



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2220 Name Walter Perry Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Walter Perry</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Stationer</u> |
| 6. Are you Married? | 6. |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. |
| 9. Are you willing to be enlisted for General Service? | 9. |
| 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, Walter Perry 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.

.....SIGNATURE OF RECRUIT.

.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Walter Perry 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..... on this.....day of.....191

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John L. Bennett
Apparent age 29 years — months. Height 5 feet 9 inches
Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 3 1/2 inches
Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Penny
Wendale | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
" " Pensions " _____ [" "] _____ " _____



FIRST NEWFOUNDLAND REGIMENT 4220

ATTESTATION OF

No. 4220 Name Peter Perry Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Peter Perry
- 2. What is your full Address? 2. Sandale St.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 7 Months
- 5. What is your Trade or Calling? 5. Farmer
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. Name:
Corps:
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Peter Perry 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.

Peter L. Perry SIGNATURE OF RECRUIT.
A. Edward S. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter L. Perry 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
on this day of 1915.
Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 1915
Place } Approving Officer.

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

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

No. 4220

Name *Penny P.L.*

Sqn., Batty., or Company *Royal Newfoundland* Corps

Date of enlistment } *6-12-17*

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet }

No. and date of last drink }

Period not reckoning towards freedom from extra fine }

Sheet No. *1*

Signature O.C. Company, etc. } *W.D. [Signature]*

Character *Good.*

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

Army Form B. 192.

C.R.

4220

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 24th/19.

The discharge of the undernoted on Demobilisation has been
CONFIRMED by Officer i/c Records from noted date.

4220, Pte. Peter Penny.

12/4/19.

C.R. 4220

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated March 31st.1919.

The Discharge of the undernoted on Demobilisation
has been APPROVED by O.C. Discharge Depot from
noted date.

#4220 Peter Penney.

29/3/19.

C.R. 4220

Extract from Medical Board held Monday Evening Mar. 24th,
1919.

4220 Pte. P. Penney.

Recommended discharge from the Army.

- C.R. 4220
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated

Feb. 11th, 1919.

To

Wm. Penney,
Bishop's Falls.

In answer to your wire of Feb. 11th, 4220 Pte. Penney was given a warrant on Feb. 9th, to proceed to his home by train that date he is probably on that train but cannot say for sure.

J.R. Bennett,

Minister of Militia

FOR TYPEWRITER



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

C.R. 4220

Line No. 6 Sent by X Rec'd by R Check 15/- No. _____

Place from Bushops falls



To J R Bennett

Melitia dept
Is no 4220 Rte

Peter L Kenney in
Pyohus and when
is he leaving
for home reply
Mr Wm Kenney

C.R. 4220

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt
St. John's, KI-2-19.

The Undernoted Re turned Acem Overseas and Reported to
Depot 7-2-19.

Repatriated on A.F.B179.

4220 Pte. Peter Penney.

C.R. 4220

Extract from Nominal Roll of the Royal WFLA. Regt.
Embarked S.S. Corsican, Jan. 30/19.

4220 Penney.

C.R. 4220

Extract from Orders by Lt. Col. B.J. Barton, D.S.O., Commanding
2nd Bn. Royal Newfoundland Regiment, dated 22/11/18.

ARRIVALS.

The following having reported back from the 1st Bn. is taken on
the strength and posted to "H" Company:-

4220 Pte. G.L. Penny

As from 21/11/18.

C.R. 4220

Extract from Casualties received from Pay & Record Office,
London, 15, Nov. 1918.

4220 Pte. P.L. Penney.

Ex Military Hospital Bethnal Green, 15-11-18 is granted
furlough to 21-11-18 Fit for 11, Comm'd Depot.

C.R. 4220

Nov. 6th., 1918.

Mr. William Penney,
Avondale, C.B.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4220 Private Peter L. Penney, is now progressing favourably.

Yours faithfully,
Lieut. Col.,

Chief Staff Officer.

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. Counter No. 4220



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct 7th, 1918

To William Penney, Avondale, C.B.

Regret to inform you that Record Office, London, officially reports No. 4220, Private Peter L. Penney at Military Hospital Bethnal Green, London suffering from G.S.W. right thigh

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 4220

Extract from Casualties received from Pay & Record
Office, London, Oct. 5th, 1918.

