



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3555 Name William Moran Corps RC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? William Moran
- 2. What is your full Address? } Portugal Cove Rd
St Johns East
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years 1 Months
- 5. What is your Trade or Calling? 5. Expressman
- 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, William Moran 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.

E19-3-17 SIGNATURE OF RECRUIT.
William Moran Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Moran 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 19th day of March 1915.
Signature of Attesting Officer Mark R. Aylet

†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, 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 be completed with entries on the Medical History Sheet.

Name William 18 years 1 months 5 feet 7 inches

Apparent age 18 years 1 months 30 1/2 Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion _____ inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Portugal Cove Rd | Relationship Father
St Johns East

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 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
 " " " Pensions " _____ [" "] _____ " _____ "



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1. What is your name? William Moran
2. What is your full Address? } Portugal Cove Rd
St Johns East
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 1 Months
5. What is your Trade or Calling? 5. expressman
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, William Moran do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

..... SIGNATURE OF RECRUIT.

E19-3-17

William Moran Signature of Witness.
Arthur [unclear]

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Moran 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 19th day of March 1915

Signature of Attesting Officer Mark R. [unclear]

†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, 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 William Moran
 Apparent age 18 years 1 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Moran
Portugal Cove Rd | Relationship Father
St Johns East 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 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 19-3-17
 Joined at St John's on March 19th 17

Discharged June 29/1919

Embarked St John's train to Halifax N.S. 7th Embarked for S.C. 1-12-17 joined Bath in the field 11-12-17 Admitted 3 Reg. H.Q. 5th Bn. 18-3-18 Admitted 3rd Bn. 14-3-1918 Surlingham then posted to Winchester 25-5-1918 Embarked for S.C. 9-8-18. Joined Bath France 9-8-18. Admitted 20th H. Home Convalescent 21-8-18. Rejoined unit 29-8-18 Admitted 76th St. Bn. 24-9-18. Joined base depot 3-12-18 Admitted 1st Hosp. Depot W.S. 11th 25-4-19. S. H.Q. for demobilization 22-5-1919. Arrived in N.S. from S.C. 25-4-19. S. H.Q. for demobilization 22-5-1919. Arrived Newfoundland 1-6-1919. Demobilized at St John's 29th 19

Total Service towards Engagement to 29-6-19 [date of discharge] 2 years 3 days
 " " " Pensions " [" "] " " "

C.R.

3555

APRIL 29th 1919.

W. J. Higgins, Esq., M.H.A.,

City.

Dear Sir:

I am directed to return you the enclosed, and to say that we have telegraphed the authorities on the other side asking them to arrange the repatriation of Pte. #4235 Gillis, and Pte. 3555 Moran with the next draft.

Yours faithfully,

C.C.B.

Captain,
Military Secretary .

ENC. E

1 copy please

C.R.

3555

Extract from Orders By Major G.T. Mathias, D.S.O.

Commanding 1st Bn. R. Nfld. Regt. 20-8-18.

The following joined the Battn. 19-8-18, and is posted to
A. Coy.

3555 Pte. W. Moran.

C.R. 3535

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt.
St. John's, June 14th, 1919.

3555 Pte. Wm. Moran.

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R. 3555

Extract from Orders by Lt. Col. G.T. Mathias, D.S.O.

Commanding 1st Battn. Royal Nfld. Regt. 22-8-18

The u/m is admitted to hospital this day.

3555 Pte. Moran, W.

C.R. 3555

Extract from Daily Orders Part 11 Unit The
Royal Wfld. Regt. St. John's, June 30-1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by C.C. Discharge Depot from 29-6-19.

3555 Pte. Wm. Moran.

C.R. 3555

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt.
St. John's, June 16th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot with effect from 15-6-19.

3555 Pte. Wm. Moran.

C.R. 3555

Extract of Telegram from Military to Syn., London.
dated April 28th 1919.

Arrange repatriation 3555 Moran next draft(fisherman)!

C.R.

3555

Extract of Daily Orders Part II Royal Newfoundland Regiment
in France dated Feb. 16th/19.

Admitted to Hospital Venereal. 12/12/18 dis. 18/1/19.

