



# FIRST NEWFOUNDLAND REGIMENT

4247

## ATTESTATION OF

No. 4247 Name Thomas W. Penney Corps Metc

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Thomas W. Penney
- 2. What is your full Address? ..... 2. Sgtm Coma Bay 200 St. John's
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 27 Years 3 Months
- 5. What is your Trade or Calling? ..... 5. Clerk
- 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

FOR THE DURATION OF THE WAR

I, Thos. W. Penney, 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.

Thomas W. Penney ..... SIGNATURE OF RECRUIT.  
A. J. [unclear] ..... Signature of Witness.

H. 17. 12. 17

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas W. Penney, 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 17th day of Dec 1917.  
Signature of Attesting Officer W. Penney

### † 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 compiled with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date 17th Dec 1917 ..... } Approving Officer.  
Place St. John's .....

† 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

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

Name Thomas W. Pump

Apparent age 27 years 8 months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 4 1/2 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mark Pump, Salem Cove Bys. | 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	Rgt. or Depot	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. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>17-12-17</u>									
Joined at <u>St John's</u> on <u>December 17-1917</u>									<u>Lance Corp.</u> <u>24-1-18.</u>
<u>Discharged July 14/19</u>									<u>Corporal.</u> <u>27-1-19.</u>
<u>Embarked St. John's S.S. Herald to Halifax N.S. 29/18.</u>									
<u>Embarked for B.C. 2-7-18</u>									<u>Disembarked France 5-7-18</u>
<u>Joined Battle 9-7-18.</u>									<u>Transferred from Rouen 22-4-19</u>
<u>Arrived Winchester 23-4-19</u>									<u>To Newfoundland for demobilization 22/19</u>
<u>Arrives Newfoundland 1-6-19.</u>									
<u>Demobilization St. John's 14-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-7-19 (date of discharge) 1 years 210 days

" " Pensions " " " " " " " " " " " "

C.R. 4247

Extract from Daily orders Part II Royal Newfoundland Regiment  
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
14-7-19.

4247, Cpl. Thos. Penney.

C.R. 4247

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 30-6-19.

4247 Cpl. Thos. Penny.

C.R. 4247

Extract from Daily Orders Part A1 Depot, Sj. Johns,

Date June 16th 1919.

4247, Cpl. P. Penney.

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

C.R. 4247

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps #2/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4247 Cpl. T. Penney.

C.R. 4247

Extract of Daily Orders Part II Royal Newfoundland  
Regiment in France dated Feb. <sup>8</sup>~~16~~th/19.

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Promoted to Corporal.

27/1/19.

#4247 L/Cpl. W. Penney.

C.R. 4347

Extract from War Office List. No. H.A. 8041.

ADMITTED 2 JULY. GEN. H. BOULOGNE 15th OCT. 1918.

#4347 Pte. J. Breen.

S.W. HAND L. MILD.

BC.



C.R. 4247

Extra t from Nominal Roll to B.E.F. embarked  
Folkestone 2-7-18

#4247 L/Cpl. T.W.Penney.

C.R. 4247

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

Pay to as follows:-

#4247 Pte. Penney,

£5.

C.R. 4247

Medical of Medical Hall Street R. Company entered U.S.  
"Medical" June 1918

4247 L/Cpl. Penney, R.

C R. 4247

Extract of Daily Orders part 11, from Unit 4/1st  
Royal Newfoundland Regiment, Headquarters, dated  
January 24, 1918.

#4247 Pte. T. Penney.

To be Lance Corporal with effect from 24/1/18.

C.R.

4247

Extract from Daily Orders Part 11 Unit the Royal  
Nfld. Regt. St. John's, Dec.18th, 1917.

4247 Pte. T. Penney.

Attested for General Service with the 1st Nfld. Regt.  
to take effect from Dec.18th,1917.

J. W. Penney.

4247

P. 9. P. 13

**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* } Former Trade or Occupation }  *Clerk*
2. Regtl. No. *4247* 3. Rank... *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Penny* } *Thomas W.* } (a) Former Regts. or Corps ; with Regtl. Nos.  
 (Surname) (Christian Names)
5. Age last birthday... *24*.....
6. Posted for duty on *Nov 15/17* at... *St. Johns* 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 .. .. .                          | na                  |                   |
| (iv.) Ordinary military service before the war .. .. .             |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . |                     |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*no complaint of no disability*

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W.E. Proemier Capt Rame*

Medical Officer in charge of case.

Station .. *Hazley Town*

Date .. *29/4/19* .. .. .

\* 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



FORM K

No 4590



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas W. Penney, Regl. No. 42247,  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
60 Dollars and 00 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3675	Father	Thomas W. Penney	Sullivan - Conn - by - Foggs West	60
			Total Allotment, \$	60

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.) [Signature]

Officer Commanding  
H Company

(S) Thomas W. Penney  
 (Rank) Pvt

[Signature]  
July 17 1918

FORM K

No. 4590



1 **1ST. NEWFOUNDLAND REGIMENT** 1

**ALLOTMENTS**

I, Thomas W. Penney, Regl. No. 4227,  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
..... Dollars and 60 Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
concerned, viz.:

Allotment begins July 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3675	Father	Thomas W. Penney	Seldom - Corner - bys - Fogge Westward.	60
			Total Allotment, \$	60

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.) W. A. L. -  
Officer Commanding  
H Company

(S) Thomas W. Penney  
(Rank) Pt

San John  
July 17 1918

047502

No. 8885/796

NEWFOUNDLAND CONTINGENT



N.F.P./70.

