



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2442 Name Wm. O'Neil Corps

Questions to be put to the Recruit before Enlistment.

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

I, Wm. O'Neil 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.

ap. 3. William O'Neil SIGNATURE OF RECRUIT.
Wm. O'Neil Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm. O'Neil 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this day of 1916

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1916 } Approving Officer.
Place

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of 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)



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CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 6 day of Apr 1916

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.

Date 191 } Approving Officer.
 Place

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 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

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

Examination of William O'Neill

aged 19

conducted at C. P. B.

Date: March 31/16

Recruiting Officer:

NO OF TEST

FINDING

- 1 No
- 2 No
- 3 No
- 4 No
- 5 No
- 6 No
- 7 Yes
- 8 Yes
- 9 No
- 10 No
- 11 No
- 12 No
- 13 Teeth taken extracted
- 14 No
- 15 No
- 16 No
- 17 No
- 18 No
- 19 6/6 But
- 20 No
- 21 No
- 22 No
- 23 No
- 24 No
- 25 No
- 26 No
- 27 No
- 28 No
- 29 No
- 30 No
- 31 No

*none put
22nd April*

2442'

- 32 No
- 33 No
- 34 5-4
- 35 11 lbs
- 36 \$ 3 1/2 / 30/6
- 37 10 0/2 for mouth
- 38 brother
- 39 none

*Lives with Uncle
Arthur*

James O'Neill. Cannynnell. Co.

William Roberts

Signature of Medical Examiner:

F-1

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

MEDICAL HISTORY

OF

Surname *O'Neil*Christian Name *William O'Neil*

Table I.—GENERAL TABLE.

Birthplace:—Parish		County	
		SPECIAL RESERVE.	REGULAR ARMY
Examined	.....	on <i>31st</i> day of <i>March</i> 191 <i>4</i>	on day of 191.....
	.....	at <i>Saint John's Nfld.</i>	at
Declared Age	.....	<i>18</i> years <i>4 mos</i> days	..... years days
Trade or Occupation	.....	<i>Steward.</i>	.....
Height	.....	<i>5</i> feet <i>4</i> inches	..... feet inches
Weight	.....	<i>112</i> lbs.	..... lbs.
Chest Measurement	Girth when fully expanded.....	<i>33½</i> inches	..... inches
		Range of expansion.....	..... inches
Physical Development	.....	<i>2</i> inches	..... inches
Vaccination Marks	Arm	Right	Left
	Number		
When Vaccinated	.....	
Vision	.....	R.E.—V= <i>6/6</i>	R.E.—V=
	.....	L.E.—V= <i>6/6</i>	L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease	.....	(a)	(a)
	.....	(b)	(b)
(b) Slight defects but not sufficient to Cause Rejection	.....	
Approved by (Signature)	.....	<i>Lance Peterson</i>	.....
(Rank)	.....	<i>Major</i> Medical Officer.	..... Medical Officer.
Enlisted	.....	at <i>S. John's</i>	at
	.....	on <i>3rd</i> day of <i>March</i> 191 <i>4</i>	on day of 191.....
Joined on Enlistment	.....	Corps.	Regtl. No.
		<i>1st New Regt.</i>	<i>2442</i>
Transferred to	.....	
Became non-effective by	.....	on day of 191.....	on day of 191.....
(Signature)	.....	
(Rank)	.....	



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station *S. Johns*

Date *June 11th 1919*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>30</i> |
| 2. Regimental No. <i>3442</i> | 6. Enlisted on <i>April 1916</i> |
| 3. Rank <i>Pte</i> | at <i>S. Johns</i> |
| 4. Name <i>O'Neil am</i> | 7. Former trade or occupation <i>Clerk</i> |
| | 8. Disability <i>Gasped</i> |

9. History *was gassed Oct-1918. was sent back to dressing station. In Hoops. 6 months. Has. Had cough ever since. Had been infected first. but has calmed down.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

*very thin, poorly nourished.
No clear weight.
No distinct adenopathy sound
heard in lung. - Strait 18" acute
very individual.
No night sweats.*

11. Was sanatorium advised and refused?
operation

no

12. Do you recommend discharge as permanently unfit?

yes

Signature

S. G. Khan

Rank or Qualification

Capt.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x *may* be considered as aggravated by
due to

