

FIRST NEWFOUNDLAND REGIM

No. 2407 Name W. Marky Corps RECORD OF STREET
No. 2407 Name M. Maryling Corps Corps Questions to be put to the Recruit before Enlistment.
I. What is your name? I. William Muffry
2. Wrat is your full Address?
3. Are you a British Subject? 3. Are you a British Subject? 4. What is your age? 4. Months
5. What is your Trade or Calling? 5. Labourn.
6. Are you Married? 6.
7. Have you ever served in any Branch of His Ma) jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac-
9. Are you willing to be enlisted for General Ser-
stand its meaning, and who gave it to you?
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?
= abil 3. R.D. Halerway Signature of Witness.
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
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
on this3day of
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired 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
Place
† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
there 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).....on the (Date)

Applicable to all ranks. To correspond with entries on the Medical History Sheet. William muchy Name 18 years 1 months. Height inches Apparent age.... Girth when fully expanded 3,3 inches Chest Measurement Distinctive marks..... INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin..... 122 Mate Stat West | Relationship Particulars as to Marriage (a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry. (a) (6)-Particulars as to Children Date and Place of Birth Christian Names STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Service not al-lowed to reckon for fixing the rate of pension Signature of Officers certi-fying correctness of entries Promotion, Reductions, Casualties, &c. Corps in Rgt. or Which served Depot Army Rank Dates Years Days Ioined at Total Service forfeited as above...... 30 -5 -/7 [date of discharge] /years 5/ days Total Service towards Engagement to_ Pension

DESCRIPTIVE REPORT ON ENLISTMENET



SCENARIO E REPORT ON BRUSTALANET

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2407 Name W. Murphy Corps
Questions to be put to the Recruit before Enlistment.
I. What is your name? I. William Muffing
2. Wrat is your full Address?
3. Are you a British Subject?
4. What is your age?
5. What is your Trade or Calling? 5. Jahren.
6. Are you Married? 6. 770
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac- 8
9. Are you willing to be enlisted for General Ser- yice?
10. Did you receive a Notice, and do you under-stand its meaning, and who gave it to you?
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?
made by me to the above questions are true, and that I am willing to fulfil the engagements made. **Million: All Signature of RECRUIT.** **April 3 ** **Signature of Witness.**
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
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
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 re-
quired 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
Place
† 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

DESCRIPTIVE REPORT ON ENLISTMENET Applicable to all ranks. To correspond with entries on the Medical History Sheet,

Name		will	an -	mus	phy	•	457 %
		18 years		CERTAIN TO THE STATE OF	Height.	5-	feet 5 inche
		Girth when	fully expar	ided 3	3 inc	hes	
hest Me	easuren		Name of States	$L_{i} = V + L_{i}$	inches		
Distinctiv	ve mar	ks	THO V	Q.Thto	STTA .	SID-A-A	N. 11125.
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21 /	the tree	Stuf M	est-		ıship	texis	er
			Particula	ars as to Ma	rriage		
(a) (Christian a	and Surname of Woman to	whom married	l, and whether s	spinster or wide	w. (b) Place a	and date of marriage.
	(a)	(0) 11000	(b)		(c)		(d)
			e 11 11				
			Particula	ars as to Cl	ildren		
	Chris	tian Names				Date and Pl	ace of Birth ,

						1	. '
		STATI	EMENT	OF THE	SERVIC	CES	
			1	1. (1	Service not al-	Service in Re-	
Corps in hich served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	lowed to reckon for fixing the rate of pension	serve not allow- ed to reckon to- wards G. C. Pay	fring correctness of
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W. P. Griffith & Sons Ltd. Printers, Old Balley, E.C. Forms
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LONDON, S. W.

JAN 2 5 1917

JAN 2 5 1917

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

ENFOUNDEAND CONTINGEN Army Form B. 178A.