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

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

Subject: 6th June 1918

June 8<sup>th</sup> 1918.

Subject: 4247, L/Cpl. T. W. Penney,

Receipt hereunder.  
*Chas. P.* LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
1st Newfoundland Regiment

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

Pay to 4247 Penney £5:0:0

received the sum of Five  
Pounds on account of  
cable remittance from Newfoundland.

Draft £ 5:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

J.W. Penney  
No. 4247 Rank L/Cpl.

*A. R. ...*  
Chief Paymaster & O. i/c Records.

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

Sir;-

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

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
42 47	710	Perry L	\$2 50	

I have the honour to be, Sir,  
~~for the Committee~~  
Your obedient servant.

Date

29-6-18

Lt J.W. Perry

No. 4247 Name Henny J.W. Sqn., Batty., or Company } Royal Newfoundland Corps } Date of enlistment } 17-12-17 G.C. Badges } Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } Character }  
1 } Henny J.W. } good }

Army Form B. 122.

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

Henry Thomas

4247

Ray Sept.

July 14, 1919

#4247 Cpl. Thomas W. Penney

Selson Come By

Dear Sir:-

Please find enclosed Discharge Certificate #2994.

Yours truly

Captain,  
Paymaster & O.i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4247 Rank. Cpl Name. Penny T W  
 Intended place of residence. Seldom home - Bay

2. Occupation beats  
 Classification of soldier. E Medical Category. A 2

3. The above named man is discharged in consequence of

### DEMOBILIZATION

### Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUN 16 1919

J. W. Penny  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUN 16 1919

J. W. Penny  
 Signature of soldier

M. Colouston  
 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 JUN 16 1919

T. Penny  
 Signature of soldier

James Sherman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 17-12-17 No. of days on Military  
 Discharged from service. 30-6-19 Plus 14 days Service. 575

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date: JUN 30 1919

R. H. Lait Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date July 14/1919

M. Bowley Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

A 2 B 2079/3994



# The Royal Newfoundland Regiment

Class for Demobilization:

*E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*14.6.19*

Regimental No *4247*

Name *Sammy* *Shannon* Rank

Address *Seldom - Coms - Coy*

Present Medical Category

*Ai*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

*R.H. Sant Major*  
O.C. Discharge Depot.

Members of Board

*L. Peterson*  
Senior Medical Officer

*D.W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4247 Rank Capt. Name Penny J  
 Date of Enlistment 17-12-17 Address Selkirk District 490  
 Occupation Clerk Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-6-19

J. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

T. Penny

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 \_\_\_\_\_

Am. Johnston

Date 16-6-19

O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 4752 to his home at Seldone home and Release Certificate No. 2813 issued.

Date 16-6-19

*J.A. Snow*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-7-19

Date 16-6-19

*H. M. Smith*  
Depot Paymaster.

Discharged approved for 30-6-19

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

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	<i>2 Form B</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 16-6-19

*J.A. Snow*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUN 30 1919**

Date .....

*R.H. [Signature]*  
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.

*T. Penney*

Signature of Man:

Reg. No. *4247*

*J. A. Snowcroft*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*4-24-16-67*

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

# MEDICAL HISTORY

Surname Penny OF Christian Name Thomas W.

Table I.—GENERAL TABLE.

Birthplace:—Parish Seldom Bone Sup. County Wfla.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	17 <sup>th</sup>	Dec		191
	at	St. John's	at	
Declared Age	27	years		
		8	years	days
Trade or Occupation	Clerk			
Height	5	feet		
		8	feet	inches
Weight				
		127		lbs.
Chest Measurement { Girth when fully expanded		36 <sup>1</sup> / <sub>2</sub>		inches
{ Range of Expansion		4 <sup>1</sup> / <sub>2</sub>		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks { Arm	/		/	
{ Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Lamm Paterson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's	at	
	on	17 <sup>th</sup>	on	day of
		Dec		191
Joined on Enlistment	Corps.		Corps.	Regtl. No.
Transferred to				
		1 <sup>st</sup> Wfla		
		Regt		4347
Became non-effective by	on	day of	on	day of
		191		191
(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 O. i|c Records together with the remainder of the man's documents.

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

Name in full *Thos. Penney*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4547*

Intended address *Seldom-come bye*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Mark*

Christian name of Mother *Mary (Stepm.)*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth *Seldom-come bye, April 25<sup>th</sup> 1895*

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)

Station

*S. J. John's*

Date

*Thomas W. Penney*  
*13-6-19*

*Capt.*  
(Rank)

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

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

Station

Date

**The Royal Nfld. Regiment**

**DEMOBILIZATION**

No. 4247 Rank \_\_\_\_\_

Name Plumley, T.