(a) Service during this war. (b) ~~Climate~~ (c) ~~Ordinary Military Service~~
Remarks if any:-

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Para 80. No appropriate findings, poor
General condition*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *20%*
(State in percentage.) *20% 3 months*

Remarks if any:-

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation is:- (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:-

19. If fit subject for Hospital do you recommend admittance to

General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
retention in

Remarks if any:-

Signatures

S. G. Khan

President

W. A. Hanson

W. A. Hanson

Place

Date

APPROVED

Station

Date



W. A. Hanson
Administrative Medical Officer *Major*

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No. 2442.

Name W Keill. Jm Rank Pte.

Address Pennywell Road.

Present Medical Category E

Recommended for:— (a) ~~Immediate discharge~~

(b) Standard Medical Board

Members of Board

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

H. Aspin
Senior Medical Officer

J.W. Burden
M. O. Depot

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 take course in engineering

W. D. Mill

Signature of Man.

Reg. No. 2442

A. Butler

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

June 19th 1919

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2442 Rank Pvt. Name O'Neill, Wm
 Date of Enlistment 31-3-16 Address St John's District St John's
 Occupation Steward Classification for Discharge B Medical Category E
 Recommendation S. M. B. permitted to leave Disability Rating 20% 3 mths
 Passed to Demobilization Officer with following documents:—

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 103	ME 2		" 6
B 179c	B 120	M 93		

Date 16-6-19 O. C. Discharge Depot. Wm O'Neill

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. W. O'Neill

Particulars passed to Vocational Officer for information and action.

Date 17-6-19 J. J. Snowball

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing supplied J. J. Snowball

Date 17-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 62 Pennycuik Rd and Release Certificate No. 2897 issued.

Date 17-6-19

J.A. [Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-1-19

Date 17-6-19

J.A. [Signature]
Depot Paymaster.

Discharged approved for 17-6-19

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 Ist.	" 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
B179c	B 120	M 93		

2 Form B

Date 17-6-19

[Signature]
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 17 1919

[Signature]
O. C. Discharge Depot.

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

Date

C.R. 2442

O'Neill, W.

P.Y.R.O.

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM



Prefix	Code	At	SENT	FOR STAMPS
WORDS	CHARGE	To	By	
14	2 1/2	VIA WESTERN UNION		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

20/12/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM BANK NOVA SCOTIA

STJOHNS (Newfoundland)

PLEASE CABLE TEN POUNDS THROUGH MINISTER MILITIA

CHECKED.
[Signature]

2442 ONEIL

14 1/2
28
35
2-11-17

CHARGED
PAY BOOK NW 12
Date 22-12-17 by *[Signature]*

Charge to
2442 O'Neil

Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address 58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

14689/303

1st Newfoundland Rgt.
B. E. F.

31st December 7

2442, Pte. W. O'Neil

8225

29 12 17

Pay to 2442, O'Neil, £10:0:0

No 2442 ✓

H

W. O'Neil

Embarkation Office,
Maritime Chambers,
SOUTHAMPTON.

.....^{Bel Jan}.....1919.
Officer i/c*Newfoundland*.....Records,
No.....Record Office.....*58 Victoria St. S.*.....

Please note that the undermentioned details
embarked at SOUTHAMPTON on^{16 Jan}.....1919
to join the British Expeditionary Force.

Corps	Offs	C/I:	Remarks
<i>1st Bn N'land Rest</i>		<i>1</i>	<i>2442 Pte O'Neil W.</i> <i>(Dusson)</i>

Spencer C. Ferguson
Major

Lieut. Colonel,
D.S.O.,
Embarkation Port No. 1.

763/2/R.&.C.

C.P. & O. i/c Records,
Newfoundland Contingent,
58, Victoria St., S.W. 1.

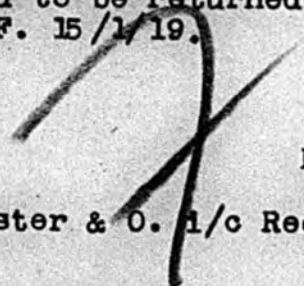
Officer i/c
Reg. Inf. Section No.1,
G.H.Q., 3rd Echelon,
B. E. F.