MEDICAL HISTORY

Christian Name William

<u> </u>	Table I.—GENE	ERAL TABLE.	· · · · · · · · · · · · · · · · · · ·	
Birthplace:—Parish		County		4.00 m
	SPECIAL RI	SERVE.	REGULAR	ARMY.
		ranch 1916	on day of	191
Examined	1181	MA		
<u> </u>	at In Johns,	100.	at	
Declared age	18 years	/ Maga	years	days
Trade or occupation				
leight	√ feet_	inches	feet	inches
Weight		//6 lbs.	-	lbs
Chest (Girth when fully expan-		33 inches		inche
Measure- { ded		3 inches		inche
		menes		
Physical development	Right	Left	Right	Left
Vaccination marks				
(Number		•		
When vaccinated	10 yrs ago	,		
	R.E V = 6/	611	R.E V. =	
Vision	L.E. – V =	6/6	L.EV.=	
	(a)		(a)	4
(a) Marks indicating congenital peculiarities or previous disease				
	(b)		(b)	
(b) Slight defects but not suffici-				
ent to cause rejection				
	Jad			
Approved by (Signature)	Jam	on & Papers	n	
(Rank)	1 Dog	2 (0)		
f f	119	Medical Officer.		Medical Office
<u> </u>	4 5/1/			
Enlisted	at Syohn	o	at	
	on 2 day of	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	on day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on enlistment	12/2011	2//22		
	ryea.	2407		
Transferred to		/ / /		
Became non-effective by				
				901 1 100
				1
	on day of	191	on day of	191
(Signature)				
(Rank)				[P.T.0

Name of b	Name of hospital		Admitted hospita	i to	Die	scharged hospite	from al	Disease	Number	Remarks be syphilis, ac
Tiame of 20	Sp.ua.	Day	Month	Year	Day	Month	Year		of days in hospital	d syphilis, ac
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ck list in the case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future ons and re-admissions to hospital will be shown. The subsequent progress, inclu- atment out of hospital, transfers, &c., will be given in the special syphilis case she	use. In cases of ding particulars Signature of Medical Officer set
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	foring M. &
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief details, and signature
	19
1/1/16	12. I noculation LP. 2rd " L.P. 3rd " L.P. Vacc. " L.P.
11 11 1	72L 1D
18/7/16.	A " 7:5:
nodate grown	3 4 . / 2
16/7/16. Rodase grein 30/8/16	War. YP
30/8/16	· Vucc.
	· · · · · · · · · · · · · · · · · · ·
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Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
					-
			'1		
			46.00		
	- Total				
14					



Medical Report on an Invalid.

NOTES:-

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety-"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

Station

Stati

1. Unit 1st. Newfoundland

5. Age last birthday. 18

2. Regimental No. 2407

6. Enlisted on 2 Mar. 1916

3. Rank. The

at A. Johns

4. Name. Murphy Writing

7. Former trade or occupation Shaellake.

8. Disability

Post. Aphtheritis Cordes headners.

9. History Mad Diphlheria as ays Oct. 19,6.

Price her heart his been wear,
here been to the front.

	This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)	geh-	Weak	-	news course		
	need be written, Read note f above.)	bet	weak	ho	mi	vuw	•
./							
'. 11.	Was sanatorium operation advised and refused?		V.				•
12.	Do you recommend discharge as permanently unfit?						
	permanently unit:		•				
				6			
		Sig	nature	Te	OPer	den	
		Rai	nk or Qual	ification		eul	
				,		•	
	Remarks if any by Officer i c Hospital.				姥		
Plac	re	. Sig	nature		•••••		
Dat	e ,	Rai	nk				
						,	

10. What is his present condition?

backing hiels von morche

Opinion of the Medical Board.

be considered as aggravated by

Administrative Medical Officer. Mayor,

In para. 13, the President should write "may" or "cannot" at x Erase inapplicable words.

13. For pension purposes, the disability x May

(a) Service during this war.
(b) Climate.
(c) O rdinary Military Serv ice
Remarks if any:— 1/2 hours / mark / / / / / / / /
he attack of diphlhern & will infrom with time
poweren from august with wine
14. At present his capacity for earning a full livlihood in the general lat r market is lessened by:— (Here the president should write in Total, 3-4, 1-2, or 1-4).
Remarks if any:
15. The refusal of operation is:—
(a) Reasonable.
(b) Unreasonable.
Remarks if any:—
16. We recommend discharge from the Army Znionthe Jurlough
Remarks if any:-
Ry
W. Frase
Signatures Jandin Ital President
The Bunden
pro major Cateson.
la hel
Place I folius Date Tibert 1917
Date

APPROVED OF MEDICAL
CTOR OF MENTAL STATE
Date FEB 16 1917
Date

· Form Z179 N.M.D.

