



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4923 Name Wm Penney Corps CVR

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Wm Penney</u> |
| 2. What is your full Address? | 2. <u>Burynastere</u>
<u>B. Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>26</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>yes</u> |

I, William Penney do solemnly declare that the above answers made by me to the above questions are true, and that I will to fulfil the engagements made.

William Penney SIGNATURE OF RECRUIT.
James Hunt signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 6 day of May 1915.

Signature of Attesting Officer James Hunt

CERTIFICATE OF APPROVING OFFICER

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

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

Date May 6 1915

Place St. John's

Approving Officer.

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

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

Kenney, W

4923

Gay sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4923 Rank Private Name Penney W
 Intended place of residence... Burford Cove Bonaville
2. Occupation Fisherman
 Classification of soldier F Medical Category A L
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 5 1919
 for W. M. St.
 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 and date ST JOHN'S
JUN 5 1919
W. M. St.
 Signature of soldier
McClouston St
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST JOHN'S
5-6-19
W. M. St.
 Signature of soldier
James O. Leonard
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6-5-18 No of days on Military
 Discharged from service... 19-6-19 plus 14 days Service 424

APPROVAL OF DISCHARGE

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

Place ST JOHN'S
JUN 19 1919
R. H. Latt Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's Nfld
July 3/1919
W. M. St.
 Officer in Charge
 The Royal Newfoundland Regiment

ATD 2079/2371

572 8 21 1919

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4923 Rank Pte Name Penny W.
 Date of Enlistment 6-5-18 Address Burynbrook District Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 4-6-19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Penny
has
James

 Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

Date 5-6-19

O. i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P.14653 5/3* to his home at *Bungans Cove* and Release Certificate No. *2328* issued.

Date *5-6-19*

Amelouster
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 *3-17-19*

Date *5-6-19*

H. Mins H
Depot Paymaster.

Discharge approved for *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

2 Forms

Date *5-6-19*

J.A. Snow Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 19 1919*

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

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 4923...

Name Jimmy W.

Address Bunyan's Cove

Present Medical Category A1

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. Latimer
O.C. Discharge Depot.

L. Pascoe
Senior Medical Officer

See Burden
M.O. Depot

Civil Re-establishment Committee



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

To resume former Occupation

Signature of Man.

M. Bloustein

Reg. No. *Tenny W.*

Signature of the Vocational Officer or his Representative.

Place *St Johns.*

Date *5-6-19* 1919



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. & 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 *William Penney*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4923*

Intended address *Bunyas Cove B.C.*

Height on discharge *5* Feet *10*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Fall*

Christian name of Father —

Christian name of Mother *Rebecca.*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Bunyas Cove, 1st Oct., 1891*

Nature and locality of civil employment required

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

(Soldier's signature in full)

Wm. X. Penney
Wm. Penney

Plt
 (Rank)

Station **ST. JOHN'S.**

Date

4-6-19

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



Station

Date

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

MEDICAL HISTORY

Surname

Penny

OF

Christian Name

William

Table I.—GENERAL TABLE.

Birthplace:—Parish

Bunyan above B.B. County nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on	<i>6th</i> day of <i>May</i> 191 <i>8</i>	on	day of 191
	at	<i>St John's nfld.</i>	at	
Declared Age...		<i>26</i> ^{<i>1/2</i>} years — days	years	days
Trade or Occupation		<i>Fisherman</i>		
Height		<i>5</i> feet <i>7 1/2</i> inches	feet	inches
Weight		<i>140</i> lbs.		lbs
Chest Measure- ment {	Girth when fully expanded	<i>37</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>4/12</i>	R.E.—V=	
	L.E.—V=	<i>4/12</i>	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)	<i>Samuel Paterson</i>			
(Rank)	<i>Major</i>			
		Medical Officer.		Medical Officer.
Enlisted	at	<i>St John's nfld.</i>	at	
	on	<i>6th</i> day of <i>May</i> 191 <i>8</i>	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment		<i>The Royal nfld Regt,</i>		<i>4923</i>
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Stagley Down.Date 30-4-19

1. Unit Royal Newfld.
2. Regimental No. 4822.
3. Rank Pte
4. Name Benny W.
5. Age last birthday 27
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ 6-8-18
St John's
7. Former Trade } Fisherman.
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

*(Other disabilities should be reported upon in answer to question No. 19).*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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). na
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

*Is complains of ab
susability*

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

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

na

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

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

na

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

na

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

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?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

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

Repatriciation

*M. J. ...
Major
Stephens*

Officer in medical charge of case

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

Station *Bagley Down*

Officer in charge of Hospital.

Date *30-4-19*

*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.

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

Casualty Form—Active Service.