Pay & Record Office.

15th January, 9.

~~2442 PTE. W. O. NEILL
R. Newfoundland Regt.~~

I beg to inform you that the above-named man, on short leave from France, which expired 9/1/19- reported at this Office yesterday. He stated that he had been sick in Ayr, but could not produce a medical certificate to substantiate this. He was handed over to the Military Police at Wallis' Yard to be returned to the B.E.F. 15/1/19.

 Major,

Chief Paymaster & O. i/c Records.

Noted Cas. L.
Ret. [Signature]

HA/NV

Date, 14/1/19.

2442. Pte. O. Meal.

The above named Soldier
was absent from 9/1/19.
until the 14/1/19. (B.S.K.)

He was handed over
to the M. F. P. at Wallis
yard to be sent to
France on the 15/1/19.

J. Dunphy. Sgt.

C.R.L.D. 99037/A.

Headquarters, London District,
Horse Guards Annexe,
Carlton House Terrace,
London, S.W.1.

Officer i/c Records,

Newfoundland Regt.

1897
March, 1919.

The undermentioned absentee from B.E.F. was sent to Southampton under escort on the date as stated against his name.

16th Jan. 1919.

refer
242 Pte W.O'Neil, 1st Btn Newfoundland Regt.

*Casualty
extracted
7/3
7/19*

W. G. H. Scott Willey Capt
Lieutenant Colonel,
A.F.G., London District.

No. 6803/1103

099918

N.F.P. 176.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding
~~Batt. Newfoundland Regt.~~
D. J. Chester

May 9th 1919

1919.

2442 O'Neil W.

With reference to the following telegram from the Minister of Militia / / 19 (164):

"Pay to - 2442 W. O'Neil
£10-0-0

Cheque £10-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. F. Marshall
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Williams Lieut. + Adjutant
Officer Commandg. Batt/n.

Received the sum of Ten
pounds (£10) in respect of telegraphic remittance from the Minister of Militia.

W. O'Neil
No. 2442 Rank Otc.

Witness: French W Supt

C.R. 2442

Extract from Nominal Roll of Nfld. Regt. Draft No. 13
from 2nd Bn, Depot, to 1st Bn. B.E.F. Embarked South-
ampton, 24-10-16.

2442 Pte. W.O'Neill.

C.R. 2442

Extract from Daily Orders Part 11 Unit The Royal Rifles.

Regt. J^Uly 4th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 1-7-19

2442 Pte. Wm.O'Neil.

C.R. 2442

Extract of Casualties from Pay & Record Office London, Jan.20/1/19.

2442 PTE.W. O'Neill.

On short leave from B.E.F. to 9/1/19, reported at this Office 14/1/19 and stated that he had been sick in Ayr, but could not produce a medical certificate to substantiate statement. He was handed over to the Military Police at Wallis Yard, S.W.1, to be returned to B.E.F. 15/1/19.

Officer i/c Records, Nfld. Contgt.

C.R. 2442

Extract from Casualties received from Pay and Record Office, dated
December 1918.

AUTHORITY Memo dated 10/12/18 from Lieut. L. R. COOPER.

#2442 Pte. W. O'Neil

C.R. 2442

Extract from Casualties.....List No. H.A.31056.

2442 Pte. W. O'Neill,

30 Oct-18

Adm. 1 Con. Dep. Boulogne, Sick.

C.R. 2442

Extract from War Office List No. H.A. 31406.

ADMITTED TO CON. DEP. ACADEMY 1st., NOV. 1918.

#2442 Pte. W. O'Neill.

INFLUENZA.

C.R. 2442

Extract from War Office List No. H.A. 30810.

ADMITTED 32 STY. H. WIMEREUX. 24 OCTOBER 1918.

43443 Pte. W. O'Neill.

P.U.O.

BC.

C.R. 2442

Previous report regarding transfer to 9th Divisional Reception
Camp is hereby cancelled.

Authority:

Pay & Record Office, London, 20/12/18. (Memo from Lieut. Cooper).

2442 PTE. W. O'Neil.

C.R. 2442

Extract of Casualties received from Pay & Record
Office, London dated May 14, 1917.

