



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 654

Name in full John Joseph O'Brien Age 19
Address Blackmarsh Rd.

Married Single Height 5.7 Weight 120 lbs.
Color Dark Hair Brown Eyes Brown

Other distinguishing marks _____

Nearest relative Richard O'Brien (Father)
Address Blackmarsh Rd.

Dependents _____

Occupation Farmer Present Wage 500 per week

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Dec. 15/14

I, John Joseph O'Brien, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

John Joseph O'Brien

Declared before me this 15 day
of Dec. 1914

Eric Shupe
Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 654

Name John Joseph O'Brien
Apparent age 19 years months Height 5 feet 7 inches
Chest measurement Girth when fully expanded inches. Range of expansion inches.
Distinctive marks Color: Dark, Hair: Brown, Eyes: Brown

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Richard O'Brien, Blackmarsh Road, St. John's
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.

Table with 4 columns: (a), (b), (c), (d) for marriage details.

Particulars as to Children.

Table with 2 columns: Christian Names, Date and Place of Birth.

STATEMENT OF THE SERVICES.

Main service record table with columns: Corps in which served, Regt. or Depot, Promotions, Reductions, Casualties, etc., Army Rank, Dates, Service not allowed to reckon for fixing the rate of pension, Service in lieu of service not allowed to reckon towards G. O. Pay, Signature of Officers certifying correctness of entries. Includes handwritten notes on dates and ranks.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 654

Name John Joseph O'Brien

Apparent age 19 years _____ months. Height 5 feet 7 inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks Color: Dark, Hair: Brown, Eyes: Brown

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Richard O'Brien, Blackmarsh Road, St. John's
 _____ | 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	Regt. or Depot	Promotions, 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 <u>15/12/14</u>									
Joined at <u>St. John's</u> on <u>15th December '14</u>									
<i>Reached March 14/1919.</i>									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									}
" " " Pension " _____ (") _____ " _____									

No 651



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Joseph Brian, Regl. No. 654
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
70 Dollars and 00 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
180	Wife	Miss J. Brian	Black and Rd	70¢
		Jan 23rd		
Total Allotment, \$				<u>70¢</u>

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

(Sig.) E. E. Sheppard
 Officer Commanding
 Company
Jan 27
 1915

(Sig.) John Joseph Brian
 (Rank) Private

J. J. O'Brien.

654.

P.R.O.

10
31
18
59

No. 604 Rank Private Name OBrien P.

Pay	E.A.	Wkg	Total	N.F.D. 23
1.00	10		110	
Less Allotment			70	
Net Rate			40	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance					3	16	1
Acquittance Rolls		1	13	0	Pay @ Net Rate	11/17	11/17	25	40	11	20	9
Hospital Advances		3	7	0		11/17	11/17	25	40	11	20	9
A.B. 64.					of	11/17	18/18	59	40	23	60	4 17 0
P.&.R.O. Payments					Lotion Bill	11/17	18/18	10	2/			1 0 0
					£ 20.15							
back	18/18	4	10	0	£ 4-13-1							
					£ 4-10-0							
					£ 0-0-1							

£ 9.13 = 1

~~25.15~~

[Handwritten signature]

NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No. 654 Rank Pte.

Name O'Brien J

Pay	F. Allce	Working	Total
100	10		110
Less Allotment			70 ✓
Net Rate			40

Date	DEBITS	£	s	d	CREDITS	£	s	d
1917								
	Balance			1/1	Balance	22	10	15 6 9 1/2
	<u>P.M. ADVANCES:</u>				<u>Pay @ Net Rate:</u>			
	A.B. 64.				23/2/17 to 26/6/17 = 186 days.			
	Acquittance Rolls	10	8	20	@ 10 = \$ 1440	15	5	11
	Hospital Advances	2	15	0	1/1 to 1/1 = days.			
	<u>STOPPAGES:</u>				@ = \$ <i>Mason</i>			17 6
	Hospital dys @ =				1/1 to 1/1 = days.			
	Forfeited Pay dys @				@ = \$ <i>Mason</i>			
	Miscellaneous				1/1 to 1/1 = days.			
	Cables							
	<u>P. & R.O. PAYMENTS:</u>							
	Cash	5	0	0	27/6/17 to 25/7/17 9 days	31	10	2
		18	3	2	@ 40 = 360			14 10
		26/8/17	13	0	<i>Mason</i>	32	5	0
	<i>Chq. 6270</i>							
	<i>Cash 3/7/17</i>							
	<i>Cash 4/7/17</i>							

1471/3

Bleakdown Military
Byfleet

J. O'Brien

2:0:0

654

Pte.

7496

Bleakdown. Mil. Hosp
West. Byfleet.
Jan. 26/18.

The Chief Paymaster
1st N. & L. S. Contingent.
58 Victoria Street.

Dear Sir.

Will you kindly forward me the sum of £ 2; and charge same to my "Account" please

Your Obedient Servant.