Warned for demobilization on

JUN 16 19

**Casualty Form—Active Service.**

Regiment or Corps *Royal New Zealand 17-4-1896*  
 Rank *2/8 Pl Private* Surname *Benny* Christian Name *Thomas W.*  
 Religion *Method* Age on Enlistment *22* years *8* months  
 Enlisted (a) *1-12-17* Terms of Service (a) *3 months* Service reckons from (a) *1-12-17*  
 Date of promotion to present rank ..... Date of appointment to lance rank *24.1.18*  
 Extended *S* Re-engaged ..... Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation *lance* *W. H. S.* Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>A I</i>	<i>Embarked</i>	<i>2 JUL 1918</i>	
		<i>28-6-18</i>	<i>Disembarked</i>	<i>5 JUL 1918</i>	
			<i>Joined Battalion</i>	<i>Field</i>	<i>9-7-18</i>
		<i>Promoted Corp. 1/1/19</i>			<i>Arr d. 12/1/18</i>
		<i>Arrived in UK</i>			<i>23/4/19</i>

*Int*



**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* } Former Trade or Occupation }  *Clerk*
2. Regtl. No. *4247* 3. Rank... *Serjeant* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *Penney Thomas* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *24*
6. Posted for duty on... *Nov 15/17* at... *St. Johns* 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 .. .. .                        | } <i>na</i>         | .....             |
| (ii.) Previous active service.. .. .                               |                     | .....             |
| (iii.) Climate in pre-war service .. .. .                          |                     | .....             |
| (iv.) Ordinary military service before the war .. .. .             |                     | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . |                     | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

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

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*No Complaints of no disability*

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

*Repatriation*

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

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

Station *Hazely D. Camp*  
 Date *29-4-19*

\* 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

July 16, 1919

#4247 Cpl. Thomas V. Penney,

C/o Mark W. 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 the 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..... *Thomas J<sup>m</sup>* ..... 2. Surname..... *Pennery* .....  
3. Rank..... *Company* ..... 4. Regt. No. .... *4247* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *% Mark W. Pennery, Selborne - care by* .....  
6. Date of enlistment in the Regiment..... *December 17<sup>th</sup> 1917* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Mark W. Pennery* .....  
8. Relationship of such dependents..... *Father* .....  
9. Address in full of such dependents... *Selborne - care by* .....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *No* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Dec. 17/17 to* .....  
*June 16/19* ..... *1 1/2* .....

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

*no*

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

*no*

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

*no*

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

*no*

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

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

19. Are you now serving in the Regt.? *yes*. If not give - (a) date of discharge. *June 30<sup>th</sup> 1919*. (b) Reason for discharge. *demobilization*

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

*Belgium & France*

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?

*no*  
And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Thomas William Penney*

Place of Residence: *Seldon Long Bay*

Declared before me at:

This *16<sup>th</sup>* day of *June* 19*19*.....

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

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

C.R.

4247

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

DATE.

*Feb 28/20*

PLACE.

*5 Casters Hill.*

*City.*

NO.

*4247*

NAME.

*J. W. Penney*

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 21 1921 1921.

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

Thomas W. Penney

in respect of his service as No. 4247 Rank Pt.e.

Name T.W. Penney Royal Nfld. Regt.  
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Victory & British War Medals

Signature T.W. Penney

Date 27<sup>th</sup> Oct. 1921

Address 5 Carters Hill.

Medal No 5295

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
38.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet One  
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>appointed Lance Corporal 24.1.18</u>
No.	<u>Regimental No.</u>	Age on	<u>22</u> years <u>9</u> months	<u>Clerk</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u> <u>17-12-17</u>	<u>Methodist</u>	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colours <u>210</u> years.	with Reserve <u>365</u> years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's, 14 <sup>2</sup>/<sub>19</sub></u>					

To be carried over

24247

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 24247 Rank Capt. Name Penny, T.  
 Date of Enlistment 17-12-17 Address Seldersley, Nfld. District St. John's  
 Occupation Clerk Classification for Discharge 1 Medical Category A1  
 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 178	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 14-6-19

*[Signature]*  
for O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

*T. Penny*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.50
- (b) Clothing Supplied \_\_\_\_\_

*[Signature]*

Date 16-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 4732 to his home at Redwood bove and Release Certificate No. 2873 issued.

Date 16-6-19

*J.A. Knowlton*  
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 11-7-19

Date 11-6-19

*H. H. H. H.*  
Depot Paymaster.

Discharge approved for 30-6-19

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date 16-6-19

*J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

*R.H. Sait Capt.*

Date JUN 30 1919

O. C. Discharge Depot.

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

Date June 28/19

*Amel... K...*  
*for...*

Reg. No. *4247* Rank *Cpl* Name *Penny?*  
Attested ..... Address *Sutton Lane Wye*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *16.19*  
Returned on S.S. *Corsican* Cause *Sucharg's*

*14.6.19*  
*30.6.19*

PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILISATION.