



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4032 Name Thomas Mollay Corps R.L.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Mollay
2. What is your full Address? } 2. 166 St. John's Street
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 17 Years 6 Months
5. What is your Trade or Calling? 5. Black
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? } II. Yes

I, Thomas Mollay 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.

Thomas Mollay SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Mollay 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..... day of..... 191

Signature of Attesting Officer W. Mollay

†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, 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 Thomas Miller

Apparent age 15 years 6 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 32 inches
Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Miller
166 Main Street | 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)
[Redacted]			

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days

" " Pension " _____ " " _____ " " _____

4032



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4032 Name Thomas Molloy Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Thomas Molloy</u> |
| 2. What is your full Address? | 2. <u>166 New Power St.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Clerk</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, Thomas Molloy 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.

Th. Molloy 29.10.17 Thomas Molloy SIGNATURE OF RECRUIT.
R. J. Johns Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Molloy 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. Johns on this 29th day of Oct. 1917

Signature of Attesting Officer R. J. Johns

†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 1st Bn.

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

Date 29.10.17 } Approving Officer.
 Place St. Johns

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Molloy
 Apparent age 18 years 6 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Molloy, Father
166 New Power St. | 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)	(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	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-10-17</u>					<u>Lance Corp. 13-12-17.</u> <u>Reverts to ranks. 2-3-18.</u>				
Joined at <u>John's</u> on <u>October 29-17</u>									
<u>Discharged January 24/1919</u>									
<u>Embarked St. John's N.S. Halifax N.S. 29-1-18.</u> <u>Embarked for B.C. 1-10-18</u> <u>Disembarked France 4-10-18</u> <u>Joined 1st Bn</u> <u>in the field 8-10-18</u> <u>Wounded 14¹⁰/18</u> <u>Admitted 3 Mos. C.S. No. 14¹⁰/18</u> <u>Admitted 5⁴ Mos. Hosp. Abasco 15¹⁰/18</u> <u>Transferred to England 26-10-18</u> <u>Admitted</u> <u>3⁴ Mos. Hosp. Wandsworth 26-10-18</u> <u>Wrote to Newcastle 10-12-18</u> <u>to Newfoundland for demobilization 12-12-18</u> <u>Arrived Halifax 21¹⁷/18</u> Total Service forfeited as above..... <u>Demobilization John's 24-1-19</u>									
Total Service towards Engagement to <u>24-1-19</u> (date of discharge) <u>1</u> years <u>88</u> days									
" " Pensions " [" "] " " " "									

Holley, Thos

4032

Ray Sept.

January 24th., 1919

#4032 Pte. Thomas Molloy,

#166 New Gower St.,

City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 698."

Yours faithfully,

Captain,
Paymaster & O. i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4032 Rank Plt Name Murray J
 Date of Enlistment 29.10.17 Address St. Johns District St. Johns
 Occupation Clerk Classification for Discharge B Medical Category A
 Recommendation S.M.B. permanently unfit Disability Rating Less than 20%
 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	ca
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 9.1.19

M. Murray Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Murray

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied given R. H. Crawford

Date 9-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. Nil to his home at St John's and Release Certificate No. 709 issued.

Date 9-1-19 ASDicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 24-1-19

Date 9-1-19 Butler Capt
Business Pay safe to be adjusted - Depot Paymaster.

Discharge approved for 10-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	Jamm B
F 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 10-1-19 ASDicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date JAN 10 1919 B Butler Capt
for O. C. Discharge Depot.

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

Date Jan. 13/1919

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 work as Electrician

Thos Mollay

Signature of Man.

Reg. No. 4032

W. Dickson

Signature of the Vocational Officer or his Representative.

Place

St John's Nfld

Date

9/1/19

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

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

1. Unit and Corps... *Royal Newfoundland*
2. Regtl. No. *4032*
3. Rank... *Private*
4. Name *Molloy*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
 (a) When
 (b) 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."

