

1914-1918

ROYAL NEWFOUNDLAND REGISTRY

1410

Recorded
30-6-58

1914-1918

Book No. 1410

1410



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1410

Name in full William Frederick Quirk Age 23

Address Bay Bulls

~~Married~~
Single Height 5 8 Weight 136

Color Fair Hair Brown Eyes Blue

Other distinguishing marks Scar on right thumb

Nearest relative Mother (Matilda)

Address Bay Bulls

Dependents Mother (partly)

Occupation Seaman Present Wage 50⁰⁰ per month

Previous service

Decorations

General Remarks

Date of Enlistment April 10th 1915

I, William Frederick Quirk, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Declared before me this 19 day
of April 1915

William F Quirk

J. J. [Signature]
[Signature]

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1410

Name William Frederick Quirk
 Apparent age 25 years _____ months. Height 5 feet 8 inches.
 Chest measurement { Girth when fully expanded _____ inches.
 Range of expansion _____ inches.
 Distinctive marks Color: Fair, Hair: Brown, Eyes: Blue.
Other distinguishing marks: Scar on right thumb.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Matilda Quirk, Bay Bulls, Nfld.
 | Relationship Mother.

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth	(2)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>Ap. 10/15</u>									
Joined at <u>St. John's</u> on <u>Ap. 10/15</u>									
<p><i>Discharged March 30/1919</i></p> <p><i>Embarked at St. John's, Nfld. 20/15. Embarked for B.C. 12/16. Promoted 2/16</i></p> <p><i>Admitted 87th Co. Life Savers 10-5-16. Discharged 10-5-16. Admitted</i></p> <p><i>Hantsport 10-5-16. Sailed for Halifax 16-6-16. 2 Corp. 19-10-17. Sailed 16-1-18</i></p> <p><i>Embarked 1st Bn. 2-2-18. Disembarked 6-2-18. Joined Battalion 15-2-18. Wounded 11-2-18</i></p> <p><i>Admitted 87th Co. 12-5-18. Sailed 12-5-18. Joined Battalion 28-4-18. Sailed Battalion 3-5-18</i></p> <p><i>10-16-18. Admitted 155th Hosp. 11/18. Arrived Halifax 10-11-18. 1 year</i></p> <p><i>Wounded in the field 27-11-18. Leave from 14-5-19. Sailed Halifax 19-7-19</i></p> <p><i>to Newfoundland and for demobilization 30-1-19. Arrived Newfoundland for discharge 7/19.</i></p>									
<p align="center"><i>Demobilization at St. John's 30-3-1919</i></p>									
Total Service forfeited as above									
Total Service towards Engagement to <u>30-3-19</u> (date of discharge) <u>3</u> years <u>355</u> days									
" " " Pension " (") " " "									

C.R. 1410

Extract from Medical Board held on THURSDAY AFTERNOON
MARCH 18th., the following was the finding.

/19

Recommended discharge from the Army.

1410 Pte. Wm. Quirk.

C.R. 1410

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated April 1st 1919.

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

1410 Pte. William Quirk.

30/3/19.

C.R. 1410

Extract of Casualties from Pay & Record Office London, dated
Jan. 28/1/19.

Nominal Roll of N.C.O's and men (25 O.Re) on leave from 1st Bn.,
who joined 2/Bn. Winchester 19/1/19 for repatriation and subsequent
demobilization.

1410 PTE. W. Quick.

Officer i/c Records, Afld. Contgt.

C.R. 1410

Extract from Daily Orders part II, Unit
the Royal Newfoundland Regiment, dated
May 20th. 1916 from 3rd. Echelon, B.E.F.

1410 Pte. W. Quirk.

Inv. to Eng. H.S. DEIPPE 10/5/16.

C.R. 1410

Extract from Nominal Roll of Rifle Regt. Embarked
Devonport 13-3-16 for Egypt transferred to B.E.F.
& disembarked Marseilles 3-4-16.

1410 Pts. W. Quirk.

C.R. 1410

Wm.F.Quirk was attested for General service
with the NEWFOUNDLAND REGIMENT on **April 10th 1915**..
Regimental No **1410** was allotted to Pte. **W.F.Quirk**

AUTHORITY:

Record Ledger,

Depts. of Militia,

March 25th. 1919.

C.R. 1410

Extract from Orders by Lt. Col. T.G. Mathias, D.S.O.,

Commanding 1st Bn. Royal Newfoundland Regiment.

