

FIRST NEWFOUNDLAND REGIMENT

N(o.	5746 Name for murphy Corps Coffe
	Questions to be put to the Recruit before Enlistment.
ı.	What is your name?
2.	What is your full Address?
3.	Are you a British Subject? 3
4.	What is your age?
5.	What is your Trade or Calling? 5.
6.	Are you Married?
7.	Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8.	Are you willing to be vaccinated or re-vac-
	Are you willing to be enlisted for General Service?
	Did you receive a Notice, and do you under-stand its meaning, and who gave it to you? 10
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?
bear	SIGNATURE OF RECRUIT. Signature of Witness. ATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
all	enemies, according to the conditions of my service. CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
he	The Recruit above named was cautioned by me that if he made any false answer to any of the above questions 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.
	replied to, and the said recruit has made and signed the declaration and taken the oath before me at
	†CERTIFICATE OF APPROVING OFFICER.
	I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
qui	red 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. 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.

viz:—(Name)......on the (Date)

	15	Applicable to	munda	0/4	Market Section 1			
Name	1	£3	77	2			-	
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	76)				<u> </u>			
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	(a)		(6)		(c)	•		(d)
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THE ROYAL NEWFOUNDLAND REGIMENT

Vo. 5 24 6 Name for Munpy Corps Coff
Questions to be put to the Recrute before Enlistment.
I. What is your name?
2. What is your full Address?
3. Are you a British Subject? 4. What is your age? 5. Wears Months 5. Wears Months
6. Are you Married? 6.
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vac- 8
9. Are you willing to be enlisted for General Service? · 9
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as emb died in the roll of service to be signed by you if you are accepted
do solemnly declare that the above answers made is me to the above questions are turned then am willing a fulfil the engagements made. SIGNATURE OF RECRUIT. Signature of Witness.
DOATH TO BE TAKEN BY RECRUIT ON ATTESTATION. do make oath, that I will be faithful and bear the allegience to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duy bound, somestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all eneeties, 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.

†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 compiled with. I accordingly approve, and appoint him to the:

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

hass

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.

est Measure	ment $\begin{cases} Girth & \text{when for } \\ Range & \text{of exp} \end{cases}$		-	inches	es	
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· 100 H	STAT	EMENT Army Rank	OF THE	SERVIC	ES Bervice in Reserve not allow-wards G. C. Pay Years Days	l as a said
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Corps in Rgt. o	STAT Promotion, Reductions, Casualties, &c.	Army Rank	Dates	SERVIC Service not allowed to reckon for fixing the rate of pension	Service in Re- serve not allow- ed to reckon to- wards G. C. Pay	Signature of Officers ce
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Corps in Rgt. of Lepot	STAT Promotion, Reductions, Casualties, &c.	Army Rank	Dates 5- 18	SERVIC Service not allowed to reckon for fixing the rate of pension	Service in Re- serve not allow- ed to reckon to- wards G. C. Pay	Signature of Officers ce
Corps in Rgt. of Lepot Lepot rvice towards limited at the lepot le	STAT Promotion, Reductions, Casualties, &c.	Army Rank	Dates 5- 18	SERVIC Service not allowed to reckon for fixing the rate of pension	Service in Re- serve not allow- ed to reckon to- wards G. C. Pay	Signature of Officers ce
Corps in Rgt. of Lepot Lepot rvice towards limited at the control of the control	STAT Promotion, Reductions, Casualties, &c.	Army Rank May 21- Die 16 Solution	Dates 5- 18	SERVIC Service not allowed to reckon for fixing the rate of pension	Berrice in Reserve not allow rel to recken to wards G. C. Fay Years Days	Signature of Officers ce
Corps in Rgt. o hich served Peptin Rgt. o hick served Peptin Rgt. o hi	STAT Promotion, Reductions, Casualties, &c.	Army Rank May 21- Cay 21 Lee 16 Lamp.	Dates 5-18 -1918 H1918 Colomb	SERVIC Service not allowed to reckon for fixing the rate of pension	Berrice in Reserve not allow rel to recken to wards G. C. Fay Years Days	Signature of Officers ce

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army. MEDICAL HISTORY Christian Name. REGULAR ARMY ay 1918 day of 191 Examined days Declared Age... Trade or Occupation tuches inches lbs. Weight inches inches (Girth when fully expanded Chest inches (Range of Expansion. Physical Development... Right Left Left Right Vaccination Marks Number When Vaccinated R.E.-V= Vision (a) (a) Marks indicating congenital peculi-arities or previous disease (b) Slight defects but not sufficient to cause rejection Approved by (Signature) (Rank) Medical Officer. Medical Officer

on 21 day of May 1918 on day of 191
Corps Regtl. No. Corps Regtl. No.

hehoyel 12+6

Became non-effective by

on day of 191 on day of 191

(Rank)

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

	Brief Details, and Signatures
Date	

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-5-18.	Vace if
-6-18	JaB sp
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7-6-18	Contracture Both Sreat Des.
9/9/16.	CI BUT Su Man
	Contracture Both Snew Does.
11-18	Borrolia Hegrey DOW's Camp ING & Galegony
	Rosertine Does. Confloring, Mof M delles
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	Let Pouce illa feel
	baft Royal igna feg!
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	Caff Royal igna Peg!
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	Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
			•	•	
	A				
					•
		1			

P.T.6.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

nations in hospital or not and attack	soldier prior to the compilation of Army Form B 179A, whether a ned thereto. The questions are to be answered in the soldier's de by him and the signature witnessed. In the event of the soldier s mark, such act being witnessed.
Regimental No. 92 46	Rank,
Name Muyly John (Chr	Unit and Byal IIIIb Corps Stayal IIIIb
	had like is to note that
Note.—Before answering the questions below, t	will be checked by official records.
(b) In answering Question 2 any s	will be theosed by olinian records. special matters which in his opinion caused any unfitness from which the aggravated it should be clearly stated.
If the soldier is unable to read, the above notes	생활하다 그 그는 사람들은 하는 것이 되었다. 아이들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람
I. (a) In what countries have you served during this war, and for what periods? (b) In what capacity?	England Infantry
2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it. (If more space is required a sheet of foolscap should be used, and firmly attached to this form.)	the complaint that I suffer from was consulted for the Blaumatic force of spears ago before I forced the damy

 Give the names of any hospitals where you have been treated for the above dresse, wound or mjury during the present war. 	prof
4. Did you suffer from the disease or injury mentioned in above answer to Question 2: or anything like it, before joining the Army? If so, give details and dates.	yes
5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army. 1. **The control of the Army of the	stjohn Gmerat 240 day efflorios
6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.	
7. What is the name and address of your last employer before joining the Army?	
8. (a) What was your occupation before joining the Army? (b) What was your trade before joining the Army? (To be checked by A F.B.84 or A.F.B.103.)	Juriman Do
The above statement has been read Station . Mayeloy lower Date	l over to me; I agree to it, and have nothing further to add. Signed (Soldier) Mully John ** Signed



MEDICAL REPORT ON AN INVALID.