Pte. J. O'Brien.

No 654.

F. C. Carl McDonald 1st N. & L. S. Regt.
Mc s/c

BLEAKDOWN
AUXILIARY
HOSPITAL.

OK £ 2-0-0
AW. 28¹/₁₈

NEWFOUNDLAND CONTINGENT
PAY. & RECD
962
28 JAN 1918
147/3
30/1/18

1506/28/R.&C.

Forms
G. 348
388

Byfield II.

MEMORANDUM.

BRANCH

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
38, VICTORIA STREET,
LONDON, S.W. 1.

To
Officer Commanding,
3rd London G. Hospital,
Wandsworth, S.W. 18.

From O.C. 3rd London General
Hospital, Wandsworth.

To Paymaster and Officer I/C
Records Newfoundland Contingent,
38, Victoria Street.

ANSWER.

Pay & Record Office,

29th January, 1918

654, PTE. J. J. O'BRIEN,
Royal Newfoundland Regt.

Following extract of telegram
from the Hon. Minister of
Militia (927) is quoted:

"Will 654 O'Brien be sent
"home on discharge mother
"ill-"

Can you please say?

[Signature]
Major,

Chief Paymaster & O. i/c Records.

HA/JC

*Copy of Minutes
to memo. 9/18
[Signature]*

February 5th 1918

654. Pte. J. J. O'Brien.
Royal Newfoundland Regt.

With reference to min. 1.

Will you please see report
from Dr. in charge of the
case hereto appended.

[Signature]

..... Capt. R.A.M.C. (T) for
O.C. 3rd London General Hospital

DEPARTMENT	✓
Reference No.	1279
Date Rec'd.	6 FEB 1918
" Ack'd.	
" Ans'd.	<i>[Signature]</i>
File	

III.

654, O'Brien, R.Nfld R.

I enclose a letter concerning this man who is a patient at Bleakdown. I presume the question is "Is he likely to be discharged from the service". Perhaps you would let me have a report on his condition.

Please get doctor to report on O'Brien and send direct to 3rd London General to-morrow.

(Sgd) G.C. Hall, Capt.
I.M.S.
Asst. Registrar,
3rd L.G.H.

To: E. Locke-King

IV.

This man in my opinion should be fit for further service. He is doing well as regards wound of Radial Artery.

(Sgd) ? M.O.i/c.

West Byfleet,
Feb. 4. 18.

To: Capt. G.C. Hall.

Re 654 O'Brien R.Nfld Regt.

I enclose a letter concerning this man who is a patient at Bleakdown. I presume the question is "Is he likely to be discharged from the service". Perhaps you would let me have a report on his condition.

*Please see doctor's
report on O'Brien and
send direct to
3rd London General
to - narrow*

Wandsworth S.W.

31st January 1918.

*E. J. [unclear]
10.2.18*

*G. C. Hall
Capt
Act Registrar, R.A.M.C.T.
3rd London General Hospital,
WANDSWORTH, S.W.*



BRITISH RED CROSS SOCIETY.

NORTH SURREY DIVISION.

TELEPHONE:
BYFLEET 47.

BLEAKDOWN MILITARY HOSPITAL,
WEST BYFLEET.

Feb 16. 18.

Re 654 Pte J. O'Brien
R N - Regt.

This man, in my opinion should
be fit for further service
He is doing well as regards
wound of Radial Artery

F. C. Carl M.D. Lond
M.B. Lond

G. C. Hall Capt
R.A.M.C.
3rd Lond Genl Hosp.

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
53 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
156	Pvt	J. Brien	2 50	J. O. Brien John O'Brien

I have the honour to be, Sir,
~~Very truly yours,~~
Your obedient servant,

Date 13-7-18

J. O. Brien

147512

No. 8894/804

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From

To

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Officer Commanding,
2/Bn Royal Nfld. Regt.,
Winchester.

CONTINGENT
VICTORIA ST
S.W.
JUN 1918
191

~~Subject~~ 6th June 1918

6 JUN 1918 191

Subject: 654, Pte. J. J. O'Brien,

With reference to the follow-
ing telegram (5093) from the Hon.
Minister of Militia, received

[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BATTAL ROYAL NEWFOUNDLAND REGT.,
1st Newfoundland Regiment

Pay to 654 O'Brien £5:0:0

received the sum of _____

Draft £ 5:0:0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

_____ on account of
_____ cable remittance from Newfoundland.

[Signature]

[Signature]
Chief Paymaster & O. i/c Records.

J. J. O'Brien
No. 654 Rank Pte

O'Brien T.F.

654

Pay Dept

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 question 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. *John J.* 2. Surname. *O'Brien*
3. Rank. *Private* 4. Regt. No. *654*
5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded. *Co. J. Roberts Groves
Hamilton Ave.*
6. Date of enlistment in the Regiment. *7th November 1914.*
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. *Not applicable*
9. Address in full of such dependent. *Not applicable*
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 Hfld. If so, give dates, and particulars of such service. *No*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *Four Years and Three Days*

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.....

