



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

4146

No. 4146 Name William Murphy Corps R.6.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Murphy
2. What is your full Address? } 40 Carter's Hill St. John's.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Years 6 Months
5. What is your Trade or Calling? 5. Sailor
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

THE JURISDICTION OF THIS REGIMENT

I, William 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.

William Murphy SIGNATURE OF RECRUIT.
Robert Oak Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 21st day of Nov 1917
Signature of Attesting Officer Henry J. ...

†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 Nov 21 1917
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).....

C.R! 4146

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

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 29-6-19.

4146 Pte. Wm. Murphy.

C.R. 4146

Extract from Daily Orders Part II Unit The Royal Rifles Regt.
St. John's, June 15th, 1919.

The discharge of the unarmored on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

15-6-19

4146 Pte. Wm. Murphy.

C.R. 4146

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

4146 Pte. Wm. Murphy.

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

C.R. 4146

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4146 Pte. W. Murphy.

C.R. 4146

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

ROYAL ARMY MEDICAL CORPS.

No. H.A. 31642

ADM 3 STY H ROUEN 30 OCT'18.

110531 Pte Wale. A. RAMC 3 Stat Hpl. Tonsillitis. Sev.
102628 " Birkett S. 47/Fld. Amb. Appendicitis Sev.

DIS TO DUTY EX 3 STY H ROUEN 30 OCT'18.

132074 Pte Walters R. RAMC 3 Stat Hpl. Influenza. Mild.
96718 " Hamblett T. 3 Stat. Hpl. Influenza. Mild.

ADM EX 4 STY H LONGUESSESSE 10 NOV'18.

134525 Pte Smith P.A. RAMC. 4 Staty. Hpl. P.U.O. Slt.

DIS TO DUTY EX 71 STY H BOULOGNE 11 NOV'18.

136543 pte Riley W. RAMC 7 Stat Hpl. Influenza.

AUSTRALIAN IMPERIAL FORCE

No. H.A. 31642

DIED IN 3 STY H ROUEN 30 OCT'18.

1778 Pte Newton S. AFC 3/Squad. Pneumonia.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 31642

DIS TO DUTY EX 10 STY H ARNEKE 9 NOV'18.

4146 pte Murphy W. 1st Newfoundlands. Diarrhoea.

X



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C.R. 4146

QUADRI. SICK H.C. LIST OF THE EXPEDITIONARY FORCE - FRANCE.



ROYAL ARMY SERVICE CORPS.

LIST NO. H.A. 35490.

ADMITTED 2 GEN.H. HAVRE 16th MARCH 19.

M1/09351 Sjt. Wilman J.M.	RASC MT 33/Div.MT	Influenza Mild.
M1/5996 Pte. Eager A.J.	RASC MT -do-	-do-
M2/032346 Pte. McDermott W.H.	-do-	-do-
M2/119441 Pte. Reece B.	-do-	-do-

DIS. TO REINF. ex 5 GEN.H. ROUEN 14th MARCH 19.

167560 Pte. Hall J.	RASC att RGA 94/SBAC	Influenza.
M2/116782 Pte. Wooley J.H.	RASC MT 2/ATPS.	P.U.O.
DM2/096956 L/C. Banks J.	RASC Dtls. Influenza...	DIS. TO GENERAL REINF. BASE DEP. ex 5 GEN.H. ROUEN 14th MARCH 1919.
M/413042 Dvr. Muir H	RASC MT 22/GHQ Res.	Influenza... Adm 20 Gen.H. Dannes Camiers 15th March 1919.
		Scabies.
2142 Pte. Crisp S.J.	RASC HT 511/ Coy.	Varicocle.....Adm. 26 Gen.H. Etaples 16th March 1919.
M2/194931 Pte. Ashbridge W.	RASC MT 58/Div. MT Coy.	Piles Mild....Adm. 56 Gen.H. Etaples 15th March 1919.
S4/090782 Pte. Hodgson, A.H.	RASC HT. 12 Div. Tr.	Infl. Nouc... Dis. to Gen Base. Dep. ex 4 Gen. H. Dannes Camiers. 16 Mar. 19.

