



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5246 Name John Murphy Corps CofC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Murphy
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 3 Years Months
5. What is your Trade or Calling? 5. Labourer
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, John H. Thompson 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.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this 21 day of May 1915

Signature of Attesting Officer [Signature]

†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 21 May 1915

Place [Signature]

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).....



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF *(Paper)*

No. 5246 Name John Murphy Corps Coff

Questions to be put to the Recruit before Enlistment.

1. What is your name? John Murphy
2. What is your full Address? St. John's, Nfld.
3. Are you a British Subject? Yes
4. What is your age? 23 Years Months
5. What is your Trade or Calling? Carpenter
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, John Murphy 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.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Murphy 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 on this 21 day of May 1918.

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date May 21 1918 Place St. John's } 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)

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

MEDICAL HISTORY

Surname Murphy OF John Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's St. John's St. John's St. John's County Yves

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21	May		191
at	<u>St. John's</u>		at	
Declared Age	33	years		days
Trade or Occupation	<u>Labourer</u>			
Height	5	feet	5	inches
Weight	134	lbs.		lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		5	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V	<u>6/6</u>	R. E.—V	
	L. E.—V	<u>6/6</u>	L. E.—V	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Tamm P. Paterson</u>			
(Rank)	<u>Major</u>			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	21	day of	May
				191
Joined on Enlistment	Corps.	<u>The Royal</u>	Regtl. No.	<u>1246</u>
		<u>Nfld. Regt.</u>		
Transferred to				
Became non-effective by	on		day of	191
(Signature)				
(Rank)				

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 9246.....

Rank. Pvt.....

Name..... Edward J. Jones.....
(Surname) (Christian Names)

Unit and Corps } Regiment 17th

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.

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

*England
Infantry*

(b) In what capacity?

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 caused by Rheumatic fever 3 years ago before I joined the army

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

none

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 Johns General 240 days
effluxion*

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?

Fuseman

(b) What was your trade before joining the Army?

D -

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hazleydown*

Signed (Soldier) *Murphy John* ✕

Date *5-11-18*

Signed *R. J. Woods*

COPY.

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.

Name *Murphy, John* (Surname) *John* (Christian Name) Regt. No. *5246* Rank *Plt* Unit and Corps *R. Fld*

1. State the nature of the disability or disabilities from which this man is suffering.

Contracture Toes

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 orthopaedic treatment) is desirable in a:—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the disabling disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (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. If so, which?

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 President.

Station *Hayley Wood*

Date *5-11-18*

} Members.

Approved.

Station

Date

Officer in charge, Central Hospital.

C.R. 5246

Extract from Preliminary Report of Medical Board held
on Tuesday December 3rd., 1918 and the following
were the findings.

From: The Director of Medical Services to G. C. Dept.

A/5246 Pte. J. Murphy

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT.

BC.

C.R. 5246

Extract from Nominal Roll Embarked London, for Overseas
Nov. 18th, 1918 Major Garty, Conducting Officer.

BEING SENT HOME FOR DISCHARGE.

5246 Pte. J. Murphy.

ML.

CD. 3-246

Extract from Medical Board held Saturday Nov. 30th 1918.

5246 Pte. J. Murphy.

Did not present himself.

M.M?

5246
C.R.

Extract from Telegram from Synoptical to Military dated Jan. 17/19.

5246 Pte. J. Murphy.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Jan. 16th. 1919.

5246
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 months Best Discharge Pay due
you after discharge.

Yours truly,

Capt. & Paymaster.

ENCLOSURE 1.

February 3rd. 1918.

Private John Murphy,
Humbermouth, Wfld.

Dear Sir,-

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

Yours faithfully,

Capt. & Quartermaster &
Officer i/c Records.

Encl. 1.

J/H.

