



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4490 Name Thos Murphy Corps R.I.C

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thos Murphy
2. What is your full Address? 2. McCaugall St.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 9 Months
5. What is your Trade or Calling? 5. Clerk
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Thos 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.

Thos Murphy SIGNATURE OF RECRUIT.
James G. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thos 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 John ... on this 18 day of April 1915

Signature of Attesting Officer James G. ...

†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 April 18 1915 Place St John's

Signature of Approving Officer James G. ...

† 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).....

Officer 1-5-15

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thos Murphy

Apparent age 1 years 1 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thos Murphy
10th Dragoon St Johns | Relationship father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4490 Name Thos Murphy Corps R.C

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thos Murphy
2. What is your full Address? 2. Mc Dougall St.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 9 Months
5. What is your Trade or Calling? 5. clerk
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

Apperance 1-5-18

Thos 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.

Thomas Murphy SIGNATURE OF RECRUIT.

A
18.4.18

James Gurney Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Thos 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 St John on this 18 day of April 1918

Signature of Attesting Officer James Gurney

†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 April 15 1918
Place St John Approving Officer James Gurney

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thos Murphy
 Apparent age 18 years 9 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thos. Murphy
10000 Bongall St | Johns Relationship Father
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged July 24/1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____

C.R. 4490

Extract of DAILY ORDERS, PART II, Depot St. John's,
dated February 27th 1919.

The discharge of the undernoted on Demobilization has
been CONFIRMED by Officer i/c Records on noted date.

#4490 Pts. Thomas Murphy.

22/2/19.

CR. 4490

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, Jan. 30th, 1919.

The discharge of the undernoted man has been approved
on Demobilisation by D.C. Discharge Depot on noted date.

4490 Pte. T Murphy.

25-1-19.

C.R. 4490

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot St. John's, June 10th, 1919

4490 Pte. Thos. Murphy

Reattested for duty at Depot from 1-6-19.

C.R. 4490

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated April 20, 1918.

#4490 Pte. T. Murphy.

Attested for General Service with the Royal Newfoundland
Regiment, from 18/4/18 to report. 1/5/181

Murphy T.

4490

Ag Sept.

February 26, 1919

#4490 Pte. Thomas Murphy,
Hayward Avenue,
City.

Dear Sir:-

Please find enclosed
"Discharge Certificate No. 1048."

Yours truly,

Capt.
Paymaster & Officer i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *11190* Rank *Pte* Name *Thomas Murphy*

Intended place of residence *Hayward Ave.*

2. Occupation *Co. cook*

Classification of soldier *A.* Medical Category *A. II*

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

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place *JAN 25 1919*

Date *JAN 25 1919* *M. Bowley Capt.*
for - Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date *St. John's* *Thomas Murphy*

25-1-19 Signature of soldier
M. Dicks Capt.
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date *Jan 25th 1919* *Thomas Murphy*

St. John's Signature of soldier
J. Dicks Capt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *18. 4. 18* No of days on Military

Discharged from service *25. 1. 19. per 28 days* Service *314 days*

APPROVAL OF DISCHARGE

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

Place *ST. JOHN'S.* *R. H. Lat. Capt.*

Date *JAN 25 1919* Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place *St. John's. Med.* *M. Bowley Capt.*

Date *February 22nd 1919* Officer in Charge
The Royal Newfoundland Regiment

20791/048

13
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The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 44790 Rank The Name Murphy Thomas
 Date of Enlistment 1.8.18 Address H. Jones District H. Jones
 Occupation Clerk Classification for Discharge A Medical Category 11
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 25-1-19 M. Jones Capt
 O. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Thomas Murphy

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$66.00
 (b) Clothing Supplied Joseph H. Lawrence

Date 25-1-19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ml to his home
 at St Johns and Release Certificate No. 846 issued.
 Date 25-1-19
J.H.S. R.S. Dicks Capt.
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 22-2-19
 Date 25-1-19
J.H.S. R.S. Dicks Capt.
 Depot Paymaster.