Yes

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.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

Not applicable

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

Not Applicable

19. Are you now serving in the Regt.? *Yes*..... If not give:- (a) Date of discharge. *Not applicable* (b) Reason for discharge.....

Not Applicable

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.....

Dundee, France, Belgium, Egypt

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *No*

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

Not Applicable

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:

Place of Residence:

Declared before me at:

This

6th

day of

March 1918.

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

James Joseph Burke at Law

POST DISCHARGE PAY.

Date paid

Paid
Soldier

Paid
Dependent

War Service
Gratuity

Net amount
due

6 mos.

420.00

Certified Correct.

Paymaster.

March 14, 1919

#654 Pte. John J. O'Brien,
Blackmarsh Road,
City

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1241."

Yours truly,

Captain,
Paymaster & O.i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 654 Rank Private Name O'Brien J J
 Intended place of residence Blackburn Rd St John's

2. Occupation Farmer
 Classification of soldier B Medical Category E

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
 Date FEB 28 1919 Wiley 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. EXEMPT TO ADJUSTMENT OF OVERSEAS PAY ACCT

Place and date ST. JOHN'S J. O. Brien
28-2-19 Signature of soldier
 W. J. Galvin 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 ST. JOHN'S J. O. Brien
 28-2-19 Signature of soldier
 W. J. Galvin Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 8-12-14 No of days on Military
 Discharged from service 28-2-19 Plus 14 days Service 1558

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lait Capt
FEB 28 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, Nfld. W. Bowley Capt
March 14 1919 Officer in Records
 The Royal Newfoundland Regiment

2862079/1241

17
31
38
14
90

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 6511 Rank Plt Name J. O. Brown
 Date of Enlistment 1.13.14 Address Black Marsh St. District St. John's
 Occupation Hammer Classification for Discharge B Medical Category 1
 Recommendation S.M.B. Discharge from Service Disability Rating 30% C. M. H.
 Passed to Demobilization Officer with following documents:—

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

Date 28.2.19for H. M. Evans
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

I. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £ 0.0.0

(b) Clothing Supplied John H. Brown

Date 28-2-19

O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1285 to his home at and Release Certificate No. 1285 issued.

Date 28-2-19C. B. Duko Capl.
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 14-3-19

Date 28-2-19W. H. L. Capl.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 28.2.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	J. H. L. B
F 178	W 3494	B 122		Board 1st	" 2	2	
F 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	2		" 6		
B 179c	B 120	M 93					

Date 28.2.19C. B. Duko Capl.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

FEB 28 1919

Date

R. H. L. Capl.
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname O'Brien OF Christian Name John J.

Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	191	on	191
Birthplace:—Parish	County		County	
Examined	on <u>8th</u> day of <u>Dec</u>	191 <u>4</u>	on	day of
	at <u>St John's</u>		at	
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Farmer.</u>			
Height	<u>5</u> feet	<u>7</u> inches	feet	inches
Weight		<u>120</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>37</u> inches		inches
	Range of expansion	<u>2</u> inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated	<u>Never.</u>			
Vision	R. E.—V==		R. E.—V==	
	L. E.—V==		L. E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	<u>N</u>			
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature)	<u>Clayton Macpherson</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	191 <u>4</u>	at	
	on <u>15th</u> day of <u>Decr</u>		on	day of
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st Nfld Regt. 654</u>			
Transferred to				
Became non-effective by				
	on	day of	191	on
(Signature)				
(Rank)				



Index 18.2.18

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
23.4.15	<p>J. V.</p> <p>Vac.</p>
8/1/19	<p>Recommended Reformation <i>Prothby, M.O.</i></p> <p>ROYAL NEWFOUNDLAND REG.</p> <p><i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u></i></p> <p><i>21.7.19</i> <small>Date of S.M.B.</small></p> <p><i>[Signature]</i> <small>Captain Assistant Adjutant for Discharge Dept. Newfoundland</small></p>

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
<i>St Johns</i>	<i>Dec 15/15</i>	<i>Feb 9/15</i>			
<i>J.L. Dominion</i>	<i>Feb 15/15</i>	<i>" 16/15</i>			
<i>Edinburgh Castle</i>	<i>" 16/15</i>				

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 Farmer.

J. C. Brien

Signature of Mem.

Charles Call

Reg. No.

6524

Signature of the Vocational Officer or his Representative.

Place

St John's

Date

28/2/19

191

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundlands* 7. Former Trade }
or Occupation }
2. Regt. No. *654* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *D. B. R. I. E. N. J. O. H. N.*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Date of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

- G. S. W. Right Forearm.*
11. Date of origin of disability. *Dec 19, 1916*
12. Place of origin of disability. *Lombrai*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

Superficial wound right forearm with injury to radial artery.