ORIGINAL

LAST PAY CERTIFICATE



To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 5248 Rank Private Name Murphy J Unit N.F. Newfoundland who was Repatented to Newfoundland on 12/11/18 Authority Part II rules Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	PARTICULARS					£	s	d	CR.			
PERIOD: From 26/10/18 to 12/11/18	Balance Dr. from								Balance Cr. from											
	Allotment 18 days @ 60					10	80	12	4	5	Pay 18 days @ \$ 100									
	Cash Payments:								Field Allowance 18 days @ \$ 10					119	80	14	1	5		
	Other Debits: Demand of 5 day pay					5	50		Other Allowances days @ \$											
						16	30	3	7	0	Other Credits:									
								16	3	5										
	Total Debits							3	19	0	Total Credits							14	1	5
	Balance due by Paymaster								2	5	Balance due to Paymaster							12	2	0
						16	5	5								16	3	5		

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

Hazelton Camp
(Place)

Nov 12 1918
(Date)

W. L. O'Connell Capt
O.C. "D" Company.

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,

OK/wr

W. L. O'Connell
Chief Paymaster & Officer in Charge Records.

D5246.

Dec. 4th, 1918

From Asst. Adjutant,
Depot

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	"	Fynn, Jos.	Jan. 10th, 1919	do.
5063	"	Anderson, AB.	do.	do.

C.R. 5346

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,

CCRB

Captain,
for Chief Staff Officer.

P.M.

8437 Loochie

Balance of W. S. G.
plse.

40.20 R
~~\$ 70.20~~

P.M.

- Proceeding to
Halifax - bona
fide - please pay
balances 10.75

Maurice G. Rockett,
Petitioner, Bay of Islands,
St. John's

Sept 26th 19

Let. Col. Russell
Chief Staff Officer
of Militia Dept
St. John's.

Sir:

On receipt of your letter dated -
'July 7th 19' re final payment of my Gratuity. Two
day ago filled out the form & addressed you with
the enclosure of your letter written me. I also wrote
at the same time the cause of my being absent from
the place where the form arrives here, & he filed out.

Today Capt. Newby letter was received with
an enclosure of Seventy dollars (Cheques) & 75c.

Sir: If you are doubtful by any means of
my case stated I'd be only to please to certify any
thing & everything said to be quite correct.

Do please to hear shortly of my case being
rectified

I beg to remain

Your truly

M. G. Rockett.

J. Murphy

C.R. 5246

1890

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY



To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.
 Regtl No. 5246 Rank Private Name Murphy J Unit 71 R Posted referred and in accordance to Newfoundland on 12/11/18 Authority Part II orders Cause Refracted

DR. STATEMENT OF ACCOUNT

PERIOD:	PARTICULARS				PARTICULARS				CR.
	\$	£	s	d	\$	£	s	d	
From 26 10 18 To 12-11-18	Balance Dr. from				Balance Cr. from				
	Allotment 18 days @ 60	110	80	12	4	5			
	Cash Payments:				Pay 18 days @ \$ 100	18	80	00	
					Field Alice 18 days @ \$ 100	18	80	14	15
	Other Debits: Deprived of 5 days pay	5	50	3	7	0			
		16	30						
	Total Debits	16	3	5					
	Balance due by Paymaster			16	3	5			
		4	1	5					
					Total Credits			14	15
				Balance due to Paymaster			12	20	
							4	15	
							16	35	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of Harley Barr Camp (Place) Wingfield (No) 1918 W.L. O'Connell O.C. " " Company. to 17

I am therefore subject to amendment if information received in the Pay & Record Office and as may be found necessary.

W.L. O'Connell
Chief Paymaster & Officer in Charge

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁰⁰

Dec 4 1918

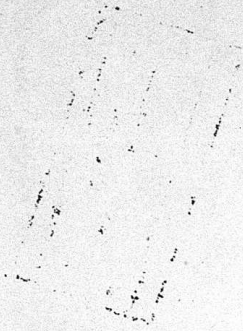
Received from the First Newfoundland Regiment
the sum of Sixty ⁰⁰ Dollars.
on account of Pay. Clothing - John Murphy

Ch. No. 629 ⁰	Initials.....
Pay Ledger 413 ¹	Initials <i>LM</i>
Gen. Ledger.....	Initials.....

Regtl. No..... Rank.....

No. 5246 Rank Pfc

Name Murphy, J



DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$17 $\frac{85}{100}$

Jan 13 1919

Received from the First Newfoundland Regiment
the sum of Seventeen $\frac{85}{100}$ Dollars.
on account of Pay. *A.S.D.*
balance

Ch. No. 8271	Initials <i>EW</i>
Pay Ledger 411	Initials <i>AWL</i>
Gen. Ledger	Initials

Regtl. No.