926

ADMIRALTY.

LIST NO. H.A. 35490.

Stoker. Mallon E. HMS Isle of Erin. Influenza.....Dis. to HMS Isle of Erin ex 5 Gen.H. Rouen 14 March 1919.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO. H.A. 35490.

4146 Pte. Mirphy W.R. Rfld. Regt. Scabies..... Dis. to Unit ex 5 Gen.H. Rouen 14th March 1919.

NO. 1 RECORD OFFICE - EXETER.

LIST NO. H.A. 35490.

41022 Pte. Golden G.G	1/5 DCLI Trans	ICT Buttocks..Dis. to Duty ex 20 Gen.H. Dannes Camiers 15th March 19.
		Mild.
37764 Pte. Porter W.	1/5 DCLI Transp.	Influenza....Adm. 20 Gen.H. Dannes Camiers 15th March 1919.
		Mild.

C.R. 4146

Extract from War Office List No. H.A. 30342

Admitted 10th Coy. H. Arneke 2⁵ Oct. 1918.

#4146 Pte. W. Murphy.

DIARRHOEA.

C.R. 4146

Extract of War Office List No. H.A.35369. dated March 4th.

66-----

Admitted 5 General Hospital, Rouen, March 6th/19.

✓ #4146 Pte. R. Murphy.

SCABIES.

C.R. 4146

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46,- 120 Other Ranks from 2nd., Bn., Depot
Winchester, to 1st. Battn., The Royal Newfoundland Regiment, B.E.F. Embarked
Folkestone 25/5/18.

4146 Pte. W. Murphy.

A.Ps. B. 103 (one
for each soldier)
sent to 3rd. Echelon
B.E.F.

C.R. 4146

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Blorisel" Dec. 11, 1917.

4146 PTE. W. MURPHY.

C.R. 4146

Extract from Daily Orders Part II Unit The Royal Mfld.
Regt., St. John's, Nov. 21st, 1917.

4146 Pte. W. Murphy,

Attested for General Service with the 1st Mfld. Regt.,
posted to G. Coy. with effect from Nov. 21st, 1917.

W. Murphy.

4146

P. F. O.

5491/265

1/Bn. Royal Newfoundland Regiment,
B.E.F.

8th April 9

✓ 4146 Pte Murphy .

124 ✓

"Pay to :- 4146 Murphy
£7. 0. 0.

No. 4146 Rank

Pvt.

Name

Murphy W.

Pay	F.A.	Weg	3.0/33
100	10		
Less Allow			
Net Rate			

110
50
60
LWH

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	No. of Days	No. of Sheets
						From	To				
Balance					Balance					17	11
Acquittance Rolls	5	14	4		Pay @ Net Rate	20	12/18	4	19/105	60	63 00
Hospital Advances	1	10	8							2	18 11
A.B. 64.					R. A.	4	19/18	4	19/14	19	1 4 6
P.&.R.O. Payments					br Bal						23 5 4
Cash 1927	4	19		00							

47.3:0
W
4/18

MEMORANDUM FOR CONTINGENT

NO. OF SHEETS
NO. OF SHEETS

Medical Report on an Invalid.

Station Hazley Down

Date 4/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 4146
- 3. Rank Sgt
- 4. Name Murphy William
- 5. Age last birthday 24
- 6. Enlisted { on Nov 20/17
at St Johns

- 7. Former Trade } Sailor
or Occupation }
- 7A. If with previous service in Army, state—
(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).

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. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
(b) constitutional or hereditary, and not aggravated by service during the present war.
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na

13. What is his present condition?

The Complaints of his disability

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

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?

na

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

na

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?

na

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.

na

Repatriation

20. Do you recommend—

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

W. E. Proctor *Capt. R. R. R.*

Officer in medical charge of case.

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

Station *Mazeley Brown*

Officer in charge of Hospital.