Discharge approved for 25-1-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 25-1-19
J.H.S. R.S. Dicks Capt.
 Demobilization Officer.

APPROVED.

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

Date JAN 25 1919
R.H. Sait Capt.
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
[Signature]
 Date

Civil Re-establishment Committee



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

To work as Shoe maker

Thomas Murphy

Signature of Man.

Reg. No. 4490

Signature of the Vocational Officer or his Representative.

Place

Date

St. John's

25/1/19

191

6

St Johns

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization: **A**

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

DEC 2 1918

Date

Regimental No. *4490*

Name *Murphey Thomas*

Address *42 Hayward Avenue St Johns*

Present Medical Category *A.ii*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

R.H. Lat Capn.
O.C. Discharge Depot.

Members of Board } *J. Salmon*
Senior Medical Officer

Geo Burden
M. O. Depot



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Thomas Murphy*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4490*

Intended address *42 Hayward Avenue*

Height on discharge *5 Feet 4*

Color of hair on discharge *Brown*

Complexion *Light*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Normal*

Christian name of Father *—*

Christian name of Mother *Caroline*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns 22-12-1899*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Thomas Murphy* (Rank)

Station *St Johns* Date *25-1-19*

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

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

Station _____ Date _____



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Murphy, Regl. No. 4490
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins August 1st 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6490	Mother	Mrs Catherine Murphy	10 Mc Donnell St St. Johns	60
Total Allotment, \$				60

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

(Sig.) Leob Murphy Capt
 Officer Commanding
6th Company
St John Nfld
July 6th 1918

(Sig.) Thomas Murphy
 (Rank) Private



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Thomas Murphy HH 90
aged 19 years conducted at Headquarters
Date: April Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 n
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 n
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n

by both

26 Varicocele left

- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

33 yes 10 years ago 10 cal. left from
34 5 ft 4
35 170 lbs
36 34-36

37 n
38 Father Thomas Murphy McDougal Street
39 Father

Inspected
by out

Signature of Medical Examiner:

D. W. Burden

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4490 Rank Pte Name Murphy J.
 Intended place of residence 42 Hayward Avenue
2. Occupation Clerk
 Classification of soldier E Medical Category A.I.
3. The above named man is discharged in consequence of

DEMobilIZATION

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date Sept. 2nd 1919

J. R. Cooper Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date 2-9-19

J. Murphy
 Signature of soldier

J. A. Knowlton
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 2-9-19

J. Murphy
 Signature of soldier

Chas. W. ...
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service Reatt 1-6-19 No. of days on Military Service 108
 Discharged from service 2-9-19 Plus 14 days

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date

.....
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date September 16/1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2490 Rank Plt Name Murphy J
 Date of Enlistment 1917 Address Harwood Ave District St John's
 Occupation Book Classification for Discharge E Medical Category 4 F
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 1919

J. L. Cooper Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Murphy

Particulars passed to Vocational Officer for information and action.

Date 2-9-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) ~~Clothing Allowance payable~~ _____

(b) ~~Clothing Supplied~~ _____

Has received same
A. L. Brown
O. i/c. Re-clothing.

Date 2-9-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at 42# [unclear] St and Release Certificate No. 3829 issued.

Date 2-9-19
 [Signature] Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 16-9-19

Date [Signature]
[Signature] Depot Paymaster.

Discharge approved for 2-9-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 2-9-19
 [Signature] Demobilization Officer.

APPROVED.

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

Date
 O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Reattested

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No. 4490

Name _____

Pte J. Murphy

Address _____

McLaughall St.

Present Medical Category _____

A I

Recommended for:—

- (a) Immediate discharge _____
- (b) Standing Medical Board _____

K. R. Cooper Capt
O. C. Discharge Depot.

M. P. P. P.
Senior Medical Officer

S. O. Burden
M. O. Depot.

*I hereby certify that this soldier
has been before the Standing Medical
Board and has been classified as*

Members of Board

E for discharge from demobilization.
Medical category A I

25-8-19

Date of report

K. R. Cooper



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Thomas. Murphy*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4490*

Intended address *42 Hayward ave*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Short*

Christian name of Father *Thomas Murphy*

Christian name of Mother *Katherine*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *st Johns*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Thomas Murphy* (Rank) *Pte*

ST. JOHN'S

Station

Date

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



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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

J. Murphy

Signature of Man.

Amblonstein

Reg. No. 4690

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

2 - 9 - 1919

I...Thomas Murphy.....a discharged soldier of the Royal Newfoundland Regiment, hereby agree to serve in the Royal Newfoundland Regiment for home service as long as my services shall be required, under the same terms and conditions under which I was serving before discharge.

4490 Thomas Murphy

I...Thomas 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 I will do, 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.

Place...Selkirk.....
Date...7.6.19.....
Effective...1.6.19...

4490 Thomas Murphy

Witness...W. C. Michael Esq.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *Thomas* 2. Surname..... *Murphy*

3. Rank..... *Pte* 4. Regtl. No..... *4490*

5. Address in full to which future payments of gratuity are to be forwarded..... *42 Hayward Avenue,*
St. John's

6. Date of enlistment in the Regiment..... *April 15/1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable

8. Relationship of such dependents..... *Do*

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

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

11. Were you on active service only in Nfld, if so, give dates and particulars of such service..... *Yes. Attached to Barrack all the time of enlistment*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *one year and two months*

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

not applicable

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.

not applicable

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

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

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

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

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

19. Are you now serving in the Regt.? *no* If not give? - (a) Date

of discharge. *Sept. 2/19* (b) Reason for discharge.

Sept. 2 Demob

Was discharged on Feb. 22/1919/ Reattested June 1

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.

Signature of Applicant: *Thomas Murphy*
 Place of Residence: *42 Boywood Avenue City*
 Declared before me at: *St John's Ufud*
 This *4th* day of *October* 19*19*....

J. J. Kelly
 Signature of Registrar 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
.....
.....
.....
Certified correct.				Registrar

Was seen

SEPARATION ALLOWANCE.

Claimant. *Catherine Murphy (Mother)*

On account of *Thos. Murphy* No. *4190* Rank. *Pte.*

Decision. *Refused.*
Francis granted exemption

Date. *Jan. 17/1920.*
W. R. Macfiegent. Col.
M. Bowley. Major

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

Allotment of *60* per day payable to *Catherine Murphy*
his *Mother* from *1/8/18* to *22/2/19*
Discontinued on account of *being Disch'd*
L. Pike S. Sgt.



M.F.A.I.

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

Sepr. 17, 1919

Mrs. Catherine Murphy,
#42 Hayward Avenue,
City.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly inform me if your son Francis offered for enlistment, and if so, what is the number of his Rejection Badge, if he has one.

Yours truly,

Major & Paymaster.

Francis was granted exemption.

allotment correct for 64
summing up 1st in favor of mother
per day 1/18

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

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. Reg't. or Unit. Regt. No.

Thomas Murphy Ote *Royal Nfld* *4490*

2. Age of soldier. Married or Single.

19. Dec 20th *Single*

3. Name in full of mother. Age. Occupation. Permanent Address.

Catherine Murphy *42* *None* *42 Hayward Ave*

4. Give name of your husband. Age. Occupation Where Employed.

Thomas Murphy *50* *None* *No. where*

5. If your husband is not supporting you state the reason.

because he is Dead

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

Died Sept 22 1917
Consumption

7. If you are a widow, state date and place of death of your husband.

Died Sept. 22. 1917 at No 10 Medougal

8. Have you married again since death of above mentioned husband?

No

9. Names of your other children. Address in Age. Occupation Married full. or Single.

Mary *22* *Stella* *13* } *No 42* *Mary J. G. Edens*
Francis *20* *Michael* *9* } *Hayward Ave* *Frank Johnson*
William *15* *Charles* *4* }

Name	Age	Occupation
Mary	22	J.g. Edens single
Francis	20	Baine Johnsons single Wharf
William	15	School
Stella	13	School
Michael	9	School
Charles	4	<hr/>

10. State amount earned by (a) Yourself } *Nothing*
 (b) Your husband. }
-
11. State amount and source of any other income. *Mary \$3 per week*
Francis depending on days pay
-
12. State value of real property belonging to you and your husband. *None*
-
13. State value of personal property belonging to you and your husband. *None*
-
14. If husband is dead state value of real and personal property left by him. *None*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *\$ 364.00*
-
16. Was this amount contributed weekly or monthly. *Weekly*
-
17. Did this amount include payment of son's board, etc. *Yes*
-
18. State your son's trade or occupation prior to enlistment. *Black Parker + Monroe East End*
-
19. State amount of his wages per week. *7 \$*
-
20. State name and address of his last employer. *Parker + Monroe Water St.*
-
21. State amount of monthly support from son since enlistment. *\$ 18.60*
-
22. State amount of allotment received by you from son since enlistment. *\$ 111.60*
-
23. State from what date did you receive allotment? *August 7th 1918*
-
24. Actual amount contributed by other children. *Mary \$3*
Francis depending on days pay
-
25. Are any of these children in the employ of you or your husband?

No.

26. If not receiving support from other children, state cause. Explain fully. *at school*

27. With whom are you residing at present? *6 children*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No. Has not done I*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *could claim it*
No

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No*

31. Was the soldier at the time of his enlistment an employee of the M.I.D. Government. *No*

32. In what capacity and in what place? *No Place*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland 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. *Catherine Murphy*

Place of Residence... *42 Hayward Avenue*

Declared and subscribed before me at... *St. Johns*

this... *7th*... day of... *January*... 191 *7*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *Christie G. Garry*
Notary Public

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *J. J. ...*

Signature of member of the Patriotic Fund Committee, *Vincent B. Burke*
Hon. Secy. Patriotic Committee of Newfoundland

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

A.

1. Name of Soldier in Full (Surname first) Murphy Thomas
2. Rank and Regimental Number 4490
3. Date of Enlistment April 18th 1878.
4. Full Name of Wife _____ or
Widowed Mother Mrs Catherine Murphy or
Children's Guardian _____
5. Address 10 McDougald Street City
6. State ages of Children: Girls under 17 _____ Boys under 16 _____
7. With whom do your Children reside? _____
8. Amount of Allotment 60 9. Name of Allottee Mrs Catherine Murphy
10. Address 10 McDougald Street
St Johns

11. From what date is Allotment effective?..... August 1st 1918
12. Date of Marriage
13. Date Marriage Certificate examined by Paymaster
14. Date Birth Certificates (in case of guardian) examined by Paymaster.....
15. If soldier is sole support, does Statutory Declaration accompany this application?.....
16. Have you made a previous claim for Separation Allowance? Give particulars..... No
-
17. Is Separation Allowance being paid on your account to any person?..... No
18. Were you at the time of enlistment an employee of the Newfoundland Government? In what capacity, and in what place?..... No
19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?..... No
20. Name of Corps prior to enlistment in the Nfld. Regt.....

I hereby certify that the above is a true statement.

Thomas Murphy
Name of Soldier.

Signature of Officer forwarding this application.

Unit Royal Newfoundland Regt

Date Jan 2nd 1919

Sepr.17,1919

Mrs.Catherine Murphy,
#42 Hayward Avenue,
City.

Dear Madam:-

Referring to your application for
Separation Allowance, will you kindly inform
me if your son Francis offered for enlistment,
and if so, what is the number of his Rejection
Badge, if he has one.

Yours truly,

Major & Paymaster.

Jan. 29/ '20

Mrs. Catherine Murphy,
#42 Hayward Avenue,
City

Dear Madam:-

With further reference to your application for Separation Allowance, I have been directed to state that same cannot be granted to you, because your son Francis was granted "Exemption," and your total dependence upon your son Thomas has not been satisfactorily established.