Frederick Green
Sgt

No. 5246

Rank Pte.

Name Murphy J.

Jan. 15th, 1919.

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

Frederick J. [unclear]

Dear Sir:-

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

Yours truly,

Capt. & Paymaster.

ENCLOSURE 1.

St John's, May 21st, 1918.

ACCOUNT	<i>B.M. Sullivan</i>	INITIALS	<i>BS</i>
CH. NO	<i>1099</i>	INITIALS	<i>BS</i>
IND. LEDGER	<i>SM</i>	INITIALS	<i>BS</i>
PAY LEDGER	<i>SM</i>	INITIALS	<i>BS</i>
GEN. LEDGER	<i>SM</i>	INITIALS	<i>BS</i>

ROYAL NEWFOUNDLAND REGIMENT

To #5246 Pte. John Murphy.

Pomelo Rink

at file

DISTRICT OFFICER
NEWFOUNDLAND
 MAY 25 1918
COMMANDING

lodging, as per voucher attached, \$1.40.

CERTIFIED CORRECT.

L. J. [Signature]

Recd. Payment. May 30/18.
John Murphy

Labot Hotel

42 Water St West
Mrs. J. Lahey prop

Mr John Murphy: 5246
"Dr"

To

" 3 meals @ 40¢ per meal 1.20

" Lodging 1 night 20

\$ 1.40

May 21st / 22nd / 18

[Handwritten signature]

Dumbarmouth
March 9 - 1919

J. M. Howley 4338

To the man
entitled to war s.g

Dear Sir
Just to state to you if you
will please write and let me know
the reason i dont get my money now
i recived note from you a while ago
stating that payment was due to me
when discharged now i am discharged
but i dont see any payment i enlisted
and tried to do what i could for my
king and country but now i am
discharged i suppose i am counted as
nothing please write and let me
know what you mean by it a
dont keep me fooling other soldiers
are getting their two months payment
and what shouldnt i for i am
really in need of it

Yours truly
S. 2 H 6 J. M. Howley & Company
Dumbarmouth
Cape Islands N.S.W.

Sept 17 1902

Wmberworth

11440

C J M Hawley

Dear Sir

I saw by the papers
that you send letters
to no 8 Colneal st
And got no reply I am
not staying there now
my address is

Mrs Annie Murphy
Wmberworth
Basfordlands n of Ed

yours truly
Annie Murphy

to
~~C J M Hawley~~
Basfordlands
5246 Murphy.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Dec. 4th, 1918 191

From Asst. Adjutant,
Depot

To Paymaster & Officer i/c Records,
Militia Department

5246 Pte. J. Murphy) *Repatriation Ambermouth*
Box 9

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

Col. Seely *Asst*
Asst Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.
Per R. Edwards
Lettr.

TM-

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,

Major
Paymaster

Enc.

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.

1. Christian name *John* 2. Surname *Murphy*

3. Rank *Pte* 4. Regtl. No. *5246*

5. Address in full to which future payments of gratuity are to be forwarded. *Humbermouth, N.S.B.*

6. Date of enlistment in the Regiment. *May 21/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*

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. *over seas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From May 1/18 to March 15/19*

A 19-12-18

May 29/19

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.

*Inc. Clothing allowance + back pay 60.
Ration allowance 17.80*

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.?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

March 15/19

No.

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.....

No.

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.

John Murphy

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Haverhamouth, N. D. B.
M. J. O'Neil
21st, day of *May*, 19*17*.....
John M. Costhy

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
			<i>3 mos.</i>	<i>710.00</i>
Certified correct.			Paymaster	<i>[Signature]</i>

SEPARATION ALLOWANCE.

Claimant... *Annie Victoria Murphy (Wife)*

On account of... *John Murphy* No. *5246* Rank *Pte.*

Decision... *Approved*

W. J. Russell C.S.
W. J. Russell Capt. Col.
M. Bowley Major

Date... *Dec. 6/1919*

Instructions.....
.....
.....