#2442 Pte. W. O'Neill

Diarrhoea slight.

Admitted 10 Con. Dep. Escult ex. 1. Con. Dep.

May 8th 1917.

C.R. 2442

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Sicilian" July 19, 1916.

2442 Pte. O'Neil W.

C.R. 2442

Extract from Preliminary Report. At a Medical Board held on Thursday Evening June 12th. the following ~~was~~ was the finding.

2442 Pte. W. O'Neill.

Recommended discharge from the Army.

C.R. 2442

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

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 17-6-19.

2442 Pte. Wm. O'Neil

C.R. 2442

Extract from Daily Orders Part 11 Depot. St. John's,
Date June 18th 1919.

2442, Pte. W. O'Neil.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

BY "Corsican"

C.R. 2442

• William O'Neill was attested for General
Service with the NEWFOUNDLAND REGIMENT ON April 3rd 1916
Regimental No. 2442 was allotted to Pte. William O'Neill

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

C.R. 2442

**Extract of Part 2 Orders by Major A.F. Bennett M.C. Commanding
1st Battalion Royal Newfoundland Regiment**

The information is granted leave to the United Kingdom.

2442 Pte. W.O'Neil

C.Ord 25/12/18 to 8/1/19

C.R. 2442

extract from Daily Orders Part 11 by Major A.H. Bernard
Comdg. 1st Batta. Royal H'ls. Regt. 22-12-18.

The u/n has been granted leave to U.K. 25-12-18 - 8-1-19

2442 Pte. W. O'Neil.

WINCHESTER

LIST NO.H.A.35561



ADMITTED 6 GEN. H. ROUEN 19th MAR.19.

308201 Cpl. Ferrin R.	8/Lond.	Influenza.
47808 Pte. Meek A.R.	4/KRRC.	Herpes Zoster Mild.
Y/272 Pte. Walton W.	4/KRRC.	Influenza Mild.
23523 Pte. Broyd P.	1/KRR.	Influenza.....DIS. EX 10 GEN.H.ROUEN 21st MAR.19.
201519 Dvr. North A.W.	20/KRR.	Fract.Wrist....Adm.14 Gen.H.Wimereux 20 Mar.19,
		Acc.
201519 Dvr. North A.W.	20/KRR.	Influenza,,,,, Re-Adm.14 Gen.H.Wimereux 20 Mar.19.
82730 Pte. Browning L.	52/Rif.Bde.	Anaemia Mild....Adm.83 Gen.H.Boulogne 21 Mar.19.
557125 Pte. Seeney A.	0/Lond.	Influenza Sev...Adm.83 Gen.H.Boulogne 21 Mar.19.

ROYAL ENGINEERS (TRANSPORTATION BRANCH)

LIST NO.H.A.35561

333

23804 Pte. Beasley J.	RE. 330 RRC	Frac.Tib.L.....Adm.6 Gen.H.Rouen 19 Mar.19.
		Sev.
WR290543 Spr.Stokes F.J.	RE.ROD.	NYD Mild.Sick. Adm.83 Gen.H.Boulogne 21 Mar.19.

QUEEN MARYS ARMY AUXILIARY CORPS

LIST NO,H,A.35561

1433 Pte. Vine S.	Camp 1 Etaples.	NYD.....Adm.24 Gen.H.Etaples 20 Mar.19.
F/Woman.Pomeroy M.	QMAAC, Camiers.	Herpes.....Trans.to Con.Camp Woodside ex 24 Gen.H. 20 Mar.19.
49295 Pte. Steele E.	Camp 1 Etaples.	Albuminuria....Dis.to Duty ex 24 Gen.H.Etaples 20 Mar.19.
Dep/Admin. Sutherland M.E.Dannes.		Bronchitis.....Trans.to Con.Home South of France ex 24 Gen.H. 20 Mar.19.

NEWFOUNDLAND EXPEDITIONARY FORCE +

LIST NO.H.A.35561

X2442 Pte. O'Neill W.	1/Nfld Rgt.	Scabies.....Dis.ex 10 Gen.H.Rouen 21 Mar.19.
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C.R. 2442

Extract from War Office List No.H.A. 35489

ADMITTED TO GEN. H. ROUEN 15th.m March 1919.