3555 Pte. W. Moran.

C.R. 3555

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

R.O.Y.A.L. A.R.M.Y. V.E.T.E.R.I.N.A.R.Y. C.O.R.P.S

No. H.A. 34236

DIS TO CAMP ADJUTANT EX 1 STY H ROUEN 18 JAN.19

27114 L/C Snape T..... RAVC 24 Vet.Hpl..... V.D.S.

ADM.1 SECT.2 RED CROSS H GOURNAY 17 JAN.19

1529 Pte Telling F..... RAVC 24 Vet.Hpl..... Myalgia of L.Upper Limb Slit.

DIS EX 1 SECT 2 RED CROSS H GOURNAY 17 JAN.19

29349 " Broadfoot J..... RAVC 24 Vet.Hpl..... Suppuration of lacrymal sac of R.Eye Slit.
30529 " Goodchild J. " " " " Acc.Inj.centusion of both legs Slit.

ADM.1 SECT.2 RED CROSS H GOURNAY 18 JAN.19

17324 Pte Kingham G..... RAVC 24 Vet.Hpl..... Gout Slit.
10100 Sgt Cobley E. RAVC 24 " " " Cough "

DIS EX 1 SECT.2 RED CROSS H GOURNAY 18 JAN.19

23305 Pte Dawson S..... RAVC 24 Vet.Hpl..... Cont.Ankle Left Slit.

ADM.3 STY.H.ROUEN 17 JAN.19

1788 Pte Stanton A..... RAVC 8 Vet.Hpl..... D.A.H.
30304 " Pearce J. " 8 " " " N.Y.D. Mild

N.E.W.F.O.U.N.D.L.A.N.D. C.O.N.T.I.N.G.E.N.T

No. H.A. 34236

DIS TO CAMP ADJUTANT EX 1 STY.H.ROUEN 18 JAN.19

X 3555 Pte Moran W..... 1 R.Newfoundland Reg..... Ureth.

20.



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

C.R. 3555

A R T I L L E R Y - ROYAL HORSE AND ROYAL FIELD

No. H.A. 33020



ADM 12 CON DEP AUBIENGUE 9 DEC'18.

23277	Gnr. Haddow T.	RFA D/71 Bde.	Sub-acute rheumatism Slt.
249547	" Joyce S.	RFA 108/Bde	Influenza Slt.
805994	" Joines A.	RFA B/296 Bde	" "
21152	Dvr. Newell A.	RFA 86/32 Bde.	Influenza "
L/10909	Sdtr. Owen A.E.	RFA 30/D A C.	Frac. inf. maxilla acc. Slt.
137516	Pte. Mayers J.	RFA C/290.	Influenza Slt.
156310	Dvr. Green A.J.	RFA 74/DAC	D A H Slt.
821300	Gnr. Page H.	RFA X/59 T M B	Cut finger acc. Slt.
175612	" MacNair A.C.	RFA B/148 Bde.	T & T Scalp Slt.
750837	Bdr. Smith H.P.	RFA 277/AB.	Diarrhoea Slt.
92685	Dvr. Bryne J.F.	RFA att/ 8/Div, RA HQ.	Gastritis Slt.

DIS TO DETLS CAMP TERLINCTHUN EX 12 CON DEP 9 DEC'18.

186958	Gnr. Darter A.	RFA S A Sec. 34/DAC.	Varix. Slt.
27019	Bdr. Ptr. Painton E.	RFA 85/11 Bde.	GSW Hand L. Wd. Slt.
137958	Bdr. Quinn J.	RFA 128/29 Bde.	Contus Leg R. Slt.
806755	Gnr. Barker F.	RFA B/286 Bde.	Diarrhoea Slt.
265362	" Godfrey G.	RFA 20/9 Bde.	Diarrhoea Slt.
40227	Dvr. Fideash H.	RFA C/174 Bde.	Diarrhoea Slt.
102544	" Freeman P.	RFA A Bty	Influenza Slt.
73933	Gnr. Smith G.	RFA 11/84 Bde.	Debility Slt.
960845	Pte. Farrington C.	RFA 47/DAC	Broncho Pneumonia Slt.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 33020

ADM 1 STY H ROUEN 11 DEC'18.

3555 Pte. Moran W. 1/R.N. Foundlands VDSc Mild.

27048

C.R. 355



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

NO 1 RECORD OFFICE . . . P R E S T O N .

No. H. A. 28273

Dis to Duty 3 Emp Base Dep ex 20 Gen H Dannes Camiers 28 Aug'18

78678 Pte Williamson J. 8. Res Bn M' Chesters. Scabies Mild.

Dis to Med Brd Dep ex 26 Gen H Etaples 25 August'18

03292 Pte Ogden W. 2 Lancs rus. Synov Knee R.
576 " Wallace T. 2/5 Lancs Fus. Neurasthenia.

NO TWO RECORD OFFICE . . . P R E S T O N .