Note.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W. 3.

Na	me Murphy John Regil N (Surname) (Christian Names)	No 5.24 Rank Alaunit and Corps No. 14
1.	State the nature of the disability or disabilities from which this man is suffering	Contractivo Tors
2.	What is the present condition of such disability or disabilities?	
3.	If discharge is recommended it should be stated whether further medical treatment (including orthopædic treatment) is desirable in a :— (a) Sanatorium or other institution for tuberculosis	NOTE — Treatment shall only be recommended for the disability for which the man cas disabated from the Nawy or Army or Air Force during the present our Provided that I be have been shall be able to
4.	With reference to Army Council Instructions, is any surgical appliance recommended?	
5.	Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable	
	Signature	
	Station Hayrley Mound	Members.
	Approved Station	Officer in charge, Central Hospical,

C.R. 5246

Extract from Proliminary Report of Medical Board held on Turnbay Recember Sad., 1918 and the following some the findings. From: The Director of Medical Regulate to O. C. Depot.

A#5246 Pte. J. Murphy

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT.

Extract from Nominal Rell Embarked London, f or Overseas Nov.12th, 1818 Major Carty, Conducting, Officer.

BEING SENT HOME FOR DISCHARGE.

5246 Pte. J. Murphy.

-R.5-246

Extract from Medical Board held Saturday Nov. 30th1918.

5246 Pte. J. Murphy.

-BITTOMINITOLE CONTROL TRACTO

Did not present himself.

M.M?

5246 C.R.

Agtract from Tologram from Synoptical to Military dated Jan. 17/19.

5246 Pte. J. Murphy.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

1 1 to the second

Jan. 16th. 1919.

Pte. J. Murphy,

Humbermouth, B. of I.

Dear Sir:-

Referring to your letter of Jan. 8th., I enclose herewith cheque for \$17.85 being the 1st. payment of the three menths Pest Discharge Pay due you after discharge.

Yours truly.

Mowley Capt. & Paymaster.

ENCLOSURE 1.

February Srd. 1918.

Private Sohn Murphy.

Humbermeuth. Mfld.

Dear Sir .-

I beg to enclose herewith Discharge Certaficate No. 129, dated December 19th.1918.

Yours faithfully.

Capt. & Faymaster & Officer i/c Records.

Encl. 1. J/H.

1	COUNDLAND COM!
63	NSF PORYS
- ((-	adcordance
- Fm	accordance

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland with C.L./19, 26/5/17. Regt1 No. 5248 Rank mate Name Murphy Unit I of Kenforendland who was Ky to herfoundland on 12/4/18 Authority STATEMENT OF ACCOUNT DR. PARTICULARS PARTICULARS Balance Dr. from Belence Cr. from Pay 18 days @ \$ 100 Allotment 18 days @ 60 110 80/2 Field Allce 19 days @ \$ 10 de 119 8014 15-Cash Payments: Other Allces days @ 9 Other Debits: Defend of Other Oredits: Total Debits Total Credits Balance due by Paymaster Balance due to Paymaster I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Hazely Down Camp Long Call PIACA O.C. Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London,

A5246.

Dec. 4th. 1918

From Asst. Adjutant, Depot

事的

To Paymaster & Officer i/c Records, Militia Department

5246 Pte. J. Murphy

The above noted man was recommended for discharge as permanently unfit by Medical Board held on Tuesday, Dec. 3rd.

I am sending him herewith for your attention and necessary action, please.

AWC



THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

COPY

St. John's, Newfoundland,

Jan. 16th, 1919

191

Officer Commanding, Headquarters

SIR:

The undermentioned men have been discharged on the dates given. Kindly note and post in D.O. Pt.II.

I have etc.

(sgnd) J. M. Howley

Capt. etc.

5246 Pte. Murphy, John Dec. 19th, 1918 Med. unfit 4702 " Pynn, Jos. Jan. 10th, 1919 do. 5063 " Anderson, AB. do. do.

OCTOBER 1st 1919.

M. G. Rockett, Esq.,

Petries, Bay of Islands.

Dear Sir:

I beg to acknowledge receipt of your letter of the 26th ult., re, your war Service Gratuity. I may say that this matter has been given attention and a cheque covering the balance due you is being forwarded by the Paymaster to-day.

Yours faithfully,

agis

for Chief Staff Officer.

8437 Goobie ple Proceeding to Halifax-bona fide-please pay balances fift

Maurice G. Rockett. Lot Co. Turked Chief Office of Mortita Disk Sept 26 th 19 On receipt of your letter acted -"July 1th 19" re final parprent of my cratinity. In day ago fieled out the form & addresses you with the enclosure of your letter written me. I also wrote at his same time the same of my being about from the place when the form mines here the fices out Today Coft, Newly letter was reasired with an enclosure of Sevent doctors Theyen to Dis: If you are doubtful by any needed of my Case stated I'd be only of bleases to certify any thing verery thing said the futo correct Ho foring to lear shorty of my case tany realifyed I hey to remain your strill Rocket

Murphy

CERTIFICADE

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfour alland in Regt 1 No. 5246 Rank morate Name murkhe undland on 14/1/18 Authority STATEMENT OF ACCOUNT DR. PARTICULARS Balance Dr. from PARTICULARS Balance Cr. from Allotment /8 days @ bo 110 80 1 Pay /8 days @ \$ /== Cash Payments: Field Alice 18 days @ \$ 10 ck. 10 /4 Other Allces days @ g Other Debits: Defined of Other Credits: Total Dolling Total Credits Balance one by Paymanier Balance due to Paymaster have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book New 13 1918 e up/Onecken. In accordance with im reactived in the Pay & Record Office is therefore subject to amendment if and as may be found necessary. Company & Record Office, London,

191

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

\$ 60 00 PAY	VOUCHER. Dec 11 19 18
Received from th	he First Newfoundland Regiment x x Dollars.
the sum of Sexty	xx Dollars.
of Pay. Sloth	neg John murfts
Ch. No. 6298 Initials.	Regtl. No Rank
Gen. Ledger Initials	

Mank 86-

DEPARTMENT OF MILITIA. REGIMENTAL PAY BRANCH.