Allotment of *60⁰* per *day* payable to *Mrs John Murphy*
his *mother* from *11/7/19* to *19/12/19*
Discontinued on account of *being discharged*
L. H. Ke. & Sgt.

\$ *1.33*

Dukey 19/12/18

WIFE

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

Notice:

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

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

THE PAYMASTER,
Separation Allowance Branch,
ST. JOHN'S, Nfld.

1. Name in full of Soldier. Rank. Regiment Unit. Regt.No.
John Murphy Pte. R.N.Reg. 5246.
2. Age of soldier. Married or single
23. Married
3. Name in full of Wife.
Annie Victoria Murphy
4. Address in full.
8 Colonial Street St. John's
5. Date of Marriage.
Dec. 18/1918. St. John's
6. Place of Marriage.
St. Thomas' Church St. John's
7. Did marriage take place since soldier's enlistment?
yes.
8. Was Commanding Officer's permission obtained? If not, why?
yes.
9. If not married, how long have you been dependent on the soldier for your maintenance, and supported regularly by him on a bona fide permanent domestic basis?

10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated?
no
11. Is separation a legal one.

Marriage certificate examined by me 29/9/19 [Signature]

12. If legal are you in receipt of alimony? If so state amount.

13. If not legal, how long since your husband contributed to your support? explain fully.

14. State amount of Allotment received by you from soldier monthly?

No Amounts

15. From what date have you received Allotment.

16. Names of children. Age last Birthday. Names of Children. Age last Birthday

Amelia Murphy, 6 Days.

17. Are you already in receipt of Separation Allowance from any source. If so, state amount.

No.

18. Are you in receipt of payment from any Patriotic Fund? If so, how much?

No.

19. Have you made a previous claim for Separation Allowance? If not, why? Give particulars.

No.

20. Was your husband at the time of his enlistment an employee of the Nfld. Government.

No.

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.

No.

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant

John Murphy
Wm. Annie Murphy

Dec 12, 1919

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

Dear Madam:-

Referring to your application for Separation Allowance, I enclose cheque for One dollar and thirty three cents (\$1.33), being balance due to the date of your husband's discharge, and one for Ninety dollars (\$90.00), representing three (3) payments of War Service Gratuity.

Yours truly

Major

Paymaster.

Proceedings on Discharge.

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

No. 5246 Army Rank Pvt

Name Murphy John
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

<p>Age _____ years _____ months</p> <p>Height _____ feet _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence { _____ (To be given as fully as practicable) _____</p>	<p>Descriptive marks.</p>
---	---------------------------

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad 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.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :— _____

4. Character awarded in accordance with King's Regulations :— _____

To be filled in on the soldier quitting the Colours.

COPIES SENT		
To	No.	DATE
M. OF M.	13247/186	11/20/16
O.C. 1ST. BN.		
" 2ND. BN.		

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

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.

NOTE.—Army Forms W. 3961A, B 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 to The Officer i/c Records, A.F. W. 3961C has been sent to The Regimental Paymaster,

Regt V F L Co
Wazleydown
58 Vazleydown
London *58 Vazleydown*
London

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

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(e)† Claims repatriation to

(i) Where enlisted *V F L Co* (Country) *Wazleydown* (Place)

(ii) Date of arrival in United Kingdom *May 21 1918*

(iii) Port of arrival

(iv) Ship on which arrived

(v) Name of Shipping Line or Agent

(vi) Names and addresses of two references who can verify the above particulars

No. *5246* Rank *PTE*

Name *Murphy John*

(Surname)

(Christian names in full)

Unit and Corps *Regt V F L Co*

Authority *W 3 179 a*

Station *Hazleydown*

Date *25-6-1918* 191

O.C.

* Insert cause other than under (a) or (b) above.

NOTE 1.—†If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

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.

NOTE.—On receipt of this notification the Officer i/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 i/c 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, on 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 despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c 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. 3961A has been sent to
O.C. Discharge Centre,

The Officer i/c Records

A.F. W. 3961c has been sent to
The Regimental Paymaster,

Royal N 7 L Co
58 Victoria Road
London *58 Woodhouse*
London

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 _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(i) Where enlisted _____

(Country)

(Place)

(ii) Date of arrival in United Kingdom *May 21/18*

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. *5246* Rank *PTE*

Name _____

(Surname)

(Christian names in full)

Unit and Corps *Royal N 7 L Co*

Authority *N 3 179 a*

Station *Hazelwood*

Date *5-8-18*

191

O.C. _____

* 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 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.