Report of Medical Board.

Station

St. John's, Nfld.

May 11th., 1918 Date

No. and Rank 2407 - Private

18 Age

Height 5'73"

Name

MURPHY WILLIAM

Complexion Fair

Unit

Royal Nfld.

Eyes Brown

Dark Hair

Address

82 Joy's Lane

Shoemaker Former Trade

Enlisted at

St. John's On 2/3/16

(The Board will please note how the soldier's appear

ance corresponds with above description.)

Disease or Disability · Original

POST DIPTHERITIC.

CARDIAC WAEKNESS

Subsequent

Present Condition (Compare with previous Board)

Cardiae impulse heaving - in supply line rapid weak heart

Has he been employed, and by whom? at Slove factory about if hworths of of

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

Recommendation of Medical Board

Members of Board

prilian Bolents for mayor Pattern

Approving Medical Officer

icer machleson myon

D. M. S. NEWFOUNDLAND.

MAY 11 1918 NEWFOUNDLA

SECOND BOARD

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station ST. JOHN'S NFLD.

Date MAY 16th., 1917.

No.

2407

Age 18 Height5ft73"

Rank

8

PRIVATE

Complexion FAIR

- Name

MURPHY, WILLIAM

Eyes BROWN Hair DARK

Unit

1ST NEWFOUNDLAND

Address VOY'S LANE

Former Trade SHOEMAKER

Enlisted at ST. JOHN'S NFLD.

on MARCH 2nd., 1916.

Disease or disability POBT DIPTHERITIC CARDIAC WEAKNESS

NEWFOUNDLAND

Present condition

Heart still weak with Eapid action spoon response to work. Very little infrovement

Estimated disability

20 fr sex months

Recommendation of Medical Board

Drocharge

Class

Members of Board

Mindie, Dait

Approving Medical Officer. Burden pro. Major Patraon.

Clung Marpherson, Major

P.T.O.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 1784 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

	EDICAL HISTORY of	2
Surname Thurkhy	TABLE I.—GENERAL TABLE.	um
		A STATE OF S
Birthplace Parish	County	
	on 2 mad day of march.	1916,
Examined	st this nox.D	
Declared Age	18 years 1 mg	⁻>. days.
Trade or Occupation		
Height	5 - feet 6	inches.
Weight		/ C lbs.
(G) Ab Jahan Sully	3 3	inches.
Chest Expanded		
Measurement Range of Expansion	3	inches.
Physical Development		
Arm	'Right	Left
Vaccination Marks Number		
When Vaccinated	10 yrs ago	
	L.E.—V= %	•
(a) Marks indicating congenital peculiarities or previous disease	(a)	
(b) Slight defects but not sufficient to cause rejec-	· (b)	
tion	9 0.	
Approved by (Signature)	Lamont Vaterson	
(Rank)	- majo	Medical Officer.
	de 956	
Enlisted	at The state of th	
Billiston W.	on 2rd day of march	1916.
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Corps.	Regtl. No.
Joined on Enlistment	157. 2.4.2 Rgr.	2407
Transferred to		
Became non-effective by		* * * * * * * * * * * * * * * * * * * *
	onday of	191
(Signature)	<u> </u>	
(Rank)	and the second s	
(Itank)		

(B 99129.) W. 15297/M127. 500m. 1/16, J P. & Co., Ltd.

Table II.—Only for Admissions to Hospital or to the Sic

Name of Hospita		Admitted to Hospital			harged Hospita	from		Disease	Number of days	Re
Маше от поврим		Monti	b Year	Day	Month	Year		Discaso	in Hospital	
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Carrick House	2/	11	16	36	11	16	3	Iniliti.	9	
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List in the case of Warrant Officers treated in quarters.

s bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Myoung M D.
	1
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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.

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	Te	ble IV.—S	ervice 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
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2/1st NEWFOUNDLAND REGIMENT.

No. 240 7. is unlikely to be fit for Service with the Expeditionary Force for SIX months, on account of service weakness.

Cardiac weakness

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

23. 1.17

Capt. R.A.M.C. M.O

I|C. 2|1st Newfoundland Regt.

AYR.



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 Q. i/c Records together with the remainder of the man's documents.	e
Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.	e -
Name in full Morphy Corelian	,
Regiment from which discharged 1st. Newfoundland	
Regimental number 2407	
Regimental number 2407 Intended address 82 Voys Laue.	
Height on discharge & Feet 72	
Color of hair on discharge	
Complexion Yac.	
Color of eyes Brown.	
Figure on discharge Medicin.	
Christian name of Father Lewis -	
Christian name of Mother Acuric .	
Wife's maiden name in full	
Date and place of marriage	
Christian names of children	
Place and date of soldier's birth. II. John, Y. 1 hor. 18	99
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	he

above statement are, to the best of my (Soldier's signature in full) William. Insuffy.

(Rank)

Station It Johns.

Date Feb. 10

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.

& Johnsy.

2010/17 Date

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of Merofoundland Good Conduct Badges, Service Pay or Proficiency Pay Regimental Number and Name Joined Date of award or of order dispensing with trial Cases of Drunk-Date of REMARKS By whom awarded Punishment awarded Place Rank OFFENCE Witnesses Offence murell. 3days C. B. Hoto without fermion Howorthy 5 Days C. B. 23/1/17 To be carried over

Cefteted	Trues	dos		Squadron, Troop, B	attery and	Company Cond	luct		Army Form B. 121.
	ns I.td., Printers, 1000m 8/15ss 5	Old Bailey, E.C	C. Form B. 12 39.	<u>. </u>	Hew fou	udland		Signature of O. C. Company	has Raye East.
No.	hur ble pot Date	and Name 4 W 5/8/		Enlistment Trace Age on /8 years / months Place and Date of Enlistment / Council C	abourer	Good Conduct Badges, Service P	ay or Profic	ency Pay	
Joined Joined	Date Date			- 10-4-16 WW	t Johns				
Place	Date of Offence	Rank	Cases of Drunk- enness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
St Johns	1/5/16	Pte		Threw stone a bass drum I broke Lame	KIM. Murrell	3 days C.B.	7/8/4	Major Montgomerie	64.6.
Johns	248/16	•		absent from 7.15 au	Sof Moore	2 days GB.	248/16	Copl. GR. agre	6.2.8.
ayr	ropola	61		alesent from 2 km.	Gl. Norman	Idays &B.	0/10/6	Eaft. Ledinghous	R.P.H.
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C.R. 2407

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt., St. John's, July 23rd, 1917.

2407 Pte. W. Murphy.

Heart's Content Station is discharged from July 18th His Services being no longer required.

C.F. 2407

Extract from Daily Orders Part 11 Unit The Royal Mild. Regt., St. John's, June 23rd, 1917.

The following man has been reattested for Special (Home Defence) duty Heart's Content, attached from June 21/17.

2407 Pte. W. Murphy.

Embrack from roll of Officero

B. G. O's and non BISCHAFFED from the Royal Nowloundland Regions.

2407 Pte. Murphy William 30/5/17 MED. UNFIT.

C.R. 2407

Extract from list of men of the Royal Newfoundland Regiment discharged on various dates.

2407 Pte. William Murphy.

Discharged May 30th 1917, Medically unfit

CR 2407

Actrast from Baily Orders Port II Unit The Royal Ofla. Regt., St. John's, Feb.10th, 1917.

The Zaklowing man returned by 3.3. Section, and is attached to the Strongth from Pob. 10th, 1917.

2407 Pte. Murphy.

Extract of Casualty List received from P.&.R.O. January 26th. 1917.

2407, Pte W. Murphy.

Due to sail per "Scotian" Liverpool 26/1/17. for Mewfoundland

Extract from Nominal Debarced of. John's for Overseas, 38/8/16.

2407 Pte. W. Murphy.

William Murphy

was attested for General

Service with the NEWFOUNDIAND RECIPENT ON April 3rd 1916.

Regimental No. 2407 was alloted to Ptes W. Murphy.

AUTHOR ITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

9. Murglef C.R. 2407 Pulo

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

MEDICAL HISTORY

OF
Christian Name College Control

Surname - 500 9		Christian Na	MIN	DEANS CONTING
	Table I.—GI	ENERAL TABL		VICTORIA ST. LONDON, S.W. N 2 5 1917 *
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Measure- ment Range of expansion		3 inches		inche
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***	7	.		
()) ()	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease				
· Salar in the sal	(b)		(b)	
(b) Slight defects but not sufficient to	(6)		(6)	
Cause Rejection				
				
Approved by (Signature)	Vanuatt	Taters		
(Rank)	man	r Medical Office		Medical Officer
	" A	/ Medical Office.		Medical Officer
	at 6 /01	ins .	at	
Enlisted	on 2 day of	mand 191	4 on day o	f 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	Mook	20.		
	100	1		
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***************************************				Maryan January
Became non-effective by		70		
	on day	of 191		of 191
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(Signature)				
(Rank)				[р.т.о

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ck list in case of Warrant Officers treated in quarters. on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of one and re-admissions to hospital will be shown. The subsequent progress, including particulars atment out of hospital, transfers, &c., will be given in the special syphilis case sheet. Signature of Medical Officer P.T.O. Table III.—Beards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination for Field or Foreign Service, Extension, Re-engagement, or prolongation of Service; Issue of Surgical appliances; Particulars of Dental Treatment, &c.

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TABLE IV.—SERVICE TABLE.

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2/1st NEWFOUNDLAND REGIMENT.

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No. 2407				
Expeditionary Force for				
Post dip	Stant	ic co	wraic w	eakne
		*		
I recommend that Newfoundland.	he be posted	l to the	Depôt at St.	John's,
		Capt. R.	A.M.C.	.0.,
3. 1. 17	I C. 2 1st	Newfound	lland Regt.	

AYR.

Nº 2599





2 1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

		he undermentioned Person $\frac{\text{and}}{\text{or}}$ Person of the relative Identity		
oncerne		July 1st		
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CH	ECKED Jamary XX 1	917								XX W	MYTOU	100	apt.			

Thursday, W 2407 Hay welch

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.) Army Rank Corps Battalion, Battery, Company, Depôs, &co.

(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. ription at the time of discharge. Age months Descriptive marks. girth when fully expanded Complexion Trade Intended place of residence (To be given as fully as practicable) (The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent horon 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.) no lon 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.) 8. Military character :be filled in on the soldier quitting the Colours. 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, 2088 has been issued to

Classification for service, or proficiency pay	
Classification for service, or proficience	ру раў Сlass
Decorations	
Certificate of education	
7. His accounts are correctly balance in accordance with Regulations.	ed, and I have impartially inquired into all matters brought before m
(Place)	
Campaigns, Medals and Decorations Certificate of education His accounts are correctly balanced, and I have impartially inquired into all matters brough in accordance with Regulations. Certificate to be signed by the soldier on discharge. hereby acknowledge that I have received all my pay and allowances (including clothing allowan just demands up is the present date, subject to the reservations of the claims noted on the 3rd page see. Additional certificate in the case of a soldier who takes his discharge at his own request. hereby declare that I do of my own free will request to be discharged from His Majesty's Service. Statement of service. (Signature of Statement of service is completed) years the service , " (the date of confirmation of discharge. Confirmation of discharge. Signature of the above-named man is hereby confirmed for (date)	Commanding Battn. Regiment
8. Certific	ate to be signed by the 1221
(Place) Homes My C (Date) May 31 9 9 9	7 (Signature of Witness
nanuscript copy should be sent for the man to sign	y other cause, and it is not desirable to forward these proceedings to him for signature, gn, and when returned should be attached here.)
	s.,
9. Additional certificate in the	ease of a soldier who takes his discharge at his own request.
9. Additional certificate in the	case of a soldier who takes his discharge at his own request. free will request to be discharged from His Majesty's Service.
9. Additional certificate in the	case of a soldier who takes his discharge at his own request. free will request to be discharged from His Majesty's Service. (Signature of Soldier.)
9. Additional certificate in the I hereby declare that I do of my own	case of a soldier who takes his discharge at his own request. free will request to be discharged from His Majesty's Service. (Signature of Soldier.) Statement of service.
9. Additional certificate in the I hereby declare that I do of my own 10. Service towards engagement to	case of a soldier who takes his discharge at his own request. free will request to be discharged from His Majesty's Service. (Signature of Soldier.) Statement of service. the date to which the record of service is completed)
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. Tig. Paradayes

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

NO Reservations! -

No. 24,7.
Name Murphy win.

Date	Particulars	Ch. No.	Dr.	ų.	Or.		Bal.	•
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Signed Allowy Som

No. 2417 Name Murphy wm.

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NEWFOUNDLAND CONTINGENT (Substituting A.F. 9.1825) N.F. P/Ka.
Embarked per S.S. Scotian STATELENT OF ACCOUNT OF NO. 2407 ME IN MON C' co'y. From Liverpoo From 20-1-17 to 16-2-1-(Dates inclusive) Date 26.1.17 Draft No. 20 Classification (See Procedure). JAN 2 7 1917 Pay Book Pay Book Particulars days Date Particulars cays Col. Forfeited Pay 8 Pay Allotmonts 10 Field Allowance 10 Other Allowances 1/12 Total Stoppages: 4/5 Total Pay & Allces 13 Fires 30 80 9 \$4.86 2/3 14 Clothing Bal. Cr. Last Period 15 A: me & Accoutrements Barrack Damages 16 17 Hospital Stoppages-Miscellaneous Stoppages (Book, Ldy , kes anacia to station 19 Casual Payments This account is in 21 accordance with information received at the Pay & Record 22 Office to 29/1 //7 and is 23 therefore subject to amendment if, and as may be found 24 necessary. 28 Bal. due to Paymast or Ulewton Park School CERTIFIED CHECKED. January 3 191

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 lashes, If any question are not applicable, the words "NOT AFPLICABLE" must be written out.

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

on completion will becaute the re-
RECORDS, PAY & RECORD OFFICE, ST. MOHII'S.
Christian me Welleau 2. Surname Murphy
3. Rank. Truvate 4. Regtl. Ho. 24 0 7
5.Address in full to which future payments of gratuity are to far be
forwarded. 82 Voy's Rane, St.
John's New Journeaux
6. Date of enlistment in the Regiment. April 3/16
7. Heme 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
9. Address in full of such dependent. Whaplicable
10. Is said dependent, now, or was said dependent at any time in receipt
of Separation Allowance on account of mother soldier?
11. Were you on active service only in Nfld. If so, give dates, and partic-
ulars of such service
12. Give total length of time thich you served on active service,
whiether in Nfld, or presseas. The year.
THY EXM DUY

13. Have you had more than one enlistment? If so, give particulars of
discharge and re-emlistments, and under what regimental numbers
That applicables
14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents
have already received and by whom paid.
15. Have you been assued with a ver Service Bodge?
16. Have you, during the present war, served in the Imperial Porces
17. Are you entitled to receive, or have you received any Cratuity in
the nature of post Bicklerge Pay from the Imperial Forces? If so,
state amount received, or so which you are entitled
·
18.Did you revert Overseas to a rank lower than the substantive rank
held by you on your arrival in incland?
(b). If so, was such reversion in consequence of misconduct or in-
efficiency? The please
19. Are you now serving in the Regt.? If not give: - (a) Date
of discharge. My 30/17.(b) person for history.
of discharge. May 30/17(1) person for include unfit
· · · · · · · · · · · · · · · · · · ·
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
notapplicable
[· · · · · · · · · · · · · · · · · · ·
21.(a) Are you receiveng treatment from the Civil Re-Establishment Com-
(b) If 60/, are you in receipt of full pay and ellowences from that
Genetitee. Not applicable
and I make this selemn declaration, conscientionally believing it to be true, and knowing that it is of the same force and effect as if made