Date *7/5/19*

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

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

No. 4146 Name *Pte Murphy* Sqn., Batty., or Company } *C*

Date of last entry in Company Conduct Sheet } */* No. and date of last drunk } */*

Corps *Royal Newfld* Date of enlistment } *21.11.19* G.C. Badges } */*

Period not reckoning towards freedom from extra fine } */* Sheet No. } */*

Signature O.C. Company, etc. } *W. M. Emerson* Character } *cap*

Service 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
<i>New Chester</i>	<i>18/5/19</i>	<i>Pte.</i>		<i>Countersigning pass from midnight 16/5/19 to 20'05 hrs 18/5/19 (44 hrs 5 min)</i>	<i>Doonican</i>	<i>7 dys. C.B</i>	<i>19/5/19</i>	<i>Lt Col Bernard</i>	<i>for 2 dys pay 20'05 hrs</i> <i>By R.H.</i>

Murphy, W.

4146

Ray Sept.

June 29, 1919

#4146 Pte. William Murphy,

#40 Carters Hill,

City.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2419.

Yours truly

Paymaster & O.i/c Records. Captain,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4146 Rank Pte Name Murphy, Wm
 Intended place of residence 40 Carter Hill St John's
 2. Occupation Sailor
 Classification of soldier 2 Medical Category AI

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

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

Place JUN 12 1919
 Date ST. JOHN'S *[Signature]* 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
JUN 12 1919 *[Signature]* Signature of soldier
[Signature] 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 JUN 12 1919
ST. JOHN'S *[Signature]* Signature of soldier
[Signature] Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-11-17 No of days on Military
 Discharged from service JUN 15 1919 Plus 14 days Service 586

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S *[Signature]* Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St John's, Nfld *[Signature]* Officer in Charge Records
 Date June 29/1919 The Royal Newfoundland Regiment

a4137079/2419

9
31
38
31
30
31
29
20

The Royal Newfoundland Regiment

Class for Demobilization:

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.6.19

Regimental No 4146

Name Murphy, Jm Rank Pte.

Address 40 Carter's Hill

Present Medical Category A1

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

Members of Board

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

J. Paterson
Senior Medical Officer

G.W. Berden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4146 Rank Plt Name Murphy William
 Date of Enlistment 21-11-17 Address St Johns District St Johns
 Occupation Sailor Classification for Discharge F Medical Category A
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 11-6-19 O. C. Discharge Depot. H. M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. 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 Yes

(b) Clothing Supplied Am. G. Lister Lt

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 4.0. Cantons, N. W. and Release Certificate No. 2635 issued.

Date

12-6-19

J. H. Lawless
Demobilization Officer

4. Pay and Allowances.

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

Date

12-6-19

J. H. Lawless
Depot Paymaster.

Discharge approved for

15-6-19

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

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		

2 Form B

Date

12-6-19

J. H. Lawless
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 15 1919

R. H. Lawless
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation

W. Murphy

Signature of Man.

Reg. No. *4146*

J. D. Crawford

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date *12-6-19*

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

MEDICAL HISTORY

Surname Murphy OF Christian Name William

Table I.—GENERAL TABLE.

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

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at	27 th 1917	at	191
Declared Age	23 years	6 Mos	years	days
Trade or Occupation	Sailor			
Height	5 feet	9 inches	feet	inches
Weight		136 lbs.		lbs.
Chest Measurement	Girth when fully expanded		inches	
	Range of Expansion		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	2 scars		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Lamm Peterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at	St. John's field	at	
	on	27 th day of 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Regt Reg! H146</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazelton

Date 2/5/17

- 1. Unit Royal Newfoundland
- 2. Regimental No. 4146
- 3. Rank Sgt
- 4. Name Murphy William
- 5. Age last birthday 24
- 6. Enlisted on Nov 20/17
at St Johns
- 7. Former Trade } Sailor
or Occupation }
- 7A. If with previous service in Army, state—
(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).

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. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
(b) constitutional or hereditary, and not aggravated by service during the present war.
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

No complaints of no disability

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.

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.