G.S.W. left shoulder

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.
*simple flesh wound left shoulder for which treated Wandsworth where he made satisfactory progress & discharged cured
 Has been sent from 3. L. G. H. especially for repatriation*

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? }

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.)

looked 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 ?

No repairment
mc
Approved

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

Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *Wound left shoulder (flesh)*
 (b) The present condition thereof. *Scar behind left shoulder - healed*

22. State whether the disabilities are:—

(a) Attributable to (b) Aggravated by

(i) Service during the present war .. .. .	..... <i>Yes</i> .....	.....
(ii) Previous active service .. .. .	.....	.....
(iii) Climate in pre-war service .. .. .	.....	.....
(iv) Ordinary military service before the war ..	.....	.....
(v) Serious negligence or misconduct on the part of the soldier .. .. .	..... <i>No</i> .....	.....

Give details :

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

G.S.W.

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

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

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

less than 20%

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

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

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

Yes

Opinion of Military Member in case of disagreement.

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

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

Yes

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

29. Does the soldier require:—

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

Signatures:

Station *S. Phus* *[Signature]* } President or Chairman.

Date *Jan 7 1919* *[Signature]* } Members.

[Signature] } Members.

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

Station *[Signature]* } Only applicable in cases of Patients in Hospitals.

Date *[Signature]* } Officer in charge, Central Hospital.

No. OR

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

or Transfer Approved to Class of the Reserve.

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

Station O.C. Discharge Centre.

Date

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 with C.L./19, 26/5/17.

Regtl. No. 4032 Rank Private Name Molloy F. Unit Royal Nfld. Regt who was repatriated to Newfoundland on 12/12/18 Authority Draft No. 79 Cause _____

DR. STATEMENT OF ACCOUNT CR.

DR.	PARTICULARS	£ s d			PARTICULARS	£ s d			CR.			
		£	s	d		£	s	d				
PERIOD: From 8/12/18 to 12/12/18	Balance Dr. from				Balance Cr. from 7/12/18							
	Allotment 5 days @ 60	3	00	12	4	Pay 5 days @ \$ 1.00	5	00	3	0	9	
	Cash Payments:					Field Allow 5 days @ \$.10		50				
	M.F.N.1510			3	8	11	Other Allowes days @ \$	5	50	1	2	7
	Hospital Advance				3	6	Other Credits:					
	Other Debits											
	Total Debits			4	4	9	Total Credits			4	3	4
	Balance due by Paymaster						Balance due to Paymaster				1	5
									4	4	9	

CHECKED *[Signature]*

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____

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Made up/checked in accordance with information received in the Pay & Record Office London U.C. " " Company, to 2/1/19 and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London, 2 / 1 / 1919
 Chief Paymaster & O. i/c Records. *[Signature]*

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

1. Christian name... *Thomas*..... 2. Surname... *Molloy*.....

3. Rank... *Private*..... 4. Regt. No... *4032*.....

5. Address in full to which future payments of gratuity are to be forwarded... *166 New Lower St., St. John's*.....

6. Date of enlistment in the Regiment... *29 Oct 1917*.....

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

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

9. Address in full of such dependent... *166 New Lower Street*.....

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

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *No*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *One Year and Eighty Eight days*.....

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

... *N.P.*

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?.....

..... *Yes*

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

..... *Reverted at my own request*

19. Are you now serving in the Regt.? *No*..... If not give:- (a) Date of discharge..

Jan'y 24th 1919 (b) Reason for discharge.....
..... *Demobilization*

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

..... *Yes France. ~~March~~ October 1918, wounded 14th*

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: *Thomas Molloy*

Place of Residence: *166 New Lower St.*

Declared before me at: *S^t John's*

This *1st* day of *March* 191*9*

Chas. O'Neill Curry, Notary
Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Not amount due	
.....	<i>4.00</i>	<i>280.00</i>	.....
.....
.....
Certified Correct.				Paymaster.	

S. }
A. }SEPARATION ALLOWANCE.
1st NEWFOUNDLAND REGIMENT.

A.