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

		ARGE PAY. :		
Date p	aid Paid Soldier	Paid Dependent	War Scrvice Gratuity	Notemount due
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				100.20
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2

1st. NEWFOUNDLAND REGIMENT

of ident	ity of, and pro	duction of the relative Ide	dr Persons, such payment to be pentity Certificates by the Pe	
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	igned by the Office required payments	or Commanding Company and hon application.	inding Company, signed by the handed to the Paymaster as authorized (Sig.) (Sig.) (Rank) One of the Paymaster as authorized (Sig.)	ority to make the

N.F.P./54 No.7

Fram Pay & Record Office, London
To Minister of Militia, St. John's, Nfld.

#2407 Pte.W.Murphy

"C" Company period ending 19-1-17. Difference in Price Cap. 5d.

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 William In aged conducted at Date: Recruiting Officer: NO OF FINDING TEST 1 2 200 3 200 4 200 5 no 6 14 no 7 8 Luo 9 10 n 11 n 12 n tuth to be attended to 13 14 15 16 17 2012/16 6/6 both 20 21 n 25 n 26 27 28 29

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35 1/6 Wo. 36 29 2 332 30/08

37 H. 50 pg to ech 38 Yother & Folder 120ge der

Signature of Medical Examiner:

Two boles

Major Howley O. I. C. Records

Please pay to W. Murphy, 2407
the sum of eleven dollars and sixty six cents
in payment of allowan ce for week ended this date
and charge same to Civil Re-establishment Committee

\$11.66

Pension

\$10.00

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MA	we	
ATTU		
/ 0 0		

CEDASCI INTIALS LEBER INTIALS

Majer Howley, O.I.C. Pay & Records.

Please pay to W.Murphy, 2407. the sum of fifty five dollars in payment of Attendance and Punctuality bonus. Charge same to Civil Re-Establishment Committee.

\$5b. DO ACCOUNT ON THE INITIALS AND MANAGEMENT INITIAL

Major Howley O. I. C. Records

Please pay to W. Murphy, the sum of two dollars and seventeen cents in payment of arrears of allowance for 13 days to July 10 and charge same to Civil Re-establishment Committee

\$2.17

Pension

\$5.00

Vocational Officer



Ist NEWFOUNDLAND REGIMENT

VOUCHER

In Acc	t. wi	th	‡ 2407	Pte.V.Murphy			No.	
Reg'l	Alc I	 No	Na	ame	C.B.	Foli	o No.	
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Ist NEWFOUNDLAND REGIMENT

VOUCHER

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and -				Cents in F	Payment a	as ab	ove sta	ited.									
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Reg'l Alc No. Name

Voucher No. 29561 Cheque No. 29561

C.B. Folio No.

No.____



Ist NEWFOUNDLAND RECIMENT

VOUCHER

In Acct. with #2407 Pte.W.Murphy.

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\$15.00	,			4	[Sig.] Ate	Will	iam	much	he	
The Late	************	***************************************	monteur agreemen	The state of the s	[D18.]			100		

In Acct. with #2407 Pte. W.Murphy

Voucher No. 30534.
Cheque No. 30534.



Ist NEWFOUNDLAND RECIMENT

VOUCHER

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1ST NEWFOUNDLAND REGIMENT

VOUCHER

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Ist NEWFOUNDLAND REGIMENT

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Ist NEWFOUNDLAND REGIMENT

VOUCHER

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DEPARTMENT OF MILITIA. REGIMENTAL PAY BRANCH.

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dec 151918 jensen Camp black Marsh road

dear Sir

I am at the jensen camp and i did nt get any bonous moneywould you be able to send it in here you know the bonous i mean the nuedred dollars which we get when we get discharged.

would you please let me know if i can have mine and i would be much ubliged

from yours truley

ex pte william Murphy number 2407

Jengencamp

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & So [686] W5017/2124	ns Ltd., Printers, 0 1000m 6/15ss 9	Old Bailey, E. 3 58	C. B. 1	<u>ii.</u>	Regiment of_	new Jorn	dlaud		Signature of O. C. Company	Back aye Best.
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