



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 559

Name in full Robert Penney Age 23

Address 36 Hutchings St

~~Married~~ S. Height 5' 4" Weight _____
Single

Color _____ Hair dark Eyes brown

Other distinguishing marks two scars top of right thigh

Nearest relative father, Edward Penney

Address 36 Hutchings St.

Dependents none

Occupation blacksmith Present Wage 8.50 per week

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

I, Robert Penney 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 conditions of my service.

Declared before me this _____ day of _____ 1914
Robert Penney
Robert Penney
W. H. ...

Robert Penney
Witness

Chas. R. Aye
164

13/8/15

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg.No. 559

Name Robert Penney

Apparent age 23 years _____ months. Height 5 feet 4 inches.

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

Distinctive marks Hair: Dark, Eyes: Brown

Other distinguishing marks: Two scars top of right thigh

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Edward Penney, 36 Hutchings St., 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>16/9/14</u>							Signature of Officers certifying correctness of entries
Joined at <u>St. John's</u> on <u>16th September '14</u>							
Total Service forfeited as above							
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days							
" " " Pension " _____ (") _____ " _____ "							

Regimental Number 559

Company B

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions:

For the duration of the present war, or until my
discharge.

Subject to the Army Act, the King's Regulations,
and to such ordinances as may apply or may
be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,
5 George V., Chapter IV.

Signed R. Penney & his mark

Witness Robertson

Dated at



191

DESCRIPTIVE REPORT ON ENLISTMENT.

Applicable to all ranks. To correspond with entries on the Medical History Sheet.
Reg. No. 559

Name Robert Penney

Apparent age 23 years _____ months. Height 5 feet 4 inches.

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

Distinctive marks Hair: Dark, Eyes: Brown

Other distinguishing marks: Two scars top of right thigh.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Edward Penney, 36 Hutchings St., 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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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>16/9/14</u>									
Joined at <u>St. John's</u> on <u>16th Sept '14</u>									
<p><i>Dischgd At Jervis. June 6/17</i></p> <p><i>Embarked S.S. Hercul for Gt B 3rd. Disembarked Plymouth 19th 16</i></p> <p><i>Embarked Southampton 16-7-16 Disembarked Rouen 17-7-16</i></p> <p><i>Joined Basle 24-7-16 Admitted 87 F.A. D. H. H. 21-10-16 Admitted</i></p> <p><i>to 40th Hosp. Hospital Etaples 24-10-16 Invalided to England 7-11-16</i></p> <p><i>Admitted 10th Regt. Foot 9-11-16 Embarked to 3-5-17</i></p> <p><i>Embarked at Liverpool for aftw/sea Harpia 4-5-17 Arrived Newfoundland 21-5-17</i></p> <p style="font-size: 2em; text-align: center;"><i>Discharged Medically 6-6-17</i></p>									
Total Service forfeited as above									
Total Service towards Engagement to <u>6-6-17</u> (date of discharge) <u>2</u> years <u>264</u> days									
" " " Pension " (") " " "									

P. Penny

559.

P. H. G.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 1869/169.

From

PAY & RECORD OFFICE.

55, VICTORIA STREET,

LONDON, S.W.

15, May, 1916.

To

O. C.,

2/1 Newfoundland Regiment,

Ayr.

SUBJECT: 559 PTE. A. PENNY.

REPLY

Dated May 21st/16.

191

Reference Nos.

Please return ORIGINAL and retain DUPLICATE.

The following cable has been received from the Colonial Secretary of Newfoundland:-

"Relatives anxious for news of 559 Penny".

Have you any special information regarding this man, Please?

559 Pte. A. Penny at Newton Park School and well.

A. J. S. O'Brien Capt. R.
ADJUTANT,
2nd/1st NEWFOUNDLAND REGIMENT,
NEWTON-ON-AYR, N.B.

W. J. Munn
Capt.
Paymaster & O.i/c Records.

For O.C.

Note. Duplicate copy has already been forwarded to you by O.C. Campden

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE
Doc No. 1604
REC'D. MAY 23 1916
ASST.
App'd.
File No.

DUPLICATE.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. **1869/169**

From

PAY & RECORD OFFICE.

58, VICTORIA STREET,

LONDON, S.W.

15, May, 1916.

To

O. C.,

2/1 Newfoundland Regiment,

Ayr.

SUBJECT: 559 PTE. A. PENNY.

REPLY

Dated

191

Reference Nos.

Please return **ORIGINAL** and retain **DUPLICATE.**

The following cable has been received from the Colonial Secretary of Newfoundland:-

"Relatives anxious for news of 559 Penny".

Have you any special information regarding this man, Please?

*Pte. Penny 559
is at the Depot
Ayr. He is alright
and says he will
write home soon.*

*W. Bain - Lieut.
E Coy.*

W. M. M. M. M.
Capt.

Paymaster & O.I/c Records.

1572
MAY 22 1916

MAY

8451

THE OFFICER IN CHARGE OF RECORDS,
Newfoundland Contingents,
58, Victoria Street, S.W.

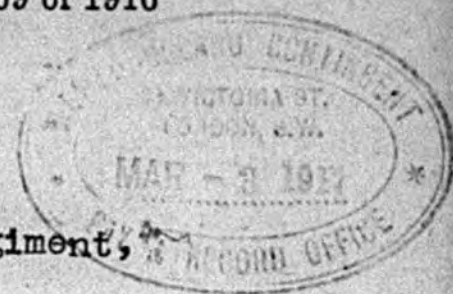


With reference to Army Council Instruction No. 2069 of 1916

—para. A 1 (d) (i)

I beg to inform you that

~~No. 559, Pte. R. Penny, 1st Newfoundland Regiment,~~



will be brought before a Medical Board at an early date, with a view to being discharged from the Service as permanently unfit.

The King George Hospital,
Stamford Street, S.E.
2nd March, 1917.

Major, R.A.M.C.,
Adjutant and Registrar
for Officer Commanding.

Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records Newfoundland Contingents,
58, Victoria Street, S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ²¹14 days after the date on this notification, see A.C.I. ¹⁹¹²1623 of 1916.)

Soldier's surname Penny, Christian names Robert
(in full)

Regt. No. and Rank 559. Pte. Regt. or Corps 1st Newfoundland.
(If T.F. this should be stated.)

His address on discharge will be 36, Hudson Street,
St. John's,
Newfoundland.

This information is for the Central Army Pension Issue Office only.

The Soldier states that* Dependant's allowance is being issued in respect of him.

* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith, also Army Forms B.178 and W.3494.

Station The King George Hospital,
Stamford Street, S.E.

Date 7th March, 1917.

R. C. M. C.
Lt. Col. R.A.M.C.

President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Penny #2

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 559 Rank Pte

Name (surname first) Penny Robert

Regiment Newfoundland Regt.

1. State what special qualifications you have for employment in civil life.

Blacksmith. St Johns.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 2983/18
DATED MAR 29 1917



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

James. Toben.
St Johns Newfoundland.
5 yrs.

3. What is the nature and locality of the employment you desire?

Light work Newfoundland.