2442 PTE. W. O'NEILL.

2442

SCABIES MILD.

C.R. 2442

Extract of Casualties from Pay & Record Office, London
dated 24/1/19

Reference Casualty Report No. 113 (1919).

No. 2442, Pte. W. O'Neil.

embarked at Southampton with escort to rejoin B.E.F.

16/1/19.

Auth:

Memo from Embarkation Officer, Southampton.

Sheil, W.

2442

Ray sept

July 1, 1919

#2442 Pte. William O'Neill,

#62 Bennetwell Rd.,

City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2576.

Yours truly

Captain.
Raymaster & Co., c Records.

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/G RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *William* 2. Surname *O'Neill*
3. Rank *Able* 4. Regt. No. *2442*
5. Address in full to which future payments of gratuity are to be forwarded *67 Pennywell Road, City*
6. Date of enlistment in the Regiment *April 3/16*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
Not applicable
8. Relationship of such dependents *Do*
9. Address in full of such dependents *Do*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
11. Were you on active service only in 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.
Thirty nine months

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

..... *not applicable*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

.....

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

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

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

.....

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

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

19. Are you now serving in the R.C.S.?..... If not give? - (a) date of discharge..... *June 1/19*..... (b) Reason for discharge.....

..... *Demobilization*

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

..... *France Belgium & Germany*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

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: - *William Hall*
 Place of Residence: *67 Freshwater Road Wts.*
 Declared before me at: *W. John Wood*
 This *18th* day of *June* 191*9*....

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

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

Feb 21st 1920

Major Howley
O. I. C. Records

Please pay to W. O'Neill, ~~244x2~~ 2442
the sum of six dollars and sixty six cents
in payment of four days allowance to date
and charge same to Civil Re-establishment Committee

\$6.66

Pension

\$10.00

AMOUNT	30179	Fun
CHK NO		
DATE		
PAY TO ORDER OF		
CITY		

W. O'Neill
Vocational Officer

W. O'Neill

Feb 28th 1920

Major Howley
O. I. C. Records

please pay to W. O'Neill, 2442
the sum of three dollars and sixty eight cents
in payment of arrears of allowance for 11 days to date
and charge same to Civil Re-establishment Committee

\$3.68

Pension Nil

J.P.H.

ACCOUNT	30988	INITIALS	<i>E.W.</i>
GEN LEDGER		INITIALS	<i>[Signature]</i>
PAY LEDGER		INITIALS	<i>[Signature]</i>
GEN LEDGER		INITIALS	<i>[Signature]</i>

W.W.H.

Vocational Officer

W. J. Hunt

Feb 28th 1920

Major Howley
O. I. C. Records

please pay to W. O'Neill, 2442
the sum of three dollars and sixty eight cents
in payment of arrears of allowance for 11 days to date
and charge same to Civil Re-establishment Committee

\$3.68

Pension Nil

W. O. Neill
2.28.20

ADDRESS	30988	INITIALS	<i>EW</i>
GEN LEDGER		INITIALS	<i>[Signature]</i>
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

W. O. Neill
Vocational Officer

W. O. Neill

May 29th 1920

Major Howley
O. I. C. Records

Please pay to W. O'Neill 2442
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension Nil

A. C. S. Brownell

Vocational Officer

ACCOUNT	
CHK NO	38545
INT. LEDGER	
PRY LEDGER	
GEN. LEDGER	

Wm O'Neill

M June 1st 1920

Major Howley
O. I. C. Records

Please pay to W. O'Neill, 2442
the sum of sixty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$60.00

Pension Nil

W. O'Neill

ACCOUNT	38639	<i>W</i>
CHK. NO.		
INL. LEDGER		
PAY LEDGER		
GEN. LEDGER		

W. W. Mackall

Vocational Officer

W. O'Neill

ST. JOHN'S, June 17th /19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. W. O'Neill

Billeting Soldiers as undermentioned

from June 13th /19 to June 17th /19

2442 - Mr. W. O'Neill 4 40

ACCOUNT	<u>B. O'Neill</u>
CH. NO	<u>23839</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

[Handwritten signature and initials over the ledger section]

Certified correct for \$

W. O'Neill

Billeting Officer.