1. Name of Soldier in Full (Surname first) *Molloy Thomas*
2. Rank and Regimental Number *Private No 4032*
3. Date of Enlistment *Oct 29th 1917.*
4. Full Name of Wifeor
Widowed Mother *Ms^{rs} Bridget Molloy*or
Children's Guardian
5. Address *166 New Gower St*
St Johns -
6. State ages of Children: Girls under 17 Boys under 16
7. With whom do your Children reside?
8. Amount of Allotment *60s* 9. Name of Allottee *Ms^{rs} Bridget Molloy*
10. Address *166 New Gower St.*
St Johns.

11. From what date is Allotment effective? Nov 1917.
12. Date of Marriage
13. Date Marriage Certificate examined by Paymaster:
14. Date Birth Certificates (in case of 'guardian') examined by Paymaster:.....
15. If soldier is sole support, does Statutory Declaration accompany this application?.....
16. Have you made a previous claim for Separation Allowance? Give particulars..... No
17. Is Separation Allowance being paid on your account to any person?..... No
18. Were you at the time of enlistment an employee of the Newfoundland Government? In what capacity, and in what place?..... No
19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?..... No
20. Name of Corps prior to enlistment in the Nfld. Regt.

I hereby certify that the above is a true statement.

Thomas Molloy
 Name of Soldier.

Signature of Officer forwarding this application.

Unit Newfoundland Molloy O.C.G. COY.
 Date Nov 9th 1917. 1st NEWFOUNDLAND REGIMENT,
 ST. JOHN S, NFLD.

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94.

to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4032 Rank Private Name Molloy F. Unit Royal Nfld. Regt who was repatriated
to Newfoundland on 12/12/18 Authority Draft No.79 Cause _____

STATEMENT OF ACCOUNT

BR.	PARTICULARS	\$			£			PARTICULARS	\$			£		
		¢			s	d					s	d		
From 8/12/18 To 12/12/18	Balance Dr. from							Balance Cr. from 7/12/18						
	Allotment 5 days @ 60	3	00			12	4	Pay 5 days @ \$ 1.00	5	00			3	0
	Cash Payments:							Field Allce 5 days @ \$.10		50				9
	A.F.N.1510				3	8	11		5	50			1	2
	Hospital Advance					3	6	Other Allces days @ \$						7
	Other Debits							Other Credits:						
	Total Debits							Total Credits						
	Balance due by Paymaster				4	4	9	Balance due to Paymaster					4	3
													1	5
													4	4
													9	

CHECKED

[Signature]

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____

191

(Place) _____ (Date) _____ O.C. " " Company, _____
Made up/Checked in accordance with information received in the Pay & Record Office London to 2/1/19
and is therefore subject to amendment if and as may be found necessary.
Pay & Record Office, London, *[Signature]*
Chief Paymaster & O. i/c Records.
2 / 1 / 1919

January, 23rd. 1918.

Mrs. B. Molloy,
166 New Gower Street,
City.

Dear Madam:-

Application has been made by your son
#4032 Pte. Thos. Molloy to have Separation Allowance
issued to you, and I enclose Form of Statutory Declaration
which, kindly have filled out and signed in the presence
of a Barrister of the Supreme Court, Notary Public, Justice
of the Peace or Stipendiary Magistrate, and return to
me at your earliest convenience.

Yours faithfully,

Capt. & Paymaster.

St. John's, JAN 6 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr B Molloy

Billeting Soldiers as undermentioned

from Dec 21/18 to Jan 31/19

4032 Pts J. Molloy 1H. 40

AMOUNT	<u>15 4m</u>
	<u>7924</u>
	<u>Cur</u>
	<u>J. Molloy</u>

Certified correct for \$ 114

Joseph H. Lawford
Billeting Officer.

Thos Molloy

6/18/19

Molloy, T.

C.R. 4032

P.Y.R.O.

Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*

Rank *Pte* Surname *Mallory* Christian Name *Thomas*

Religion *R. C.* Age on Enlistment *18* years *6* months

Enlisted (a) *29-10-17* Terms of Service (a) *Duration* Service reckons from (a) *29-10-17*

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

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation *Clerk* Signature of Officer *W. L. O'Connell*



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 ...	1 OCT		
		Disembarked	4 OCT 1918		
		<i>James</i>	<i>8/10/18</i>		
		<i>Wounded in Action</i>	14-10-18		
	<i>Royces</i>	<i>to PW Shawnee</i>		<i>14/10/18</i>	<i>84 2198</i>
	<i>St John St</i>		<i>Arbengue</i>	<i>15/10/18</i>	<i>30380</i>
	<i>St Denis</i>	Transferred to England	"	<i>26/10/18</i>	<i>W3083</i>
			<i>W. L. O'Connell</i>		
		For Officer i/c	No 1 Infantry Section		
		2nd Echelon,	General Headquarters		

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.

W. L. O'Connell
Post 6 Kin, Bright Mallory 166 New Dover St St Johns Newfoundland

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

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

1. Unit and Corps *Royal Newfoundland*
2. Regtl. No. *4032* 3. Rank *Private*
4. Name *MOLLOY*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) 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.

l.s. w. left shoulder

Simple flesh wound left shoulder for which treated 5. 7. G. H. where he made satisfactory progress & discharged cured 5. 7. G. H. especially

Has been sent from for repatriation

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? }

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 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?

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.

*When referred to
Dr. [unclear]
Capt. [unclear]*

Medical Officer in charge of case.

Station

Date

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

54032

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4032 Rank Plt. Name Malley J
 Date of Enlistment 29.10.17 Address St. Johns District St. Johns
 Occupation Clerk Classification for Discharge B Medical Category A
 Recommendation S.M.B. permanently unfit Disability Rating Less than 20%
 Passed to Demobilization Officer with following documents:—

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

Date 9.1.19 Malley Capt.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

His Malley

Particulars passed to Vocational Officer for information and action.

Date:

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. Crawford

Date 9-1-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Nil* to his home at *St John's* and Release Certificate No. *709* issued.

Date *9-1-19*

As Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *24-1-19*

Date *9-1-19*

overseas Pay etc has been adjusted.

W. Bowley Capt
Depot Paymaster.

Discharge approved for *10-1-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
F 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 *10-1-19*

As Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY
JAN 10 1919

Date

B. Butler Capt
for O. C. Discharge Depot.

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

Date *Jan. 13/1919*

W. Bowley Capt
O.C.D.

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

MEDICAL HISTORY

OR

Surname Wolloy Christian Name Thomas

Table I. GENERAL TABLE.

Birthplace:—Parish St. Johns County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	29	Dec.	1917	191
Declared Age	18	years	6	days
Trade or Occupation	Clerk			
Height	5	feet	6	inches
Weight	121	lbs.		lbs.
Chest Measurement	Girth when fully expanded...		34	inches
	Range of Expansion...		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	1 Scar		
When Vaccinated				
Vision	R.E.—V	6/10	R.E.—V	
	L.E.—V	6/4	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)	James Paterson			
(Rank)	Major			
Enlisted	at	St. Johns	at	
	on	29 day of Dec.	on	day of 1917
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	4032	Regtl. No.	
Transferred to	1st Nfld. Regt. ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on	day of	on	day of
[Signature]				
[Rank]				

HISTORY

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In 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
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	26	10	18	7	12	18	J.S.W. Left shoulder Simple flesh.	42	Wounded in France 14. 10. 18. Large flesh wound at back of left shoulder. Sp: 6. 11. 18. Wound excised & stitched. Satisfactory progress.	S.M. Smyly, Capt R.A.M.C.

To The Paymaster

Royal Wilt Regt.

Please pay to the order of J. Molloy
the sum of Two pounds
same his account & change the



Approved
Signature
Capt. Rowe

J. Molloy
O.K. £ 200-0
M.R. 6/12/18
Receipt No. 10160

C.R. 4032

Nov. 6th., 18.

Mr. Thomas Molloy,
166 New Gower St.,
City.

Dear Sir:-

I beg to inform you that Additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4032 Private, Thomas Molloy, is now progressing favourably.