Following at Military Hospital Bethnal Green. *S.S.W. Shigh*

4220 Pte. Peter Lawrence Penny.

C.R. 4220

Extract from War Office List. No. G. 1730 dated 10/10/16.

#4220 Pte. P. L. Penny.

BC.

WOUNDED 29-9-18.

C. 4220

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

#4220 Pte. P. L. Denney.

C.R. 4220

Extract from Delägram despatched to Synoptical, London
dated May 21, 1918

Pay to as follows:-

#4220 Pte. Penny

86.

C.R. 4220

Extract from Hospital Roll, Draft "H" Company, 4220
U.S. Hospital, Jan. 25th, 1918.

4220 Pte. Penney H.

4220

CR

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, Dec. 7th, 1917.

4220 Pte. P.L. Penney.

Attested for General Service with the 1st Nfld. Regt.
with effect from Dec. 6th, 1917.

S. L. Lenny

C.R.

4220

~~*S. L. Lenny*~~

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 }
 2. Regtl. No. *4220* 3. Rank *Pte* } 7a. If the soldier claims previous service in Army, he should state—
 4. Name *PENNEY* } (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (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. *15th Right Thigh.*
 12. Place of origin of disability.
 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.
1 x 1 1/2 flesh wound through lower part thigh. Scarped's triangle healed. Slight pain in leg, below. Massage

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>no</i> | ..... |
| (ii.) Previous active service.. .. . | <i>no</i> | ..... |
| (iii.) Climate in pre-war service | <i>no</i> | ..... |
| (iv.) Ordinary military service before the war | <i>no</i> | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | <i>no</i> | ..... |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *n.d.*

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)
Small scar on anterior surface right thigh inferior to apex of Scarpa's triangle. no pain on pressure. Scar in posterior surface leg size 5ct piece. no pain on pressure. no disability.

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Repatrated

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. H. Lewis
MO

NAVY MEDICAL OFFICERS REG.

Medical Officer in charge of case.

Station

Date

* 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

16.11.18

Military

HOSPITAL, at Bethnal Green

Affiliated to _____

NOMINAL ROLL of Sick and Wounded from the * Expeditionary Force

admitted on Transferred from Hospital Ship 15.11.18, Southampton or Dover.

* Here insert which Expeditionary Force.

The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission:

- (i) One copy direct to the War Office, Alexandra House, Kingsway, W.C.
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above).
Transferred to Records 58 Victoria St S.H. for Furlough 15.11.18.				
4220	Pte	Penney Peter Laurence	Newfoundland Regt. I Co.	G.S.W. High R.
S. Harry Penney Col. Rank 1.				
Off 116. Bethnal Green Military Hospital Cambridge Heath, N.E.				

No. 8110/692

03863

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

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

23rd May 1918

May 25th 1918

Subject: 4220, Pte. P. L. Penney,

With reference to the following telegram (4843) from the Hon. Minister of Militia, received

Pay to 4220 Penney £6:0:0

Draft £ 6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. [Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Royal Newfoundland Regiment

Received the sum of Six
Pounds on account of
cable remittance from Newfoundland.

Peter L. Penney
No. 4220 Rank Private

P/46

16590/3

16590/1

I



From:- Officer i/c Infantry Records,
London.

To:- ~~Officer i/c~~

Regimental Quarters
58 Victoria St.
S.W.1.

9/11/45

Forwarded.

C. J. McKays Lt

Colonel,
i/c Infantry Records,
L O N D O N.

4, London Wall Buildings, E.C.2.

9/11/45

RECEIVED BY
9 - OCT 1918
Military Records, London

Oct. the 6 1918

Ward North
Bethnal Green
Military Hospital
London E 2

Mr. [unclear]
5 Victoria St.

To the Army Pay & Record
Office London

Please send me

Two Pounds

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE

Ref. Nos. Inv. 8766

Per. d. 12 18

Acct. No. 4220

Ref. Nos. 16590/3

Mulvey

15/10/18

14/10/18

14/10/18

14/10/18

4220 Pk. P L Penny

Royal

Newfoundland Regt.
O.K. £2.0.0
14/10/18. W.R.