Yours truly

Major

Paymaster

Sept. 16, 1919

Officer Commanding,
Discharge Depot.

Dear Sir:-

The undermentioned man has been discharged on
account of Demobilization, on this date:-

✓ 4490 Pte. T. Murphy.

Yours faithfully,

W. J. P.

Captain & Paymaster.

January 7th., 1919.

Mrs. Catherine Murphy,
#10 McDougall Street,
City.

Dear Madam :-

Application has been made by your son
#4190 Pte. Thomas Murphy, to have Separation Allowance
issued to you, and I enclose Statutory Declaration
which kindly have completed by a Magistrate or
Justice of the Peace, and returned to me at your
earliest convenience.

Yours faithfully,

Captain,
Paymaster & C.i/c Records.

Enc'1 1.

ST. JOHN'S, Sep 2nd 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte J. Murphy

Billeting Soldiers as undermentioned

from Aug 29th 1919 to Sep 2nd 1919

4490 Pte J. Murphy 4 40

ACC'D BY	<u>B. M. E.</u>
CH. NO.	<u>8874</u>
ISS. BY	
P. V. L. C. NO.	
Q. NO.	<u>40</u>

Certified correct for \$ 4

J. H. Snowlap
Billeting Officer.
J. Murphy

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4490 Rank Pte Name Murphy Thomas
 Date of Enlistment 18.11.18 Address St Johns District St Johns
 Occupation Clerk Classification for Discharge T Medical Category 11
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 25-1-19 W. M. C. Latt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Thomas Murphy

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date 25-1-19 _____
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. me to his home at St Johns and Release Certificate No. 846 issued.

Date 25-1-19

J.H.S.
Demobilization Officer
Osborne Capt.

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 22-2-19

Date 25-1-19

J.H.S.
Depot Paymaster.
Osborne Capt.

Discharge approved for 25-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	1 5.11.19
F 178a	D 400A	B 1915	do 2nd	" 3	2
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 25-1-19

J.H.S.
Demobilization Officer.
Osborne Capt.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

JAN 25 1919

Date

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

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

Date Jan 30/19

W. J. ...
O. C. Discharge Depot.

14490

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4490 Rank Pt Name Murphy J.
 Date of Enlistment 1-6-19 Address 42 Hayward Ave District St John's
 Occupation clerk Classification for Discharge E Medical Category H F
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. Pj36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	
B 179c.....	B 120.....	M 93.....			

Date 1-9-19 M. Cooper Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Murphy

Particulars passed to Vocational Officer for information and action.

Date 2-9-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) ~~Clothing Allowance payable~~
 (b) ~~Clothing Supplied~~

*Has received same
 Ambrose*

Date 2-9-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at 42. Hargrave Ave and Release Certificate No. 3839 issued.

Date 2-9-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 15-9-19

Date [Signature]

[Signature]
Depot Paymaster.

Discharge approved for 2-9-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 2-9-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date

O. C. Discharge Depot.

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

Date Sept 19

[Signature]

Reg. No. 4490 Rank Pfc Name Murphy, T. G.
Attested 18.4.18 Address City
Allotment 60 Allotee Mrs Catharine Murphy (Mother)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas Cause

Report 1.5.18

5-5-18 Vac. 1st leave 17th 2nd 3-10-18.
3. leave 16-9-18 2nd 7th 9-17. keto 21-9-18.

20 1-19 PASSED TO DEMOBILIZATION S. 15-1

20 1-19 DISCHARGE APPROVED ON DEMOBILIZATION.

Reg. No. *4490* Rank *Pte* Name *Murphy J.*

Attested Address *St John's*

Allotment Allottee

Date of Allotment Returned from Overseas

Returned on S.S. Cause

*leathered for special duties at depot
from 1.0.19*

2-8-19 PASSED TO DEMOBILIZATION OFFICER

2-9-19 DISCHARGE APPROVED ON DEMOBILISATION.