30-12-18.

The undermentioned has been granted leave to U.K.

1-1-19 - 15-1-19.

1410, Pte. W. Quirk.

"A" Company.

C.R. 1410

**Extract from Daily Orders part II, Depot
St. John's dated March 10th., 1919.**

**The discharge of the undernoted on demobilization
has been APPROVED by O. U. Discharge Depot on noted date.**

#1410 Pte. W. Quirk.

16-3-19.

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland

A

Rank Private Surname Quirk Christian Name William

Religion Roman Catholic Age on Enlistment 25 years 7 months.

Enlisted (a) St. John's Terms of Service (a) Duration Service reckons from (a) 10/4/15

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

Extended { } Re-engaged { } Qualification (b) _____
or Corps Trade and Rate _____

Seaman

J. M. Major 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				
			Embarked ...	3 FEB 1918	
			Disembarked...	6 FEB 1918	
			Joined Battalion	15 FEB 1918	
	<u>Excellent</u>	<u>Wounded in Action</u>		11-3-18	<u>B213 1/3/18</u>
	<u>87 Co</u>	<u>as G. Workley Trans</u>	<u>3rd CCS</u>	12-3-18	<u>CA 2941</u>
	<u>32 Coy Sp</u>	<u>" - - -</u>	<u>Winnipeg</u>	13-3-18	<u>HA. 20625</u>
	<u>12 Coy Sp</u>	<u>" - - -</u>		2-4-18	<u>W6626 12/4/18</u>
	<u>" D" Sp</u>	<u>Found Base Depot</u>	<u>Raven</u>	28/4/18	<u>Kell</u>
			Joined Battalion	3-5-18	
	<u>Excellent</u>	<u>as Sp</u>	<u>Fred</u>	17/10/18	<u>B213</u>
	<u>44 CCS</u>	<u>ARMY D Co</u>		16/10/18	<u>CA 8106</u>
	<u>55 Coy Sp</u>	<u>" - - -</u>	<u>Boulogne</u>	21/10/18	<u>HA 30660</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.

1410 New Quirk

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				
1	2 ^d Lt Bn	Arrived	Home	13/1/18	None
10.11.18	Old Unit	Rejoined	Field	27.11.18	B213
2.1.19	. d.	Leave 1 to 15.49.			Part 2 Part 3/E
		Transferred to U. K.			3/E
		for Re-patriation			Part 2 3/E Lt Col

John

Not Infantry Section
Lt Col

C.R. 1410

Extract from Casualties.....List No. H.A. 31810.

1410 Pte. W. Quirk.

Dis.to 5 Rest Camp St. Martin's Baulogne Ex 10 Con. Dep.
10 Nov'18. Wd. Gas Must.

C.R. 1410

Extract from Daily Orders West 21 Unit The Royal Rifles Regt
St. John's, 11-2-19.

The Underlisted returned from Overseas and Reported to
Regt 7-2-19.

Repatriated on 1/3 of Demobilization.

1410 Pte. Wm. Quirk.

C.R. 1410

Extract from Nominal Roll of The Royal Nfld. Regt
Embarked ~~S.S. Corsican~~ S.S. Corsican, Jan. 30, 1919.

1410 Quirk.

NEWFOUNDLAND POSTAL TELEGRAPHS



Cable Connection with all the World

CR 1410

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. 31st, 1918**

To **Matilda Quirk, Bay Bulls**

Regret to inform you that Record Office, London, officially reports **No. 1410, Private William Quirk at 55th General Hospital Boulogne Oct. 21st suffering from gas poisoning.**

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

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 1410

Extract from War Office List No. H. A. 31092.

ADMITTED 10 COM DEP. BEAULT 27 Oct. 1918.

#1410 PTE. W. QUIRK.

GAS MUST.

C.R. 1410

Extract from War Office List No. H. A. 30880 dated 1 No. 1918

ADMITTED A CON. DEP. BOULOGNE 25th OCT. 1918.

#1410 Pte. W. Quirk.

Wounded

C.R. 1410

Extract from War Office List No. H.A. 30660.

ADMITTED 55 GEN⁷ HOS. BOULOGNE 21st., OCT. 1918.

& 2

#1410 Pte. W. Quirk.

BC. GASED.

C.R. 1410

Extract from Casualties received from Pay & Record Office,
London, dated May 4th, 1918.

#1410 Pte. W. Quinn

Discharged to 5th Rest Camp St. Mattins Boulogne ex 2nd
Convalescent Depot April 22, 1918.