London. E. 2. Oct-16th

8542

Justice 1918

7, 1918

ward 16590/3 North

Bethnal Green

Military hospital

To the army Pay

second office

Please send me

two Pounds ✓

4220 P.L. Penny

O.K. £2.0.0 14/10/18 M.R.

W. P. W. L. L. L.

Address

REGISTRAR.

~~RECEIVED~~

~~REST~~

Please return Book

Articles of Clothing and Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

Clothing	No.	Necessaries	No.
Aprons, kilt ...	...	Badge, cap- ...	...
Boots, ankle, pairs	✓	Bag, Kit... ...	✓
Caps, Service Dress	✓	Braces, pairs ...	✓
Caps, Glengarry ...	...	Brass, Button ...	✓
Drawers, pairs ...	2	Brush, Brass ...	✓
Frocks, Canvas ...	...	" Blacking ...	✓
Greatcoat, D.M. ...	✓	" Clothes ...	✓
Jackets, Service Dress	✓	" Hair ...	✓
Kilts ...	...	" Polishing ...	✓
Pantaloon, cord, pairs ...	...	" Shaving ...	✓
Putties, pairs ...	✓	" Tooth ...	✓
Spurs, Jack, pairs ...	...	Cap, Comforter ...	...
Trousers, Service Dress, prs.	✓	Comb, hair ...	✓
Trousers, Canvas or Khaki } Drill Overalls, pairs }	✓	Disc, identity, with cord	✓
Waistcoat, cardigan ...	✓	Fork ...	✓
Coat, waterproof ...	...	Garters, Highland, pairs ...	✓
Gloves, leather, pairs ...	...	Holdall ...	...
Gloves, Motor Cyclist, pairs ...	...	Hose Tops, pairs ...	✓
Goggles, pairs ...	...	Housewife ...	✓
		Knife, Clasp ...	...
		Knife, Table ...	✓
		Laces, leather, spare, pairs ...	...
		Shirts, flannel ...	2
		Socks, worsted, pairs ...	2
		Spoon ...	✓
		Titles, metal, pairs ...	...
		Towels, hand ...	2
		Wax Polish, tin ...	✓
		<i>Rayor</i> ...	✓

I certify that this statement is correct.

Date

15 NOV 1918

Signature of the Soldier

P L Perry

Transfer Statement of Clothing and Necessaries.

INSTRUCTIONS—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas.

4220

STATEMENT showing the Articles in possession of (Regimental No.,

Pte Penafy *R. H. Y. P. D.*
Rank and Name).....

MILITARY HOSPITAL

proceeding from the.....

to the..... *Farlough*

Date of Enlistment..... Date of Transfer..... *15 NOV 1918* 1918

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station..... *London*..... *M. W. S. M. S. M.*
Commanding Squadron, Battery, etc.

Date..... *15 NOV 1918*.....

Name of Unit man is leaving.

(2) Station.....
Commanding Squadron, Battery,
or Company.

Date.....

Name of Unit man is joining.

No. 16590/3/P&A

NEWFOUNDLAND CONTINGENT

N.F.P/48.

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

To: Officer Commanding,
Bethnal Green Military Hospital,
Bethnal Green.

15th. October, 1918

With reference to request of (No) 4220 (Rank) Private
(Name) P. L. Penney Cheque No. _____ for
£ 2:0:0. is enclosed for payment to this Soldier as may
be deemed fit.

Kindly complete receipt form on back of cheque before
presenting at a Bank.

J. H. Marshall
Chief Paymaster & O. i/c Records. *As*

Receipt 4220 PL Penney

Private Royal N F L & Regt

R. records
To:- O/i/o Records,
Newfoundland Contingents,
58 Victoria Street, S.W.1.



No. 4220, Pte. Penney, P.L. 1 R. Newfoundland
will be sent to you on Friday 15th inst. for
disposal. Category II.

P. L. Puddicombe

Major, R.A.M.C.
Registrar,
Military Hospital,
Bethnal Green.

[Large handwritten mark]
LONDON, E.2.
14.11.18.

