

Forwarded with following documents to O.C Discharge Depot.

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

*[Handwritten: forward]*

Date 9-7-19

*[Signature]*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date .....

*[Signature: D.R. Cooke Capt.]*  
O. C. Discharge Depot.

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

Date July 26/19

*[Signature]*

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

**The Royal Newfoundland Regiment,**

**Department of Militia,**

**St. John's Newfoundland.**

Fold Here



June 24th. 1921 1917.

The accompanying King's Certificate, on his discharge,

(No. 633), is forwarded herewith to

Corporal Walter Messervey

in respect of his service as No. 1707 Rank Cpl.

Name Walter Messervey Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received

July 25/21

Signature

W. Messervey H.G.

Date

25-7-21

Address

Sandy Point St. Georges

Receipt for Army Book 64

No. 1707 Name W Messervy  
3

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

Name W. Messervy  
"

Date Aug 11/20

Place St. George's

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

*W*

Army Form B. 103.

1232

Casualty Form—Active Service.

Regiment or Corps 2/1 Field Regt Regimental Number CR 1707  
 Rank Pte Surname Meservoy Christian Name Walter  
 Religion bn of England Age on Enlistment 21 years 5 months.  
 Enlisted (a) July 16/15 Terms of Service (a) 9 months Service reckons from (a) June 19/16  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank 9c 16.2.18  
 Extended { \_\_\_\_\_ } Re-engaged June 19/16 } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ... <u>Southampton</u>			<u>25.6.16</u>
		Disembarked... <u>London</u>			<u>26.6.16</u>
		Joined Battalion	<u>12 JUL 1916</u>		
			With BATT.	<u>25.1.17</u>	
<u>25.3.17</u>	<u>14 L.R. 2.</u>	<u>Ad. 18/2/17, 9 L.Y. Footsteps 89 F.A.</u>		<u>20.2.17</u>	<u>E.A. 1454</u>
		<u>WITH. Bn 30.12.17</u>		<u>With Batt. 13.5.17</u>	<u>Nom Roll</u>
<u>10/5/18</u>	<u>80. bn</u>	<u>apt Lybpe</u>		<u>16.3.18</u>	<u>B213</u>
<u>8/11/18</u>	<u>Leave to usk from 18-10-18 to 1-11-18</u>	<u>App of Cpe</u>	<u>Fixed</u>	<u>4/11/18</u>	<u>B213</u>
<u>4.1.19</u>	<u>86. bn C.C.S</u>	<u>Adm. Y.S. Chance</u>	<u>d.</u>	<u>19.12.18</u>	<u>S. 610</u>
<u>9.1.19</u>	<u>600</u>	<u>Adm. P. G. 26</u>	<u>d.</u>	<u>23.12.18</u>	<u>Alt. 23469</u>

*[Handwritten signature]*

(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, Shoemaking, &c.  
 (B99130) W 15012-5136 J. P. & Co., Ltd. Form B.103/2. P.T.O.

92119

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				
		Discharged Hop to Base details Boulogne		7/2/19.	Hk 4825
		Discharged 40p.		23/2/19	B213
		Confirmed to rank			B213 29.3-14
		Trans to Eng. for		16/4/19	WSkel816
		Dec 56.			Mb 2A.

*W. H. Jones*  
**Captain for**  
 1st Infantry Section No. 1  
 G.M. @ 3rd Coy

*J. M.*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. Forms B. 121. 39.  
 (6-86) W5017/2124 1000m 6/15ss 93 56

Regiment of 1<sup>st</sup> Newfoundland


Number of Sheet 1

Signature of O. C. Company Macneil Whysall

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay							
No.	<u>1707</u> <u>M. Messervey</u>	Age on	21 years 5 months	<u>Fisherman</u>								
Joined _____ Date _____	Joined _____ Date _____	Place and Date of Enlistment	<u>St John's July 16. 1915</u>						Religion	<u>607 E</u>		
Joined _____ Date _____	Joined _____ Date _____	Period of	{ with Colours 9 years. { with Reserve 4 <sup>3</sup> / <sub>6</sub> years.	Place of Birth					<u>Sandy Point</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>Demobilized 24 <sup>7</sup>/<sub>19</sub></u>					
To be carried over									

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. File

Ottawa 4, Ont.,

Date..... Dec. 15, 1967.....

Attention of

ROYAL Nfld REGT.

NAME MESSERVEY, Walter

SERVICE 1707  
NUMBER W.W.1

C.P.C. No. 260834  
W.V.A. No. 205971

NAVY  
ARMY  
R.C.A.F.

The DEPARTMENT has received information from

..... Telex, D.V.A., St. Johns! d/December 14, 1967.....  
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death.....Not Stated.....  
Cause of Death.....  
Place of Death.....Not Stated.....

Name and Address of next of kin (if known).....  
.....

Copies to: W.S.R.  
V. I.  
PAYX  
XDC.  
H.O.

} Destroy form if advice of death already received.

*E.C. Richards*  
for  
Chief, Central Registry