CR
Quarter No. 1410

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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 **Deot of Militia.**

Line Number	Rcd	By	Sent	by	Check
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Dated **March. 21st, 1918.**

To **Mrs. M. Quirk, Bay Bulls.**

Regret to inform you that Record Office, London,
officially reports **No. 1410, Private William F. Quirk**
at 32rd Stationary Hospital, Wimereux March 13th
G.S.W. right leg.

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.

Actg..

FOR TYPEWRITER

C.R. 1410

Extract of Casualty List received from Pay and Record Office London
dated 20th. March 1918.

1410 Pte. W. Gairk,

1st. Nfld. Regt., Bullet Wd. Leg R. Adm. 32 Sty. Hos. Wimereux
13 Mar. 1918.

C.R. 1410

Extract from Nominal Roll Draft No. 36 200 ~~Oth~~ Ranks from 2nd., Reserve Bn
Royal Newfoundland Regt., and proceeded to join the 1st., Bn. R. Nfld., Regt
B. E. F., Embarked Southampton 4/2/18.

#1410 Pte. F. E. Quirk.

C.R. 1410

Extract of Daily Orders part 11, ~~8322~~ by Lieut.Col.
C.W.Whitaker, Commanding 2/1st Nfld. Regiment.

dated 16/1/18.

#1410 L/Corpl. Quirk,

reverts to the ranks.

C.R.

1410

JUN 24 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1410, Private W. F. Quirk, who was previously reported at the Third London General Hospital, Wandsworth, May 10, suffering from a gunshot wound in the right arm and left thigh, is now fit for duty and was granted furlough June 7th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mrs. Matilda Quirk,
Bay Bulls.

C.R. 1410

JUN 16 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1410, Private W. F. Quirk, who was previously reported suffering from accidental gunshot wound in right arm and left thigh, May 2nd, was admitted to 3rd London General Hospital Wandsworth, May 10th.

This information has been received by mail.

Yours faithfully,

Mrs. Matilda Quirk,
BayNBulls.

Colonial Secretary.

C.R. 1410

Extract of Casualties received from Pay & Record
Office, London, dated June 8, 1916.

#1410 Pte. W. Muirk.

Discharged from Wandsworth, 7/6/16 to 16/6/16.
Class Duty.

✓

C.R. 1410

Extract of Casualties received from Pay & Record Office,
London dated May 15, 1916.

#1410 Pte. W.F. Quirk,

1st Newfoundland Regiment,

GSW. Right Arm Left Leg acc.

Admitted 16th General Hospital, Le Treport May 6, 1916.

C.R.

✓
Q (1)

COPY OF TELEGRAM.

Dated

May 12, 1916.

To

Mrs. Matilda Quirk,
Bay Bulls.

Regret to inform you that the Record Office,

London, officially reports No. 1410, Private William Frederick Quirk, has been admitted Third London General Hospital, Wandsworth, accidental gunshot wound right arm, and left thigh. Received May second.

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

J. R. BENNETT,

Colonial Secretary.

C.R. 1410

CASUALTIES.

Extract of Casualty List received May 12, from P. & R.O.

1410 Pte W. Quirk.

W. Acc. 2/5/16. N. Reptd by O.C. Bn. 3/5/16.

NEWFOUNDLAND CONTINGENT.

1410 Pte W. Quirk.

1 Newfoundland G.S.W.R. Arm L. LegAccid: To Eng. per Hos Ship Dieppe
ex 16. Gen. Hos. 10 May 16.

Extract of Casualty List received May 17th 1916

C.R. 1410

Copy Of Cablegram.

To Governor St. John's Newfoundland, 12/5/16.

1410 Pte Quirk.

At Wandsworth, Accidental, gunshot wound right arm, left thigh,
received 2nd May. *Wandsworth.*

C.R. 1410

Extract from Nominal Roll Embarked St. John's for Overseas per
S.S. "Calgarian" June, 19. 1915. "F"

1410 Pte. Quick W.F.

**EXTRACT FROM STATEMENT OF A/C TO 30/1/19 FROM PAY &
RECORD OFFICE LONDON**

1410 Pte. Quirk, W.F.

Cr. Bal. £1-11-10 plus 1 day's pay (31-1-19)

This transferred to Pay Office 9-4-19

D 1410
Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1410 Rank Pte. Name William F. Quirk
 Date of Enlistment 9-4-15 Address Bay Bulls District Ferryland
 Occupation Seaman Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanently kept Disability Rating Less than 5%
 Passed to Demobilization Officer with following documents:-

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

Date 15-3-19
 O. C. Discharge Depot. *H. M. W. H.*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

W. F. Quirk

Particulars passed to Vocational Officer for information and action.