II PART

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 i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, The Regimental Paymaster,

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 _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(Country)

(Place)

(i) Where enlisted _____

(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 who can verify the above particulars _____

No. 5244 Rank _____

Name _____
(Surname) _____

(Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records, Station _____

Date 15.2.1918 1918 O.C. _____

Insert cause other than under (a) or (b) above _____

NOTE.—In cases where a 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 these particulars as far as possible before despatching the Army Forms.

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

(F.T.O.)

PART II.

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

The soldier named in Part I. of this Army Form is: **single**

The following are the particulars, in order of date of birth, of children in respect of whom separation allowance is being paid at the date of this notification.

NOTE - If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian name.

Christian Names (in full)	Sex	Dates of Birth
PART I.		

* (b) Unmarried or a widower } with the following dependants for whom an allowance is being paid:—

* (c) Unmarried and without dependants

* (d) The address of his family or dependants is

Humbermouth N 766

Station *Hazleydown*
 Date *5-11-18* 191__

Regimental Paymaster or
 Secretary T.F. Association.

* Strike out whichever inapplicable.

PART III.
 (For use when applicable.)
 The Secretary,
 T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Regimental Paymaster,
 Station

Date 191__

This information and that of the children is to be extracted to A.F. W3500 in cases where the soldier has been enrolled as an A.R.M.W.

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 Officer in Charge of the Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity 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 entries. The "rank," "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 in Charge of Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Murphy John
 (Surname) (Christian names in full)

Unit from which discharged 2nd Bn Royal Newfoundland Regiment.

Regimental Number 5246 Rank on discharge Private Age on discharge 23.

Married, widower with children, or Single Y

Occupation before enlistment Railroad Fireman.

Special qualifications (if any) for employment in civil life Fisherman & Railroad Fireman

Nature and locality of employment desired Railroad Fireman in Newfoundland.

Full postal address to which proceeding on discharge John Murphy of John Murphy, Lunenburg, Bay of Islands.

Name of Approved Society (if any) None.

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed

Service towards pension

PART C. Number of G.C. badges medals

Wounds and actions in which received

PART D. Where born (parish, town and county), and date

Colour of hair on discharge Black Colour of eyes Black Complexion Dark.

Christian name of father John

Christian name of mother Mary.

NOTE.—Army Forms D. 400 and W. 3463A and a are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the Officer in Charge of the Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts B. and C. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

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 (xvi.), 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.

PART Soldier's Name Murphy John
(Surname) (Christian names in full)

A. Unit from which discharged 20032 Royal Newfoundland Regiment
 Regimental Number 5246 Rank on discharge Private Age on discharge 23
 Married, widower with children, or single NO
 Occupation before enlistment Railroad Fireman
 Special qualifications (if any) for employment in civil life Fisherman & Railroad Fireman
 Nature and locality of employment desired Railroad Fireman in Newfoundland

Full postal address to which proceeding on discharge John Murphy c/o John Murphy, Lunenburg, N.S., 20032

Name of Approved Society (if any) _____

PART Nature of medical unfitness _____
B. _____

Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191____.

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a 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.

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 (xvi), 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.

PART Soldier's Name Joseph John (Surname) (Christian names in full)

A. Unit from which discharged Royal N.F.L.S.

Regimental Number _____ Rank on discharge _____ Age on discharge 23

Married, widower with children, or single Single

Occupation before enlistment Firearm

Special qualifications (if any) for employment in civil life _____

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } Humbermouth N.F.S.S.

Name of Approved Society (if any) _____

PART Nature of medical unfitness contracted Tics

B. Service with Colours _____ years 180 days, of which _____ years

90 days were served abroad during the present war.

Military character Good

Anything against the soldier to render his recommendation undesirable _____

Date of discharge 5-11-18 1918

Station Hazleydown

Date 5-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a 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), E, 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 Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity 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 entries. The "rank," "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 i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Part A. of Army Forms W. 3463A and W. 3463B are to be completed by the soldier or by the O.C. unit prior to the soldier being medically boarded.