W. O'Neill

FORM K

No 2507



8 AUG 1916

3 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm J. O'Neill, Regl. No. 2442

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins July 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2493		<u>Bank of Nova Scotia</u>	<u>St Johns</u>	50
		<u>in name of</u>		
		<u>W J O'Neill</u>		
		<u>brother and of Roger O'Neill</u>	<u>62 Queenwood St Johns</u>	
		<u>commencing 2/7/16</u>		
Total Allotment, \$				

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.) Chas. A. Aye Capt.
Officer Commanding
B Company
St Johns
June 20 1916

Sig.) W J O'Neill
(Rank) PL



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

Station.....*St. John's*.....

Date.....*June 11/19*.....

- | | | | |
|-------------------|---------------------------|-------------------------------|-------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | 20. |
| 2. Regimental No. | 2442. | 6. Enlisted on | April 1916. |
| 3. Rank | Pte. | at | St. John's. |
| 4. Name | Wm. O'Neill. | 7. Former trade or occupation | Clerk. |

8. Disability

Gassed.

9. History

Was gassed Oct. 1918. was sent back to dressing station. In Hp. 6 weeks. Has had cough ever since. Had green expectoration, first. But that has subsided now.

to. What is his present condition?
Very thin poorly nourished. Has lost weight. No distinct adventitious sounds heard in Lungs. Heart 1st. Aortic very indistinct. No night sweats.
 (This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

11. Was sanatorium advised and refused? **No.**
 operation

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature

S.G. KEAM CAPT.

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **May** be considered as aggravated by :—
due to
- (a) Service during this war. (b) ~~Climate~~. (c) ~~Ordinary Military Service~~.
Remarks if any :—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

Pulse 80. No accompaniments in Lungs. Poor General condition.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is his capacity ^{20%} at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
- (State in percentage.)

20% 3 Months.

Remarks if any :—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of $\frac{\text{operation}}{\text{sanatorium}}$ is :— $\frac{\text{(a) Reasonable}}{\text{(b) Unreasonable}}$

Remarks if any :—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend $\frac{\text{discharge from}}{\text{retention in}}$ the Army

Remarks if any :—

N. S. FRASER..... President

Signature **E. S. TAIT**.....

L. PATERSON, MAJOR.....

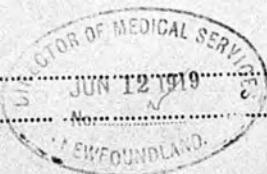
Place **ST. JOHN'S**.....

Date **JUNE 12/19**.....

APPROVED

Station

Date



(SGD) CLUNY MACKPHERSON, MAJOR.....
Administrative Medical Officer.

Rank Private Surname O'Neil Christian Name W. J. **2029**
 Religion R.C. Age on Enlistment 18 years 4 months.
 Enlisted (a) Apr 3/16 Terms of Service (a) duration over - Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 Signature of Officer i/c Records.

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 Southampton		
		Embarked ...		
		Disembarked ROUEN		
		Disembarked ...		
		Joined Battalion	7 - NOV 1916	
	<u>21 CCS</u>	<u>Admitted Ententes</u>	<u>France</u>	<u>ED 8840</u>
	<u>8th Hosp.</u>	<u>Admitted Gastritis (S.I.)</u>	<u>Wimereux</u>	<u>HA. 6328</u>
	<u>29 S.B.D.</u>	<u>Joined Base Dep.</u>	<u>Rouen</u>	<u>Nom Roll</u>
<u>31 MAR 1917</u>	<u>Unit</u>	<u>Re-Joined Battalion</u>	<u>In the field</u>	<u>31 MAR 1917 B 213</u>
<u>6.5.17</u>	<u>88 FA</u>	<u>Ad. 2. trans. Marchesa</u>	<u>37 61st</u>	<u>6.5.17 E.A. 2704</u>
<u>7.5.17</u>	<u>6. 8th Hosp.</u>	<u>Ad. do</u>	<u>Trevent</u>	<u>7.5.17 E.S. 3837</u>
<u>10.5.17</u>	<u>13 5 Hosp.</u>	<u>Ad. do</u>	<u>Boulogne</u>	<u>10.5.17 H.A. 8774</u>
<u>13.6.17</u>	<u>29 S.B.D.</u>	<u>Joined Base Depot</u>	<u>Rouen</u>	<u>13.6.17 Nom Roll</u>
<u>14.7.17</u>	<u>52 Unit</u>	<u>Re-Joined Battalion</u>	<u>In the field</u>	<u>3 JUL 1917 B 213</u>

(b) 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.