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

Ordinary duties

Date 1-3-17

Signature Robert Penny

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Dependants

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

A Name in full Penny Robert
 Regiment from which discharged Newfoundland Regt.
 Regimental Number 559
 Where born (Parish, Town and County), and when St George, Newfoundland
 Intended address 26, 36 Hudson St St George, Newfoundland 15-12-1890.
 Height on discharge 5 Feet 4 Inches
 Colour of Hair on discharge Brown Colour of Eyes Brown
 Descriptive marks Small scar on left arm Complexion Dark
 Figure on discharge Medium
 Christian name of Father Edward
 Christian name of Mother Emma
 Wife's Maiden name in full }
 Date and Place of Marriage } Unmarried
 Christian names of Children }
 Nature and locality of civil employment desired light work Newfoundland



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) — Robert Penny
 KING GEORGE HOSPITAL, (Rank) Pte
 Station LONDON, S.E. Date 1-3-17

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.

W. H. Smith Medical Officer i/c
 KING GEORGE HOSPITAL, Wood Rame Hospital.
 Station LONDON, S.E. Date 1-3-17

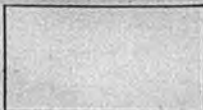
B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		Years	Days
				India	S. Africa		
Disallowed							
Service towards Pension							
Date inclusive to which pay has been issued	Sum due on account of advance of pension }						
Sums due on account of public debts ...							

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.
 Station _____ Officer in Charge
 Date _____ Records.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>559</u>	Army Rank <u>Private</u>
Name <u>Henry Robert</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge	
Place of discharge	

1. 24 years 5 months

Age 5 feet 4 inches

Height

Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.

Complexion Dark

Eyes Brown

Hair Brown

Trade Blacksmith

Intended place of residence 36 Hyacin St. St. John's Newfoundland
(To be given as fully as practicable)

Description at the time of discharge.

Descriptive marks. Small scar on Left Arm

COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.
MAR 29 1917

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Taloula's disease
Heart (Double Aortic)

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

3a To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.



MEDICAL HISTORY

Surname Penny OF Christian Name Robert H2

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of 191	on	day of 191
Examined	at		at	
Declared Age	23	years		days
Trade or Occupation	Blacksmith.			
Height	5	feet	4	inches
Weight				lbs.
Chest Measurement	Girth when fully expanded...			inches
	Range of expansion...			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		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)				
(Rank)				
Enlisted	at	St Johns 97.	at	
	on	day of 191	on	day of 191
Joined on Enlistment	Corps.	Nfld. Reg.	Corps.	
	Regtl. No.	559	Regtl. No.	
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L. District
N.F.L. No. 2783/8
DATED MAR 29 1917

UK 5151

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4TH SCOTTISH GENL HOSPITAL, GLASGOW	10	MAR	1916	18	4	16	Pile 586	39	operation. Cured	J. D. Holmes, Capt. R.A.M.C.
KING GEORGE HOSPITAL, LONDON, S.E.	9	11	16				V.D.H.		Reported sick Oct 25/16 in France. On admission - Heart - Loud systolic murmur heard best over the aortic cartilage. Blowing diastolic murmur heard best over the lower end of the sternum. Pulse - Water hammer. Blood pressure 196 m.m. Nov 10/16 Diagnosis - double aortic disease. Jan 16/17 Up a few hours daily. Trans to Aux 19-1-17. Now includes permanently unfit	A. Mackay M.D. R.A.M.C.

W. S. Shepherd
W. S. S. S.

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
Oct. 14	Inoc. on Steamer
7 Apr. 15	2 " " at this inst.
89. 2. 16	Vaccinations. R.P. Graham. LeRance.
17. 6. 16	Fit for Foreign Service H. J. W.



appeared before a Medical Board and recommended Discharge as permanently unfit for both War & Home Service

Ty. Drake
Lieut. Col. I. M. S.

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

F. Enlisted for Duration of War only. 1370

Army Form B. 179.

10621

Medical Report on an Invalid.



Station K.F.H. SE.

Date Jan. 16. 17.

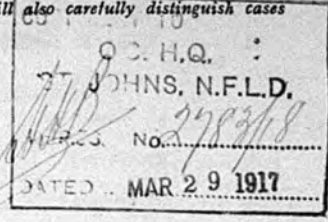
- 1. Unit 1 New Zealanders:
- 2. Regimental No. 559.
- 3. Rank Plt.
- 4. Name Percy Robert:
- 5. Age last birthday 24
- 6. Enlisted { on 5 Oct. 1914
at St Johns:
- 7. Former Trade or Occupation { Blacksmith.

8. Disability.

29 3/4 V.D Heart. (Double aortic)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.



9. Date of origin of disability. 13: Oct. 1916.

10. Place of origin of disability. France:

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Went sick - weak.

palpitation, shortness of breath, he has had to
Rheumatism, no syphilis - was sent down
with D.O.H.

admitted K.F.H. Nov: 10. 1916

Double aortic murmur:

12. (a) Give your opinion as to the causation of the disability. Infectious.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page B). active service.

18. What is his present condition ?

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

Pale sweat: with dyspnea & vertigo.
Pulse in 90-100. Soft.

Hear act: normal.

Double aortic murmur: marked pulsati in neck

Worsen an act: is normal.

14. If the disability is an injury, was it caused

- (a) In action? *No to so caused.*
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

no.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

no.

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

not advised.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

not applicable.

19. Do you recommend

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

Discharge as unfit.

H. S. ...

Officer in medical charge of case.

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

except†

Station

K. Geo. ...

T. Drake ...

Officer in charge of Hospital

Date

27-2-17

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

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

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Not the result, but substantially aggravated by conditions of active service

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) Any of the conditions mentioned in question 20, and if so, which?

Active service

22. Is the disability permanent?

Permanent

23. If not permanent, what is its probable minimum duration?

To be stated in months.

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

Capacity lessened totally at present

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{4}$, $\frac{3}{4}$, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

Yes

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

see No 16

26. Do the Board recommend

(a) Discharge as permanently unfit,

Discharge as permanently unfit for both war & home service

or

(b) Change to England?



Station _____

Date _____

M. J. P. Smith - J. H. P. Jones President.

M. J. P. Smith - J. H. P. Jones Members.

Approved.

Station _____

Date _____



M. J. P. Smith - J. H. P. Jones
Administrative Medical Officer.

No. 18.

Date 26th 4 1917.

(1) To the Officer i/c Records,

(Station).

(2) The Officer Commanding

Newfoundland Adms
58 Victoria St W
(Station).

(3) The Paymaster,

(Station).

Regimental No. 559.

Rank and Name Pte Penny R.

Regiment or Corps 1/ Newfoundland.

has been granted a furlough from Discharged to report to
58 Victoria St

His address while on leave will be: Discharged Service 26-4-17.

I consider he is fit for * Light duty.
[Signature]
To report ^{o/c} Records 2/5/17

Officer in charge _____ Hospital,

(Station).



* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the Office.

ADMITTED TO

KING GEORGE HOSPITAL

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

9-11-16

865

11 Newfoundland Regiment.

*The Officer Commanding

The Officer in Charge of Records

58 Victoria St

29.4.17

The Regimental Paymaster

" do -

With reference to No. 559 Pte R Penny R of the above Regiment, who appeared before a Medical Board and was approved by

the D.F.M.S. Command on the

for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to permit instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to

Newfoundland Headqrs, 58 Victoria St SW.

on [date] 28-4-17



[Signature]

Officer Commanding

CAPT., R.A.M.O.