Henny, Peter

4220

May 20th.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4220 Rank PLC Name Penny, Peter L.
 Intended place of residence Assandeville, St. John's, Botolph Falls
 2. Occupation Paper Maker
 Classification of soldier B Medical Category E

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 **MAR. 27 1919**
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date **ST. JOHN'S**
27-3-19
 Signature of soldier Peter L. Penny
 Signature of witness J. A. Snow

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**
27-3-19
 Signature of soldier Peter Penny
 Signature of witness E. Wothers

STATEMENT OF SERVICE

7. Enlisted for service 6-12-17 No of days on Military
 Discharged from service 29-3-19 plus 14 days Service 493

APPROVAL OF DISCHARGE

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

Place **ST. JOHN'S**
MAR 29 1919
 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
 Date April 12/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

C.A.B. 2597/1819

51
128
31
128

April 12, 1919

#4220 Pte. Peter Penney,

Bishops Hall.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1819."

Yours truly

Captain,
Paymaster & O. I. c Records

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

MEDICAL HISTORY

OF

Surname Peunp.

Christian Name Belis L.

Table I.—GENERAL TABLE.

Birthplace:—Parish Avondale C. D. County 2/14

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	6th day of Dec 1917	St. John's	day of	191
Declared Age	19 years	— days	years	days
Trade or Occupation	Paper Maker			
Height	5 feet	9 inches	feet	inches
Weight		137 lbs.		lbs.
Chest Measurement	Girth when fully expanded... 36 inches			inches
	Range of Expansion... 3-4 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R. E.—V= $\frac{6}{2}$	L. E.—V= $\frac{6}{2}$	R. E.—V=	L. E.—V=
	(a)	(a)	(a)	(a)
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lamin Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	14 day of Dec 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st 2/14			
Transferred to	Regt 4220			
	ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in 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 case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Bethnal Green Military Hospital, Cambridge Road, E.	3	10	18	15	11	18	S.S.W. Thigh. R.	43	T. & T. flesh healed.	W. Bell Lewis

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
1-12-17	Vacc. 48
11/12/17	T.M.B. 48
18/12/17	T.M.B. 48
21/12/17	T.M.B. 48
8-1-19	<p>Recommended Repatriation India, no. Royal Newfound and Regt.</p>

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
<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>5</u></p> <p><u>24.3.19</u> Date of S.M.B. for Discharge</p> <p style="text-align: right;"><i>[Signature]</i> Captain</p>					

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4220 Rank Private Name Pearmy Peter L.
 Date of Enlistment 6-12-17 Address Avoncliff District St. John's
 Occupation Paper Maker Classification for Discharge B Medical Category F
 Recommendation S.M.B. Physically unfit Disability Rating Resettled 5/10
 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.....	F 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 25.3.19 O. C. Discharge Depot H. M. 945. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Peter Pearmy

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 27-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R997* to his home at *Amnora Jor* and Release Certificate No. *1787* issued.

Date *27-3-19* *Chandra K. Singh*
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 *12-4-19*

Date *27-3-19* *H. M. S. J.*
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT Depot Paymaster.

Discharge approved for *29.3.19*

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	<i>1</i>
B 178a	D 400A	B 1215	do 2nd	" 3	<i>2</i>
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 *27-3-19* *J. A. Snow*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 29 1919

Date *R. H. Jait*
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
(Paper making)*

Arthur L. Perry
Signature of Man.

Reg. No. *4220*

W. B. Dicks Capt.
Signature of the Vocational Officer or his Representative.

Place *SI Johns*

Date *27-3-19* 191

April 19, 1919

#320 Pte. Peter L. Boney
Bishops falls.

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

Paymaster & U. i/ c Records
Captain,

15703

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 inchas; if any question 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 *Peter L.* 2. Surname *Penny*
3. Rank *Pte* 4. Regtl. No. *4220*

5. Address in full to which future payments of gratuity are to far be forwarded. *Booydale, C. B., Bishop's Falls, Nfld*

6. Date of enlistment in the Regiment. *October 1917.*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No.*

8. Relationship of such dependents. _____

9. Address in full of such dependent. _____

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. *Overseas.*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From October 1917 to March 27/19 date of temporary discharge.*

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.....

Board allowance 45.40
Clothing " 64.90
P.D.P. " No

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?.....