Date 15-3-19
Joseph A. Snowling

2. Clothing.

Certified that Clothing Regulations have been complied with:

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

Date 15-3-19
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8772 to his home at King Bulls and Release Certificate No. 15-45- issued.

Date 15-3-19 [Signature]
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 30-3-19

Date 15-3-19 [Signature]
Depot Paymaster.

Discharge approved for 16-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		

Date 15 3 19 [Signature]
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

Date MAR 16 1919

[Signature]
O. C. Discharge Depot.

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

Date Mar 19/1919

[Signature]
Depot of Records

Reg. No. 1410. Rank. Pfc Name Quirk, Wm J.

Attested Address Bay Bulls.

Allotment Allottee

Date of Allotment Returned from Overseas 8-19.

Returned on S.S. .. Cause Discharge

13.3.19 Rec. Dis - from the Army.

MAR 15 1919

PASSED TO DEMOBILIZATION OFFICER

16.3.19

DISCHARGE APPROVED ON DEMOBILISATION

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 1410 Rank Plt Name Quirk William F.
 Former Occupation Seaman Address Bay Bulls District Ferryland
 Class B Medical Category E Disability Rating Less than 5%

O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Electrical Engineering. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 15. 3. 19

To be forwarded Orderly Room in Duplicate.

Joseph H. Snow
 Demobilization Officer

W. F. Quirk

1410

P.R.O.

Regimental Number 1486

Company _____

THE
1ST NEWFOUNDLAND REGIMENT.

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

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

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

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

Signed W. Quirk

Witness Robertson

Dated at _____



_____ 191_____



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Quirk, Regl. No. 1-10

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	Wife	Miss Matilda Quirk	Bay Bulls	804
1		Quirk		
5				
7				
<p>Commissary</p> <p>June 13/15</p>				
Total Allotment, £				804

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.)

Officer Commanding
Company

St John's
1915

(Sig.) William Quirk

(Rank) Private

No. H-130

ORIGINAL



N.F.P./11

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 1410 (Rank) Private (Name) W. Quinn Quirk
 hereby agree, until further notification by me, and in required form,
 to make an allotment of _____ dollars and Twenty cents
 per diem, from my pay, to and for the benefit of the undermentioned
 Person and/or Persons. Such payments to be made on proof of identity
 of the Person and/or Persons concerned, viz:-

Whether Wife Child, other Relative or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)	
			\$	¢
<u>Wife</u>	<u>Mrs. J. Quirk</u>	<u>Bay Bulls Newfoundland.</u>		<u>40</u>
				<u>40</u>

This Allotment to take effect from and including Sept 12 1917.

NOTE:- This Form must be completed and signed by the Soldier, counter-
 signed by the Officer Commanding his Company, and forwarded to the
 Paymaster in accordance with P. & R.O. C.L./10, 9/12/16.

(Sig.)

A. Kelly Capt.Officer Commanding
"A" Company.

Dated at

Bay CampAugust 18th 1917

(Sig.)

W. Quirk
Allotter.

NOTED

WPH

1887 HCO

Co'y

NOTED

J. S. Cludge
C.Q.M.S.Date 10/17 1917 Co'y

ORIGINAL



N.F. No.

Allotments.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 1418 (Rank) Private (Name) William Quirk

hereby apply for cancellation of Allotment made by me on
N.F. 1074 dated April 1915 in favour

of Mother Mrs. Quirk for \$ — cts 80
per diem. Such cancellation to take place on the

Thirty-first day of August 1917

I agree to accept all risks and consequences of this application failing to reach headquarters, St. John's, by mail in time to become operative at above nominated cancelling date, and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Barrage Camps,
Aug 10th, 1917

W. Quirk
Allotter.

Approved and Witnessed,
C. Kaley Capt
O.C. "A" Company.

NOTED
J. S. Clancy
C.Q.S.
Date 10/17/17 to Coy

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records. who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.

NOTED
18814
18814



No. _____

Date June 7th 1916

(1) To the Officer i/c Records,

58 Victoria St

S.W. (Station.)

(2) The Officer Commanding,

Newfoundland Contingent

Qyr. (Station.)