Regiment or Corps. ROYAL NEWFOUNDLAND REGRank Otc Surname Tenny Christian Name WilliamReligion C Age on Enlistment 26 years 6 monthsEnlisted (a) 2/1/18 Terms of Service (a) DURATION 7 Service reckons from (a) 6/5/18

Date of promotion to present rank Date of appointment to lance rank

Extended () Re-engaged () Qualification (b)
or Corps Trade and RateOccupation Soldier W. M. Curran Signature of Officer.

Report		Record of promotions, commissions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 34, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...	26 OCT 1918		
		Disembarked...			
		Joined Battalion	3 NOV 1918		
		Appointed Coy. Comm.		27.3.19	B213
		Wounded in UK		23/4/19	

(a) In the case of a man who has re-engaged (a), or enlisted in Section 11, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

(17591) Wk. W 1251—P 1124, 1,800,000, 6/18, D & S. Form B. 103 (1/1918)

I.P.T.O.

Next of kin Mother, Rebecca Tenny Smyth's Cove, St. John's

July 3, 1919

#4923 Pte. William Penney,

Bunyan's Cove,

Bona Vista.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2321.

Yours truly

Captain
Wainwright & Officer i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4973 Rank _____

Name Levey W _____

Warned for demobilization on

JUN 5 1918

Department of Militia

Transfer of Four dollars \$4.00 is due Mr

ACCOUNT

J. Carpenter ~~Private~~ driving #4923 for Jenny to his

IND LEDGER

home

PAY LEDGER

Voucher attached



W. H. Houston Lt
Discharge Depot-Newfoundland

Certified correct for \$4.00

71

Port Blandford

Dear Sir

Just a word I am
sending about the money that
was the cheaper motor boat
I could get to bring me
home

Address Mrs James Carpenter
Port Blandford
13 Bay

No. 573

TRAVELLING WARRANT

Date 5-6-19 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 4923 Rank *Pte* Name *Penny W.*

From *Pt. Blanford* - ST. JOHN'S - To *Bull Bay Cove*

~~The Royal Newfoundland Regiment~~
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

A. M. H. H.

SIGNATURE OF ISSUING OFFICER.

July 23, 1919

Mr. J. Carpenter,
Port Blandford.

A. C. R.

Dear Sir:

I enclose herewith cheque
for \$4.00, amount due you for driving Pte.
Fenney to his home.

Yours truly,

Capt.
Paymaster

July 8, 1919

#4923 Pte. William Bunney,
Bunyan's Cove, B.B.

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,
Sergeant Master in Charge Records

577

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..... *William Penney*
- 3. Rank..... *Pte*
- 4. Regt. No..... *4923*
- 5. Address in full to which future payments of gratuity are to be forwarded..... *Bungay's Cove Bonaville*
- 6. Date of enlistment in the Regiment..... *May 6/18*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable
- 8. Relationship of such dependents..... *Do*
- 9. Address in full of such dependents..... *Do*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
- 11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *Overseas*
- 12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Thirteen months and thirteen days*

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

Not applicable

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

to \$0.90 Clothing + Ration ^{yes} none

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

no

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

no

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

no

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

no

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

no

19. Are you now serving in the Regt.? If not give - (a) Date of discharge.

no

Jan 19/19

Demobilization

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

France 1918 and Germany

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Wileout Penner* ^{*His Honor*} *Lopez*

Place of Residence: *Bunyan's Cove, Bonaville*

Declared before me at: *St. Johns net*

This *5th* day of *June* 19*18*.

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

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

No. *4913* Name *Benny J.* Sqn., Batty., or Company *C* Corps *ROYAL NEWFOUNDLAND REGT* (Date of enlistment) *9/1/18* *GC* Service of Proficiency *Regt*

Date of last entry in Company Conduct Sheet *2/1/19* and date of last drink *2/1/19* Period not reckoning towards freedom from extra fine *2/1/19* Sheet No. *10* Signature O.C. Company, etc. *[Signature]* Character *1*

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

W. Penney

G.R.

4923

~~W. Penney~~

Medical Report on an Invalid.Station Hazelwood Camp
Date 30 4 19

1. Unit Royal Newfld
2. Regimental No. 4923
3. Rank Pte
4. Name Penny W.
5. Age last birthday 27
6. Enlisted { on 6. 5. 18
at St Johns
7. Former Trade or Occupation } Fisherman
7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).**nil*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. *nil*
10. Place of origin of disability. *nil*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— *nil*
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

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.

He is employed for disabled

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

- (a) In action?
- (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?

~

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

~

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

~

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?

~

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

~

Repatriation

20. Do you recommend—

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

W. J. J. J.

Major J. J. J.

Officer in medical charge of case.

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

Station *H. D. Camp*

Officer in charge of Hospital.

Date *30 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.