Soldier's Name Murphy John (Surname) (Christian names in full)

Unit from which discharged Regal N.F.S.D.

Regimental Number 5246 Rank on discharge Pvt Age on discharge 23

Married, widower with children, or single single

Occupation before enlistment Farmer

Special qualifications (if any) for employment in civil life None

Nature and locality of employment desired None

Full postal address to which proceeding on discharge Humbermouth N.F.S.D.

Name of Approved Society (if any) None

PART B. Parts B. and C. are to be completed by the Officer i/c Records.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
Disallowed	<u>Regal N.F.S.D.</u>		<u>180</u>	<u>India South Africa</u>		<u>90</u>
Service towards pension				<u>England</u>		

PART C. Number of G.C. badges None medals None

Wounds and actions in which received None

PART D. Where born (parish, town and county), and date Humbermouth 2nd May 1895

Colour of hair on discharge Black Colour of eyes Brown Complexion Fair

Christian name of father John

Christian name of mother Mary

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Reg. No. *1246* Rank *Pte* Name *Murphy, J.*
Attested Address *Humbly Grove*
Allotment Allottee
Date of Allotment Returned from Overseas *31-11-18*
Embarked for Overseas Cause *Discharge*

³
7-12-18 Rec. Discharge as permanently unfit.

19-12-18

DISCHARGED—MEDICALLY UNFIT

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
2-30-

Number of Sheet 1st

Regiment of 1 Royal New Zealand

Signature of O. C. Company A. D. White

Regimental Number and Name
5246 Murphy John

No. _____
Age on _____ years _____ months
Place and Date of Enlistment 8/10/18
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____

Enlistment
Age on 23 years 1 months
Place and Date of Enlistment 8/10/18
Period of } with Colours 2/3 years.
 } with Reserve 2/5 years.

Trade Garmer
Religion _____
Place of Birth Hemel Hempstead

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>W/airless Camp</u>	<u>2/11-18</u>	<u>Pte</u>		<u>Threats to strike an N.C. Officer</u>	<u>H. C. Parnis Pte Grandy</u>	<u>Deprived of 5 days pay</u>	<u>4/11-18</u>	<u>Lt Col G. J. Barker</u>	<u>M. H.</u>
				<u>Periodically unfit</u>	<u>See above</u>				<u>19/18</u>

COPIES SENT		
To	No.	DATE
M. of M.	<u>13249/186</u>	<u>11/18</u>
O.C. 1st Bn.		
" 2nd Bn.		

Army Form B. 121

To be carried over

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), P., 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 Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity 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 entries. The "rank," "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 i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Barrack Court, King's Road, London, S.W.3.

PART A. Soldier's Name Murphy John (Surnames) (Christian names in full)

Unit from which discharged 7th Bn Royal Newfoundland

Regimental Number 5246 Rank on discharge Private Age on discharge 23

Married, widower with children, or single Single

Occupation before enlistment Railroad Fireman

Special qualifications (if any) for employment in civil life Fitcher and Railroad Fireman

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge John Murphy c/o John Murphy Humbermouth Bay of Islands

Name of Approved Society (if any) None

PART B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
...				India		
...				South Africa		
Disallowed						
Service towards pension						

PART C. Number of G.C. badges medals

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date _____

Colour of hair on discharge Black Colour of eyes Black Complexion Dark

Christian name of father John

Christian name of mother Mary

NOTE.—Army Forms D. 400 and W. 3463a and b are issued in sets and form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and Part A. of Army Form W. 3463a and b are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and Part A. of Army Form W. 3463a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

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 (xvi.), 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.

PART Soldier's Name Murphy John (Surname) (Christian names in full)

A. Unit from which discharged 2nd Bn Royal Newfoundland

Regimental Number 5246 Rank on discharge Pvt Age on discharge 23

Married, widower with children, or single no

Occupation before enlistment Railroad Fireman

Special qualifications (if any) for } Fisherman + Railroad Fireman
employment in civil life }

Nature and locality of employment desired _____

Full postal address to which } John Murphy c/o John Murphy Hamborough
proceeding on discharge } Bay of Islands

Name of Approved Society (if any) None

PART Nature of medical unfitness _____

B. Service with Colours _____ years _____ days, of which _____ years
_____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 _____

Station _____

Date _____ Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a 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.