(3) The Paymaster,

58 Victoria St

S.W. (Station.)

Regimental No. 1410

Rank and Name Pte. Quirk. W.

Regiment or Corps 1st Newfoundland Contingent

has been granted a furlough from June 7th to June 16th.

His address while on leave will be:—

58, Victoria St.

S.W.

This man has been furnished with a Warrant to Victoria and given an advance of £1. (one pound)

I consider he is fit for ^{{Duty.} ~~{Light duty.~~

A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge Registrar, R.A.M.C.T.,
3rd London General Hospital,
WANDSWORTH, S. W. (Station.)

* Strike out that which is inapplicable.

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

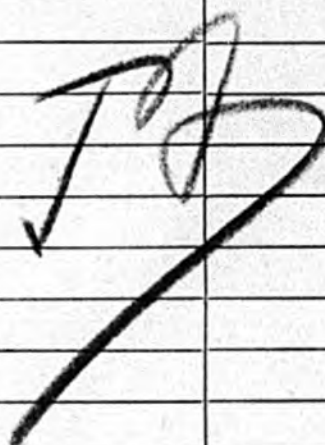
"A" Form
MESSAGES AND SIGNALS.

Army Form C. 2121
(In pads of 100.)

No. of Message.....

Prefix.....Code.....m.	Words	Charge.	This message is on a/c of:	Recd. at.....m.
Office of Origin and Service Instructions	Sent		Service.
.....	At	m.	From
.....	To	By.....
.....	By		(Signature of "Franking Officer")	

TO	1410	PTE	QUIRK	ROYAL
	NEWFOUNDLAND REGT		CARE	MRS
Sender's Number.	8	Day of Month	1	Signature Number.
				AYR (Ayrshire) AAA

41	18/1/19		
REPORT	58	VICTORIA	STREET
TOMORROW	FRIDAY	URGENT	REPLY
			SYNOPTICAL
			

From			
Place			
Time			

The above may be forwarded as now corrected. (Z)

.....

Censor. Signature of Addressor or person authorised to telegraph in his name

* This line should be erased if not required.

No. 1410 Rank Private Name Quirk W. J.

Pay	F.A.	Wkg	Total	N.F.P/33
100	70		170	✓ 258
Less Allotment			40	
Net Rate			70	

DEBITS	Date	£ s d.			CREDITS	Period		Days	Rate	£	s	d			
						From	To								
Balance				Balance		21/12						27	7	10	
Acquittance Rolls				Pay @ Net Rate	22/12	4/1	14	70	9	80	2	0	3		
Hospital Advances				R.A. B.C. J.	1/19	15/19	14	1/9		1	4	6			£30-12-7
A.B. 64 francs 45		1	14	Credit £ 28	21/12	5/1/19	13	70	9	10	1	17	5	£ 32-10-0	
P.&R.O. Payments			18	Car. Bal. 17 6											
Cash	4/1/19	28	0	Pay	18/1/19	24/1/19	7	70	4	90	1	0	2		
Cash R. 516	17/1/19	1	17	R.A.	18/1/19	24/1/19	3	2/1				6	3	£33-16-5	
Cash 563	18/1/19			bruit bal.											
				£ 1-6-5											

£2-12-6

£30-12-6

£32-10-0

55

Quirk, W. F.

1410

Ray Sept

March 30, 1919

#1410 Pte. William F. Quirk,
Bay Bulls,
Ferryland Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 1535."

Yours truly,

Captain,
Paymaster & U. I. C. Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1410 Rank Pte Name Quirk William F.
 Intended place of residence Bay Bulls, Ferryland

2. Occupation Seaman
 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 for H. News Street

Date MAR. 15. 1919 for 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. EXCEPT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Place and date ST. JOHN'S W. F. Quirk
 Signature of soldier

15-3-19

Joseph A. Snowling
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am ^{NOT} in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S W. F. Quirk
 Signature of soldier

15-3-19

E. Wilson Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 9-4-15 No of days on Military

Discharged from service 16-3-19 Plus 14 days Service 1450

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 R. H. Sait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

MAR 16 1919

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place H. Lewis, Med. M. Bowley, Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

Date March 30/1919

DB 207 9/1535

21
31
30
31
31
30
31
31
28
20
5

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R772* to his home
 at *Bay Bulls* and Release Certificate No. *1545* issued.