No. H. A. 28273

Adm 20 Gen H Dannes Camiers 28 Aug'18

28015 Pte Mottershead H. 25th K.L' pools. Old Wd Arm R. Mild.
381662 " Lomas F. 25th " Rachycardia. Mild.

Dis to Med Brd Base Dep ex 26 Gen H Etaples 29 Aug'18

4269 Pte Appleton J. A. 9 L. N. Lancs. Debility.

Adm 26 Gen H Etaples 29 Aug'18

241396 Pte Tonge H. 2/5 L. N. Lancs. I. C. T. Legs. Mild.
331957 " Humphreys T 9 K. L' pools. G. S. W. Chest. Mild.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H. A. 28273

Dis to Duty ex 20 Gen H Dannes Camiers 28 Aug'18

3555 Pte Maran W. 1st N' foundland Rgt. Scabies Mild.

R O Y A L . . . A R M Y . . . M E D I C A L . . . C O R P S .

No. H. A. 28273

Adm 20 Gen H Dannes Camiers 28 Aug'18

4393 Sgt Hargreaves T. B. R. A. M. C. 20 Gen Hos. ? Dysentery. Mild.

1715

C.R! 3535

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

NO 1 RECORD OFFICE - P R E S T O N.

LIST NO. H.A. 28407.

241177 Pte. Amos F.	1/E.Lanc.R.	V.L.H.Mild.....Dis.to 3 MB.Dep.ex 30 G.H.Dannes Camiers 21 Aug.18.
31399 Pte. Norbury F.	2/E.Lanc.R.	Wd.Gassed Mild.....Adm. 25 Gen.Hos. Hardelet 31 Aug.18.
202542 Pte. Knowles R.	19/Lanc.Fus.	Diarrhoea Mild.....Adm. 25 Gen.Hos. Hardelet 31 Aug.18.
28748 Pte. Pate H.	11/E.Lanc.R.	Influenza Mild.....Adm. 25 Gen.Hos. Hardelet 31 Aug.18.
52805 Pte. Crossley A.	1/7 Lanc.Fus.	Seborrhoea.....Dis.to St.Martin's Camp Boulogne ex 25 Gen.Hos 31 Aug.18.
40994 CSM. Ryan W.A.	17/Manch.a/1 Reinf.Camp.	Scabies.....Dis.to St.Martin's Camp Boulogne ex 25 Gen.Hos 31 Aug.18.
30351 L/C. McIntosh D.D.	2/E.Lanc.R.	GSW.Face Sev.....Adm. 83 Gen.Hos. Boulogne 31 Aug.18.

NO TWO RECORD OFFICE - P R E S T O N.

LIST NO. H.A. 28407.

265037 Pte. Lane G.	1/12 L.N.Lanc.R.	Iritis L.Mild.....Adm. 20 Gen.Hos.Dannes Camiers 21 Aug.18.
266435 Cpl. Dawson H.	1/12 -do-	Scabies Mild.....Dis.to 3 Exp.Base Dep. ex 20 Gen.H.Dannes Camiers 21 Aug.18.

ADMITTED 25 GEN. HOS. HARDELLOT 31 AUG.18.

201467 Pte. Goodwin C.	1/4 K.O.R.L.	Impetigo Mild.
85531 Pte. Barber J.	1/5 K.L'Pool.R.	Dermatitis. Mild.
241396 Pte. Tonge H.	2/5 L.N.Lanc.R.	Bolls.Mild.
359839 Pte. Moy R.	1/10 K.L'Pool.R.	ICT.Legs & Neck Mild.
12888 Sjt. Dawson F.	1/4 K.O.R.L.	Wd.Gassed Mild.
267462 Pte. Woodward J.	2/7 K.L'Pool.R.	Eczema Mild.
<u>DIS. TO ST. MARTIN'S CAMP. BOULOGNE ex 25 GEN. H. 31 AUG. 18.</u>		
48668 L/C. Birkett R.	13/K.L'Pool.R.	Psoriasis.
41153 Pte. Tragg W.H.	8/K.O.R.L.	Impetigo.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO. H.A. 28407.

3555 Pte. Moran W.	1/R.Newfdlands.	Scabies Mild.....Adm. 20 Gen.Hos.Dannes Camiers 21 Aug.18.
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1722

EXTRACT FROM WAR LIST NO. H. A. 29594.

C.R.

DATED 5th OCTOBER 1918.

3555'

#3555 PTE. W. MORGAN

ADMITTED TO 7 GEN. HOSPITAL WIMEREUX 28th SEPT. 1918.

V.D.G., MILD.

BC.

C.R. 3555

Extract from Daily Orders part 11, from Unit The Royal
Hild. Regt. G.H.Q. 3rd Echelon, March 21, 1918.

#3555 Pte. W. Moran.

Invalided to England (Sick) March 13 1918

481

EXPEDITIONARY FORCE - FRANCE.



Extract from No.H.A.C. 293.

O.C., 22 Gen.H. Dannes Camiers, reports:-

3555 Pte. Moran, W. 1/Newfoundland. Abscess Ankle R.
Mild.

Adm. 8th March, 1918.

C.R. 3555

Extract from Casualties received from P & R Office London,
May 17th, 1918.

3555 Pte. Moran, W.P.

Ex 3rd London G. Hospital 16/5/18.

Fit for 1 Duty.

Authority: A.F's W.3016 from 3rd L.G.H.

C.R. 3555

2
Extract from Casualties from 3rd. London General Hospital, Wandsworth
S.W., admitted on 14/3/18, from Hospital Ship Carisbrook Castle.
Dated 16th March 1918.

3555 Pte. W. Moran

R. Nfld. R.....Abscess R. Ankle

C.R. 3555



DEPARTMENT OF MILITIA

ST. JOHN'S March 16th 1918.
NEWFOUNDLAND

Dear Sir,

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 #3555 Pte. Wm. Moran at Wandsworth suffering from Abscess right ankle.

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. Jas. Moran,
Portugal Cove Road.

J. R. Bennett
Minister of Militia.

C.R. 3555

Extract from Casualties received from Pay & Record Office
London, dated March 16, 1918.

#3555 Pte. W. Moran. ✓

Abscess Right Ankle.

Admitted 3rd London General Hospital, Wandsworth, S.W.

14 /3/18.

C.R. 3555

Extract from Nominal Roll Draft No. 34 embarked Southampton 1/12/17
from 2/st Newfoundland Regt, went to 2/1st Newfoundland Regiment B.E.F.

x 3555 Pte. Moran, W.

M.P.

C.R. 3555

Extract from Nominal Roll, embarked St. John's for Overseas 7/4/17

#3555 Pte. W. Morgan

3555'

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, March 19th, 1917.

3555 Pte. Wm. Moran.

Attached to the Strength March 19th, 1917.

S 35M

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3555 Rank Plt Name Moran Wm
 Date of Enlistment 19. 3. 17 Address Sydney District Sydney
 Occupation Expressman Classification for Discharge 6 Medical Category A.I.
 Recommendation S. M. B. _____ Disability Rating _____

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	
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 10.6.19 O. C. Discharge Depot. H. Mous H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

[Signature]

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00
- (b) Clothing Supplied Handed

Date 12-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at part of Civil Road and Release Certificate No. 2674 issued.

Date 12-6-19 *J.A. Snowlett*
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 19-5-19

Date 12-6-19 *J.A. Snowlett*
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3 <i>2 Form B</i>
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 12-6-19 *J.A. Snowlett*
O. C. Discharge Depot.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919
O. C. Discharge Depot.

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

Date June 20 1919 *J.A. Snowlett*

Reg. No. *3111* Rank *1st Lt* Name *Moran, Wm*
Attested Address *Portugal Cove Rd.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Cossican* Cause *Discharge*

10-6-19
15-6-19
PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION

W. Horan

C.R. 3555

W. Horan

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 A.F.B.*
2. Regtl. No. *3555*
3. Rank. *Pvt*
4. Name *Moran* (Surname) *Wm* (Christian Names)
5. Age last birthday *20*
6. Posted for duty on *17 March 1917* in category (or grade).....
7. Former Trade or Occupation } *Farmer*
- 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. *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*

[Handwritten signature]

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 complaint of no disability

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

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

Refused

W. Proctor
 Medical Officer in charge of case.

Station *Hyderabad*

Date *29-11-19*

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

No. 3558 Rank Pte Name Moran, W

Pay	F.A. Wk	Total	N.F.P. 173
100	10	110	
Less Allotment		60	
Net Rate		50	<i>Myc</i>

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	\$	%	2	3	d		
						From	To									
Balance					Balance to boy		21	27						1	17	14
Acquittance Rolls		5	0	25	Pay @ Net Rate	22	16	5/8	146	50	73	00	15	0	04	
Hospital Advances		2	11	00	Ration Allow									17	6	14
A.B. 64.					10 days @ 1/9	17	23	5/8	7		3	50		14	5	7 11 7
P.&.R.O. Payments		3	0	00												
<i>Wt. a. r. x 6</i>		1	16	00												
<i>Receipt No 1189</i>	<i>16/12</i>	5	0	00	5-7-5											
<i>Cash: 7331.</i>	<i>23/5/18</i>	1	0	00	<i>1-1-10</i>											<i>18-9-0</i>

17-9-2
M.C.
10/5/18

No. 7363/347

N.F.P. / 70.