Repatriation

20. Do you recommend—

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

W.E. Procuier *Capt. Rame*
Officer in medical charge of case.

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

Station *Hazely Down*

Officer in charge of Hospital.

Date *2/5/19*

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

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



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *William Murphy*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4146*

Intended address *St John's*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother —

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *St John's, 11th May, 1894,*

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) *William Murphy*

St.
(Rank)

Station **ST. JOHN'S.**

Date *10-6-19*

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

Station

Date



Casualty Form - Active Service.

Regiment or Corps 21. Royal Newfoundland
 Rank Pte Surname Murphy Christian Name William
 Religion R.C. Age on Enlistment 23 years 6 months
 Enlisted (a) 21. 11. 17 Terms of Service (a) Duration Service reckons from (a) 21. 11. 17
 Date of promotion to present rank Date of appointment to lance-rank
 Extended Re-engaged Qualification (b)
 of Corps Trade and rate
 Occupation Sailor J. M. Guinness Signature of Officer



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked <u>25-5-18</u>		
			Disembarked <u>27-5-18</u>		
			Joined <u>31-5-18</u>		
	<u>36 C.C.S.</u>	<u>No Dental treatment</u>	<u>23/10/18</u>	<u>Fair</u>	<u>BD 8609</u>
	<u>10 Staly 14p</u>	<u>Ad. Scabies</u>	<u>29/10/18</u>	<u>Quite</u>	<u>14a 30842</u>
	<u>5 Gen. H.</u>	<u>Adm. Scabies</u>	<u>6/3/19</u>	<u>St.G.</u>	<u>35269</u>
		<u>Discharges 2/4/19</u>	<u>15/3/19</u>	<u>Paris</u>	
		<u>Granted leave to UK 2/4/19 to 18/4/19</u>			<u>Paris</u>
		<u>Arrived in UK</u>		<u>23/4/19</u>	

When reg unit ←

J.M.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing Smith, &c.

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 *William* 2. Surname *Murphy*
4146

3. Rank *Pte* 4. Regt. No. *4146*
5. Address in full to which future payments of gratuity are to be forwarded. *Holchester St. John's, Nov 24/19*

6. Date of enlistment in the Regiment. *Nov 24/19*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Margaret Murphy*

8. Relationship of such dependants. *Wife*
9. Address in full of such dependants. *Holchester Hill*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier. *Yes*

11. Were you on active service only in field, if so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service whether in field or overseas. *From Nov 24/19 to June 17/19*

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.

No

15. Have you been issued with a War Service Badge?

No

16. Have you, during the present war, served in the Imperial Forces?

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 Res? If not give:- (a) date of discharge

June 17/19

(b) Reason for discharge

Newspaper News Utilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.

France, Belgium + Germany - From May 1918 to Oct. 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. and 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.

William Murphy

Signature of Applicant:

Place of Residence:

Declared before me at:

This

17th day of *June* 19*.19.*

*40 Cooper's Hill, John
A. Jones, U.S.A.*

John M. Gaffney

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

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

RECEIVED
1919

NEWFOUNDLAND CONTINGENT.

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 Newfoundland.

1. Name in full of Soldier. Rank. Reg't or Unit. Reg. No.
William Murphy Private 1st N.F. Reg 41176
2. Age of Soldier. Married or single.
23 years Single.
3. Name in full of sister of soldier. Age. Occupation. Permanent Address.
Margaret Murphy 25. Housekeeper 40 Carter's Hill
4. Give name of Father and Mother. Age. Occupation. Permanent Address.
*John Murphy - 68 Keeper Inmate Hospital (St. John's & longer there)
Annie Murphy - dead*
5. Names of other Brothers and Sisters. Address in full. Age. Occupation. Married or single.
*Mary Carroll 57 Carter's Hill 35 Labourer Married
Michael Murphy 30 Kelbride Labourer Single
Klottie Murphy 40 Carter's Hill 17 None Single*
6. State amount earned by you per month.
Nothing
7. Are you a chronic invalid and incapacitated? State nature of Malady. (Medical certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue)
No. I keep house for my sister Klottie and myself
8. State amount and source of any other income.
No other income
9. What is the value of your (a) real property (b) personal property?
There no property - real or personal.
10. Are you married?
No.
11. State actual amount contributed by soldier during the year prior to enlistment.
**35⁰⁰ per month*
12. Was this amount contributed weekly or monthly?
Monthly
13. Did this amount include payment of Brother's Board &c.? *He was a seaman and on shore very seldom, when he was he allowed me \$5⁰⁰ extra for board & washing*
14. State your brother's trade or occupation prior to enlistment.
Seaman
15. With whom are you residing at present?
Live with my sister in a rented house - 40 Carter's Hill