Hospital.

Place

Date

* In case of Territorial Force "Officer Commanding the Administrative Centre."

Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 559 Pte Perry R.
 Company. From 23/12/16 To 4/5/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. Grampian
 From Liverpool Date 4/5/17
 Draft No. 35 CR.

DR. Classification (See procedure)

Date	Pay Book Col	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d		
	8	Forfeited Pay							1	Pay							
	9	Allotments	3.00	133	57	00			2	Field Allowances	1.00	133	133	00			
	10								3	Other Allowances	10	133	133	00			
	11/12	Total Stoppages							4/5	Total @ 4.83 2/3							
					57	00	11	14	5								
	13	Fines							6a				14	50	1	2 1/2	
	14	Clothing and Necessaries															
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages								Cr. Balance		22/12/16		18	10	5 1/2	
	19	Casual Payments								Ration Allowance		28/4/17-4/5/17				14	0
28/4/17	20	Inst Payments P & R. Office			10	0	0										
3/5/17	21	2nd " dp dp			7	0	0										
	22	3rd " "															
	23	Final " "															
	24	Balance Debit Last Period															
	28	" Due by Paymaster			20	11	5		27	Balance Due to Paymaster							
					49	5	8										



191

CHECKED
MAH

This account is in accordance with information received at the Pay & Record Office to 2/5/17 and is therefore subject to amendment if, and as may be found necessary.

TIFIED CORRECT.

[Signature]
 O.C. " " Company.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 559 Pte Perry R.
Company. From 23/12/16 To 4/5/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
Embarked per S. S. Grampian
From Liverpool Date 4/5/17
Draft No. 35. CR.

DR. Classification (See procedure)

Date	Pay Book Col	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay					
	9	Allotments	3.00	133	57	00			2	Field Allowances	1.00	133	13300		
	10								3	Other Allowances	10	133	1330		
	11/12	Total Stoppages							4/5	Total @ 4.88 2/3					
					57	00	11	14	3						
	13	Fines							6a				14650	30	1 2½
	14	Clothing and Necessaries													
	15	Arms & Accoutrements													
	16	Barrack Damages													
	17	Hospital Stoppages								Cr. Balance	22/12/16		18	10	5½
	17a	Miscellaneous Stoppages								Ration Allowance	28/4/17-4/5/17				14 0
	19	Casual Payments													
28/4/17	20	1st Payment P & R. Office			10	0	0								
3/5/17	21	2nd " " dp dp			7	0	0								
	22	3rd " " "													
	23	Final " "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster			20	11	5		27	Balance Due to Paymaster					
					49	5	8						49	5	8

TIFIED CORRECT.

191

This account is in accordance with information received at the Pay & Record Office to 2/5/17 and is therefore subject to amendment if, and as may be found necessary.

O.C. " " Company.

CHECKED

MHA

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. **559 Pte Perry R.**
 Company. From **23/12/16** To **4/5/17** (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. **Gramplan**
 From **Liverpool** Date **4/5/17.**
 Draft No. **35.** CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay					
	0	Allotments	3.00	133		57	00		2	Field Allowances	1.00	133		13300	
	10								3	Other Allowances	10	133		1350	
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3					
						57	00	11						14	3
	13	Fines							6a					14650	30
	14	Clothing and Necessaries													1
	15	Arms & Accoutrements													2 1/2
	16	Barrack Damages													
	17	Hospital Stoppages								Cr. Balance		22/12/16		18	10
	17a	Miscellaneous Stoppages													5 1/2
	19	Casual Payments								Ration Allowance		28/4/17-4/5/17			14
28/4/17	20	1st Payment P & R. Office			10	0	0								0
3/5/17	21	2nd " " dp dp			7	0	0								
	22	3rd " "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster			20	11	5		27	Balance Due to Paymaster					
					49	5	8							49	5
															8

CERTIFIED CORRECT.

 O.C. " " Company.



GREGG
 MHA

559 Pts Penny R.
23/12/16 4/5/17

Liverpool 35.
Grampian 4/5/17.

3.00 133 57 00

1.00 133 13300
10 133 1350

57 00 11 14 5

14330 30 1 2½

Gr. Balance 22/12/16 18 10 5½

Ration Allowance 28/4/17-4/5/17 14 0

28/4/17 *** s P& R. Office 10 0 0
3/5/17 *** dp dp 7 0 0

20 11 5

49 5 8

49 5 8

CHECKED
MFA

No. 539 Name Penny, R. Sqn., Batty., or Company } E Corps 1st Newfoundland Date of enlistment } 1.10.14 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } 21.5.16 No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. 1 Signature O.C. Company, etc. } J.E. Bennett Character Fair

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
				Invalidated to England 7.11.16. M.G.					

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 559 Rank Private

Name Penney R.

Pay	F. Allow	Working	Total
1 00	10		1 10
Less Allotment			43w.r.
Net Rate			67

Date	DEBITS	£ s d			CREDITS	£ s d		
		£	s	d		£	s	d
1917	Balance	1	/	1	Balance	22	12	18 10 5/2
	<u>P.M. ADVANCES:</u>				<u>Pay @ Net Rate:</u>			
	A.B. 64				23/12/16 to 28/4/17 = 127 days			
	Acquittance Rolls				67 = 85.09	17	9	8
	Hospital Advances				1/1 to 1/1 = days			
	<u>STOPPAGES:</u>				0 = 6			
	hospital dys =				1/1 to 1/1 = days			
	Forfeited Pay dys ?				0 = 6			
	Miscellaneous				1/1 to 1/1 = days			
	Cables				0 = 6			
	<u>P.&R.O. PAYMENTS:</u>				0 = 6			
	Sundry Bills							
	Cash							
		28/4/17	7	0 0				
		27/5/17	3	- -				
	V ₂ 3043							
					18 1/2			
						36	0	1/4

Penny R.

559

Pay Dept

No 559

Name Penney R

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
1917	May 11 Balance due by P.M. L 20-11-5			100 10	100 10
	19. Repay 15 day @ 1 1/2			16 50	116 60
	31 . . . 12 . . @ 1 1/2			22 20	138 80
	June 6 . . . 6 . . do			11 10	149 90
	Bonus			12 95	162 85
	Clothing			25 00	187 85
	To pay to Pippy		2 00		185 85
	May 23 To pay		15 00		170 85
	29 . . .		10 00		160 85
	31 To allot		12 00		148 85
	June 27 To Balance		148 85		
	War Service Gratuit 5 mo @ 70%			350 00	350 00
	Bonus		12 95		337 05
			200 80	537 85	337 05

PAY LEDGER R 210/ by [Signature]

SIS [Signature]

July 17, 1919

Dear Sir:-

Can you please inform me from the Police Records the exact date of an accident which occurred to Edward Penney of Hutchings Street: He was run down by a Cab on Lemarchant in October 1916.

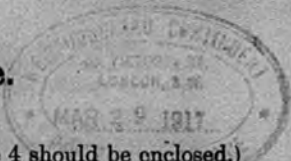
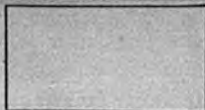
Thanking you in advance.

