



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5477 Name Kenneth Penny Corps Medics

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Kenneth Penny
2. What is your full Address? 2. Seldom Come St.
3. Are you a British Subject? 3. Yes.
4. What is your age? 4. 24 Years 0 Months
5. What is your Trade or Calling? 5. Fisherman
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, Kenneth Penny, 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.

27/5/18 Kenneth Penny SIGNATURE OF RECRUIT.
Pte. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Kenneth Penny, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered, as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27 day of May 1918
Signature of Attesting Officer Q. Wickes

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 1918
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5477

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

Name Kenneth Renny
 Apparent age 24 years 5 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Seldom Come By. | Relationship Mark Renny
Father.
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'opot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pny		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <u>27-5-18</u>										
Joined at <u>St. John's</u> on <u>May 27-1918</u>										
<u>Discharged August 8 1919</u>										
<u>Embarked St. John's S.S. Boston to Halifax N.S. 22.7.18.</u>										
<u>To RFLs for demobilization 24-6-1919</u>										
<u>Arrives Newfoundland 1.7.1919</u>										
<u>Demobilization St. John's 8.8.1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>8, 8, 1919</u> (date of discharge)										
" " Pensions " " " " " " " " " " " "										

C.R.

5477

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, datwd July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5477 Pte. Kenneth Penney.

C.R. 5477

Extract from Daily Orders Royal Field Artillery
Regt. St. John's, July 2nd, 1919.

5477 Pte. R. Penney

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

K Penney

C.R. 5477

~~1890~~

K. Penney

C.R. 5477

ARC

No 4744



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Renneth Penney, Regl. No. 5497

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4571	Father	Charles Penney	Selmon Cove ^{St. John's} Nfld	60
			Total Allotment, \$	60

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

Sig.) Carlson Lund
 Officer Commanding
 E. Company
H. Green
June 13th 1918

(S) Renneth Penney
 (Rank) Sgt
 with Charles

MM 776X143/P.&.A

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd Bn. R. Newfoundland Regt.
Hazeley Down Camp,
Winchester.

15th. January, 1919

Subject: 5477. Pte. K. Penney.

With reference to the following telegram (464) from the Hon. Minister of Militia, received

Pay to 5477 Penney - £4:0:0

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

Jan 17th 1919

Receipt hereunder.

Ok LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four pound

_____ on account of
cable remittance from Newfoundland.

Kenneth Penney
No. 5477 Rank Pte

Witness M. Rockett

NEWFOUNDLAND CONTINGENT

From:

To:

C.R. 5477

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 29, 1918

#5477 Pte. K. Penney.

Attested for General Service with the Royal Hfld. Regt.
from May 27, 1918

C.R. 5477

Extract from Daily Orders Part II Unit The Royal P.M.
Regt. St. John's, July 15th, 1919.

The discharge of the undernoted on rehabilitation has been
APPROVED by C.O. Discharge Depot, with effect 25-7-19.

5477 Pte. K. Penney.

C.R. 5477

Extract from daily orders Part II Royal Newfoundland Regt.

Depot St. John's dated August 10th 1919.

The discharge of the undernoted on demobilisation has
been confirmed by officer i/o records from noted date
8-8-19.

5477, Pte. K. Penney

Penney, K

5477

Ray Dept.

August 8th 1919.

#5477, Pte. K. Penney,
Seldom Come Bye. Fogo.

Dear Sir:

Enclosed please find Discharge Certificate
3616.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5477 Rank. PL Name Penny R
 Intended place of residence. Seldan, Come Bay Tops

2. Occupation Furberman
 Classification of soldier. E Medical Category A 1

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 JUL 11 1919

Musick
 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 JUL 11 1919

R. Penny
 Signature of soldier

John O'Sullivan
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 11 1919

R. Penny
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 27-5-18 No. of days on Military
 Discharged from service. JUL 25 1919 Plus 14 days Service. 439

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 JUL 25 1919

N.R. Cooper Capt
 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 August 8/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

207 91 3616

5
30
31
8
44

The Royal Newfoundland Regiment

Class for Demobilization:

76.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *5477*

Name *Penny, Kenneth*

Address *Seldom Cross Bay*

Present Medical Category *A.1*

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

Members of Board

R.H. Last Major
O.C. Discharge Depot.

S. Peterson
Senior Medical Officer

D.W. Berden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5477 Rank Plt Name Penny K
 Date of Enlistment 2.7.58 Address St. John's, Nfld. District 1000
 Occupation Headman Classification for Discharge Eg Medical Category 11
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 10.7.19

11/10/19
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Kenneth Penny
but Pennyman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112311 to his home
 at Seldom Comberby and Release Certificate No. 3471 issued.

Date 11-7-19

J.A. Snowcroft
 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 8-8-19

Date 11-7-19

H. H. Mansfield
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11-7-19

J.A. Snowcroft
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
 Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUL 25 1919

N.P. Cooper Capt.
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

K. Kenney

Signature of Man.

Reg. No. *5477*

J. H. Shaulkopf
Signature of the Vocational Officer or his Representative.

Place

M. Golus

Date

11-7-18

191

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

MEDICAL HISTORY

OF

Surname Penny

Christian Name Kenneth

Table I.—GENERAL TABLE.