Yours faithfully,

Lieut. Col.,
Chief Staff Officer.

LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4032 Rank Private Name Molloy F. Unit Royal Nfld. Regt who was repatriated
to Newfoundland on 19/12/18 Authority Draft No. 79 Cause _____

DR.

STATEMENT OF ACCOUNT

	PARTICULARS					£	s	d	PARTICULARS					£	s	d	
	\$	¢															
From 9/12/18 To 12/12/18	Balance Dr. from								Balance Cr. from								
	Allotment 5 days @ 60	3	00		12	4				Pay 5 days @ \$ 1.00	5	00		3	0	9	
	Cash Payments:									Field Allowance 5 days @ \$.10		50					
	A.F.N. 1510				3	8	11							5	50		
	Hospital Advance					3	6				Other Allowances days @ \$				1	2	7
	Other Debits										Other Credits:						
										<i>1/6 F.P. 55. 308/9</i>							
										<i>Sent to A. 2. St John's</i>							
										<i>7/1/19</i>							
										Total Credits				4	3	4	
										Balance due to Paymaster					1	5	
														4	4	9	
										Total Debits							
										Balance due by Paymaster				4	4	9	

CHECKED: *CA*
2-7-19

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____

191

Made up/checked in accordance with information received in the Pay & Record Office _____ O.C. " " Company, _____
and is therefore subject to amendment if and as may be found necessary. _____ to 2/1/19
Pay & Record Office, London,

2 / 1 / 1919

Chief Paymaster & O. i/c Records.

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
53 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4032	Pte.	Molloy G.	\$2 ⁵⁰	

I have the honour to be, Sir,
~~Yours faithfully,~~
Your obedient servant.

Date

14-5-18.

G. Molloy

Not 15305/1572 ✓

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Newfoundland Rgt.,
Hazeley Down Camp,
Winchester.

September 23rd, 1918

Sep 28 1918

Subject: 4032, Pte. T. Molloy.

With reference to the following telegram (8242) from the Hon. Minister of Militia, received

"Pay to 4032, Pte. T. Molloy, £4:0:0.

Draft £ 4:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

Cham ^{Capt}

LIEUT. COLONEL.

Officer Commandg. Batt'n
Royal Newfoundland Regiment

Received the sum of Four
pounds on account of
cable remittance from Newfoundland.

T Molloy

No. 4032 Rank Pte

Witness *Row* Row
Row

MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> .
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and <i>vice versa</i> .
11.	Take a bearing with a compass and measure it on a map with protractor.

SIGNAL TRAINING. STANDARD TESTS.

1.	Accept a message including counting and filling in preamble.
2.	Fill in Sent Column on message form.
3.	Fill in Signal Register.
4.	Fill in Received Column on message form.
5.	Send and receive a verbal message on the telephone.
6.	Call up with (a) flag, known and unknown station. (b) buzzer. (c) ringing 'phone.
7.	Put through a call on a 4 plus 3 switch unit.
8.	VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9.	" " " caller. " " "
10.	" " " writer. " " "
11.	" " " answerer. " " "
12.	" " " answer-reader. " " "
13.	" " " sender. " " "
14.	LUCAS LAMP. Set up and align.
15.	" " Replace cells.
16.	" " Connect up cells.
17.	" " Trace the electric circuit with a view to locating a fault.
18.	" " Change a bulb.
19.	" " Change nightshades.
20.	" " Test flexible cord.
21.	TELESCOPE. Set up on stand and align.
22.	" " Focus on a blue flag unreadable to the unaided eye and read a message.
23.	HELIOGRAPH. Set up and align with vane.
24.	" " Change to duplex and align.
25.	" " Regulate the beat.

ELECTRICAL INSTRUMENTS TESTS.