Date *15-3-19* *J.A.S.* *ABDutts Capt.*
 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 *30-3-19*

Date *15-3-19* *H. News H*
 Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for *16-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
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 *15. 3. 19* *ABDutts Capt.*
 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 16 1919

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

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

Date

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

MEDICAL HISTORY

Surname Lewis OF Christian Name William Frederick



Table 1.—GENERAL TABLE.

Birthplace:—Parish Bay Bulls County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 4 day of <u>April</u> 1915	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
	at <u>St John's</u>	at _____	at _____	at _____
Declared Age...	23 years days		years	days
Trade or Occupation...	<u>Seaman</u>			
Height	5 feet 8 inches	feet	feet	inches
Weight	136 lbs.	lbs.		lbs.
Chest Measurement	Girth when fully expanded...	36 53 inches		inches
	Range of expansion...	3 36 inches		inches
Physical Development...				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<u>W. P. 66 6/6</u>	R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to Cause Rejection	(b)	(b)		
Approved by (Signature)	<u>Frederick W. Burden</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>	at _____	at _____	at _____
	on 10 day of <u>April</u> 1915	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
Joined on Enlistment	Corps. <u>Newfoundland Regt</u>	Regtl. No. <u>1410</u>	Corps.	Regtl. No.
Transferred to...				
Became non-effective by				
(Signature)	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
(Rank)				



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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 th LONDON GENERAL HOSPITAL WANDSWORTH.	10	5	16	7	6	16	G.S.W. <u>VIII</u> f. severe G.S.W. <u>IX</u> f. severe.	29	G.S.W. a forearm - injury to a ulna nerve. massage G.S.W. left knee, growing pustilla - healed.	Hogan Capt R.A.M.C.(F)

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
May 15 th 1915	1 st Inoculation 500 Million
June 7 th 1915	2 nd " 1000 "
25 th 1915	Vaccinated at Sea
Aug. 15 1916	Dental work Completed. J.H.H.

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category 13-3-19.

13-3-19, *J.H.H.*
Head of S.M.B. Discharge Log or Certificate

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
St John's					

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:

*I would like to take a Course
in Electrical Engineering*

W. J. Quirk

Signature of Man.

Reg. No. *1450*

W. J. Quirk

Signature of the Vocational Officer or his Representative

Place *Archie Building, St. Paul*

Date *March 15th 1919*



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St John's Wfld*
Date *March 12th 1915*

1. Unit *Royal Newfoundland*
2. Regimental No. *1410*
3. Rank *Private*
4. Name *Smith William*
5. Age last birthday *26*
6. Enlisted on *9th April 1915*
at *St John's*
7. Former trade or occupation *Seaman*

8. Disability

*{ R. S.W. Rt. Forearm. Injury to ulnar nerve.
L. S.W. L. Knee, groovey patella.
R. S.W. Rt. leg.*

9. History *wounded 4th April 1916. Rt. arm + left knee.
In Newfoundland Gen Hq. 10/5/16 to 7/6/16.
Wounded March 1918. Rt. leg. not transferred to England
Passed Oct 1918 - in Hq. in France 6 weeks.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note F above.)

Entrance & Exit scars of Bullet wound
Rt. Forearm. Well Healed.
Complaints of Stiffness & weakness
Rt. Hand. Good Grip.

Wounds L-Knee & Rt. Calf slight & no disability

11. Was sanatorium advised and refused? No
operation

12. Do you recommend discharge as permanently unfit? Yes

Signature

Archie Galt

Rank or Qualification

MO Depot

Remarks if any by Officer i/c Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as ~~aggravated by~~ due to
- (a) Service during this war. (b) ~~Climate~~ (c) ~~Ordinary Military Service~~
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? less than 5%
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? less than 5%
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retirement~~ the Army

Remarks if any:—

H. B. Case
.....
President

Signatures Wm. C. D. [unclear]
[unclear]
.....

Place Sedona

Date Mar 13 1919

APPROVED

Station

Date



Clay Macpherson
.....
Administrative Medical Officer [unclear]



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 *Quirk W. J.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1440.*

Intended address *Bay Bulls.*

Height on discharge *5 Feet 8.*

Color of hair on discharge *Brown.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks _____

Figure on discharge *Mes.*

Christian name of Father *James.*

Christian name of Mother *Mathilda.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bay Bulls 29. Oct. 1895.*

Nature and locality of civil employment required _____

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

(Soldier's signature in full)

Station *A. J. Quirk*

Date *10-3-19*

(Rank) *Pr.*

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 _____

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

15-3-19

Regimental No.