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. | No | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } N.A.

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

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
Complains of slight weakness right wrist movements free and wound healed.

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

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
W. H. M. O.

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station: *Hazelton, B.C.*
 Date: *8 JAN 1919*

* 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.

22. State whether the disabilities are:—
- | | | |
|--|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the part of the soldier | No | |
- Give details:
*G.S.W. right wrist.
 Scar healed, some stiffness with joint,
 fair grasp.*

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? *G.S.W.*

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
 (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

20% six months

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

ye

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

ye

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:

Station *St. Johns*
Date *26 20/19*

[Signature] President or Chairman.
[Signature] Members.
[Signature]

Discharge Approved under Para. 392 (xvii) King's Regulations.

Station *20-1919*
Date *20-1919*

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 () King's Regulations, or Transfer Approved to Class () of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
Date
O.C. Discharge Centre.



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 *John J. Brien*

Regiment from which discharged *Royal Newfoundland*

Regimental number *654.*

Intended address *Black Lanes Road*

Height on discharge *5 Feet 9.*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *Scar, Right Arm & Scar*

Figure on discharge *Medium*

Christian name of Father *Richard*

Christian name of Mother *Mary Ann*

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 14-4-1896*

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)

J. C. Brien

(Rank)

Station

St. John's

Date

18-3-19

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 in Charge Hospital,
Unit, or Command Depot.

Station

Date



Temporary

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. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname O'Brien Christian Name J.

TABLE I.—General Table.

Birthplace { Parish _____ County _____

Examined { on ___ day of ___ 191__ at _____

Declared Age _____ years _____ days.

Trade or Occupation _____

Height _____ feet _____ inches.

Weight _____ lbs.

Chest Measurement { (Girth when fully Expanded) _____ inches. Range of Expansion _____ inches.

Physical Development _____

Vaccination Marks { Arm _____ RIGHT | LEFT | Number _____

When Vaccinated _____

Vision { R.E.—V = _____ L.E.—V = _____

(a) Marks indicating congenital peculiarities or previous disease—

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

Approved by _____ Rank _____ Medical Officer.

Enlisted { at _____ on _____ day of _____ 191__

Joined on enlistment { Corps 1st Rnfl Regtl. No. 654

Transferred to _____

Became non-effective by _____

on _____ day of _____ 191__

(Signature) _____

(Rank) _____

TABLE III.—Boards; Courts of Enquiry, 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.

Table with columns: Date, Brief details, and Signature. Contains handwritten date 24.5.18 and signature Lt. Col. R.A.M.C.

TABLE IV.—Service Table.

Table with columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation.

Only for use with Men returned from an Expeditionary Force or from
Garrisons Abroad.

Army Form W. 3016.
(In Books of 300.)

No. _____ Date Feb. 18th 1918 Admitted 9-1-18

(1) To the Officer i/c Records, 58 Victoria St. S.W. (Station).

(2) The Officer Commanding, R. Nfld Command Depot Rifon North (Station).

(3) The Paymaster, 58 Victoria Street. S.W. (Station).

Regimental No. 654

Rank and Name Pte O. Bruin J.

Regiment or Corps 1st Royal Nfld

has been granted a furlough from Feb. 18th to Feb. 27th

His address while on leave will be: 58 Victoria Street

I consider he is fit for * S.W.

- * Strike out that which is inapplicable.
- (a) Duty II Command Depot.
 - (b) Light Duty, and likely to be fit for Service Overseas within three months.
 - (c) Light Duty, and not likely to be fit for Service Overseas within three months requiring special medical treatment.
 - (d) Service at home, but unlikely ever to be fit for Service Overseas.

Officer in charge G C Hall Capt 1st Regiment A.M.C.I London General Hospital S.W. (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Engineers two copies of A.F.W. 3016 will be sent to the Officer in charge R.E. Records and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

This man has been furnished with a warrant to Victoria and is in advance of 22 (are round)

Only for use with Men returned from an Expeditionary Force or from
Garrisons Abroad.

Army Form W. 3016.

(In Books of 200.)

No. _____ Date Feb. 18th 1918. Admitted 9-1-18.

(1) To the Officer i/c Records, 58, Victoria Street
S.W. (Station).

(2) The Officer Commanding, R. Nfld Command Depot
Rifon North. (Station).

(3) The Paymaster, 58, Victoria Street
S.W. (Station).

Regimental No. 654.

Rank and Name Pte, O'Brien J.

Regiment or Corps 1st Royal Nfld

has been granted a furlough from Feb. 18th to Feb. 27th

His address while on leave will be: 58, Victoria Street
S.W.

I consider he is fit for*

- II Command Depot.
- (a) ~~Duty.~~
 - (b) ~~Light Duty, and likely to be fit for Service Overseas within three months.~~
 - (c) ~~Light Duty, and not likely to be fit for Service Overseas within three months, requiring special medical treatment.~~
 - (d) ~~Service at home, but unlikely ever to be fit for Service Overseas.~~

* Strike out that which is inapplicable.