CELLS.	MISCELLANEOUS.
1. Render active.	14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.
2. Connect in series and parallel.	15. 4 plus 3 Buzzer Unit. Connect up.
TELEPHONE D. III.	
3. Connect and insert cells and cell connections.	
4. Test instrument.	
5. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressel switch contact.	
(d) Receiver discs and washers.	
(e) Microphone capsule.	
6. Connect up earth return, metallic return, and use of condenser terminal.	
FULLERPHONE.	
7. Connect and insert cells and cell connections.	
8. Test instrument.	
9. Localise and remedy the following faults:—	
(a) Adjust No. 1 or (A) contact of armature.	
(b) Adjust No. 2 or (B) contact of armature.	
(c) Dirty contacts.	
VIBRATOR, R.A.	
*10. Connect up hand set and cell connections.	
*11. Test instrument.	
*12. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressel switch contact.	
(d) Receiver disc and washers.	
(e) Microphone capsule.	
13. Connect up earth and metallic return.	
	16. Identify lines by labels.
	17. Draw and explain a simple circuit diagram.
	18. Draw and explain a simple route diagram.
	19. Make a reef knot, barrel hitch and clove hitch.
	20. Joist and insulate (a) D. II. } Single or (b) D. III. } Twisted. (c) P. V. (d) D. twin Mk. III.
	21. Make simple joint in enamelled wire or single airline.
	22. Lay cable (a) in open country. (b) in trenches.
	23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.
	24. Test with Q. and I. detector— (a) cells; (b) a circuit, for disconnection earth and contact; (c) In order to pick up wires in a rope.

* R.A. only.

This space to be pasted in A.B. 64.

SIGNALLER'S RECORD SHEET.

Rgtl. No. 4032 Rank Pte Name & Initial Molloy J.
 Unit Royal Newfoundland

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all
 Standard Tests.
 J. W. M. Capt
 SEP 1918

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending	98 %	99 %	99 %	98 %	%	
Reading	98 1/2 %	99 %	98 %	99 %	%	

* R.A. Signaller only.

Classified as 1st. Class Signaller at Hazelton
 Date _____ Signature of Classifying Officer J. W. M. Capt
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

047524

No. 8905/814

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From

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

To

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

~~Subject: 6th June 1918~~

~~June 8th 1918~~

Subject: 4032, Pte. T. Molloy.

With reference to the following telegram (5039) from the Hon. Minister of Militia, received

pay to 4032 Molloy £4:0:0

Draft £4:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A.A. [Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Cham [Signature]
LIEUT. COLONEL,
Officer Commanding 2/Bn ROYAL NEWFOUNDLAND REGT.

received the sum of Four
Pounds on account of
cable remittance from Newfoundland.

T. Molloy
No. 4032 Rank Private

C.R.

4030

Extract from War Office List No. C. 1752 dated 1. 11. 18.

4030 Pte. T. Molloy.

WOUNDED 14. 10. 18.

BC.

C.R. 4032

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT IN FRANCE DATED 21/11/18.

TO ENGLAND.

#4032 Pte. T. Molloy

26/10/18.

4032.

C.R.

Extract from Nominal Roll discharged from 3rd L.G.D.
on 7-12-18 and sent to 2nd Bn., Winchester for immediate
repatriation, in accordance with arrangements made by
Major Timewell.

4032 Pte. T. Molloy.

C.R. 4032

Extract from Daily Orders part II, Depot St. John's

dated 10-12-18.

by Lt. Col. B. J. BARTON D.S.O. ~~Assistant~~ Officer Commanding
2nd. Battalion of the Royal Newfoundland Regiment.

The un/m having reported back from the 1st. Battalion is
taken on the strength and posted to "H" CO DEC-8'18

#4032 Pte. T. Molloy.

C.R. 4032

Extract fro, Nominal Roll of repatriation draft No. 79
from the 2nd., Battalion of the Royal Newfoundland
Regiment per S. S. CORSICAN which embarked at Tilbury
Docks 12/12/18.

#4032 Pte. T. Malloy.

C.R. 4032

Extract from Daily Orders part II, Depot St. John's dated Dec. 23rd. 1918

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

4032 Pte. T. Molloty.

C.R.