1410

Name

Quirk William

Address

Bay Bulls

Present Medical Category.....

E

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board.....

Members of Board {

R.H. East Capt.

O.C. Discharge Depot.

P. Robinson

Senior Medical Officer

G. W. Burdett

M. O. Depot



NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 1410 (Rank) Private (Name) William Quirk

hereby apply for cancellation of Allotment made by me on

N.F. 1074 dated April 1915 in favour

of Mother Mrs. J. Quirk for \$ cts 80

per diem. Such cancellation to take place on the

Thirtieth day of August 1917

I agree to accept all risks and consequences of this application failing to reach headquarters, St. John's, by mail in time to become operative at above nominated cancelling date, and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Bony Camp

August 15th 1917

W. Quirk

Allotter. Noted J
14/17

Approved and Witnessed,

At Raley Capt
O.C. "H" Company.

NOTED
J. S. Laidy
C. Q. M. S.
Date 15/8/17 Coy

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.

NOTED
W. H.
15/8/17 Coy

April 10th., 1919

#1410 Pte. W.L. Quirk,

Bay Bulls

Ferryland Dist.

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 & i/c Records
Captain

14238

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 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 W. A. A. A. 2. Surname Guise

3. Rank Pte 4. Regt. No. 1410

5. Address in full to which future payments of gratuity are to be forwarded Box 222, Ferry Road, St. John's

6. Date of enlistment in the Regiment April 1st 1915

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 Not applicable

9. Address in full of such dependent Not applicable

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 Forty Nine Months

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....
..... *no*

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

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?..... *not applicable*

19. Are you now serving in the Regt.?..... *no* If not give:- (a) Date of discharge *March 29/19* (b) Reason for discharge.....
..... *Remobilization*

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 1916-1917 Belgium 1917
and 1918 Germany 1918 and 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.....
(b). If (b), are you in receipt of full pay and allowances from that Committee..... *not applicable*

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: *W F Quirk*
 Place of Residence: *Bay Bulls, Ferryland District*
 Declared before me at: *St Johns New*
 This *15th* day of *May 1948*

John McCarthy
J.P.

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 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
.....	<i>6 mos.</i>	<i>420.00</i>
.....
.....

Certified Correct.

Prvraster.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Quirk, Regl. No. 1410

hereby agree, until further notification by me, and in similar official form to make an Allotment of Eighty Dollars and 00 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	Mother	Mrs Matilda Quirk	Bay Balls	809
1		Quirk		
5				
7				
		Commence		
		June 12th 15		
Total Allotment, \$				809

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

Sig.)

Officer Commanding
Company

St. John's
June 12 1915

(Sig.)

(Rank)

W. M. Quirk
Private

ST. JOHN'S, Mar 15th / 19

Royal Newfoundland Regiment.

Billeting Account,

To Lt. W. Quirk

Billeting Soldiers as undermentioned

from Mar 7th / 19 to Mar 15th / 19

~~1410 - Lt. W. Quirk 8 30~~
12891 - B. G. M. Quirk

Certified correct for \$ 8.30 W. Quirk

R. J. [Signature]
Billeting Officer

ST. JOHN'S, MAR 14 19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. H. Quirk

Billeting Soldiers as undermentioned

from Feb 7th / 19 to Mar 7th / 19

12723

1410 - Mr. H. Quirk 28 80

~~Less~~

~~7 20~~

~~Already Paid~~ 28 80

28 80

Certified correct for \$ 28 80 Mr. Quirk.

A-7 J. A. Snowell.

Billeting Officer.

MMJ July 16 1920

Major Howley
O. I. C. Records

Please pay to W. Quirk, 1410
the sum of four dollars
in payment pf arrears of allowance for week ended June 19.1920
and charge same to Civil Re-establishment Committee

\$4.00

Pension Nil

ACCOUNT	682	INITIALS	<i>[Signature]</i>
CHK. NO.		INITIALS	<i>[Signature]</i>
DATE DEPOSITED		INITIALS	<i>[Signature]</i>
PAY TO ORDER OF		INITIALS	<i>[Signature]</i>
GEN. LEDGER		INITIALS	<i>[Signature]</i>

[Handwritten initials]

[Handwritten signature]

Vocational Officer

W. Quirk

Sept 11 1920

Major Howley
O. I. C. Records

Please pay to W. Quirk, 1410
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension Nil