PA	Y VOUC		
\$17 7		Jan 13	
Received from	the First	Newfoundland	Regiment
the sum of Seven	teen-	100	Dollars.
the sum of Seven on account of Pay.	\$,19,		
Ch. No. 8271 Initials Fus. Pay Ledger 4411 Initials aw.L.		gli. No.	0
Pay Ledger . H. !! Initials . a.W.L.		Trede	-

Gen. Ledger Initials

Mo. 5246 Rank Ote.

Jan. 16th. 1919.

Pte. J. Murphy. Humbermeuth, B. of I.

Track Popular

Dear Sir:-

Referring to your letter of Jan. 8th..

I enclose herewith cheque for \$17.85 being the lst.

payment of the three months Post Discharge Pay due
you after discharge.

Yours truly,

Capt. & Paymaster.

ENGLOSURE 1.

St John's, May 21st, 1918. Theca. Payment May 30/18

Cabot Notel Mrs. J. Lakey prop Mr John Murphy 5246 26 .. 3 meals Chother meal ... Loaging I night may 21st 22 48/18

tournber nouth Marihy-14-19 do this man . q Jell Howley 4338 Dear Dir just of apate to Asla you is you Till flease thrite And let me larow the leason i Don't get my money now i recend note from you & Debele Ago stating that fargment Bas due to ne then discharged now i Am Discharged best i don't see buy fugment i enlisted And Aned to do that i could for my hing and country but now i down Discharged i suppose i com cognited to pathing flease write And let me Saraw Shat you mean by it of don't heep me fooling other saleling are setting there but months lagreed And Wheel stouldest i far i am really in need of it 5. 2 Hb of Wuffy & comfung - Humbur wouth bazozislands u & lof

Humber grauth & Jap Hawley Dear Sir i Saw by the fafers topre you send letters to no & caleneal st And got no relly i ain not Stazing there now madereis is also Annie assurphy of umber expouth basofishands nx ld greis truels Enris annie menty J m Halbles 1 5246 nurphy.



THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

Tt. John's, Newfoundland,

Dec. 4th, 1918

From Asst. Adjutant. Depot

To Paymaster & Officer i/c Records, Militia Department

5246 Pte. J. Murphy) Repatriation dumbermouth Boy 2 The above noted man was recommended for dis-

charge as permanently unfit by Medical Board held on Tuesday, Dec. 3rd.

I am sending him herewith for your attention and necessary action, please.

AWC

Bopet The Royal Newfoundland Regiment
St. John's, Nild.

May 26, 1920

John. Murphy. Humbermouth, Bay of Islands. 5246

Dear Sir:

I enclose herewith cheque for \$6.95, representing balance found to be due you, on the closing of the books of the London Pay & Record Office.

Yours truly.

Ma jor Paymaster

Enc.

Nº 6246



THE ROYAL NEWFOUNDLAND REGIMENT

concerned, viz.: Allotment begins Identity Whether Wife, Child. Other Relative or		NAME (in full)	Address	AMOUNT (each person)	
No. 4648	no the	hero John Mory	Bay of Island	(each	G-0
8		Murphy			
	<u> </u>	V / '			
				1 p. 2	1
			1 (200 M)		- 2
				* · ·	7.00
	11.00				
					1 × 1
			Total Allotment, S		60

DEPARTMENT OF MILITIA. WAR SERVICE GRACUITY.

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 much be given to every prestion in this Declaration There must be no blooks and no deches If may questions are not applicable, the words "NOT APPLICABLE" much be written out.

On completion this Declaration is to be returned to MEE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOEN 3.
Theisticn note than 2, Lamare. Marchy
3. Renk. 4. Regtl. No.
6. Address in full to which future payments of gretuity are to be
forwarded. Tamber month,
6. Date of enlistment in the Regiment. May XI/18
6. Date of enlistment in the Regiment
7.Nome of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, irmedictory prior to your discharge
8. Relationship of such dependents
9. Address in full of such dependents
10.1s said dependent, now, or was said dependent at any time in receipt
of Seperation Allowance on account of another soldier?
11. Were you on active service only in Nfld. If so, give dates and
perticulars of such service

12. Give total length of time which you served on active service,
whether in liftld, or oversees.
March 15/19.

The said

	13. Have you had more than one enlistment? If so, give particulars
	of discharge and re-enlistments, and under what regimental numbers.
	,
	14. Have you already received any payment of Post Discharge pay or
•	War service Circuity? If so, stand amount you and your dependents
1	have already received and by whom paid
me	Clothing allowance + tack pay 60.
	Kation allowance 17.
	15. Have you been issued with a War sawies Badge?
	16. Have you, during the present wer, served in the Importal Boross
	17. Are you entitled to receive, or have you received any Gratuity
	in the mature of Post Discharge Fay from the Imperial Forces? If
	so, state amount received, or to which you are entitled

	18.Did you revert averseds to a rank lower than the substantive
	rent hold by you on your arrival in England?
	(L) If so, was such reversion in consequence of Hisconduct or
	inofficiency?
	19. Are you now genering in the Rost . Mo If not give?- (a) date
	of discharge March 18/19) Forsen fr discherge
	New bilization
	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
	\mathcal{N}_{0} .
	21.(c) Are you receiving treatment from the Wivil Re-Establishment
	Com.(b) If so are you in receipt of full pay and allowances from
	that Cornittoe
	And I have this colors declaration conscientiously believing it to
	be true, and knowing that it is of the same force and effect as if and under Oath.

Signature of Applicant: Place of Residence; Declared before me at: Signature of Berrister of the .

Supreme Court, Stipendiary Logistrate; Notery Public, Massice of the Peace, or Commissioner of affidevits.

Da te	POST	DISCHARG Foid Soldier.	E PA Y. Paid Dependent	War Sorvice Gratuity.	Net amount due	
·					,	
••••	•••••	•••••				
••••	• • • • •	C ortified	correct.		Paymaster 3	

SEPARATION ALLOWANCE.