099815

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding, Depot
1st Batt. Ryl. Wild. Regiment
Widener

13th May 1919

3555 Pte. W. Morgan

With reference to the follow-
ing telegram from the Minister of
Militia / / 19 ()::

"Pay to- 3555 W. Morgan
£9-0-0

Cheque £ 9-0-0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

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

May 21st 1919.

Receipt hereunder.

for J. W. Walejan Capt
Officer Commdg. 1st Batt'n.

Received the sum of Nine pounds
(£ 9-0-0) in respect of
telegraphic remittance from the
Minister of Militia.

J. W. Walejan
No. 3555 Rank Pte
Witness: *J. W. Walejan*

12861/806

No. -3555/

NEWFOUNDLAND CONTINGENT

N.F.P./79

From:

To:

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

Officer Commanding,
2/1st Newfoundland Regt.
Ayr, N. B.



26th, November 1917

Subject: 3555, Pte. Wm, Moran

Receipt hereunder.

With reference to the following telegram (7070) from the Hon. Minister of Militia, received 22/11 /17,-

Officer Comdg. Battn
1st Newfoundland Regiment

"Pay to 3555 Moran £5. 0. 0.

Received the sum of _____

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

_____ on account of
cable remittance from Newfoundland.

Pte Wm Moran

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

No. _____ Rank _____

To. Chief Paymaster
R. G. F. I. L. Contingent
58 Victoria Street
London S.W.



Please give Bearer the sum
of £1.00 on my account
and oblige,
I am yours

3555. 1st Lt Wm. Moran
Royal Newfoundland Regt
Barham Military Hosp
Keybridge Surrey

O.K. £1.00 imp.

11⁵/₁₈ Receipt No 7074



Signed
Grace Winkler
Nelson



April 26th/18

27/4/18

To
Paymaster

Newfoundland
Pay. office

sir

Please Advance sum.
of £. one Pound and
oblige to

Pte Wm. Moran
555 Royal Newfoundland

Grace Newbery
Nation.



£ 1.0.0

27th/18 Recd. No. 76795

6. 4. 18

To Regt. Pay. Master
Royal Wfld Regt

Sir

Kindly advance me the
Sum of ~~two~~ ^{one} Pounds.
I oblige you obedient servant
W. Moran
3555 Royal Wfld Regt

OK
£1
6/4
No
6/4 65

W. Moran, U.S.A.

Approved for £1 (one pound)

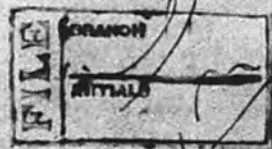
W. Moran

Capt. Moran

Registrar, R.A.M.C.

3rd London General Hospital,

WANDSWORTH, S. W.



Thurs. May 2/18



Barham Lodge
Weybridge
Surrey

To Paymaster
Newfound Regt
138 Victoria St
London S.W.

Dear Sirs

would you kindly
give Bearer the sum of
10. shillings on my Account
and Oblige

I am Your Obedient
Servant

No. 3555. Pte Wm. Moran.
Royal Newfoundland
Regt.

Grace Newberg,
Nation.



3/5/18 O.K. Signed
10 Shillings
Receipt no 6894



To be Discharged from Hospital ^{16 May 1918} to ~~tomorrow~~

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.	
Amfld Regt		3555	Plt	Moore W.P.

To Pay & Record office for disposal

Entitled to furlough considered fit for I Duty

H. Jagan
Registrar, R.A.M.C.F.
3rd London General Hospital,
WANDSWORTH, S.W.

June 29, 1919

#3555 Pte. William Moran,
Portugal Cove Road,
St. John's East.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2448.

Yours truly

Captain,
Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3555 Rank Plc Name Thomas W
 Intended place of residence Portugal Cove Rd. St John's
 2. Occupation Expressman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date JUN 12 1919
 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
JUN 12 1919
 Signature of soldier W. M. Thomas
 Signature of witness Arthur Winstanley

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S
JUN 12 1919
 Signature of soldier W. M. Thomas
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 19-3-17 No of days on Military Service 833
 Discharged from service JUN 15 1919 plus 14 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
JUN 15 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, Nfld
 Date June 29/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

Handwritten note: a 213 2079/m48

Vertical handwritten notes: 13, 30, 31, 79, 23

The Royal Wld. Regiment

DEMOBILIZATION

No. *355* Rank

Name

Woyan W

Warned for demobilization on

JUN 12 1919

The Royal Newfoundland Regiment

Class for Demobilization: E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.6.19

Regimental No 3555

Name Ingram, Hm

Rank Pte

Address Portugal Cove Rd.

Present Medical Category A1

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

Members of Board

RH Lat Capr
O.C. Discharge Depot.

L. Paterson
Senior Medical Officer

J. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3555 Rank Pte Name Thomas W. M.
 Date of Enlistment 19. 3. 17 Address St. John's District St. John's
 Occupation Expressman Classification for Discharge 1 Medical Category A I
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 <u>3</u>
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 10.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. M. M.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied _____

W. M. M.

Date 12-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. to his home at Portugal Cove Road and Release Certificate No. 2674 issued.

Date

12-6-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-6-19

Date

12-6-19

J.M. [unclear]
Depot Paymaster.

Discharge approved for

15-6-19

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

N.F. 1/36	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 108	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

12-6-19

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

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Grately

JUN 15 1919

Date

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation

Harlan H. M.

Signature of Man.

J. J. Snowlett

Signature of the Vocational Officer of his Representative.

Reg. No. *3555*

ST. JOHN'S

Place

Date *12-1-19*

191

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

MEDICAL HISTORY

Surname Moran OF Christian Name William

Table I.—GENERAL TABLE.



Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 19th day of March 1917 at St Johns		on _____ day of _____ 191____ at _____	
Declared Age	18 years + no days		_____ years _____ days	
Trade or Occupation	Expressman			
Height	5 feet 7 inches		_____ feet _____ inches	
Weight	123 lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... 35 1/2 inches		_____ inches	
	Range of Expansion .. 3 1/2 inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 6/6 L.E.—V= 6/6		R.E.—V= _____ L.E.—V= _____	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>W. Burden</u>			
(Rank)	Lieut			
	Medical Officer.		Medical Officer.	
Enlisted	at St Johns on 19th day of March 1917		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	4/1st Infld	3555		
Transferred to	Regt <u>Royal Newfoundl</u>			
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	14	3	18	16	5	18	I. c. T. R. amble	63	

ist in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of
ns and re-admissions to hospital will be shown. The subsequent progress, including particulars
tment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Reported sick in France 4-3-18
Pus shows no T.B.

G C Hall
Capt 9th Div



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *William Moran*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3555*

Intended address *Portugal Cove Rd. St Johns East*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *James*

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 *Portugal Cove Rd. 26th March 1879*

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) *Wm Moran*

Pte
(Rank)

Station _____

Date *10/6/19*

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



Station _____

Date _____

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

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

1. Unit and Corps. *Royal Newfoundland* } former Trade or Occupation } *Farmer*
2. Regtl. No. *3553* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Moran William* } (a) Former Regts. or Corps ;
 (Surname) (Christian Names) } with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on *Mar. 17/17* at *H. John* 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. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } <i>Wa</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 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.)

He complains 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*

Repatriation

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.

D. J. Proctor - Capt R. R. R. R.

Station ... *Hazley Barr*

Date ... *29/4/19*

• 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

Casualty Form—Active Service.

Regiment or Corps 1st Royal Newfoundland Regimental Number 3555

Rank Pte. Surname Moran Christian Name William

Religion R.C. Age on Enlistment 18 years 1 months.

Enlisted (a) 19/3/17 Terms of Service (a) Duration Service reckons from (a) 19/3/17

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate A

Occupation - Expressman

Signature of Officer i/c Records. *[Signature]*

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 ...		9.8.18	
		Disembarked...			
		ARRIVED I. B. D.		13.8.18	
		Joined Battalion		19.8.18	
24.8.18	O.C.	To Hosp (20 Gen Inf Depot) (arrived 21-8-18)		22.8.18	B. 213
	20 Gen Inf	To duty (Scales)		20.8.18	MA 28273.
	O.C.	Rejoined	Fixed	24/8/18	B. 213 30/8/18
	767 a	Ad "Gouvorhoes" bus	3 bus C.C.S	24/8/18	MA 2827
	7 Gen Inf		Museum	20/9/18	H.A. 29594
	20 Gen Inf	Arrived	Review	3/10/18	Race
	20	To 1st Gen Inf	" "	11/12/18	Red.
4.1.19	Co.	Adm: 1. I.M., 4. I.S.C. med. - d.		11.12.18	H.A. 2020
19.1.19	D.I.B.D.	Rejoined.	" "	18.1.19	Roll

[Handwritten initials]

Next of Kin! - Mrs. James, Portugal Cove Rd., St. John's East Hill

(a) In the case of a man who has re-engaged for, or enlisted into Section F, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signatures, Shoeing-smiths, etc.
 (B. 213) G. 15011-5106 J. P. & Co., Ltd. York & Co., Ltd.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place 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. 25/1/17		B213	1/2/17
		Arrived in UK		73/4/19	

Jan

No. 2555 Name Moran. W. Sqn., Batty., or Company } A Corps 1st Newfoundlands Date of enlistment } 19.3.19 G.C. Badges }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } Character } Good.

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

Army Form B. 122

38

No 3555 Name *Moran Wm.* *Sup. Batty,* } *"A" Corps* Date of enlistment } *19/3/17* *G.S.* } *Service or*
or Company } *Royal Newfoundland Regt.* } *Blades* } *Proficiency Pay* }
Date of last entry in } *19/11/17* No. and date } Period not reckoning towards } *1* Sheet No. } *1* Signature O.C. } *W. H. C.* } *Character*
Company Conduct Sheet } of last drunk } freedom from extra fine } *Company, etc.* }

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>29/8/18</i>	<i>Pte.</i>		<i>Absent from guard duty and remaining absent until 8 a.m.</i>	<i>Cpl. Kenny</i>	<i>5 days C.C.</i>	<i>29/8/18</i>	<i>Lt. W. M. Burke</i>	<i>H.M.S.</i>

As per al 23915

Army Form B. 193

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 *Willeau* 2. Surname *Not in*
He 3. Rank 4. Regtl. No. *3555*
5. Address in full to which future payments of gratuity are to be forwarded... *Portugal Cove Rd.*
St. John's East
6. Date of enlistment in the Regiment... *March 26/17*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
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?.....
11. Were you on active service only in Nfld, if so, give dates and particulars of such service..... *Overseas.*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *From March 26/17*
To June 12/19 1.1

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.

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?

19. Are you now serving in the Regt.? *No* If not give? - (a) date of discharge *June 12/19* (b) Reason for discharge *Temporary 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.

France, Belgium + Germany - From Oct. 1917 to Apr. 1919 - Ypres, Pessendale.

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.

Wm Moran

Signature of Applicant:

Place of Residence:

Portugal Cove, St. John's, Nfld.

Declared before me at:

St. John's, Nfld.

This

12th

day of

June 19*19*

19.....

John McCarty

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

POST DISCHARGE PAY.

Date paid	Soldier	Dependent	War Service Gratuity.	Net amount due
-----------	---------	-----------	--------------------------	-------------------

.....	:	:
.....	:	:
.....	:	:

Certified correct.

Paymaster

No. 3446



4 1st. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, William Moran, Regl. No. 3555

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins April 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2912	Mother	Mrs James (Bridget) Moran	Portugal Cove Rd St John's	60
Total Allotment, \$				60

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

(Sig.) Charles. Ayre. Capt.
 Officer Commanding
St John's Company
7-4-17 191

(Sig.) William Moran
 (Rank) Private

St Johns
July 24 / 19

Dear Col Rendell

I am Writing asking if you
would grant me the Privilege
of Drawing all my Gratuity
Money Together as I Intend
going on the Cab Stand
and I havent Sufficient
Money to get an outfit
as I want to Buy a Horse
and

~~Mr. Rendell~~
Wm Moran
July -
3555

December 13th 1919

Major Howley
O. I. C. Records

Please pay to W. Moran, 3555
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension N. 1 .

ACCOUNT	
NO. 24085	INITIALS <i>EW</i>
ISS. NUMBER	INITIALS
PAY NUMBER	INITIALS
CHEQ. NUMBER	INITIALS

J. J. Hunter
for Vocational Officer

W. Moran

Dec 6th 1919.

Major Howley
O. I. C. Records

Please pay to W. Moran, 3555
the sum of ten dollars
in payment of allowance for five days to date
and charge same to Civil Re-establishment Committee

\$10.00

Pension

N11

ACCOUNT	21584	INITIALS	EW
CHK. NO.			
ISS. LEADER		INITIALS	
PAY LEADER		INITIALS	
GEN. LEADER		INITIALS	

W. Moran
.....
Vocational Office
W. Moran

ST. JOHN'S, June 12th /19

Royal Newfoundland Regiment.

Billeting Account,

To Lt. H. Moran

Billeting Soldiers as undermentioned

from June 1st /19 to June 15th /19

3555. Lt. H. Moran 15 50

ACCOUNT	<u>B & M Co</u>
CHEQUE NO	<u>23312</u>
INITIALS	<u>EW</u>
INB LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 15. 50

Wm Moran

R.N.

Amble Louster

for Billeting Officer.

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 275³³/₁₀₀

July 25 1909

Received from the First Newfoundland Regiment
the sum of two hundred & seventy five³³ Dollars.
~~on account~~ of Pay. W.L.G.
balance

J. H. Moran

Ch. No. 3818	Initials. J.W.
Pay Ledger 192	Initials. W.L.G.
Gen. Ledger.....	Initials.....

Regtl. No. Rank

No. 3555

Rank P6

Name

Co. Moran

Casualty Form—Active Service.

Regiment or Corps *1st Newfoundland*

Rank *Pte* Surname *Moran* Christian Name *William*

Religion *R.C.* Age on Enlistment *18* years *1* months

Enlisted (a) *19-3-17* Terms of Service (a) *Duration* Service reckons from (a) *19-3-17*

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

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

Occupation *Express driver* *Allowancey* Signature of Officer.



Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
From whom received				
<i>29 2/7</i>	<i>Joined Bn</i>	<i>Souhampton</i>	<i>2/8/17</i>	
	<i>WITH . Bn. 30-12-17.</i>	<i>Rever</i>	<i>4/12/17</i>	
<i>9 Aug 02</i>	<i>Ad "Abner's Bn" to</i>	<i>89 TA</i>	<i>5-3-18</i>	<i>E. 28704</i>
<i>22 Feb 17</i>	<i>To England</i>		<i>8-3-18</i>	<i>W 4388</i>
<i>Breadstaves</i>			<i>13-3-18</i>	<i>W 3083</i>

S. J. [Signature]
MAJOR
O. 1/c No. 1 Infantry Section
G.H.Q.. 3rd Echelon

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

Forms
B. 121.
29.

Number of Sheet 1st

Regiment of 1st New Brunswick

Signature of O. C. Company Chas. Taylor

Regimental Number and Name		Enlistment		Grade <u>Expressman</u>	Good Conduct Badges, Service pay or proficiency pay
No. <u>3555</u>	<u>Moran, William</u>	Age on	<u>18</u> years <u>1</u> months		
Joined	Date	Place and Date of Enlistment		Religion <u>R.C.</u>	
Joined	Date	Period of { with Colours <u>31</u> years. with Reserve <u>2365</u> years.		Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
<u>Apr</u>	<u>26-6-17</u>	<u>Pte.</u>		<u>Absent from 6:30am parade until 8:30am</u>	<u>Sgt. Gardner</u>	<u>3 days BB.</u>	<u>26/6/17</u>	<u>Capt. Robertson</u>	<u>SR</u>
<u>"</u>	<u>26-6-17</u>			<u>Absent from orderly office inspection 6pm</u>	<u>Cork. Lidstone</u>	<u>3 days BB.</u>	<u>28/6/17</u>	<u>Capt. Robertson</u>	<u>SR</u>
<u>"</u>	<u>20-7-17</u>			<u>Went back after recess</u>	<u>Sgt. Union</u>	<u>3 days BB.</u>	<u>24-7-17</u>	<u>Capt. Henderson</u>	<u>acrs</u>
<u>R.P. School</u>	<u>15-10-17</u>			<u>Absent from early morning parade, next reported 8:30 am.</u>	<u>Corp. 2nd. Greenan</u>	<u>2 days CB.</u>	<u>15-10-17</u>	<u>Capt. Robertson</u>	<u>SR</u>
<u>R. School</u>	<u>19/11/17</u>			<u>Leaving ranks without permission</u>	<u>Cpl Wardlaw</u>	<u>2 days CB.</u>	<u>29/11/17</u>	<u>Crank Hopson</u>	<u>2/11</u>

Demobilized St. John's, 29/6/19

To be carried over

Army Form B. 121