(c) Signaller, Shoenig-Smith, &c.

[P.T.O.]

2442 Pte. W. J. O'Neill

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				
26-9-17	84 F. A.	Admitted. Myalgia		26-9-17	EO 11142
6-10-17	O. G. Unit	Rejoined Battalion	La Haye Wood	5-10-17	B 213
1-1-18	De W. J.	14 days F. P. No. 1		1-1-18	B 213
	Do	ad Hptl	"	7-2-18	B 213 9/2/18
11/1/18	89 F. A.	Admitted	France	11-2-18	EO 7574
	7 CCS		"	19-2-18	EO 8146
	89 F. A.	ad absence		5/4/18	EO 9800
24/4/18	4 D. R. S.	(adml at absence)		9.4.18.	{ EO 767
		To unit		15.4.18.	
	ad Hptl			18/10/18	B 213
	32 days 1/4	As P. C.	Munster.	24/10/18	HA 30510
	1 course		Quelque	30/10/18	HA 31056
	D. J. B. D.	Admitted	House	21/11/18	over
21.12.18	Unit.	Rejoined.	Field.	18.12.18	B 213
22.1.19		Surrendered. (absent)	London.	14.1.19	CR. 11786
	10 Dec 720 p.	Disgraced. Scabies	(Halt. for 150 days)	17/1/19	B 213 29-3-19
		Discharged Hptl.			

Casualty Form—Active Service.

Regiment or Corps R. Newfoundland
 Rank PLt Surname O'Neil Christian Name W. J.
 Religion R.C. Age on Enlistment 18 years 4 months
 Enlisted (a) Apr. 3. 16. Terms of Service (a) Duration Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation..... 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>Southampton</u>	<u>24/10/16</u>	
			Disembarked... <u>Rover</u>	<u>25/10/16</u>	
<u>Jan</u>		<u>Trans to Eng. for demob.</u>		<u>16/1/19</u>	<u>10012870 MSB 2A</u>
			<u>W. J. O'Neil</u> Captain for Officer i/c Infantry Section No. 1 G.H.Q. 3rd Echelon,		

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (6-6) W5017/2124 1000m 6/15s 22 50

Forms
B. 121.
22.

Number of Sheet First

Regiment of _____

Signature of C. G. Company CR Ayre

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>O'Neil W.J.</u>	Age on	<u>18</u> years <u>4</u> months	<u>Steward</u>	
Joined	Date	Place and Date of Enlistment	<u>Plym.</u> <u>Apr 3. 16.</u>	Religion	
Joined	Date	Period of	with Colours <u>3</u> ⁹⁰ years. with Reserve <u>36</u> years.	Place of Birth	
Joined	Date			<u>herfordshire</u>	
Joined	Date				

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>Plym</u>	<u>July 2/16</u>	<u>Pte.</u>		<u>Throwing potatoes about mess room.</u>	<u>Cop. Conran</u>	<u>3 days C.B.</u>		<u>Capt. CR Ayre.</u>	<u>400</u>
<u>Racecourse</u>	<u>22.8.16</u>	<u>"</u>		<u>Late 9 a.m parade</u>	<u>" Conran</u>	<u>1 " C.B.</u>		<u>" Bernard</u>	<u>200</u>
<u>Racecourse</u>	<u>4. 9. 16</u>	<u>"</u>		<u>Skylarking in ranks</u>	<u>Cpl. de Marnier</u>	<u>2 " C.B.</u>		<u>" Bernard</u>	<u>200</u>
<u>"</u>	<u>11. 9. 16</u>	<u>"</u>		<u>(1) Inattention on parade</u>	<u>Cpl.</u>	<u>3 " C.B.</u>		<u>" Bernard</u>	<u>200</u>
<u>"</u>	<u>1. 10. 16</u>	<u>"</u>		<u>(2) Disobeying orders</u>	<u>P. Murphy</u>				
<u>"</u>	<u>1. 10. 16</u>	<u>"</u>		<u>Absent church parade</u>	<u>Cpl. Martin</u>	<u>3 days C.B.</u>		<u>" Bernard</u>	<u>200</u>
<u>"</u>	<u>4-10-16</u>	<u>"</u>		<u>Duty rifle</u>	<u>Sgt. Mifflin</u>	<u>2 " C.B.</u>		<u>" Bernard</u>	<u>200</u>
				<u>Demobilized</u>	<u>1/19</u>				