Claimant Annie L	Murphy No. 5.246 Rank P. Ste.
**************	ved
	AM-into a 0
Dog Way	My Kynder hen! Ce Mi Howley Majn
	• • • • • • • • • • • • • • • • • • • •
,,,,,,,,,	
Allotment of 60 a per 2 his Mother from 1/1/	day payable to Mus John Murphy to 19/12/18
Fiscentinued on account of	day payable to Mus John Murphy to 19/12/18 being Dischied Linke CST

1.³³

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)
(Information for Board of Review)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a nomplete reply must be given to each question

Each Statement is considered as being made on Oath and, the form is to be signed before a Barrister of the Supreme Court, Stapendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER, Separation Allowance Branch,

	ST. JOEN'S,	NELD.
1.	Name in full of Soldier. Rank	He K. W. Ky. 5246,
2.	Age of solder	Married or single
3.	Name in full of Wife. Au	wie Victoria Mus,
4.	Address in full. 8	Course Streets
5.	Date of Marriage. , See	- 18/1918, OKANA
6.	Place of Marriage.	Thomas chings
8.	Did marriage take place since soldier's enlistment?	yes,
8.	Was Commanding Officer' & permission obtained? If not, why?	yes.
9.	If not married, how long have you dependent on the soldier for your maintenance, and supported regular by him on a bona fide permanent; domestic basis?	ly
10.	Wore you living with your gusband immediately prior to his enlistment of not how long have you been so tated	ent?
11.	Is separation a legal one.	

marriagecertificate examined by

of alimony? If so state amount.	
If no t legal how long since your husband contributed to your support? explain fully.	
State amount of Allotment received — No Auc by you from sold for monthly?	د.
From what date have you received	
Mames of children, Age last Names of Children. Age last Birthany auchie Musphy, 6 Days.	
7. Are you already in receipt of Separation Allowence from ony source. If so, state amount.	
18. Are you in receipt of payment from any Patriotic Fund? If so, how much?	Hi
19. Have you made a previous claim for Separation Allowance? If not, Why? Give particulars.	
20. Was your husband at the time of gis enlistment an employee of the Nfld. Government.	
21. In what capacity and in what place?	
22. Is he in receipt of a salary as such, while serving in the Nfld. Regiment. If so, how much.	
I herewith make this solemn declaration consciention believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in firtue of the Evapor.	ide
signature of applicant	

Place of Residence—

Scalarial M. Caly

Declared and successed before no at—

Signature of Barristar of the Supreme ocurt, Stipendiary Magistrate, Notary

Public of Justice of the Peace.—

This application must be signed by two responsible parties, one of whom must be a dergyment the other a representative of your of whom must be a dergyment the other a representative of your local Patriotic Amad Committee, cortifying that to the best of their knowledge, after careful anguirs, the chove statements are correct.

Signature of Clergymen—

Leob Marian

N.B. Marriage certificate nest accompany this application, and will be returned after perutal. If marriage is after emlistment, Commanding Officer's permission in writing must be forwarded.

Signature of Member of Patriotic Sand Committee-

G. Parkette

Dec 12,1919

Mrs.amile V.Murphy. #8 Colonial St., City

Dear Madam: -

Referring to your application for Separation Allowance, I enclose chaque for One dollar and thirty three cents (\$1.53), being balance due to the date of your numbered a discharge, and one for Ninety dollars (\$90.007, representing three (3) payments of war Service Gratuity.

Yours truly

Ma jo z

Paymaster.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 52H6 Army Rank Pl	O		
Name hurbhy Johno (The name must agree strictly with that on collistment, unless changed subsection)	quently by authority.)		
Corps ROYAL NEWFOUNDLAND REGIMENT	the endowed project with 4		
Battalion, Battery, Company, Depôt, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent S Staff of the Army, it should be so state	taff of the Territorial Force, &c., or to General		
Date of discharge_			
Place of discharge			
1. Description at the time of discharge	rge.		
Age	e left blank to be filled in by the Officer who		
(3. Military character:—			
4. Character awarded in accordance with King's Regulations:	TEACH		
4. Character awarded in accordance with King's Regulations:— 1. The state of the s			
Army Form B. 2088 has been issued to*			

Nº 6246

1/10



THE ROYAL NEWFOUNDLAND REGIMENT

	Whether Wife, Child other Relative of Friend	FULLY 131 NAME (in full)		Address	AMOUNT (each person)
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		Y.,		Total Allotment, S	60
	Hame	completed by the Officer Co or Commanding Company a on application. Officer Commanding Company	mmanding Compan nd handed to the (Sig.)	y, signed by the Voluntee Paymaster as authority to Monthson	r, counter- make the

FORM K

Nº 6246



THE ROYAL NEWFOUNDLAND REGIMENT

of identity of, and concerned, viz.: Allotment be		7 Certificates by the Person	
Certificate other Relati	NAME (in full)	Address	(each person)
	Murphy	11.	,
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		Total Allotment, S	60
signed by the	officer Commanding Company and handed lents on application. Officer Commanding Company (Sig. Company	Company, signed by the Volunte it to the Paymaster as authority	eer, counter-to make the

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

Norg.—Army Forms W. 3961A, s and c are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre,	A.F. W. 3961B has been sent The Officer i/c Records,	to A.F. W. 3961c has been sent to The Regimental Paymaster,
Centre for :— (a) Discharge as no long	er physically fit for war ser to military requirements	vice Strike out whichever inapplicable. To certain circumstances the transfer to Chase W., or W. (T), of the Bellere oil y. In care where the Bellere oil y. In care where the Bellere is the control of the Bellere oil y. The control oil y
(e)†Claims repatriation (i) Where enlisted (ii) Date of arrival in (iii) Port of arrival	United Kingdom	may 912/14/18
(iv) Ship on which a (v) Name of Shipping (vi) Names and addre of two references can verify the ab particulars	g Line or Agentsses	
No. 3 2446 Rank Name Surname Unit and Corps Ru Authority	Any John Gentstan I July 17 9	Z Z 20.
B. 122 and W. 3068, or tempo warded herewith. Station Date NOTE 1.—HI the soldle	rary documents, for the ab	d abroad, and is prepared to
embark at the first available particulars as the soldier can In such a case the Office investigate the claim and not has or has not been substantia	s opportunity, the O,C, in furnish before transmitti r i/c Records is instructe ify the O.C. Discharge Cer ted. In the event of the ab- lecords the O.C. Discharge	nit is to complete such of the

(21076) Wt. W1836-PP1116, 10000 Bks, 6/18, Sir J. O. & S. 3198.