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

March 27/19
Temporary *Demobilization*

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

France & Belgium - from July 1918 to
Sept 1918 - Ypres.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?.....

(b). If (a), 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.

Peter Kenny

Signature of Applicant:

Place of Residence:

Declared before me at:

This

27th

day of

Bishop's Falls, Nfld.
S. John, Nfld.

March 1919

John McCarthy,
J.P.

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

POST DISCHARGE PAY.

Date paid

Paid
Soldier

Paid
Dependent

War Service
Gratuity

Net amount
due

12 mos.

286.00

Certified Correct.

Paymaster.

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *4220* 3. Rank. *Pte.*
4. Name *P. E. M. V. E. Y.*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) 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.
12. Place of origin of disability.

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.

T & T flesh wound through lower part thigh
scarpa's triangle, healed. Slight pins in leg below, massage
- 12 - 18.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | <i>Yes</i> | ..... |
| (ii.) Previous active service | <i>Yes</i> | ..... |
| (iii.) Climate in pre-war service | <i>No</i> | ..... |
| (iv.) Ordinary military service before the war | <i>No</i> | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N. O.*

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

15. What is his present condition? *Small scar on anterior surface of thigh slightly inferior to apex of scarpas triangle no pain on pressure. scar on posterior surface of size 5 cent wide no pain on pressure. no disability*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

20. Do you recommend— *Reoperation*
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. H. H. M. D.
 ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station

Date

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. *G.S.W.*
- (b) The present condition thereof.

Penetrating wound through outer side of thigh (not on scarpas triangle) did not touch bone or nerves. Full movements of leg.

22. State whether the disabilities are:—
- | | | |
|--|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war | <i>Yes</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 part of the soldier | <i>No</i> | ..... |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? *G.S.W.*

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

less than 5%

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

yes

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

Station *St. Pauls*

Date *Mar 24/19*

[Signatures]
 { President or Chairman.
 { Members.
 { Major.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station
 Date *MAR 24 1919*

No. OR

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date O.C. Discharge Centre.



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 *Peter Penny*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4220*

Intended address *Bishops Falls*

Height on discharge *5 Feet 9*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *See right thigh*

Figure on discharge *Tall*

Christian name of Father *William*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Acordata* *June 1898*

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) *Peter Penny*

St
(Rank)

Station **ST. JOHN'S.** Date *24-3-19*

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 _____



Casualty Form - Active Service.

Regiment or Corps Royal Newfoundland

6-12-1898

Rank Private Surname Benny Christian Name Peter J.

Religion R.C. Age on Enlistment 19 years — months

Enlisted (a) 6-12-17 Terms of Service (a) Domestic Service reckons from (a) 6-12-17

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

-Extended 3 Re-engaged Qualification (b)
or Corps Trade and rate

Occupation Caper maker W. H. W. 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				
		<u>AI Embarked</u>	<u>2 JUL 1918</u>		
		<u>28-6-18 Disembarked</u>	<u>5 JUL 1918</u>		
		<u>Joined Battalion</u>	<u>Field</u>	<u>9-7-18</u>	<u>Batt. 107/18</u>
<u>30/9/18</u>	<u>OC 8720</u>	<u>Adm. Trans.</u>	<u>36 Cells</u>	<u>30/9/18</u>	<u>807363</u>
	<u>Blk. Sp.</u>		<u>Boalogne</u>	<u>30/9/18</u>	<u>4A 29698</u>
	<u>St. Barbara</u>	<u>Transferred to England</u>		<u>3/10/18</u>	<u>403083</u>
		<u>for O/16 No 1 Infantry Section,</u>			
		<u>1st Echelon, G.H.Q., B.E.F.</u>			

(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) Signaller, Shoeing Smith, &c. W. 2043-312733 2nd Edn. 9/17 (32/11) C. P. & S. Ltd., Fenchurch Lane, E. 1007. P.T.O.

NEXT OF KIN: William Benny, Springfield

ST. JOHN'S, Mar 27th /19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. P. Penny

Billeting Soldiers as undermentioned

from Feb 8th /19 to Mar 23rd /19

4220 Mr. P. Penny 46 40

A. C. J.

ADDRESS :	<u>BYM</u>
OH. NO.	<u>14564</u>
INS. LABEL	
PAY LABEL	
CAR. LABEL	

Certified correct for \$ 45 40

J. A. Snow
Billeting Officer.
P. Penny

Bishops Falls April

#

19

1919

4705

Lieut. Madigan.

Dear Sir will
you please send me
a discharged Badge
as I was discharged
medically unfit

Yr oblige

~~Medically unfit~~
Sincerely

No. 4220 =

Pte. Peter L. Penney

Bishops Falls

Newfoundland

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

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

1. Unit and Corps.... **ROYAL NEWFOUNDLAND**.....
2. Regtl. No. **4220** 3. Rank..... **PTA.**
4. Name .. **PETER FINNY**.....
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade }
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

G.S.W. R. THIGH.

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

SCARPA'S TRIANGLE HEALD. SLIGHT PAINS IN LEG BELOW
MESSAGE 14/12/19.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **G.S.W.**
- (b) The present condition thereof.

A PENETRATING WOUND THROUGH OUTER SIDE OF THIGH NOT IN SCARPA'S TRIANGLE DID NOT TOUCH BONE OR NERVES. FULL MOVEMENTS OF LEG.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	YES. .. .. .	.....
(ii.) Previous active service .. .. .	.....	.....
(iii.) Climate in pre-war service .. .. .	.....	.....
(iv.) Ordinary military service before the war ..	.....	.....
(v.) Serious negligence or misconduct on the part of the soldier	NO. .. .. .	.....

Give details :

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

YES.

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

LESS THAN 5%.

(b) In case of aggravation or where there is any evidence that there was a disablement on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

YES.

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

YES.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

H. S. FRASER.

President or Chairman.

Station ST. JOHN'S.

JOHN DUNCAN.

Members.

Date MARCH 24TH, 1919.

J. S. TAIT.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station (SGD) CLARY HANPHERSON.

MAJOR.
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Date
OR

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

COPY

Demobilization Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **4220** Rank **Pte.** Name **Penny, Peter L.**

Intended place of residence **Bishop Falls**

2. Occupation **Paper Maker**

Classification of soldier **B** Medical Category **E**

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** **H. Mews, Lieut.**

Date **Mar. 27 19** **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** **Peter L. Penny**

27-3-19 **Signature of soldier**

J.H. Snow, Lieut

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** **Peter Penny**

27-3-19 **Signature of soldier**

E. Wilcox, Sargt.

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **6-3-19** No of days on Military

Discharged from service **29-3-19 Plus 14 Days** Service **493**

APPROVAL OF DISCHARGE

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

Place **ST. JOHN'S** **R.H. Tait, Capt.**

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date **Mar. 29 19.**

CONFIRMATION OF DISCHARGE

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

Place **ST. JOHN'S** **Officer i/c Records**

Date **Mar. 29 19.** **The Royal Newfoundland Regiment**

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.

NO. 4220.....NAME Peter L. Penney

DATE April 15 1920.....

PLACE Bishops Falls.....

C.R. 4220

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name .. *Peter L. Penney.*

Date .. *April 15: 1920*

Place .. *Bishops Falls*

Receipt for Army Book 64

No. 4220 Name P. L. Penney

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

Name Peter L. Penney

Date Oct. 17. 19/20

Place Bishops Falls

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

51-102

W

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Regiment of

1st Newfoundland

Number of Sheet

016

Signature of O. C. Company

[Signature]

Regimental Number and Name		Enlistment	Trade
No.	<i>4220 Perry Peter</i>	Age on . . . 19 years - months	<i>paper maker</i>
Joined _____	Date _____	Place and Date of Enlistment } <i>St. Johns</i>	Religion <i>R.C.</i>
Joined _____	Date _____		
Joined _____	Date _____	Period of } with Colours <i>128</i> years. with Reserve <i>365</i> years.	Place of Birth
Joined _____	Date _____		

Good Conduct Badges, Service pay or proficiency pay

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
				<i>Demobilized St. Johns, 12th /19</i>					

To be carried over

The Royal Newfoundland Regiment

14220

DEMOBILIZATION OF

Reg. No. 42310 Rank Private Name Peter S. Perry
 Date of Enlistment 6-12-17 Address Avenel District St. John's
 Occupation Paper Makers Classification for Discharge B Medical Category F
 Recommendation S.M.B. Typical Disability Rating Reservist

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 25-3-19

H. M. G. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Peter Perry

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 27-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R997* to his home at *Jameson St* and Release Certificate No. *1757* issued.