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.

PART Soldier's Name Murphy, John (Surname) (Christian names in full)

A. Unit from which discharged 2nd Bn Royal West Kent

Regimental Number 5246 Rank on discharge S/Lt Age on discharge 43

Married, widower with children, or single no

Occupation before enlistment Railroad Fireman

Special qualifications (if any) for } Fitchman + Railroad Fireman
 employment in civil life }

Nature and locality of employment desired _____

Full postal address to which } John Murphy c/o John Murphy Humbermouth
 proceeding on discharge } Bay of Islands

Name of Approved Society (if any) None

PART Nature of medical unfitness _____

B. Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 _____

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer
i/c Records.

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 employment
as Fireman*

John Matthews

Signature of Man.

J. W. Matthews

Reg. No.

5246

Signature of the Vocational Officer or his Representative.

Place

St. John's

Date

December 4 1918

THE ROYAL NEWFOUNDLAND REGIMENT

DEMOBILIZATION

Civilian Clothing Guarantee

I, No. 5246 Rank.

Pls

Name

J. Murphy

herely undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one collar, one tie, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$~~60.00~~ 60.00

Date.. *Dec 4th* 18.....

St. John's.....

John Murphy

.....
Signature of soldier.

J. H. Haddick

.....
Signature of witness.

Proceedings on Discharge.

F

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



No. 5246 Army Rank Plt

Name Murphy John
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge December 19/1918

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age 23 years _____ months _____
 Height 5 feet 5 1/4 inches)
 Chest measurement { girth when fully expanded _____ ins.
 range of expansion _____ ins.
 Complexion _____
 Eyes black
 Hair black
 Trade Fireman (railroad)
 Intended place of residence { Stambridge, Nfld.

Descriptive marks.
Contraction of toes of left foot.

11
30
31
31
30
25
20
19
213

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad 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.)

2. The above-named man is discharged in consequence of having been found to be physically unfit for war service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to*

A.P.D. - 2079/29

C.R. 5246



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

#5246 Pte. John Murphy.

Attested for General Service with the Royal Nfld. Regt.
from 22.5.18



C.R. 5246

Extract from Daily Orders part 11, from Unit The Royal
M.L. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on .M.M.S.
"Columbella" July 28, 1918.

#5246 Pte. John Murphy.

C.R. 5246



Extract from Telegram from Synoptical, London dated ✓
November 15th., 1918.

#5246 Murphy.

The abovementioned having embarked by the Government Transport
BC. November 15th., for St. John N. B.

BC. DOCUMENTS WITH CARTY.

C.R. 5246



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

Having been found medically unfit is discharged from

5246 Pte *Murphy*
John Martin

19-12-18.

COPY.

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 Murphy Christian Name John



TABLE I.—GENERAL TABLE.

Birthplace ... Parish Numbermouth County Nfld

Examined ... { on 21 day of May 1918
at St. John's

Declared Age ... 23 years ... days.

Trade or Occupation ... Labourer

Height ... 5 feet, 5 1/4 inches.

Weight ... 139 lbs.

Chest Measurement { Girth when fully Expanded. 37 inches.
Range of Expansion 5 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... R.E.—V= 6/6
L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Lamont Patterson
(Rank) Major Medical Officer.

Enlisted ... at St. John's
on 21st day of May 1918

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>The Royal Nfld</u>	<u>5246</u>
Transferred to ...	<u>Regt.</u>	

Became non-effective by
on _____ day of _____ 1918
(Signature) _____
(Rank) _____

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

Date	Brief details, and signature
22-5-18	Vacc IP.
20-6-18	I.D.B. IP.
27-6-18	" IP.
9-9-18	Boarded Hazelton Snow Camp. (B. & C. Co.) Contractors, Both Great Toes J. St. P. Knight Capt. R. A. Mc.
5-11-18	Boarded Hazelton Snow Camp Postal E. Category [Contractors Toes] (Authority W. of the Letter) J. St. P. Knight Capt. W. G. F. Mc. Rief



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

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..... *Rifles R.I.*
2. Regtl. No. *5746* 3. Rank..... *Pte*
4. Name *MURPHY* *John*
(Surname) (Christian Names)
5. Age last birthday... *33 1/2*
6. Posted for duty on *21 May 1918* at *S. John*
in category (or grade).....
7. Former Trade or Occupation *Labourer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
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
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

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

Contracture toes.