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Penney, Regl. No. 4923

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4083	mother	Mrs George (Rebecca) Penney	Bunyan's Cove B B	
			Total Allotment, \$	60 ⁰⁰

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.) W. Penney

 Officer Commanding
B Company
St Johns
May 29th 1918

(S) William Penney

 (Rank) Private
 Witness: James Arkhie
Cy Sgt.

G. Bay. H. Newfield Regt
France

13-3-19

To

Paymaster

C/o Newfield Pay Record Office
London

Sir

1914

Will you please forward the
following cablegram
& oblige

No 4923 Pte. W. Penny

To

~~Cablegram~~

Mr. Samuel Penny

Buryans Cove

Bonair to Bay Newfield.

Cable Eight Pounds To Pay & Record Office
immediately.

(Sd) William Penny

Cable
sent

13/3/19

R. Slauterd
R.N.F.C. Keel
for U.S. Army.

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

Sir:-

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

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4923	Plt	Tennyson	£250	W. Penney

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

W. Penney

No. 4949/223

From: NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER NEWFOUNDLAND CONTINGENT LONDON, S.W. 1. 1st Bn Royal Newfoundland Regiment, B.E.F.	N.F.P. 302 CONTINGENT STREET
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To: Officer Commanding,
1st Bn Royal Newfoundland Regiment,
B.E.F.

28th March 1919

4923 Pte. Penny W.

With reference to the following telegram from the Minister of Militia, / / (102)

"Pay to-4923 Penny

£8. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. A. Minshall
 Chief Paymaster & O. I/c Records

8-4-1919
4923 Pte Penny W.

This man wishes the amount retained to the credit of his account please.

Deposited
28/3/19 *GW*

C.R. 4923

Extract from Daily Orders Part 11 Unit The Royal Rifles. Regt
St. John's, July 7th, 1919.

The discharge of the undernoted ~~MEMBER~~ on demobilisation
has been CONFIRMED by Officer i/c Records with effect from
3-7-19.

4923 Pts. Wm. Penney.



4923

Extract from Daily Orders Part II Unit the Royal RFLD.
Regt. Depot St. John's, June 14th, 1919

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

4923 Pte. W. Penney.

C.R. 4923

Extract from Daily Orders Part A1 Depot, St. John's,

Date

7-6-19

Reported at Headquarters

which sailed Liverpool May 22/1919.

4923 Pte. W. Penney

Reported at Headquarters 1-6-19.

which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 4923

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

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

#4923 Pte. W. Penney.

C.R. 4923

Extract from Nominal Re-inforcement Draft No.55: Embarked Folkeston 26/10/18
from 2nd Batta, Royal Newfoundland Regiment, Hasleay Down Camp, Winchester,
to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4923 Pte. Penney, W.

MP.

C.R. 4923

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated June 14, 1918.

#4923 Pte. W..Penny.

Embarked for overseas with draft 11-6-18

Extract from Daily Orders part 11, from Unit The Royal
Efld. Regt. St. John's, dated May 7, 1913.

#4923 Pte. W. Fenney.

Attested for General Service with the Royal Efld. Regt.
from 6.5.13

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 54

Regiment of Royal New Zealanders Signature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Name	Age on	years	months	
<u>4923</u>	<u>Penney Wms</u>	<u>26</u>			
Joined	Date	Place and Date of Enlistment	Religion		
Joined	Date	<u>6. 5. 14</u>	<u>Methodist</u>		
Joined	Date	Period of	Place of Birth		
Joined	Date		with Colours	<u>Bunyan Cove</u>	
		with Reserve			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>3 7/19</u>		

To be carried over

Army Form B. 121.

54923
Demobilization Form

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 49223 Rank Pte Name Penny W
 Date of Enlistment 6-5-18 Address Burynahale District Bonaville
 Occupation Stoker Classification for Discharge F Medical Category A I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 4-6-19 O. C. Discharge Depot H. News H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Penny
Mr. Quonon

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$40.00

(b) Clothing Supplied Handwritten signature

Date 5-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 1405 g 573* to his home at *Bungans Cove* and Release Certificate No. *2328* issued.

Date *5-6-19*

Alvin Lovett
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 *3-7-19*

Date *5-1-19*

H. M. Smith
Depot Paymaster.

Discharge approved for *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
F 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		

2 Forms

Date *5-6-19*

J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 19 1919*

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

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

Date *June 12 1919*

W. A. ...

Reg. No. 4523 Rank Plt Name Penney W.

Attested Address Brynans Cove

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corsican Cause Discharge

4-6-19 PASSED TO DEMOBILIZATION OFFICER
19-6-19 DISCHARGE APPROVED ON DEMOBILISATION.

Receipt for Army Book 64

No. *4923* Name *W. Penny*

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

Name *William Penny*

Date *July 23rd 1920*

Place *Bunyan's Cove*

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

William Penny rec'd his Book