Date *27-3-19*

Edwards Capl
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 *12-4-19*

Date *27-3-19*
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

H. M. W. J.
Depot Paymaster.

Discharge approved for *29.3.19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	1
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 *27-3-19*

J.A. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 29 1919

Date

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

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

Date *April 11/1919*

W. A. S. Sait
Depot Paymaster.

Reg. No. 4770 Rank SG Name James Peter

Attested Address Avondale

Allotment Allottee

Date of Allotment Returned from Overseas 1.4.19

Returned on S.S. Cause Discharge

21.3.19
24.3.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY
& RECORD OFFICE LONDON

4220 Pte Penney, P. Dr Bal £1.16.3

This transferred to Pay Office 7-4-19

March 28

28 1920

Dr. W. W. Blackall
Vocational office

Dear Sir am I entitled
to the General Service ribbon
or Victory ribbon

if so I have not received
any.

Yours Truly

W. J. E. Pte Peter L Penney
Bishops Falls
Newfoundland



ADDRESS ALL COMMUNICATIONS TO
VOCATIONAL OFFICER
MILITIA BUILDING, ST. JOHN'S.

Civil Re-Establishment Committee

MILITIA BUILDING,
St. John's, Newfoundland.

GGB/OR.

HON MR. JUSTICE KENT, CHAIRMAN	R. B. JOB, Esq. H. E. COWAN, Esq.	} VICE-CHAIRMAN
HON. H. J. BROWNRIGG, MINISTER FINANCE & CUSTOMS.	HON. W. F. COAKER, MINISTER MARINE & FISHERIES.	HON. DR. CAMPBELL, MINISTER AGRICULTURE & MINES.
HON. G. SHEA. REV. DR. L. CURTIS.	LIEUT. COL. RENDELL, C. S. E. CHIEF STAFF OFFICER	MAJOR BUTLER, D.S.O., M.C. MAJOR MARCH, M.C.
MAJOR PARSONS, M.C. MEDICAL OFFICER.	DR. V. P. BURKE.	DR. W. W. SLACKALL, VOCATIONAL OFFICER.

April 7, 1920.

Lt./Col. W.F.Rendell, C.S.O.,
Militia Building.

Dear Col. Rendell:-

I am directed to forward you the enclosed letter from
Ex.Pte Peter L.Penney, 4220, who enquires about his service
ribbons, and to request you to give this matter your early
attention and ^{have} a reply sent to Mr. Penney direct.

Yours faithfully,

A. G. Byrne
Secretary *Capt*

Civil Re-establishment Committee.

*Records
Report please*

*Ribands were issued
but must have mis-carried
no receipts for same on
file w/ff*

C.R. 4220

APRIL 10th 1920.

4220 Ex-Pte. Peter L. Penney,
Bishop's Falls.

Dear Sir:

Your letter of March 28th, addressed to the
Vocational Officer, has been passed to me for reply.

In case your Service Ribands have been mislaid
sending
in the mails, I am [^] duplicates herewith, and I should be
glad if you would kindly acknowledge receipt of them at
your earliest convenience.

Yours faithfully,

Lieut. Colonel,
Chief Staff Officer.

C.R. 4220

APRIL 10th 1920.

The Secretary,
Civil Re-establishment Committee.

Dear Sir:

I beg to acknowledge receipt of your letter of April 7th, having reference to the Service Ribands of Ex-Pte. Peter L. Penney, 4220. This matter will receive immediate attention.

Yours faithfully,

Lieut. Colonel,
Chief Staff Officer.

April th
16. 1920

Lieut. Col. W. L. Rendell
Chief Staff Officer

Dear Sir I am
forwarding you the receipt
of the ribbands
Victory ribband & British
war ribband. —

Yours truly

Peter L. Penny

Bishops Falls
Nfld