A F. W. 3961c has been sent to

Notification to the Officer I/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

Notz.—On receipt of this notification the Officer 1/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer 1/e Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, or receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despated of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has, not been received by the Officer-1/e Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3361A has been sent to

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for :— (a) Discharge as no longer physically fit for war service (b) Discharge as surplus to military requirements (c) Discharge as ** (d) Transfer to the Reserve (e) Claims repatriation to Country (i) Where entisted (ii) Date of arrival in United Kingdom (iii) Port of arrival (iv) Ship on which arrived (v) Name of Shipping Line or Agent (vi) Names and addresses of two references whio can verify the above particulars No. 2 H. Bank Name (Surname) (Christian names in full) Unit and Corps Authority Station Authority Station Date O.C.	O.C. Discharge Centre,	The Officer i/c Reco	rds, The Regimental Paymaster,
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Unit and Corps Russell 17 9 To To Authority 13 17 9 To	Name Mur	hay gow	7
Authority N3 17 q d. Station Hageltylews Date 5 1 1/17 191 O.C.	(Surname	16 19	ristian names in full)
Station Hageltylews O.C.	Unit and Corps	MAN /	T, d 20
Date 3 1 / 191 O.C.	Authority	N3 179	
Date 3 1 / 191 O.C.			
Date 5 9 1 / 191 O.C.	Almad)	culture m.	
• // \-	Station 18	JARAWII _	
	Date 7	191 0.0)
· insert cause other than under (a) or (b) above.	Insert	cause other than under (a	or (b) above.
NOTE.—†If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such	NOTE If the soldier c	aims to be repatriated	abroad and is prepared to embark

at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise,

NOTE.—This notification is sent in order that the Officer 1/c Records, at the thire the soldier's documents reach him from the Discharge Centra, may be in possession of particulars of the soldier's children or dependants in respect of whole separation or dependants allowance is being

Death particulars of the thildren are required by the Ministry of P the soldier's pension, and it is important that this Army Form shi

To enable the Ministry of the period covered by	f Penglons to make the asset temporary penglon allowant	isment before the termination is unit thereby svoid-handship in completing and forwarding
this Army Form to the Office	er i/c Records. (llucin) a	Christian Name
A.F. W. 3961A has been sent to O.C. Discharge Centre,		The Regimental Paymaster,
1945 1714 ·	ST FREE TOWN	STERNING
Authority has been given to Centre for :—	for the undermentioned soldi	er to be sent to the Discharge
(a) Discharge as no long	er physically fit for war servi	Ce Strike out whichever inapplicable.
(b) Discharge as surplus	to military requirements	War Office authorises a soldier's transier to Class W., or W. (T), of the Reserve only. In cases
(c) Discharge as*		of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under
(d) Transfer to the Res	erve	such conditions the words "Class W., or W. (T), only" are to be inserted at (d).
(e)†Claims repatriation	(Country)	<u> </u>
(i) Where enlisted	(Country)	(Place)
(ii) Date of arrival in	A YMINS 1	11/11/11/18
(iii) Port of abrivates	Service of the servic	Mary Construction of the C
(iv) Ship on which a	of at consecution on the Y	without children
Name of Shipping	g Line or Agent	and the property of the state o
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(vi) Names and addre		*(c) Unmarried and without
can verify the ab		*(a) The address of his fam
particulars \	A to do	Adria & Elin
	1 /F Kruss	deli dei medicina della
No. 3 Rank Rank	113137	Station of the House
Name	de Jan	n names in full)
Unit and Corps	sicial ingral available to ship a	T de
(1)	70777	Contraction of the Contraction o
Army Form O. 1809E for	the soldier is forwarded her	rewith.
Part II. of this Army For Secretary T.F. Association,	m is to be completed by and forwarded without delay	you, or if necessary by the
Station A	LENWY -	T.F. A sociation:
Date	/g_191 O.C	The state of the s
Mosnit above and forward	cause other than under (s) or (b	Vou are requestatods (
NOTE.—†In cases where to embark at the first available these particulars as far as no	s soldier claims to be repair e opportunity the O.C. unit he essible before despatching the	letes street and is prepared is been instructed to complete the Army Forms.

In such a case the Officer 1/c Records has been instructed to verify the notify the O.C. Discharge Centre whether it has been substantiated or not.

PART II.

is sent to a	it a Soldier	symaster tha	egimental Pi	in the id	Northication
Officer I/c Reco	Transier 18	Discharge, or	a view to l	entre will	Discharge C
	contenas		there in Cohe		

*(b) Unmarried or a widower with the following dependants for without children whom an allowance is being paid *(b) Unmarried and without dependants whom an allowance is being paid *(c) Unmarried and without dependants *(d) The address of his family or dependants is *(d) The address of his family or dependants is *(d) The address of his family or dependants *(e) Unmarried and without dependants *(f) The address of his family or dependants *(f) The address of his family o	The following are the	ence is being paid at the	date of th	s notification.
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Station Atagliflows Regimental Paymaster or Date 191 Secretary T.F. Associa * Strike out whichever inapplicable. PART III.	*(b) Unmarried or a widow	wer with the following whom an allowance	g depend is being	lants for additional formation and that of children is a
Date 5 11 - 8 Regimental Paymaster or Secretary T.F. Associa * Strike out whichever inapplicable. PART III. disward for use when applicable! 121 12021 10 12021 10 12021 10	*(b) Unmarried or a widos without childre *(c) Unmarried and without	wer with the following whom an allowance	g depend is being p	ants for) paid: This informati and that of children is to where the s dier has be
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dien form O. 1809 for the applicable for the form of horewith.	*(b) Unmarried or a widow without childre *(c) Unmarried and without childre *(d) The address of his fa	wer with the following whom an allowance has a line of the control	g depending is being in the second in the se	lants for and that of children is to extracted to A where the angular of the children is to extracted to A where the angular of the children is to extracted to A where the state of the children is to extracted to A where the state of the children is to extract the
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(2107a) Wt. Wisse-Prills. 12000 Brs. 5/18 ShrJ. C. &. S. 1396.

Station Date__

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS. -Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view

INSTRUCTIONS.—Parts A, and D, of this Army form are to be completed for every source prior to me accept source of the flat of

Unit from which discharged 💥 Regimental Number: 5246 F	tank on discha	Age of	west	Age	on dischar		
Married, widower with children, Occupation before enlistment	single 100	-	45		ilina at se	i de la composición della comp	j
Special qualifications (if any) for employment in civil life	} fish o	rma	~ 9- 1	Railros	o Fire	na	٠
Nature and locality of employmen	reseaused LA	www		CMP-NI II-NI	Trumpe	MANO	_
Full postal address to which ?	who Mur	phy 9	o Joh	a murph	Boland	er hu	יינ
proceeding on discharge \$\frac{\cdot}{2}\$ Name of Approved Society (if any	y) Ylone			10 hos	ILLER	ovire.	
	Regiment	Years	Days	All service abroad,	with Stations	Tears	
D 1 1 6							1
Period of service, and in what Corps				n India orași	ar 💉		100
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Christian hame of father Solve

Christian name of mother Www.

NOTE.—Army Forms D, 400 and W, 3483A and R at issued in sets in pad form for itse with carbon paper in cases where the soldier's a patient in hospital. Army Forms D, 400 and W, 34834 abusinalizity issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Farts A, and D, of Army Forms D, 400 and on Fart A, of Army Forms W, 3483A and are to be completed by the Officer (14 hospital before a soldier is brought before an invaliding Board. The Statements on Farts A, and D, of Army Form D, 400 and/or Part A, of Army Form W, 3463A are to be completed by the Office and Form B, and D, of Army Form D, 400 and/or Part A.

CONFIDENTIAL.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

(a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvl.), King's Regulations.

(b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para, 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

LRT	ART Soldier's Name Muyohy	(Christian names in full)
١.	(Shriame)	nowfound land Regiment
	Regimental Number 5246 Rank on discharge	
	Married, widower with children, or single MD.	V
	Occupation before enlistment Kultonb Fire	man
	Special qualifications (if any) for Special qualifications (if any	n & Railwas Fireman
	Nature and locality of employment desired Rullo	rad freman in new journer
	Full postal address to which sphere for morthy che	John murphy, Humberson with.
	proceeding on discharge	gay, golindo.
	Name of Approved Society (if any)	Day of Blands.
IRT ₍	Name of Approved Society (if any) Nature of medical unfitness 3.	days, of which years
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IRT	Name of Approved Society (if any) ANT Nature of medical unfitness B. Service with Colours years	days, of which years
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I/c Records.	Name of Approved Society (if any) Nature of medical unfitness Service with Colours	days, of which
I/c Records.	Name of Approved Society (if any) Nature of medical unfitness Service with Colours	days, of whichyears_resent war.

Nors 1.—Part B. of this Army Form and Army Form W. 3463s can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the Q.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it, will not be known units a soldier is medically boarded whether he may not be discharged under Para. 326 (xvil.) or (xvil.a), King's Regulations.

CONFIDENTIAL

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

(a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvl.), King's Regulations.
 (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry)

into the Service) under para. 392 (xvl.a, King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART	Soldier's Name Mushly Yahr
A.	Unit from which discharged Mayal M.F. 15 (Christian names in full)
	Regimental Number Rank on discharge Age on discharge
	Married, widower with children, or single Lingle
	Occupation before enlistment 7 winners
	Special qualifications (if any) for employment in civil life
	Nature and locality of employment desired
	Full postal address to which proceeding on discharge } ## ### ############################
	Name of Approved Society (if any)
by the Officer B.	Nature of medical unfitness
pleted i/c Rec	Anything against the soldier to render his recommendation undesirable
To be completed i/c Rec	Anything against the soldier to render his recommendation undesirable Date of discharge 5-11-18 191 Station Hazely Court

Nors 1.—Part B. of this Army Form and Army Form W. 3463s can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi). or (xvi.a), King's Regulations.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W(T), F., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the O.G. unit prior to the soldier being sent to the Discharge Centre.

(c) By the O.G. unit prior to the soldier being sent to the Discharge Centre.

(l) By the O.G. unit prior to the soldier being sent to the Discharge Centre.

It is under important that all particulars should be correctly filled in, and that the soldier should be given a tull beportunity of estimating the Army Form before he signs the Certificate below, as, if awarded, a pension, his subsequent, destification may depend on the concedures of the bright of the bright anadorwing.

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The 'rank,' "station," and "date "following the soldier's eignature are to be in his own handwriting.

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carbo	Special qualifications (if any) for panels employment in civil life
og s	Nature and locality of employment desired
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3	Name of Approved Society (if any)
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3.	Period of service, and in what
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ADT	Number of G.C. badges medals
ANI	Wounds and actions in which received
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ART	Where born (parish, town and county), and date Humbermenth 1 may 1995
D.	Colour of hair on discharge Black Colour of eyes But Complexion fast
	Christian name of father John
	Christian name of mother many

Reg.	No.	746 Rank Ste Name & wiply);	
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Company REGIMENTAL CONDUCT SHEET.

Army Form B. 120.

	 1		Number of sheets (in words)	7
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Regimental Number) 5-2146			19/8. Joined hear	y Corps Regiment.
and Name	Names	of	Date of award, or Date of	Date of DAM AD WO

Place	Date of Offence	Rank	Cases of Drunken- ness	OFFENCE	Names of Witnesses	PUNISHMENT awarded	award, or of order dispensing with trial	By whom	Date of Commence- ment	Date of Expiration	REMARKS
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T Form B 190

egimental N	umber) <u>-</u>	5246	\ \	musphy John	Regiment ofAttested	10 hrufwendt 21-5-	_19/8	Number of sheets (in words) Signature of C.1 or Adjutant Joined	5. } <	BAL	CRS Like Regime
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Army Form B. 121. Squadron, Troop, Battery and Company Conduct Sheet. Trade Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay Age on Place and Date Ioined Joined Date Joined Date Joined Date Date of award or of order dispensing with trial Cases of Drunk-By whom awarded REMARKS Rank OFFENCE Punishment awarded Place Offence COPIES SENT DATE M. of M. O.C. 1st. Bn. . 2ND, BN. To be carried over

[P.T.O.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

HSTRUCTIONS.—Parts A and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to disch get or transfer to Class W., W(T), P., or P.(T), of this Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer is contrat Hospital, when the soldier is a patient in hospital, prior to his being brought before in Invaliding Bland. It is most important that all pricticals should be correctly filled in, and that the soldier should be given a full operating of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent, identification may depend on the correctness of these sentres. The "rank," it station; and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer to Records, and Tarts R. and C. completed by that officer was warding the Form with the remainder of the soldier's Accomments, to the Controllet, Ministry of Fendions, Burden Court, King's Road, London's Stay.

dine by using carben paper.	Soldier's Name Unit from which discharged Regimental Number 5 1116 Ran Married, widower with children, or s Occupation before enlistment Special qualifications (if any) for employment in civil life Nature and locality of employment of Full postal address to which proceeding on discharge	k on discharingle Fisher desired	20	2 . 10 +	(Christing maries in [all) Cran for sell Age on dischar Test social Tailroad 2 ohn murphy A	ge de le	Z
	Name of Approved Society (if any)_	no	nv,		Boy of Ic	tore	de
RT . sprose	Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations India South Africa	Years	Days
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•	Where born (parish, town and coun Colour of hair on discharge **Black Christian name of father** Christian name of mother* NOTE.—Army Forms D. 400 and W. 3463a and B. 3463a	ch Color	n of eye		lack Complexion_	Da	A.

hospital before a soldier is brought before an invaliding Board (The Statements on Parts A, and D, of Army Form D, 400 and in Part A, of Army Form W, 3463A are to be completed by the O,C, unit before the despatch of a suddier to the Discharge Centre.

CONFIDENTIAL.

Army Form W. 3463A.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvl.), King's Regulations.

(b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 892 (xvl.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

RT Soldier's Name Jumps	w John	(Christian names in full)	
Unit from which discharged	Sid a Cum II		
		Age on disch	arge
Married, widower with children	en, or single	9-30-1- "	° ≁उ
Occupation before enlistment		~ K ~ ~ ~	٠
Special qualifications (if any) employment in civil life	for)	and a Restroyed	Linguis
Nature and locality of employ	ment desired	-75 120007800 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Full postal address to which proceeding on discharge Name of Approved Society (in	Sohn murphy	co John murphy.	Humbermon lands
Nature of medical unfitness			
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days were ser Military character Anything against the soldier Date of discharge	ved abroad during the	present war.	years
days were ser Military character Anything against the soldier	ved abroad during the	present war. dation undesirable	

NOTE 1.—Part B. of this Army Form and Army Form W. 3463n can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A. of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvl.) or (xvl.a), King's Regulations.

CONFIDENTIAL.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

Soldier's Name //www.hall	in
Unit from which discharged Fied Balls	(Christian names in full)
Unit from which discharged	
Regimental Number 246 Rank on discharge	
Married, widower with children, or single / Cocupation before enlistment	The state of the s
Occupation before enlistment	acc Justinee -0
Special qualifications (if any) for employment in civil life	mara + Railonad Firema
Nature and locality of employment desired	
Full postal address to which \ form must	hy co John murphy Stunderma
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Name of Approved Society (if any) Nature of medical unfitness Service with Colours years days were served abroad during t Military character Anything against the soldier to render his recomm	days, of whichyears the present war. mendation undesirable

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

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:

Resume former em ployment.

John marks Signature of Man. Squature of Man. Squatter of Man. Squatter of Man. Squatter of Man.

2 1

THE ROYAL NEWFOUNDLAND REGIMENT

DEMOBILIZATION Civilian Clothing Guarantee

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hence uncertake to supply woself w	ith civilian crothing, consisting of
days from date, in consi clothing allowance to the amount of	deration of being issued with
clothing allowance to the amount of	1.50
Date Des 4th 18	John muchha
Date M	Signature of soldier.
St. John's	
, , , , , , , , , , , , , , , , , , , ,	I hhadist
	Signature of Witness.
	Signature of witness,

Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.

No.	5246 Army Rank Plo			
Name Incur phy Johno (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)				
POVAL NEWFOLKEL AND REGIMENT.				
Bat	Rattalion, Battery, Company, Depôt, &c.			
(If a	attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territoria Staff of the Army, it should be so stated.)	1 Force, &c., or to General		
Dat	te of discharge Ween Hell 1978			
Plac	ce of discharge Description at the time of discharge.	return our and		
	ge 23 years months Descriptive of feet 5/14 inches Contraction of the fifth when fully expanded ins.			
m m Co	reasure-trange of expansion ins. lefsfoot.) complexion blocky			
T	Hair black, Trade Fregran (vailvood) Intended place of (A. A.			
residence (To be given as fully as practicable) (The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sen home from abruad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)				
1	2. The above-named man is discharged in consequence of having been found to be physically unfit for war service			
_				
cert	(The cause of discharge must be worded as prescribed in the King's Regulations and be identical tificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	with that on the discharge		
	(8. Military character:—			
olours.	4. Character awarded in accordance with King's Regulations:—			
9 1				
quittin				
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on the				
4. Character awarded in accordance with King's Regulations:—				
To be fi	Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* was awarded in this case.	and that Army Form D. 489		
		als of Commanding Officer.		

LAB 2019/11

Wt. W. 6538/986 125,000 10/14 D. D. & L. Sch. 11*

C.R. 5246



Extract from Daily Orders part 11, from Unit The Royal Mfld.Regt.St.John's, dated May 22,1918.

#5246 Pte. John Murphy.

Attested for General Servicewith the Royal Nfld.Regt. from 22.5.18

C.R. 5246

Extract from Daily Orders part 11, from Unit the Royal BSLC. Begt. St. John's, deted July 25, 1916.

The following man cale rised for everyone on .H.H.S. "Columbella" July 28,1910.

#5246 Pte. John Murphy.



Extract from Tologram from Synoptical, London dated // November 15th., 1918.

#5246 Murphy.

Bore above mentioned having embarhed by the Government Transport
Hovember 12the, for St. John H. Des

BG. DOGUMETS WITH CARTY.

C.R. 5246



Extract from Daily Orders part 11, Depot St. John's dated Jan. 17/1919.

Having been found medicallyunfit is discharged from

5246 Pte John Martin

19-12-18.

P.T.O.

Army Form B, 178. To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178° to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname hunger	ty Chi	ristian Name	John (
Birthplace Parish		ERAL TABLE.	hfld
Examined	on 2/1 d	shris	1918
Declared Age		2.3 years -	days.
Trade or Occupation	La	bours	
Height		5 feet,	57/2 inches.
Weight		Administration	139 lbs.
Chest Girth when fully Expanded. Measurement Range of Expansion			37 inches. 5 inches.
Physical Development			
Vaccination Marks		Right .	Left
Number			
When Vaccinated	(D.E. V. 6/	Z	
Vision	$\begin{cases} R.EV = \frac{\sqrt{2}}{2} \\ L.EV = \frac{\sqrt{2}}{2} \end{cases}$)	
(a) Marks indicating con- genital peculiarities or previous disease			
(b) Slight defects but not sufficient to cause rejection	(b)		
Approved by (Signature)	Came	ont Par	terson
(Rank)		major	2-1
(Italia)			Medical Officer
Enlisted	The state of the s	ay of ma	y 1918
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Corps.	Regtl. No.
Joined on Enlistment	The Roy	al Inflo	52146
Transferred to		Regt.	
Became non-effective by			
	ond	ay of	191
· (Signature)			
(Rank)			

The Morgan Reeve Co., Ltd., Printers, 20/22, Goldsmith St., Kingsway, W.O. (25506) Wt.W2869/1662. 200m. 5/15

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

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	1. St. F. Kneig	ht
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	rayo, 35. 70	. J. J

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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	never existing a careful				
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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 xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (7) 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.

 Unit and Corps Regtl. No. T. H. Name (Surname) Age last birthday 	CPHY Jo	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.
6. Posted for duty on s	31 hay 1811 at	John
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.
	y was held on an injury st	ate:—
(a) When		(d) Particulars of Pension or Gratuity
(b) Where		(if any)
(c) Opinion of Co		
Note.—The foregoing is seen by the Officer in ch	g particulars are to be filled in a	and A.F.B. 179 B (statement by the soldier) completed before the soldier
them he will take care to co in the invalid's military and disease. 10. If brought	nfine himself exclusively to the medical documents. He will a forward for invaliding, disal	to be filled in by the Medical Officer in charge of the case. In answering medical aspect of the case and to such information as may be recorded los carefully distinguish and clearly state when cases are due to venereal bullyt in respect of which invaliding is proposed to be stated here. ill answer to question No. 16) In o disability enter "nil."
11. Date of origin of di	sability.	—≨achtronavi of — o o
12. Place of origin of di	sability.	
the disability in so	he on light recently bake	edical (1) Take he lefute
3496. Wt.18.89,1320.: 500,000(7). 8/18. S.O.F.R.	statienting.

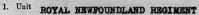
	(3, 7)
14. State whether the disabilities are	(a) attributable to (b) aggravated by
(i.) Service during the present war	
(ii.) Previous active service	<u>49</u>
(iii.) Climate in pre-war service	
O (iv.) Ordinary military service before the war	
(y.) Serious negligence or misconduct on the man's part.	i radister to Classiff
14 (a). If not due to any of these causes, to what specific condition do you attribute it?	terlibres.
In all cases such as a dealst nince and threat, and threat, and threat, and threat, and threat with a factor of the dealst and the cases of the disability.) It is to be attached with a factor of the disability.) The disability of the disability of the disability of the cases of the disability.) The disability of the disability of the disability of the cases of the disability.	Ai has one controlled on his is washe to march the military persio.
16. Was an operation performed? If so, when and what was its nature?	, , , , , , , , , , , , , , , , , , ,
17. If not, was an operation advised and declined?	M.
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 treat- ment was unobtainable?	h.
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.
Large 1, 20, 10 to the array to the high reduction from the property of the contract of the co	Commence of the commence of th
	11 wh
20 To	1 - morely
20. Do you recommend—	· ' / /
(a) Discharge as permanently unfit?	afory Jove.
(b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided at Foreign Stations.	in miller special
Station Hagely Lown Windshir	Medical Officer in charge of case.
 Loss of teeth on or immediately after active service, should be did not be some other cause 	ing be attributed thereto, unless there is evidence that
	and the state of t

Medical Report on an Invalid.

Station

HAZELEY DOWN. aus de folicie de la constante

Date 5 . TI



Regimental No. 5246

Rank

PTR

4 Name

MURPHY. JOHN

5. Age last birthday

23 years

6. Enlisted

21/5/18 St. John's 7. Former Trade or Occupation Labourer

7A. If with previous service in Army, state

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge:

(d) Cause of Discharge.

Disability in respect of which invaliding is Proposed

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

CONTRACTION

Statement of Case.

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

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

Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearinglays on parade ground, when he reported sick with bad feet. He was unable to march. Put on light duty and recommended as candidate for the Naval Recruiting scheme, from which he was rejected as unsuitable. Will not volunteer for the Forestry Co. there supernumary to requirements at Depot. Recommended for repatriation.

Give your opinion as to the causation of the disability, stating whether in your opinion it is

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(e) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Disability existing prior to enlistment.



What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

His toes are contracted, and he is unable to march. Therefore unfit for further military service.

14. If the disability is an injury, was it

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty? , was the same to antique the

15. Was a Court of Inquiry held on the injury?

If so-(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so,

i deficace ex

N.A.

N.A. 300

N.A.

116

N.A.

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present

Discharge as Permanently Unfit for Military Service.

(Sgd) J. St. P. KNIGHT, Capt. M.O. R.N.R. Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except † ALLOW WELLS LAN TEATHER TEATHER

Station

HAZELEY DOWN CAMP WINCHESTER.

Officer in charge of Hospital.

Date_ 5-11-18

von recommend-

(a) Discharge as permanently unfit, or

(b) Change to England?

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided

(iii) The rates of pension vary directly according to whether the disability is, (1) caused or aggravated, by service in the present war, (8) the to cause not connected with present war, vix. (1) earlier 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.

Contraction of toes left foot.

As Section 13.

(iv). In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

(ii.) Climate:

(iii.) Ordinary military service; (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permaneut, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at Degrees of disablement should be ex-

pressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend-

(a) Discharge as permanently unfit, or

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a-

(a) Sanatorium:

(b) Hospital:

(e) Convalescent home;

(d) Asylum; or

(a) Other institution either as an inpatient or an out-patient, and if

mended. 29. With reference to Army Council In-struction No. 1275 of 1917, is any surgical

appliance recommended?
30. Does the man require the constant attendance of another person?

- Signatures :-

St. John's, Mfld.,

Dec. 3rd., 1918

J. SINCLAIR TAIT

(Sgd) N. S. FRASER

Members. L. ?PATERSONY Mador STROBING

Date Appro DEC 3 1918 Station. Date. NEWFOUNDLAND.

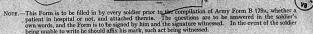
(Sgd) CLUNY MACPHERSON, MajorD. M. S. NEWFOUNDLAND.

Administrative Medical Officer.

President.

BY A SOLDIER CONCERNING STATEMENT

OWN CASE.



Regimental No. 5-246 Unit and Royal to F. D Name Murphy John (Christian Names)

Note. - Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

- England. 1. (a) In what countries have you served during this war, and for what periods?
 - (b) In what capacity?

Infantry

- If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause
 - (If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

The complaint that I from was caused Rhurmalic From rans before Spoured

3.	Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.	hone .
4.	Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.	yes
5.	Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.	st John's General 240 days
6.	Give the name of your National Health Approved Society, and (if possible) your Membership Number.	
7.	What is the name and address of your last employer before joining the Army?	
8.	(a) What was your occupation before joining the Army? (b) What was your trade before joining the Army? (To be checked by A.F.B.64 or A.F.B.103.)	Liversand
D	The above statement has been read ation Hayrly Mow ate. 5 1 1 8 18. S.O.F.Rd.	d over to me; I agree to it, and have nothing further to add. Signed (Soldier) humphy foliated to the Signed The foliated to the solds. IVitness,

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT,

ı.	State the nature of the disability or disabilities from which this man is suffering	Contractivo Joses
2.	What is the present condition of such disability or disabilities?	
3.	If discharge is recommended it should be stated whether further medical treatment (including orthopædic treatment) is desirable in a:— (a) Sanatorium or other institution for tuberculosis (b) Hospital, and if so, what class? (c) Convalescent Home (d) Asylum, or (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. It so, which?	NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Naw or Army or Air Force during the prescut was discharged that if the invaliding disability has been held to be use to or aggregated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.
4.	With reference to Army Council Instructions, is any surgical appliance recommended?	
5.	Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable	
	Station Asylly Station State 5 -11 - 18	President.
	Approved. Station	Officer in charge, Central Hospital.