Yours truly,

Captain & Paymaster.

Inspector General of Constabulary,

City.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>SS 9</u>	Army Rank <u>Private</u>
Name <u>Penny Robert</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>St. John's, Nfld</u>	
Place of discharge <u>June 6th 1917</u>	
1. Description at the time of discharge.	
Age <u>26</u> years <u>6</u> months Height <u>5</u> feet <u>4</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Dark</u> Eyes <u>Brown</u> Hair <u>Brown</u> Trade <u>Blacksmith</u> Intended place of residence { <u>36 St. John's</u> <u>Nfld</u> <u>Newfoundland</u> (To be given as fully as practicable)	Descriptive marks. <u>Small Scar on Left Arm.</u>
2. The above-named man is discharged in consequence of <u>Valvular disease</u> <u>Heart. (Double Aortic)</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) A. John's Field R. Penney (Signature of Soldier.)

(Date) June 8th / 17 R.C. Ke (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

No Reservations!—

R Penney



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

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 *Fenny & Co. 906*
aged *23* conducted at *C. L. Blumery*
Date: *15/9/14* Recruiting Officer:

NO. OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *no*
- 8 *no*
- 9 *no*
- 10 *no*
- 11 *n.*
- 12 *n.*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *n*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *5 years*
- 34 *5 to 4 in.*
- 35 *157 lbs.*
- 36 *34 - 37 1/2*
- 37 *out of work*
- 38 *Father*
- 39 *no*

2

Edward Fenny 36 Hatchway St.

F. J. 589

Signature of Medical Examiner: *Cluny Macpherson M.D.*

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

A Name in full *Tenny Robert*
Regiment from which discharged *Newfoundland Regt.*
Regimental Number *559*
Where born (Parish, Town and County), and when *St John's Nfld. 15.12.1890.*
Intended address *36 Hudson St. St John's Nfld.*
Height on discharge *5* Feet *4* Inches
Colour of Hair on discharge *Brown* **Colour of Eyes** *Brown*
Descriptive marks *Small scar on left arm* **Complexion** *Dark*
Figure on discharge *Medium*
Christian name of Father *Edward*
Christian name of Mother *Emma*
Wife's Maiden name in full }
Date and Place of Marriage } *Unmarried*
Christian names of Children }
Nature and locality of civil employment desired *Light work Newfoundland*



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.

Tenny Robert
 (Soldier's Signature in full)
Regt. Hospital
 Station *London S.E.* (Rank) *Sgt.*
 Date *1.3.17*

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.

Regt. Hospital *A. Clotell* *Medical Officer i/c*
 Station *London S.E.* Date *1.3.17* *St. George's Hospital.*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed						
Service towards Pension						
Date inclusive to which pay has been issued	Sum due on account of advance of pension }					
Sums due on account of public debts ...	of advance of pension }					

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges **Medals**
Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge _____
 Date _____ Records _____

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 559 Pte Penny R.
 Company. From 23/12/16 To 4/5/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. Grampian
 From Liverpool Date 4/5/17.
 Draft No. 35. CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay	3.00	133	57	00			1	Pay	1.00	133	13300		
	0	Allotments							2	Field Allowances	10	133	1330		
	10								3	Other Allowances					
	11/12	Total Stoppages			57	00	11	14	3	4/5	Total @ 4.86 2/3				
													14630	30	1 2 1/2
	13	Fines							6a						
	14	Clothing and Necessaries													
	15	Arms & Accoutrements													
	16	Barrack Damages													
	17	Hospital Stoppages								Cr. Balance	22/12/16		18	10	5 1/2
	17a	Miscellaneous Stoppages								Ration Allowance	28/4/17-4/5/17				14 0
28/4/17	20	Casual Payments			10	0	0								
3/5/17	21	1st Payment P & R. Office			7	0	0								
	22	2nd " " dp dp													
	23	3rd " "													
	24	Final " "													
	24	Balance Debit Last Period			20	11	5		27	Balance Due to Paymaster					
	28	" Due by Paymaster											49	5	8
					49	5	8								



191

This account is in accordance with information received at the Pay & Record Office to 215 117 and is therefore subject to amendment if, and as may be found necessary.

NEWFOUNDLAND CONTINGENT.
 VERIFIED CORRECT.
A. A. Munnell Pay.
 O.C. " " Company. O.R.D.S.

CHECKED.
[Signature]

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 559 Pte Penny R.
 Company. From 23/12/16 To 4/5/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. Gramplan
 From Liverpool Date 4/5/17.
 Draft No. 35. CR.

DR. Classification (See procedure) *X*

Date	Pay Book Col	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d			
	8	Forfeited Pay	3.00	133	57	00			1	Pay	1.00	133	13300					
	9	Allotments							2	Field Allowances						10	133	1330
	10	Total Stoppages							3	Other Allowances								
	11/12				57	00	11	14	3	4/5	Total @ 4.88 2/3							
	13	Fines							6a				14630	30	1 2 1/2			
	14	Clothing and Necessaries																
	15	Arms & Accoutrements																
	16	Barrack Damages																
	17	Hospital Stoppages								Cr. Balance	22/12/16			18	10 5 1/2			
	17a	Miscellaneous Stoppages								Ration Allowance	28/4/17-4/5/17				14 0			
28/4/17	19	Casual Payments																
	20	Payment P & R. Office					10	0	0									
3/5/17	21	2nd " dp dp					7	0	0									
	22	3rd "																
	23	Final "																
	24	Balance Debit Last Period																
	28	" Due by Paymaster					20	11	5	27	Balance Due to Paymaster							
							49	5	8						49 5 8			



191

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PROVED CORRECT. NEWFOUNDLAND CONTINGENT.

O.C. " " Company. O.R.D.B.

CHECKED.

MSH

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 559 Pte Penny R.
Company. From 23/12/16 To 4/5/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
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From Liverpool Date 4/5/17.
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DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d		
	8	Forfeited Pay	3.00	133	57	00				1	Pay	1.00	133	13300			
	9	Allotments								2	Field Allowances	10	133	1330			
	10									3	Other Allowances						
	11/12	Total Stoppages			57	00	11	14	3	4/5	Total @ 4.85 2/3						
														14630	30	1	2½
	13	Fines							6a								
	14	Clothing and Necessaries															
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages															
	19	Casual Payments															
28/4/17	20	1st Payment P & R. Office					10	0	0								
3/5/17	21	2nd " dp dp					7	0	0								
	22	3rd "															
	23	Final "															
	24	Balance Debit Last Period															
	28	" Due by Paymaster					20	11	5	27	Balance Due to Paymaster						
							49	5	8								

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT.

O.C. " " Company & ORDS

CHECKED.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 559

Rank

Private

Name (surname first)

Penny Robert

Regiment

Newfoundland Regt

1. State what special qualifications you have for employment in civil life.

Blacksmith St John's

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

James Toben St John's Newfoundland
5 years

3. What is the nature and locality of the employment you desire?

Light Work Newfoundland

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

Ordinary Duties

Date

1.3.17

Signature

Lt Robert Penny

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No.....of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



No. 464

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Penny, Regl. No. 559

hereby agree, until further notification by me, and in similar official form, to make an Allotment of three Dollars and week Cents, per week 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).
	<u>Mother</u>	<u>Mrs R Penny</u>	<u>Hutchings St 36 St Johns</u>	<u>3</u> <u>=</u>
Total Allotment, \$				<u>3</u> <u>=</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.) J. March
Officer Commanding
Company

His Witness G. H. [Signature]
Robert Penny
(Rank) Pvt

SEPARATION ALLOWANCE.