4032

Extract from Daily Orders part II, Depot St. John's dated Jan. 25th. 1919.

The undernoted discharge on demobilization have been approved
CONFIRMED by Officer I/c Records from 24-1-19.

#4032 Pte. Thos. Molloy.

C.R. 4032

Extract from Medical Board held Wednesday Jan. 8th/1919.

4032 Pte. T. Molloy.

Recommended discharge as permanently Unfit.

C.R. 4032

Extract of Daily Orders Part II, dated Jan. 11th 1919.

DEMOBILIZATION

The discharge of the undernoted man has been ~~now~~ approved by O.C. Discharge Depot from 10-1-19. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

4032 Pte. Thos. Molloy

C.R. 4032

Oct 25h 18

Dear Mr. Molloy:

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London. to the effect that

YOUR son, No. 4032, Private Thomas Molloy, was admitted to 55th General Hospital Aubengue on Ocy. 15th suffering from G.S.W. shoulder mild.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

**Mr. Thomas Molloy
166 New Gower Street**

Minister of Militia.

C.R. 4032

Extract from Nominal Roll of Sick and Wounded from the France
Expeditionary Force to the 3rd., London General Hospital
admitted 26/10/18.

4032 Pte. T. Molloy.

G.S.W. L. SHOULDER L. LEG.

C.R. 4032

REVENUE BOND
Oct 29th 18

Dear Mr. Molloy:

I beg to inform you that additional information has to-day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that your son, No. 4032, Private Thomas Molloy is now at 3rd London General Hospital, Wandsworth.

Yours faithfully,

Minister of Militia.

Mr. Thomas Molloy
166 New Gower Street

C.R. 4032

Extract from Daily Orders Waré II Unit The Royal Wfld.
Regt., St. John's, Oct. 29th, 1917.

4032 Pte. F.J. Molley.

Attended to r General Service with the Wfld. Regt. with
effect from Oct. 29th, 1917.

C.R.

~~4030~~
4032

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Dec. 13th, 1917.

4034² Pte. T. Molloy.

To be Lance Corporal with effect from Dec. 13th, 1917.

C.R. 4032

Extract from Orders by Lt. Col. B. J. BARTON.
COMMANDING Ind. Bn. of the Royal Newfoundland
Regiment.

A draft of 21 Other ranks will be held in readiness
to join the 1st. Battalion of the Regiment. Those
who have not already had leave will proceed on
Draft leave from 2. p. m. 23rd. inst to MIDNIGHT
27th. inst.,

#4032 Pte. T. Molloy.

C.R. 4032

Extract of Meninal Holl Draft H. Company embarked S.S.

"Florinel" Jan. 19th. 1918.

4032 L/Cpl. Molloy, F.

C.R.4082

Extract from Telegram despatched to Synoptical, London,
dated June 4th, 1918.

Pay to a s follows:-

#4032 Pte. Molloy,

£4.

C.R.

4032

Extract from Nominal Roll of Draft No. 53 and 21 Other
ranks from 2nd., Bn. R. Nfld. R. to 1st., Battalion
Newfoundland Regiment B. E. F. Embarked Southampton
1/10/18.

Conducting Officer 2/Lieut. W.G.Munn.

#4032 pte. T Molloy.

BC.

C.R. 4032

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

4032 Pte. T. Molloy

1-10-18.

CP 4032

Extract from War Office List. No H. A. 30380. dated 24 Oct. 1918

ADMITTED 14 GEN. H. WIMEREUX 15 OCTOBER 1918.

4032 Pte. T. Molloy.

bc.

G.S. SHOULDER MILD.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here

July 9th. 1921. 1917.

The accompanying King's Certificate, on his discharge,
(No. 1323), is forwarded herewith to
Thomas Molloy,

in respect of his service as No. 4032 Rank Pvte.

Name Thos. Molloy Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received _____

Signature _____

Date _____

Address _____

HMJ
Thos Molloy

17-1-1922

166 New Lower St

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 5 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to,

Thomas Molloy

in respect of his service as No. **4032** Rank **Pte.**

Name **T. Molloy** **Royal Nfld. Regt.**
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received _____

Signature *Thos Molloy*

Date *166 New Gower St*

Address _____

[P.T.O.]