- 16. State amount of his wages per week. *\$55.00 per month*
- 17. State name and address of his last employer.
- 18. State amount of support monthly from brother since enlistment. *Howing Bros Limited, St. Johns, Nfld*
- 19. State amount of "Allotment" received by you from brother monthly. *Nothing yet. 50% of pay*
- 20. From what date have you received Allotment.
- 21.
- 21. Actual amount contributed by other Brothers and Sisters.) Weekly Monthly. *Nothing*
- 22. If not receiving support from other brothers and sisters state cause. *My sister Mary and brother Michael are married and my sister Florence is too young to be able to work*
- 23. Have you made previous claims for Separation allowance? If not, why? Give particulars. *No.*
- 24. Was the soldier, at the time of his enlistment, an employee of the Nfld. Government? *No.*
- 25. In what capacity and in what place.
- 26. Is he in receipt of a salary as such, while serving in the Nfld. Regiment. If so, how much? *No.*
- 27. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*
- 28. Are you in receipt of Payment from any Patriotic Fund? 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..... *Wargant Murphy*

Place of Residence..... *40. Sarter's Hill, St. John's*

Declared and subscribed before me at..... *St. John's, Nfld*

this..... *4th* day of..... *January* 19..... *18*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.) *John McCarthy*

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 enquiry, the above statements are correct, and the soldier ~~is~~ above mentioned is the sole support of the applicant.

Signature of Clergyman..... *Fr. J. Brennan*

Signature of Member of Patriotic Fund Committee..... *J. J. [unclear]*

Judge C. H. [unclear]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
3A.

Regiment of 1st Newfoundland.

Number of Sheets 2
Signature of O. C. Company W. J. [Signature]

Regimental Number and Name		Enlistment		Trade
No.	<u>4146</u> <u>Murphy, William</u>	Age on	23 years 6 months	<u>Sailor</u>
Joined	Date	Place and Date of Enlistment	<u>St. Johns 29-11-19</u>	Religion
Joined	Date	Period of	with Colours 22 years. with Reserve 365 years.	Place of Birth
Joined	Date			

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>Demobilized St. Johns, 29th 1919</u>					

To be carried over

The Royal Newfoundland Regiment

146

DEMOBILIZATION OF

Reg. No. 1146 Rank Cpl Name Murphy, William
 Date of Enlistment 21.11.17 Address St Johns District St Johns
 Occupation Sailor Classification for Discharge E Medical Category A
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	3
B 17H	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 108	ME 2	1		" 6	
B 179c	B 120	M 93				

Date 11-6-19 for H. M. H. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

W. 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 _____

W. Co. Lister

Date 12-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 40 Carters Hill St Johns and Release Certificate No. 2635 issued.

Date 12-6-19

J. A. Lawless
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

Date 12-1-19

J. A. Lawless
Depot Paymaster.

Discharge approved for 15-6-19

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

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

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

APPROVED.

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919

R. H. Lait
O. C. Discharge Depot.

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

Date June 20 1919

[Signature]

Reg. No. *4116* Rank *1st Lt* Name *Murphy, Wm*

Attested Address *10 Lakens Hill*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.19.*

Returned on S.S. *Norman* Cause *Discharge*

11-6-19

ASSIGNED TO DEMOBILIZATION OFFICER

15-6-19

Discharge - Approved a Demobilization