Birthplace:—Parish Selsdon Cove Bay County Nfld.

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>27th</u> day of <u>May</u> 191 <u>8</u>	at <u>Seymour's</u>	on	day of	191
Declared Age	<u>21</u> years		days	years	days
Trade or Occupation	<u>Fisherman</u>				
Height	<u>5'</u> feet <u>6 1/2</u> inches		feet	inches	
Weight	<u>120</u> lbs.		lbs.	lbs.	
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches	inches
	Range of Expansion	<u>4</u> inches		inches	inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	<u>/</u>	<u>/</u>			
When Vaccinated					
Vision	R.E.—V=	<u>6/6</u>	L.E.—V=	<u>6/6</u>	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause rejection	(b)		(b)		
Approved by (Signature)	<u>James P. Brown</u>				
(Rank)	<u>Major</u>	Medical Officer.			Medical Officer.
Enlisted	at <u>Seymour's</u>	on <u>27th</u> day of <u>May</u> 191 <u>8</u>	at	day of	191
Joined on Enlistment	<u>Royal Nfld</u>	Regtl. No. <u>5447</u>	Corps	Regtl. No.	
Transferred to					
Became non-effective by	on	day of	191	on	day of
(Signature)					
(Rank)					



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 Office 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 *Rennay, Kenneth*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5477*

Intended address *Seldons Lane Bye*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father *Mark*

Christian name of Mother *Lavinia*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Seldons Lane Bye, Oct 26, 1894*

Nature and locality of civil employment required _____

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

(Soldier's signature in full)

Kenneth L.P. Rennay (Rank) *Pte.*

Station

ST. JOHN'S!

Date

7.7.1918

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

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 Devonshire* 7. Former Trade or Occupation } *Fisher*
2. Regtl. No. *5477* 3. Rank... *Pls.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Prunty* *Kenneth* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *25*
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 (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 ✓
- (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 ? ✓

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.)

No complaint of no 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.

W. J. Proctor, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley, D.A.M.*

Date *2/14/19*

* 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

August 16, 1919

Mr. K. Penney,
Seldom Come By.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *R* 2. Surname..... *Pennay*

3. Rank..... *Pte* 4. Regtl. No..... *5477*

5. Address in full to which future payments of gratuity are to be forwarded..... *Seldom come by*

6. Date of enlistment in the Regiment..... *May 27 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents..... *no*

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

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

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

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

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.....

.....

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

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

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

19. Are you now serving in the Res.?..... If not give? - (a) Date of discharge..... July 25/19 (b) Reason for discharge..... Removal

.....

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.....

..... Europe

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: *K X Penner*
 Place of Residence: *Seldom Come Bay*
 Declared before me at: *St Johns*
 This *11* day of *July* 19*19*....

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

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

No 4744



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Rennett Penney , Regl. No. 5477

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4871</u>	<u>Father</u>	<u>Clbank Penney</u>	<u>Seldonsome ^{High} Regt</u>	<u>60</u>
			Total Allotment, \$	<u>60</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.) Swalson
 Officer Commanding
 E. Company
St. John
June 13th 1918

(Sig.) Rennett Penney
 (Rank) Sgt
mark absence

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Kenneth Penney

in respect of his service as No. 5477 Rank Pte.

Name K. Penney Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received 21 1921

Signature K Penney

Date 1921

Address Seldom home Bye

1921
[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland
Number of Sheet *one*
Signature of O. C. Company *D. S. Dicks/iew*

Regimental Number and Name	
No.	<i>5477 Kenneth Penney</i>
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>27</i> years <i>11</i> months	<i>Fisher man</i>
Place and Date of Enlistment	<i>St Johns</i>	Religion
	<i>27.8.18</i>	<i>Methodist</i>
Period of	with Colours	Place of Birth
	<i>1 1/4</i> years.	
	with Reserve	
	<i>3 1/2</i> years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>			<i>8/19</i>		

To be carried over.

Army Form B. 121.

A 477

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5477 Rank Plt. Name Penny K
 Date of Enlistment 27-5-18 Address Weldon Heights District 5080
 Occupation Underman Classification for Discharge 7 Medical Category SH
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Remethy Penny
with Pensioner mark

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2311 to his home at Baldwin Cemetery and Release Certificate No. 3471 issued.

Date 11-7-19

J.A. Snowcraft
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 8-6-19

Date 11-7-19

W.H. [unclear]
Depot Paymaster

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19

J.A. Snowcraft
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

L.R. Coope, Capt.
O. C. Discharge Depot

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

Date Aug 9/19

[Signature]

Reg. No. *2477* Rank *Pte* Name *Amey, G.*
Attested Address *Sudan*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Overcharge.*

11 7 19
25 7 19
~~PASSED TO DEMOBILIZATION OFFICER~~

DISCHARGE APPROVED ON DEMOBILISATION.

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 Newfoundland*
2. Regtl. No. *5477* 3. Rank. *Plt*
4. Name *P. S. King* *Mcneeth*
(Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 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 ?
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. *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 | | |
| (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? }

The complainant of a disability

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.)

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?

Repatriation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.E. Procunier, Capt R.A.M.

Station *Walsley Brown*

Medical Officer in charge of case.

Date *24.1.19*

* 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