Claimant..... Penney, Emma (mother).....

On account of Robert Penney... No. 559... Rank. Pte.

Decision..... Approved
..... Payable from date of husband's
..... incapacity.....

Pay from
Nov. 1/1916 to
March 31/1918.
19/7/19.



Date..... 17/5/19.....

J. P. Bennett
W. H. Rudell, Lieut. Col.
W. Howley, Capt.

Instructions..... Pay \$100⁰⁰ on account, & ascertain
..... date of commencement of
..... husband's incapacity.....

Allotment of \$3.⁰⁰ per week payable to Emma Penney
his mother from 3/10/14 to 31/3/17

Discontinued on account of being discharged
..... Luke Sgt.....

MOTHER.

ROYAL NEWFOUNDLAND REGIMENT.

NOTICE.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't, or Unit. Regt. No.
Robert Penny Private 4th Regiment 559.
2. Age of soldier. Married or Single.
27 Single
3. Name in full of mother. Age. Occupation. Permanent Address.
Emma Penny 50 Married Roman Pleasant St.
4. Give name of your husband. Age. Occupation Where Employed.
Edward Penny 63 Laborer Money etc.
5. If your husband is not supporting you state the reason.
Husband broke owing to accidental injuries received three years ago.
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband had been totally incapacitated, and for how long incapacity is likely to continue.)
7. If you are a widow, state date and place of death of your husband.
8. Have you married again since death of above mentioned husband?
9. Names of your other children. Address in full. Age. Occupation Married or Single.
Mary Penny Pleasant St. 28 Naval Receiver single (husband broke)

10. State amount earned by (a) Yourself
(b) Your husband.

21-
Nil
Nil

11. State amount and source of any other income.

None

12. State value of real property belonging to you and your husband.

Nil

13. State value of personal property belonging to you and your husband.

Nil

14. If husband is dead state value of real and personal property left by him.

15. Actual amount contributed by soldier during the year prior to enlistment.

\$300⁰⁰

16. Was this amount contributed weekly or monthly.

Weekly.

17. Did this amount include payment of son's board, etc.

Yes.

18. State your son's trade or occupation prior to enlistment.

Blacksmith

19. State amount of his wages per week.

\$8⁴⁰

20. State name and address of his last employer.

Reid & Co. Ltd.
St. John's

21. State amount of monthly support from son since enlistment.

\$12⁰⁰ per month.

22. State amount of allotment received by you from son since enlistment.

From Oct 1914 to
May 1918
12⁰⁰ per month.

23. State from what date did you receive allotment?

Oct. 1914.

24. Actual amount contributed by other children. Weekly Monthly.

12⁵⁰ per month.

25. Are any of these children in the employ of you or your husband?

No.

26. If not receiving support from other children, state cause. Explain Fully.

27. With whom are you residing at present?

With my husband

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.

Didn't know I was entitled to one.

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

No

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.

No

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government.

No

32. In what capacity and in what place?

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Emma J. Power*.....

Place of Residence..... *St. John's*.....

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

this..... *Power*..... day of..... *May*..... 191*9*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the ~~best~~ *best* support of the applicant.

Signature of Clergyman..... *J. R. W. Arby*.....

Signature of member of the Patriotic Fund Committee. *[Signature]*

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

NOTICE. THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't, or Unit. Regt. No.
Robert Penney *Squad.* *Nfld Regt.* *559*
2. Age of soldier. Married or Single.
27. *Single*
3. Name in full of mother. Age. Occupation. Permanent Address.
Emma Penney *50* *Widow* *Albion St. St.*
4. Give name of your husband. Age. Occupation Where Employed.
Edward Penney *63* *Labourer.* *Worrey etc.*
5. If your husband is not supporting you state the reason.
Blind
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
Blinded in street accident with Fall of 1915.
7. If you are a widow, state date and place of death of your husband.

8. Have you married again since death of above mentioned husband?

9. Names of your other children. Address in full. Age. Occupation Married or Single.
Mary Penney *Albion St.* *28* *Single*

- 10. State amount earned by (a) Yourself } Nothing
(b) Your husband. }

- 11. State amount and source of any other income. *Son's pension*

- 12. State value of real property belonging to you and your husband. *Nil*

- 13. State value of personal property belonging to you and your husband. *Nil*

- 14. If husband is dead state value of real and personal property left by him. *—*

- 15. Actual amount contributed by soldier during the year prior to enlistment. *About \$250⁰⁰*

- 16. Was this amount contributed weekly or monthly. *Weekly.*

- 17. Did this amount include payment of soldier's board etc. *Yes*

- 18. State your son's trade or occupation prior to enlistment. *Blacksmith.*

- 19. State amount of his wages per week. *\$8⁰⁰*

- 20. State name and address of his last employer. *Recd. Nfld. Co.*

- 21. State amount of monthly support from son since enlistment. *\$12⁰⁰ per month*

- 22. State amount of allotment received by you from son since enlistment. *\$437⁰⁰*

- 23. State from what date did you receive allotment? *Sept. 16th 1914.*

- 24. Actual amount contributed by other children.

Weekly	Monthly.
<i>—</i>	<i>\$97³</i>

- 25. Are any of these children in the employ of you or your husband? *No*

26. If not receiving support from other children, state cause. Explain Fully. _____

27. With whom are you residing at present? *My husband*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *Didn't know I was entitled to it.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No.*

32. In what capacity and in what place? _____

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. _____

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Emma J. Plummer*

Place of Residence..... *St. John's Street*

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

this..... day of..... *June* 1919
Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *J. D. Darty*

Signature of member of the Patriotic Fund Committee. *[Signature]*

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

- 1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *Robert Penney
no 559.*
- 2. Name and age of said soldier's) *Harry Penney
Age 28.*
~~father or other relative.~~
brother
- 5. Is said ~~father or other relative~~ *brother* a chronic invalid and totally incapacitated.) *no*
- 4. Of what nature is disability ?) *Due to discharge of
in feet previous to
and now*
- 5. From what date has this total incapacity been existent ?) *2 out Korea*
- 6. How long is total incapacity likely to continue and what will be the effect on earning power.) *Correct as I
find heart based*
- 7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date.) *—*
- 8. Are you the regular attending physician ?) *was attended
by*
- 9. Relationship to soldier of applicant ?) *Brother*

I certify that the above statements are correct.

...*H. H. Penney*...Place,

.....Date.

.....*W. H. M. L.*.....
Physician.

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *Robert Penney*
No 559
2. Name and age of said soldier's father ~~or other relative~~.) *Edward Penney*
63
3. Is said father ~~or other relative~~ a chronic invalid and totally incapacitated.) *Yes*
4. Of what nature is disability ?) *Blind*
5. From what date has this total incapacity been existent ?) *3 years now*
6. How long is total incapacity likely to continue and what will be the effect on earning power.) *Forever*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date.) *100%*
8. Are you the regular attending physician ?) *Yes*
9. Relationship to soldier of applicant ?) *Son*

I certify that the above statements are correct.