To be carried over



Army Form B. 121.



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 *O'Neill, Wm.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *24th Regt.*

Intended address *St. John's.*

Height on discharge *5.* Feet *7"*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks *Scar. right knee.*

Figure on discharge *medium*

Christian name of Father *Rodger*

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. 29.6. 1899.*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Wm. O'Neill*

(Rank) *Plt.*

Station 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.

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

Station

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2442 Rank Pte Name D. Heyle Wm
 Intended place of residence 62. Pennington rd St Johns
 2. Occupation Steward
 Classification of soldier B Medical Category A

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, ST. JOHN'S
 Date JUN 17 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUN 17 1919
 Signature of soldier W. O'Neill
 Signature of witness Ambleton

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date 17-6-19
 Signature of soldier W. O'Neill
 Signature of witness James O'Sullivan

STATEMENT OF SERVICE

7. Enlisted for service 31-3-16 No. of days on Military
 Discharged from service 17-6-19 Plus 14 days Service 1189

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUN 17 1919
 R.H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date July 1/1919
 Signature of Officer in Charge M. Bowley Capt
 The Royal Newfoundland Regiment

a 4132079/25 76

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

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

- 1. Unit and Corps. *Royal New York*.....
- 2. Regtl. No. *2442* 3. Rank. *Pvt. 4th*.....
- 4. Name *Connell*.....
(Surname) (Christian Names)
- 5. Age last birthday...*19*.....
- 6. Posted for duty on *April 1916* at *St. John's*.....
in category (or grade).....
- 7. Former Trade or Occupation } *Club*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(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."

- 11. Date of origin of disability. *nil.*
- 12. Place of origin of disability. *nil.*
- 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. *nil.*

14. 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 | na | |
| (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, &c., 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.)

be complain of
no Disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
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? na
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? na

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.

D. Pocumies
Major

Station *Wazley D. Camp*

Medical Officer in charge of case

Date *18.5.19*

* 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

5-244V

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 24112 Rank Pl Name W. O'Neill
 Date of Enlistment 3-1-316 Address St. John's District St. John's
 Occupation Steward Classification for Discharge Pl Medical Category Pl
 Recommendation S. M. B. permitted to leave Disability Rating 20% 3 mts
 Passed to Demobilization Officer with following documents:—

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

Date 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. W. O'Neill

Particulars passed to Vocational Officer for information and action.

Date 17-6-19 [Signature]

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 17-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. to his home at 2 Pennsylvania Rd and Release Certificate No. 2897 issued.

Date 17-6-19 *J.A. Shewell*
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 1-7-19.

Date 17-6-19 *J.A. Shewell*
Depot Paymaster.

Discharge approved for 17-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	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
B179c	B 120	M 93		

2 Form B

Date 17-6-19 *Chas. H. ...*
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 17 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date June 26/19 *J.A. Shewell*

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

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

1. Unit and Corps *Royal New Fl.*..... 7. Former Trade or Occupation } *Clerk.*
 2. Regtl. No. *2442* 3. Rank *Pte*..... 7a. If the soldier claims previous service in Army, he should state—
 4. Name *O'Neill* *William*..... (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday *19*.....
 6. Posted for duty on *April 1916* at *St John's*.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service (b) Date of Discharge;
 (c) on duty (d) off duty? (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (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."

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

14. 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 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, &c., 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.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
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? na.
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? na.

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.

W. E. Proctor, Capt Rame
 Medical Officer in charge of case.

Station H. D. Camp
 Date 18 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