Officer in charge G C Kelly
Capt

Registral, R.A.M.C. I
Brd London General Hospital
WANDSWORTH, S.W.
Hospital, (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Engineers two copies of A.F. W. 3016 will be sent to the Officer in charge R.E. Records and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

This man has been furnished with a warrant to Victoria and given an advance of £1. one pound.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Joseph O'Brien, Regl. No. 654
 hereby agree, until further notification by me, and in similar official form, to make an Allotment of
 Dollars and 70 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
680	Mother	Maggie O'Brien	Blackmarsh Rd	70¢
Total Allotment, \$				70¢

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

(Sig.)

Eue Shyneapt

Officer Commanding

Company

(Sig.)

John Joseph O'Brien

(Rank)

Private

St John's
Jan 29th 1915

Larfield

5072

R.M.D.

Que. Canada
May 12th 1919

Capt. J.M. Hawley
St. John's

Dear Sir, I trust
I understand that 'Badges
were issued with Certificates
to discharged soldiers, but
I received cert. with no
Badges. If a Badge is
issued, and I trust there
must be, will you kindly
forward mine, if you have
not already done so
and oblige

Yours truly

~~J.M.D.~~
J. Dawson

654 John J. O'Brien
Badge
O.K.

5071

La Scie April 30
1919

Capt Howley I would like
for you to send me my
Discharge Badge

And oblige
No 4149 Private Simeon
Nem ^{only} Harren

La Scie
St Barbe District

U.K. 1616 Wm Puley

U.K. 1776 Arthur Thomas

Badge

55 Freshwater Rd.

2905 George Fitzgerald

V. P. P.

~~Handwritten signature~~

Exchange Barge.

Byron C. Sulmy.

Synoptical London

Part 3 Major Tamewell £5. 1

11

No 651



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

John Joseph O'Brien, Regl. No. *654*

hereby agree, until further notification by me, and in similar official form to make an Allotment of 70 Dollars and 70 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
680	Mother	Maggie O'Brien	Blackmarsh Rd	70¢
			Total Allotment, \$	<u>70¢</u>

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.) *Eve Shynapt*
Officer Commanding

(Sig.) *John Joseph O'Brien*
(Rank) *Private*

Alpha
Jan 29 1915

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. J. O'Brien

Billeting Soldiers as undermentioned

from Feb 8th /19 to Feb 28th /19

<u>654 Mr. J. O'Brien</u>	<u>21</u>	<u>60</u>

Certified correct for \$ 21 . 60

R-5

Orlando C. Giff
Billeting Officer.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland* } Former Trade or Occupation }
2. Regtl. No. *654* 3. Rank... *Pte* } 7a. If the soldier claims previous service in Army, he should state—
4. Name *O'BRIEN* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 - (a) in action (b) on field service
 - (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 - (a) When (b) Date of Discharge ;
 - (b) Where (c) Cause of Discharge.
 - (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

11. Date of origin of disability. *Rt forearm, Dec. 1917.*
12. Place of origin of disability. *Cambrai*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Superficial wound Rt forearm with injury to radial artery.*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

14. State whether the disabilities are
- | | | | | | |
|--|---------|---------------------|---------|-------------------|---------|
| (i.) Service during the present war | .. .. . | (a) attributable to | .. .. . | (b) aggravated by | .. .. . |
| (ii.) Previous active service | .. .. . |  |  |  |  |
| (iii.) Climate in pre-war service | .. .. . |  |  |  |  |
| (iv.) Ordinary military service before the war | .. .. . |  |  |  |  |
| (v.) Serious negligence or misconduct on the man's part. | .. .. . |  |  |  |  |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *NA.*

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

15. What is his present condition? *Complains of slight weakness of RT wrist. Movements free and wound healed.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Reputation
W. H. M. C.

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station *Harley, Dorset Camp.*
Date *8 JAN 1919*

* 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

22. State whether the disabilities are:—
- | | | |
|--|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war | .. .. . | .. .. . |
| (ii.) Previous active service | .. .. . | .. .. . |
| (iii.) Climate in pre-war service | .. .. . | .. .. . |
| (iv.) Ordinary military service before the war | .. .. . | .. .. . |
| (v.) Serious negligence or misconduct on the part of the soldier | .. .. . | .. .. . |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?
23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

Casualty Form—Active Service.

716

Regiment or Corps Newfoundland Regt
 Regimental No. 654 Rank Pte. Name John J. O'Brien
 Enlisted (a) 15/2/14 Terms of Service (a) War Service reckons from (a) _____
 Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3.2.15	
		Disembarked Gallipoli		1.12.15	
		<u>Emb. St. Paul 2.3.16</u>			
		<u>Dis. Marseilles 10.3.16</u>			
		<u>Unit W. Pt. Battalion</u>	<u>Sauce</u>	<u>4.7.16</u>	<u>B213</u>
		<u>oc. Unit Ad. Hosp.</u>	<u>With BATT. 28. I. IV</u>		
		<u>130 F.A. Ad. 26 Y. legs trans.</u>	<u>14 L.R.D.</u>	<u>28.8.17</u>	<u>B213, 1.9.17</u>
		<u>14 L.R.D. Discharged to Unit</u>		<u>27.8.17</u>	<u>C.A. 9954.</u>
		<u>12th</u>		<u>29.8.17</u>	<u>C.D. 1440.</u>
		<u>Ad. Broadm. Hosp.</u>		<u>2.1.18</u>	<u>B213.</u>
		<u>5/1/18</u>		<u>1.1.18</u>	<u>8 B 5550</u>
		<u>Ad. Lec. 100 R. Farm (acc)</u>		<u>2-1-18</u>	<u>HA 18073.</u>
		<u>adm. (acc. wd. Forearm R. med)</u>		<u>4-1-18</u>	<u>HA 8178</u>
		<u>Ad. Evms to 29 AT.</u>	<u>Wiggins</u>		
		<u>Adm. Lec. 100 R. Farm R. (acc)</u>	<u>Wiggins</u>	<u>4.1.18.</u>	<u>. 1993.</u>



(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) S.I., Signaller, Blowing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

654 A.P. O'Brien

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	<i>"St. John Grey del" To England</i>			<i>9-1-18 W 3083</i>	
				<i>MAJOR</i> <i>Infantry Section</i> <i>S.P.A. Reg. Battalion</i>	
				<i>P.I/g No 1</i>	

CR 65.4

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
DEPOT ST. JOHN'S DATED MARCH 18th/19.

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

654 Pte. John O'Brien.

14/3/19.

C.R. 654

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S DATED MARCH 3rd/19.

The Discharge of the undernoted has been APPROVED
on Demobilization by O.C. Discharge Depot from Noted date
28/2/19.

#654 Pte. John O'Brien. Bare.

C.R. 654

Extract from Preliminary Report of Medical Board held on
Thursday Feb. 20th 1919

654 PTE. J. O'Brien.

Recommended Discharge as Permanently Unfit.

C.R. 654

Extract from Daily Orders Part II Unit The Royal N^o 10.
Regt. St. John's, 11-2-19.

The undersigned returned from Overseas and reported to
Regt 7-2-19.

Recompiled on A.F. 2179.

654 Pts. J.J.O'Brien.

C.R. 654

Extract from Memorial Roll of the Royal Nfld. Regt,
Embarked S.S. Corsicus, Jan. 30th, 1919.

654 O'Brien.

C.R. 654

Extract from Telegram despatched to Synoptical, London,
dated June 4th, 1918.

Pay to as follows:-

#654 Pte. O'Brien,

25.

C.R. 654

Extract from Casualties from Pay and Record Office, London, dated
Feb. 20th 1918.

Discharged Hospital 16/2/18, furlor' to 27/2/18.

654 Pte. O'Brien J.

Fit for 11 Commd. Depot.

Authority
AFS W.3016 from 3rd L.G.H.

C.R. 654

Extract from Casualties received from Pay & Record Office
London, dated February 20, 1918.

O.C. 3rd London General Hospital, S.W.18, reports 16/2/18.

#654 Pte. J. O'Brien. ✓

Discharged Hospital 18/2/18 granted furlough to 27/2/18
fit for 11 Command Depot.

February 8, 1918.

Mrs. R. O'Brien,
Blackmarsh Road.

Dear Mrs O'Brien,

With reference to your telephone inquiry as to whether #654 Pte. J.J.O'Brien would be repatriated. I have the honour to inform you that a cable has been received from the Pay & Record Office, London, stating that he is unlikely to be repatriated.

I have the honour to be,

Madam

Your obedient servant,



Major.
Chief Staff Officer.

C.R. 654.

No. 2126.

N.F.P./35.

NEWFOUNDLAND CONTINGENT

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

To: Hon. Minister of Militia

Feb 9 1918

With the compliments of:

CHIEF PAYMASTER & OFFICER I/C RECORDS.

I.

II.

1506/28/R. & C.

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
88, VICTORIA STREET,
LONDON, S.W. 1.

Officer Commanding,
3rd London G. Hospital,
Wandsworth, S.W. 18.

Pay & Record Office,

29th January, 8

654, PTE. J. J. O'BRIEN,
Royal Newfoundland Regt.

Following extract of telegram
from the Hon. Minister of
Militia (927) is quoted:

"Will 654 O'Brien be sent
"home on discharge ^{replied} mother
"ill-" ^

Can you please say?

Major,

Chief Paymaster & O. i/c Records.

HA/JC

Vice,
Versa.

February 5th 1918.

With reference to Minute I
Will you please see report
from Dr. in charge of the
case hereto appended.

(Sgd) H. Fagan, Capt.
R.A.M.C.T.,
for O.C. 3rd L.G.Hosp.

Over

III.

654, O'Brien, R.Nfld R.

I enclose a letter concerning this man, who is a patient at Bleakdown. I presume the question is "Is he likely to be discharged from the service". Perhaps you would let me have a report on his condition.

Please get doctor to report on O'Brien and send direct to 3rd London General to-morrow.

(Sgd) G.C. Hall, Capt.
Asst.Registrar,
3rd L.G.H.

To: E. Locke-King

IV.

This man in my opinion should be fit for further service. He is doing well as regards wound of Radial Artery.

(Sgd) ? M.O.1/c.

West Byfleet,

Feb. 4. 18.

To: Capt. G.C. Hall.

January 22. 1918.

Mr. R. O'Brien,
Blackmarsh Rd.

Sir:-

I have the honour to confirm my telephone intimation with you to-day stating that #654, J. J. O'Brien is now convalescent.

I have the honour to be,

Sir,

Your obedient servant,



Major,

Chief Staff Officer.

WPR/JLF.

DEPARTMENT OF MILITIA

Jan 12th, 1918.

Dear Mr. O'Brien:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that No. 654, private John J. O'Brien is at Wandsworth suffering from lacerated wound right wrist.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Richard O'Brien,
Blackmarsh Rd.

Minister of Militia.

C.R. 654

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.
January 12th. 1918.

654, Pte J. O'Brien. ✓

1 Newfoundlands Wd. R. Forearm Evac. to 39 Amb. Trn.
ex N Z Sty. Hos. Wisques 4th. January. 1918.

C.R. 654

Extract from Casualties received from Pay & Record
Office, London, 11 Jan. 1918.

Admitted 3rd London General Hospital Wandsworth.

654 Pte. J. O'Brien.

Wd. R. Wrist. acc.

1st ^Mfld.R.

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

C.R. ⁶⁵⁴ No H.A. 18193

LONDON INFANTRY RECORD OFFICE LONDON E.C.

5190	Pte	Jepson A.	2	Roy Fus	ICT R.Knee Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
206091	"	Mills G.W.	10	do	Laryngitis Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
B/200226	"	Elmer R.A.	10	Rif Bde	Trench Fever Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
686	"	Doyle F.	11	do	Ing Toenails Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
19380	"	Bennett W.	11	Rif Bde	Gassed W Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
31020	"	White F.	11	do	Old Trench Feet Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
66083	"	Patchett G.L.	10	Roy Fus	P.U.O. Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
556804	"	Rothwell J.E.	2/5	Londons	Spr.R.Knee (Acc)Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
298091	"	McGee W.G.	2/4	Londons	P.U.O. Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
322464	L/C	Young W.H.	2/6	do	Tonsillitis Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
54470	"	Connole W.P.	2	Rifle Bde	Spr L.Ankle.(S) Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
28805	"	Honsman J.	16	do	ICT R Toe Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
15718	"	Sitchbury G.	16	do	ICT L.Hand Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
613358	RQMS	Dr Beaurepeare	19	Ldns att 7	Debility Mild	Adm 14	Gen H	Wimereux	4	Jan 18.
		G.F.		BWI Regt.						
465106	Pte	Mathers W.	2/11	Londons	ICT Feet Mild	Adm 14	Gen H	Wimereux	4	Jan 18.
61142	"	Tinckham A.	17th	R.Fus att	Sick NYD Mild	Adm 30	Gen H	Calais	3	Jan 18.
				39 POW Coy.						
19439	Bglr	Harding T.W.	2nd	K.R.R.C.HQ	Sick NYD Mild	Adm 30	Gen H	Calais	3	Jan 18.

WINCHESTER RECORD OFFICE

No H.A. 18193

B/200226	Pte	Elmer R.A.	10	Rif Bde	Trench Fever Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
686	"	Doyle F.	11	Rif Bde	Ing Toenails Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
19380	"	Bennett W.	11	Rif Bde	Gassed W Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
31020	"	White F.	11	Rif Bde	Old Trench Feet Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
556804	"	Rothwell J.E.	2/5	Londons	Spr.R.Knee (Acc)Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
322464	L/C	Young W.H.	2/6	Londons	Tonsillitis Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
19439	Bglr	Harding T.W.	2nd	K.R.R.C. HQ	Sick NYD Mild	Adm 30	Gen H	Calais	3	Jan 18.
54470	Pte	Connole W.P.	2	Rifle Bde	Spr L.Ankle.(S) Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
28805	"	Honsman J.	16	do	ICT R.Toe Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
15718	"	Sitchbury G.	16	do	ICT L.Hand Sev	Adm 14	Gen H	Wimereux	4	Jan 18.
465106	"	Mathers W.	2/11	Londons	ICT Feet Mild	Adm 14	Gen H	Wimereux	4	Jan 18.

NEWFOUNDLAND EXPEDITIONARY FORCE

No H.A. 18193

654	Pte	O'Brien J.	1	Newfoundlands	Lac Wds F'arm R. (Acc)	Adm 14	Gen H	Wimereux	4	Jan 18.
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C.R. 654.

Extract of Casualties received from Pay & Record Office,
London, dated January 8, 1918.

#654 Pte. J. O'Brien. ✓

Lacerated Wound. Right Forearm mild.

Admitted N.Z. Stationary Hospital, Waiques January
2nd. 1918.

C.R. 654

Extract of Casualties from list of sick and wounded N.C.Os and men of the Expeditionary Force - France, received from the Pay and Record Office, London,. List NO.H.A. 18178.

654 Pte.O'Brien, J.

Wd. R.Forearm.... Evac to 29 Amb.Trn.ex N.4. Sty.H. Wisques
4th Jan.18.

C.R. 654

Extract from Nominal Roll, 1st Draft to M.E.F.
received from Governor July 8, 1916.

#654 Pte. J.J.O'Brien.

—

C.R. 654

Extract from Reinforcement Draft to 1st Bn.
M.E.F. Embarked for Gallipoli 14-11-15.

654 Pte. J.J.O'Brien.

C.R. 657

Extract from Nominal Roll Embarked St. John's, per S.S.
"Dominion" Feb. 2nd, 1918.

654 Pte. O'Brien J.J.

C.R. 654

John J. O'Brien. was attested for General Service
with the NEWFOUNDLAND REGIMENT on .Sept. 15th. 1914.
Regimental No. 654 was allotted to Pto John J. O'Brien.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of 1st Newfoundland

Number of Sheets one
Signature of O. C. Company [Signature]

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100, 20, 712-a.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	Name	Age on	years — months	<u>Jarvis</u>	
Joined	Date	Date of Enlistment <u>15/12/14</u>		Religion	
Joined	Date	Period of with Colours 90 years. with Reserve 4 3/4 years.		<u>R.C.</u>	

Place	Date of Offence	Rank	Class of Drunk-ness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Edinburgh</u>	<u>1915</u> <u>24-3</u>	<u>Plt.</u>		<u>Absent from Parade.</u>	<u>Cpl. Bennett</u>	<u>2 Days C.B.</u>	<u>24-3</u>	<u>Capt. Bernard</u>	<u>[Signature]</u>
<u>Newton</u>	<u>3-9-15</u>	<u>"</u>		<u>absent fromattoo till 11.45 p</u>	<u>Cpl. Ross</u>	<u>2 days C.B.</u>	<u>6-9-15</u>	<u>Lt. Pippen</u>	
<u>Newton</u>	<u>2-10-15</u>	<u>"</u>		<u>absent from default parade</u>					
<u>Newton</u>	<u>6-10-15</u>	<u>-</u>		<u>leaving side parade without leave and not reporting again</u>	<u>Pte. McQuath</u>	<u>3 days C.B.</u>	<u>7-10-15</u>	<u>Lt. Pippen</u>	
<u>Newton</u>	<u>8-10-15</u>	<u>"</u>		<u>absent from default parade</u>	<u>Lt. Mahony</u>	<u>5 days C.B.</u>	<u>9-10-15</u>	<u>Capt. Ayre</u>	
<u>[Signature]</u>	<u>29/7/19</u>			<u>certified correct Highland Navigation</u> <u>in property vested in</u> <u>been</u>	<u>Documentary</u>	<u>41. C.C. No. 2</u> <u>14 days C.B.</u>	<u>30-7-19</u>	<u>Comm. "E" (Leicestershire) Coy.,</u> <u>Infantry Command Depot.</u> <u>Capt. White</u>	<u>RIPON,</u> <u>23 MAY 1918</u> <u>[Signature]</u>
				<u>Demobilized</u>	<u>[Signature]</u>	<u>14 3/19</u>			

To be carried over

7/2/18

Dept 654

Demobilization Form 1

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *654* Rank *Pvt* Name *J. O. Breen*
 Date of Enlistment *2.13.14* Address *Black Marsh St* District *St John's*
 Occupation *Farmer* Classification for Discharge *B* Medical Category *1*
 Recommendation S.M.B. *Employed* Disability Rating *20%*
 Passed to Demobilization Officer with following documents:—

N.F. F36	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 *28.2.19* for *H. Mews* O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am *employed* in a position to resume civilian occupation.

J. O. Breen

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 *Joseph J. Brown*

Date *28.2.19* O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at _____ and Release Certificate No. 1285 issued.

Date 28-2-19 C. D. 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 14-3-19

Date 28-2-19 W. H. L. Capt.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT

Discharge approved for. 28.2.19

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.	1
B 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 28.2.19 C. D. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date FEB 28 1919 R. H. L. Capt.
O. C. Discharge Depot.

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

Date March 3/1919 W. H. L. Capt.
Depot Paymaster.