.....*St. John*.....Place,

.....*July 9, 1919*.....Date.

.....*A. C. Campbell*.....
Physician.

Question 5 in this case, is very important

AMB

May 26, 1919

Mrs. Emma Penney,
Pleasant Street,
City.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that it has been decided to grant you the same, payable from the date of the commencement of your husband's total incapacity.

As we have nothing to show exactly or approximately what this date is, we are unable to make payment of the full amount due to you, I am enclosing cheque for One hundred dollars (\$100.00) on account of same, and shall be obliged if you will have your Doctor furnish a statement, showing as nearly as he can estimate the date from which your husband can be considered to be totally incapacitated.

Yours truly

Captain
Paymaster & Officer i-c Records



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 26, 1919

Mrs. Emma Penney,
Pleasant Street,
City.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that it has been decided to grant you the same, payable from the date of the commencement of your husband's total incapacity.

As we have nothing to show exactly or approximately what this date is, we are unable to make payment of the full amount due to you, I am enclosing cheque for One hundred dollars (\$100.00) on account of same, and shall be obliged if you will have your doctor furnish a statement, showing as nearly as he can estimate, the date from which your husband can be considered to be totally incapacitated.

Yours truly

M. Howley

Paymaster & Officer i-c Reerds

Captain

Date of accident.

Oct 3/1916.

Form P/D.

FIRST NEWFOUNDLAND REGIMENT.

VOUCHER.

In acct. with No. 559 Private R. Penney. Voucher No. 31206
Cheque No. 31206.

Date	Req'n. No.	Invoice No.	<u>PARTICULARS.</u>	AMT.	
June 7th. 1917.	395.		Balance of Pay.	\$110	90
			Bonus 1 week @ \$1.85.	12	95
			Clothing.	25	00
					\$148 85

CERTIFICATION.

Recap. Sheet No. 395.

Check by.

Paymaster.

RECEIPT.

Received from the 1st. Newfoundland Regiment, the sum of

One hundred and Forty eight-----Dollars.

and Eighty Five-----Cents in payment as above stated.

June  1917.

\$ 148.85.

Sig. _____

R Penney

No.



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #559 Pte. R. Penney

Voucher No. 30973.

Cheque No. 30973.

Reg'l Ac No.

Name

C.B. Folio No.

Date		Req'n No.	Invoice No.	Particulars.	Amount	
May	29	390		Pay on a/c	\$10	
					\$ 10	00

CERTIFICATION

Dissectⁿ Sheet No.

Recap. Sheet No. 390

M. Howley
PAYMASTER

Checked by *[Signature]*

RECEIPT

May 29th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum o

..... Ten Dollars

and Cents in Payment as above stated.

May 1917.

\$ 10.00

[Sig.] *R Penney*



No. _____

1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #559 Pte. R. Penny

Voucher No. 30986.

Cheque No. 30786.

Reg'l A/c No.

Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars	Amount
May 23	386		Pay on a/c	\$15
				\$15 00

CERTIFICATION

Dissectⁿ Sheet No. _____

Recap. Sheet No. 386

Checked by *CCO*

M. Bowley
PAYMASTER

RECEIPT

May 23rd, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Fifteen ----- Dollars
 and ----- Cents in Payment as above stated.

May 1917.
 \$ 15.00

[Sig.] *R. Penny*

Constabulary

Station

July 17 1919

Sir,

I respectfully report
that there is no record
made of an accident
to Edward Penney,
by the police, in 1914.
and could not have
been known by the
police, if the accident
occurred.

John Byrne
No Constable

C. H. Metchings Esq. F.C.I.C.
Inspector General

July 17th. 19

Forwarded to Jas Howley Esqr,
for his information.

Charles H. Metchings
Inspector General Constby.

Jas M. Howley Esqr.,

Captain & Pay Master

Royal Newfld Regt .

559 Robert Keeney (deceased)

DEPARTMENT OF MILITIA
REGIMENTAL PAY BRANCH
PAY VOUCHER

ACCOUNT	OR. NO. 1257	INITIALS
ISS. LEDGER		INITIALS
PAY LEDGER		INITIALS
CHK. LEDGER		INITIALS

\$ 337⁰⁵/₁₀₀

[Handwritten initials]

DEC 22 1922

RECEIVED from the Royal Newfoundland Regiment the sum of
Three hundred and thirty seven⁰⁵/₁₀₀

on account of *W.S.G.*

.....

December 22nd.1922

Mrs Emma Penney,

Pleasant Street.

Dear Madam:-

In my endeavours to finalize the work of this Department I have just discovered that payment of War Service Gratuity on account of your late son, Robert, has not been made.

I am therefore enclosing you a cheque for the amount due - (\$337.05).

Yours truly,

Major
Paymaster

Medical Report on an Invalid.

Artificially made copy

Station King George Hospital, London S.E.

Date January 16, 1917

1. Unit 5th Newfoundland
 2. Regimental No. 559
 3. Rank Sgt.
 4. Name Penny Robert

5. Age last birthday 24
 6. Enlisted { on 1st Oct. 1914
 at S. John's
 7. Former Trade or Occupation { Blacksmith

8. Disability.

293 (2) V.D. Heart. (Double Aortic)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 13 October 1916

10. Place of origin of disability. France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Went sick - weak, palpitation, shortness of breath, he has had no rheumatism, no syphilis, was sent down with D.D.H. Admitted King George Hospital, Nov. 10, 1916. Double Aortic Murmurs.

12. (a) Give your opinion as to the causation of the disability. Morbus Cordis

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Active Service

20 5 L

13. What is his present condition?

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

Pale & weak with dyspnoea on exertion
Pulse from 90-100 Soft
Heart action irregular.
Double vertigo. Murmur. Marked pulsation in neck.
Worse now? Reaction is negative

WASSERMAN

14. If the disability is an injury, was it caused

- (a) In action? Not so caused
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

No

16. Was an operation performed? If so, what?

No

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

Not advised

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

19. Do you recommend

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

Discharge as Unfit

J. H. Wood?

Officer in medical charge of case.

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

except†

Quigley Hospital
Station

V. P. Drake Brockman
Officer in charge of Hospital

Date 27.2.17

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

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

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Not the result, but ~~substantially~~ aggravated, by conditions of Active Service

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

No Active Service Permanent

E. Any of the conditions mentioned in Question 20? If so which?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

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

Capacity lessened totally at present

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

See No 16

26. Do the Board recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

Discharge as permanently unfit for both War & Home Service

Signatures:—

*George Hospital
Stanford London S.E.*

A.C. Cottell, L. Col. R.A.M.C. President.

*V. Drake Brockman
Lt Col R.A.M.C.* Members.

Station _____

Date 7.3.17

Approved do

Station _____

Date do

A.C. Cottell, L. Col. R.A.M.C.
Administrative Medical Officer.

REGIMENTAL NO. 559.

PENSION NO.

NAME. ROBERT PENNEY

MAY 23RD, 1917

DOUBLE AORTIC AND MITRAL MURMUR. PULSE 88.