11. Date of origin of disability.
12. Place of origin of disability.

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

Since joining depot he was three days unwell with bad feet. He was unable to march, fell on legs duty and recommended as candidate for the Royal Recruiting Scheme, from which he was rejected as unsuitable. Will not volunteer for the Forces, B.N. Supplementary to requirements at depot, recommended for repatriation.



14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| (i) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii) Previous active service | no | no |
| (iii) Climate in pre-war service | no | |
| (iv) Ordinary military service before the war | no | |
| (v) Serious negligence or misconduct on the man's part. | no | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *disability existing prior to enlistment.*

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

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

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

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

no
no
no
no

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.

Discharge as permanently unfit for military service.
Wm. A. [Signature]

Station *Hazley Court, W. Ambleside*
 Date *2-11-18*

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

Medical Report on an Invalid.

Station HAZLEY DOWN, WINCHESTERDate 5 - 11 - 18

1. Unit **ROYAL NEWFOUNDLAND REGIMENT**
2. Regimental No. **5246**
3. Rank **PTE**
4. Name **MURPHY, JOHN**
5. Age last birthday **23 years**
6. Enlisted { on **21/5/18**
at **St. John's**

7. Former Trade }
or Occupation } **Labourer**7A. If with previous service in Army, state VB

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

CONTRACTION TOES.

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.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

Since joining Depot, he was three days 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.

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

NO

Disability existing prior to enlistment.

13. 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.

Case No. VB

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

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

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what?

N.A.

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

N.A.

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

N.A.

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 war.

N.A.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as Permanently Unfit for Military Service.

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

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

Station HAZELBY DOWN CAMP, WINCHESTER. Officer in charge of Hospital.

Date 5-11-18

*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.

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

Opinion of the Medical Board.

Notes.—(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 reliable 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, (a) caused or aggravated, by service in the present war; (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(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; No
- (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?

Contraction of toes left foot. As Section 13.

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

23. Is the disability permanent? Yes

24. If not permanent, 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 present?

Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil. 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? Yes

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

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1276 of 1917, is any surgical appliance recommended?

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

Signatures:— (Sgd) N. S. FRASER President.

Station St. John's, H.L.D., J. SINCLAIR TAIT Members.

Date Dec. 3rd, 1918 L. PATERSON, Major Members.

Approver of Medical Services

Station DEC 9 1918 (Sgd) CLUVE MACPHERSON, Major P. M. S. NEWFOUNDLAND. Administrative Medical Officer.

Date No. NEWFOUNDLAND.

Case No. VB

COPY.

Army Form B 179a



STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 5246

Rank. Pvt.

Name. Murphy John
(Surname) (Christian Names)

Unit and Corps } Royal W. F. L. A.

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.

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

England

(b) In what capacity?

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.)

This complaint that I suffer from was caused by Rheumatic Fever 3 years before I joined the army



3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

None

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 7140 days
raplosovo*

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?

Fitterman

(b) What was your trade before joining the Army?

no

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Haysley Howard*

Signed (Soldier) *T. Murphy John*

Date *5-11-18*

Signed *B. J. Woods*

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.

Name... *Murphy John* Regt. No. *5246* Rank... *Plt* Unit and Corps... *Royal N.H.S.*
(Surname) (Christian Name)

<p>1. State the nature of the disability or disabilities from which this man is suffering.. ..</p>	<p><i>Contractive Toes</i></p>
<p>2. What is the present condition of such disability or disabilities?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic 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. If so, which?</p>	<p>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.</p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended? ..</p>	
<p>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</p>	

Signature President.
 Station *Hazleydown*
 Date *5-15-18* } Members.

Approved.
 Station
 Date
 Officer in charge, Central Hospital.