C 4032

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

DATE. *Jan. 8/20*
PLACE. *St. John's.*

N *4032* NAME. *Thos Molloy.*

Reg. No. *4032*, Rank *pte*, Name *Molloy J*

Attested Address *166 New James St.*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *21.12.18*

Embarked for Overseas Cause *Discharge*

SMB B-1-19
Recommended Dis. as Permanently Unfit.

9-2-19

PASSED TO DEMOBILIZATION OFFICER

10-5-19

DISCHARGE APPROVED ON DEMOBILISATION.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39

Regiment of

1st Newfoundland

Number of Sheet

over

Signature of O. C. Company

W. Bailey Jr

Regimental No. and Name	
No.	<i>4032 Holley Pte</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>15</i> years <i>6</i> months
Place and Date of Enlistment	<i>St John's 29-10-17</i>
Period of	with Colours <i>88</i> years. with Reserve <i>365</i> years.

Trade	<i>Clerk</i>
Religion	<i>R.C.</i>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

Promoted Lance Corp. 13-12-17.

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>Hazelton Sawm Camp</i>	<i>15.4.18</i>	<i>Pte</i>		<i>Not shaved for Morning Parade</i>	<i>Cpl Wilson</i>	<i>2 days C.B.</i>	<i>16.4.18</i>	<i>Lt. E. A. Edens.</i>	<i>J.H.</i>
<i>"</i>	<i>10.7.18</i>	<i>"</i>		<i>Dirty on Parade</i>	<i>Cpl Gray</i>	<i>3 " C.B.</i>	<i>13.7.18</i>	<i>Lt. O. F. Power.</i>	<i>O.F.P.</i>
<i>Demobilized St. John's 24/19</i>									

To be carried over

Army Form B. 121



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 *Thomas Molloy*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4032.*

Intended address *166 New Market Street*

Height on discharge *5 Feet 6*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Scar Left Shoulder*

Figure on discharge *Normal*

Christian name of Father *—*

Christian name of Mother *Bridget*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns 6-4-1899*

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)

Thos Molloy Pte

Station

St Johns Hk

Date

8-1-19

(Rank)

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

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

Station

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4032 Rank Plt Name A. J. Malloy
 Intended place of residence 166 New Dover St City

2. Occupation Clerk
 Classification of soldier B Medical Category F

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

ELIGIBLE for POST DISCHARGE PAY

4. His accounts are ^{not} correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place

Date JAN 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. subject to my allowances being adjusted

Place and date St John's 9-1-19 Thos Malloy

Signature of soldier

Osborne Capt.

Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date Jan 9th 1919 Thos Malloy

Signature of soldier

Raymond Sgt

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29.10.17 No of days on Military

Discharged from service 10-1-19 plus 14 days Service 453 Days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S Butler Capt

Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date JAN 10 1919

CONFIRMATION OF DISCHARGE

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

Place St John's, Nfld Malloy Capt

Date January 24 1919 Officer i/c Records
 The Royal Newfoundland Regiment

CB 2079/698

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa, Ont.
Date Jan 13, 1970

TO: Copy for H.O. File
À:

Attention of:
Compétence de:

MAD

CPC No.
CCP N°

NAME Service No. 4032 ROY NFID REGT WVA No.
NOM MOLLOY, Thomas Matricule N° AAC N° 231530
..... *WW I*

Information received from:
Information reçue de: *W.V.A. District Authority St. John's Nfld Tel Memo 9 Jan 70*

Date of Death
Date du Décès ..not stated.....
Cause
Place not stated
Endroit

Name and address of next-of-kin (if known)
Nom et adresse du plus proche parent connu

Distribution: WSR - VI - ~~BC~~ - HO
DASG - ASS - ~~BC~~ - BC

Pour le chef,
E.C. Richards
for Chief, Central Registry Division.
Dépôt central des dossiers.