JANUARY 18TH, 1918

1439-R

HEART IN STATU QUO

DISABILITY:- 293 (2) VALVULAR DISEASE OF THE HEART.
(DOUBLE AORTIC)

236

REGIMENTAL NO. 559.

PENSION NO. 461

NAME. ROBERT PENNEY

MAY 23RD, 1917

DOUBLE AORTIC AND MITRAL MURMUR. PULSE 88.

JANUARY 18TH, 1918

HEART IN STATU QUO

DISABILITY:- 293 (2) VALVULAR DISEASE OF THE HEART.
(DOUBLE AORTIC)

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

MEDICAL HISTORY

OF
 Christian Name

Surname

Penny

Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on	day of	on	day of
	at		at	
Declared age	23 years		years	days
Trade or occupation	<i>Blacksmith</i>			
Height	5 feet	4 inches	feet	inches
Weight		lbs.		lbs.
Chest Measure- ment {	Girth when fully expan- ded			inches
	Range of expansion ...			inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number				
When vaccinated				
Vision	R.E.—V. =		R.E.—V. =	
	L.E.—V. =		L.E.—V. =	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)				
(Rank)				
Enlisted	at	<i>St John's</i>	at	
	on	day of	on	day of
		191		191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>5th Regt</i>	<i>559</i>		
Transferred to				
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the case, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4 Scottish Gael Glasgow	10	3	16	18	4	16	Piles SSL	39	Operation Cured	Sgt W. Holmes Capt. R.A.M.C.
King Geo Hosp London S. C.	9	11	16				V. D. A.		Reported sick Oct 25.16 in France on admission - Heart - loud systolic murmur heard best over the aortic cartilage. Blowing diastolic murmur heard best over the lower end of the sternum. Pulse - Water hammer. Blood Pressure 196. m. m. Nov. 10.16 Diagnosis - double aortic disease. Jan 16.17 Up a few hours daily. Trans to Ant. 19.117. Now invalided permanently unfit.	Sgt C. Mackay Maj. R.A.M.C. Sgt V. Drake Brockman Lt. Col. R.A.S.

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date JANUARY 18th., 1918

No. 559 Age 24 Height 5'4"

Rank PRIVATE Complexion DARK

Name PENNY, ROBERT Eyes BROWN Hair BROWN

Unit 1ST NEWFOUNDLAND

Address 36 HUDSON STREET Former Trade BLACKSMITH

Enlisted at ST. JOHN'S NFLD. on OCTOBER 15th., 1914

Disease or disability 293 (2) VALVULAR DISEASE OF THE HEART.
(DOUBLE AORTIC)

Present condition

Heart - a - stain gas

Estimated disability

80%

Recommendation of Medical Board

Class

Members of Board

*H. H. ...
J. ...
L. Patterson mgn*

Approving Medical Officer.



NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date MAY 23rd., 1917.
No. 559 Age 24 Height 5ft4"
Rank PRIVATE Complexion DARK
Name PENNY, ROBERT Eyes BROWN Hair BROWN
Unit 1ST NEWFOUNDLAND
Address 36 HUDSON STREET Former Trade BLACKSMITH
Enlisted at ST. JOHN'S NFLD. on OCTOBER 15th., 1914.
Disease or disability 293 (2) V. D. HEART. (DOUBLE AORTIC)

Present condition

*Double aortic & mitral murmur
Pulse 88.*

Estimated disability

80%

Recommendation of Medical Board

Discharge

Class



Members of Board

*W. H. ...
W. H. ...
W. H. ...*

Approving Medical Officer.

Cluny Macpherson, Major

Receipt for Army Book 64

No. 559 Name .. *H. Penny*

To Certify that I have received the AB 64 of the above
named Soldier.

Date .. *July 19th 1920*
Place .. *St. John's, Nfld.*

her
Name .. *Emma + Penny*

mark
Wit: - *W. F. Keudell*

H.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

C.R. 559

July 13, 1918

Mr. Edward Penny,
Mundy Pond Road.

Dear Sir:-

I am writing to inform you that I am forwarding one Kit Bag, which belongs to your son #559 Pte. Robert Penny of The Royal Newfoundland Regiment.

Enclosed you will find, receipt, will you kindly sign same and return at your earliest convenience.

Yours faithfully,

Lieut.

for Lieut.Col.C. S. O.

Enc'l 1.

No. of Paper 1084

PERSONAL EFFECTS.

Name Penney E. No. 559

Rank Private Regiment THE ROYAL NEWFOUNDLAND REGT.

Article	Where stored	Notified by
<p><u>K.A. Bag</u></p>	<p>Final disposal</p>	<p>Shipped from Depot.</p>

Remarks: Repatriated
 Next of Kin: Father: Ed Penney
36 Hutchesons St.
St. John's.

January 31st. 8.

From Adjutant ,
Depot.

To Paymaster and Officer i/c Records,
Department of Militia.

552 Pte. R. Penney.

Above mentioned man is a man who has been employed recruiting and taken on Regimental Strength for that purpose without formal re-attestation. He has to-day been struck off Regimental Strength after having been before Standing Medical Board for rating of Disability. I am sending him herewith for any adjustments that may be necessary in the matter of Pension, as he tells me his Pension ceased on his employment for recruiting. I understand from your letter of last week on this subject that he is still due his Pension for that period. His account on Company Pay Sheets is squared up to and including January 31st. 1918.

C.R. 3-5-9

Extract of Daily Orders part 11, from Unit 4/1st
Royal Newfoundland Regiment, dated January 21, 1918.

#559 Pte. R. Penney.

Employed for recruiting is struck off the strength
with effect from 21/1/18.

B 559

January 15th. 3

From- Adjutant,
Depot.

To:- Director of Medical Services,
Department of Militia.

559 Pte. R. Penney.

Above mentioned man is a Pensioner who has been employed Recruiting on West Coast. As this duty is completed and we have no further need of his services it is proposed to strike him off Regimental Strength.

Will you please advise when I can send him to Medical Board for examination.

#22.

Cash advanced by Messrs. Patten & Forsey.

559. Pte. Penney.

Cash advanced.

\$30.00.

Signed. J.M. Howley,

Department of Militia,

St, John's Newfoundland,

December. 29th. 1917.

C.R. 5-5-9

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Oct. 16th, 1917.

559 Pte. R. Penney.

Re-attested for Recruiting with effect from Oct. 16th, 1917.

C.R. 559

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt., St. John's, Oct. 16th, 1917.

The following man proceeded on special duty (Recruiting)
Oct. 16th, 1917.

559 Pte. R. Penney.

C.R. 559

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

559 Pte. Robert Penney,

Discharged June 6th 1917, Medically unfit

C.R. 559

**Extract form roll of Officers
N. C. O's and men DISCHARGED
from the Royal Newfoundland
Regiment**

Regtl. #	rank	name	date	reason.
559	Pte.	PENNY ROBERT	6/6/17	MED. UNFIT.

C.R.

559

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt., St. John's, May 21st, 1917.

550 Pte. R. Penney.

Attached to the strength from May 21st, 1917.

1284



NEWFOUNDLAND CONTINGENT

FOR DISCHARGE

C.R. 559

No. 559, Pte. Penny, R.

Ex The King George Hospital, Stamford Street, S.E., 28/4/17

Was granted furlough to 2/5/17 with orders to report to the O. i/c Records on the latter date for disposal.

To be repatriated 4/5/17.

Auth. for Discharge: A.F.B.179.

G.

14th December, 1916.

Dear Sir,

Replying to my cablegram of enquiry of the 11th instant for news as to the condition of No. 559, Private R. Penny, Record Office, London, to-day states that he is much improved.

Yours faithfully,

Colonial Secretary.

Mr. Edward Penny,
36 Hutchings Street.

TRANSLATION OF CODE TELEGRAM SENT TO SYNOPTICAL,
11TH DECEMBER, 1916.

Relatives anxious for news of 1211 Hugford 2364 Ring
1523 Baldwin 502 Joy 949 Dean Report by telegraph
present condition of 559 Panny 459 Carew Have your any
further news of 397 Watts Telegraph particulars Report
by telegraph present condition of 2089 Sinnett.

C.R. 559

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. & R.O. Nov 21st 1916.

559, Pte R. Penny. ✓

1/Newfoundland D.A.H. To Eng. ex 1 Can. Gen. Hos. Etaples 7th Nov. 1916

G.

89

14th November, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 559, Private Robert Penny, has been admitted to King George Hospital, Stamford Street, London, suffering from Disordered Action of the Heart - slight.

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. Edward Penny,
36 Hutchings Street.

Colonial Secretary.

C.R. 559

Extract of Casualty List received from P. & R.O.

November 13th. 1938.

559, Pte R. Penny.

The King George Hos. Stamford St. S.E., Nov. 9/16.

D.A.H. Slight.

✓

C.R. 5-5-9

Extract from Casualty of Nominal Roll of sick and wounded admitted
on various dates to various Hospitals.

THE KING GEORGE HOSPITAL, Stamford Street. S.E. Nov 9/16

559 Pte. Penny R.

D.A.H. Slight

C.R.

559

Extract of Casualties received from Pay & Record
Office, London, dated November 2, 1916.

#559 Pte. R. Penny.

DAH.

Admitted 1 General Hospital, Ertaples 24th October 1916. ✓

C.R. 559

Extract of Nominal Roll Draft (All Ranks) to 1st Bn.,
B.E.F. Embarked Southampton.

559 Pte. R. Penney.

16-7-16.

C.R. 559

Extract from Nominal Roll Subscribed. Sohn's per S.S.
Florissl" Oct. 4. 1914.

559 Penney Robt.

C.R. 559

Robert Penney was attested for General service
with the NEWFOUNDLAND REGIMENT on ..Sept.16th/14...
Regimental No 559 was allotted to Pte. Robert Penney.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

Casualty Form—Active Service.

1447

D.
S. Druff

Regiment or Corps 1st New Zealand

Regimental No. C.R. 559

Rank P.C.

Name Penny, R.

Enlisted (a) 1.10.14

Terms of Service Duration of war

Service reckons from (a) 1.10.14

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N.C.Os.

Extended

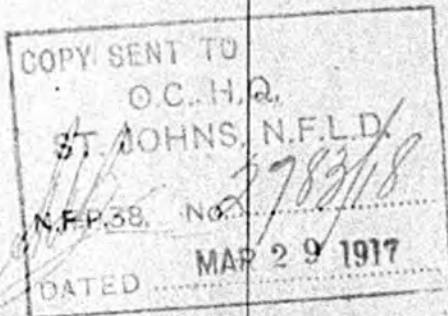
Re-engaged

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				
		<u>New Southhampton</u>	<u>16.7.16</u>		
		<u>By Kowen</u>	<u>17.7.16</u>		
		<u>was joined Battalion</u>	<u>France</u>	<u>24 JUL 1916</u>	
		<u>84th All. Adm. D.A.C.</u>	<u>Cpt. R. Stan</u>	<u>21/10/16</u>	<u>L.O. 4823</u>
		<u>Can. Gen. Hosp. Adm. D.</u>	<u>Elaples</u>	<u>24/10/16</u>	<u>A.A. 3647.</u>
		<u>A/S. "Asturias" S. England</u>		<u>7/11/16</u>	<u>W. 3083.</u>



Handwritten signature



J. M. Birchell CAPTAIN.
for Officer i/c No. 1 Regular Coy. 1st
General Headquarters, 3rd Exp. Coy.

(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) e.g., Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (522) W12571/604 400m 2/13-1 53 58

Forms
B. 121.
82.

Regiment of Newfoundland

Number of Sheet 1

Signature of O. C. Company J. G. Pennington
2-12-16

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.		Age on	years months	<u>Blacksmith</u>	
559	<u>Penney R.</u>	Place and Date of Enlistment	<u>1.10.14</u>	Religion <u>Meth.</u>	
Joined	Date	Period of	{ with Colours years. with Reserve years.	Place of Birth <u>Hq. Nfld.</u>	
Joined	Date				
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>Newton</u>	<u>27/2/16</u>	<u>Pte</u>		<u>Absent from tattoo until 10.30 pm</u>	<u>Cpl Gandy</u>	<u>3 days C.B.</u>	<u>27/2/16</u>	<u>2nd Lieut - Pennington</u>	
<u>"</u>	<u>May 6th</u>	<u>"</u>		<u>Absent from tattoo until 10.30 P.M.</u>	<u>Sgt Barnes</u>	<u>3 days C.B. 1 Extra Guard</u>	<u>5/5/16</u>	<u>Lieut. Bain</u>	<u>abs</u>
<u>Newton on Camp</u>	<u>May 21</u>	<u>"</u>		<u>Absent from tattoo till 10.25 pm</u>	<u>Cpl. Moore</u>	<u>2 days C.B.</u>	<u>22.5.16</u>	<u>Lieut. Bain</u>	<u>abs.</u>
<u>Newton on Camp</u>	<u>6.5.16</u>	<u>"</u>		<u>Absent from Tattoo until 10.10 pm.</u>	<u>Sgt Barnes</u>	<u>3 days C.B. 1 Extra Guard</u>	<u>8.5.16</u>	<u>Lieut. Bain</u>	<u>P.B.B.</u>

COPY SENT TO
O.C. H.Q.
27 JOHNS. N.F.L.D.
N.F.D.38. No. 2982/18
DATED MAR 20 1917

To be carried over

559

Sept. 22nd., 1923.

Dr. R.A. Brehm,
Public Health Officer,
City.

Dear Sir,

559 Pte. Robert Penny.

I beg to request that permission be granted this Department to exhume the above mentioned veteran who died from Shock by falling on New Gower St. on March 20th., 1918, and buried in the General Protestant Cemetery, St. John's, for reburial in the Naval & Military Plot, in the same Cemetery.

Trusting that the above request will meet with your approval, I beg to remain,

Yours very truly,

Lieut.
Officer i/c Records.



DEPARTMENT OF PUBLIC HEALTH
ST. JOHNS, NEWFOUNDLAND

Sept. 24, 1923.

Permission is hereby granted to the
Department of Militia to exhume the body of Pte. Robert Penny
who was buried in the General Protestant Cemetery on
March 20, 1918, for re-interment in the Naval & Military Plot
in the same Cemetery.

Medical Officer of Health.

Lieut. H.C. Janes,
Department of Militia.