ACCOUNT	
CHK. NO.	2408
INTL LEDGER	
PAY LEDGER	
GEN LEDGER	

W. C. S.
W. C. Meckell

Vocational Officer

W. Quirk

Sept 4 1920

Major Howley
O. I. C. Records

Please pay to W. Quirk, 1410
the sum of sixty dollars
in payment of P. & A. Bonus
and charge same to Civil Reestablishment Committee

\$60.00

Pension Nil

C. J. Baker

H. Hunter
for Vocational Officer

W. Quirk

ACCOUNT _____	INITIALS _____
CHK. NO. <u>2277</u>	INITIALS _____
INL. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

Sept 4 1920

Major Howley
O. I.C. Records

Please pay to W. Quirk, 1410
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension Nil

ACCOUNT	INITIALS
CK. NO. 2258	<i>[Signature]</i>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

[Signature]
Vocational Officer

[Signature]

CCO/JD.

Please quote above reference
and date of this letter in
your reply.



DEPARTMENT OF
PUBLIC HEALTH AND WELFARE
ST. JOHN'S,
NEWFOUNDLAND.

25 June, 1946

The Secretary,
Services Medical Board,
Harvey Road.

Re: Wm. F. Quirk - 1410

Dear Sir:

The above-named is reporting
for examination with respect to his
disability; G.S.W. of the right forearm.

Yours very truly,


G. O. OKE
War Pensions Officer

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.**The Department of War Pensions for Newfoundland**

TO MEDICAL EXAMINER:

ST. JOHN'S, Newfoundland,

Medical Report required; review date:—

Date **25 June, 1946**

The Secretary, Dept. of War Pensions for Newfoundland.

Per **JD.**

Regimental No.

1410

Rank

Name

William Frederick Quirk, Bay Bulls

Unit

DESCRIPTION OF PENSIONER:

Apparent Age **54**Height **5' 9"**

Colour of Eyes

Complexion

Colour of Hair

Weight **173**

Marks of Identification:

Disability:

G.S.W. of the right forearm.

Disability for which pension has been awarded :—

G. S. W. Right Forearm.

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.

(2) Give a definite detailed description of the present condition

I appeared before the medical board in 1920 and was receiving a pension for 3 months only; I went away in 1920 and thought the money was being sent to my mother but when I returned in May 1946 I found this was not so. Since 1920 I have had pain in my right forearm, and stiffness of the fingers gradually becoming worse. I never saw a doctor when I was away (in U.S.A.) about this. I worked on construction all the 25 years and 8 months I was away (Labourer foreman and truck-man etc.)

I get severe cramps and pain in my right elbow in moist weather particularly

General:— Very well nourished and well developed man of 54 years.

Right Forearm:— Wound mid forearm, no relationship to nerves.
There is no wasting or deformity of arm or forearm.
All muscles function normally and appear to have normal powers. No sensory abnormality.
Other systems - N.A.D.

Special Questions :—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are :—

(If there are no complaints, it will be so stated)

Signature of Witness T. A. Knowling. Pensioner's Signature William F. Quirk.

3. (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

G. S. W. Right forearm, with symptoms grossly exaggerated.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

Nil.

4. (a) To what extent, if any, have the disabilities diminished or increased since last examination?

N.A.

(b) If increased or undiminished is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5. Will disabilities materially increase or diminish? Remain stationary.

6. Are the disabilities permanent? Yes.

7. (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

NO.

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8. (a) Would treatment reduce the pensioner's disability, or increase his comfort? NO.

(b) Nature of treatment advised?

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT :—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.) and refused to accept the same for the following reasons :

The foregoing report submitted by :

Pensioner's Signature

Signature J. Tolson Smith. Medical Examiner.

Place St. John's.

T. A. Knowling,

Date June 28, 1946.

R. J. Simms.

Members (of a Board)

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9. If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

10. Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place

Head of District Office, (or Medical Practitioner.)

Date

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Department of War Pensions for Newfoundland

TO MEDICAL EXAMINER:

ST. JOHN'S, Newfoundland,

Medical Report required; review date:—

Date 25 June, 1946

The Secretary, Dept. of War Pensions for Newfoundland.

Per JD.

Regimental No.

1410

Rank

Name

William Frederick Quirk, Bay Bulls

Unit

DESCRIPTION OF PENSIONER:

Apparent Age

54.

Height

54. 9 inches

Colour of Eyes

Complexion

Colour of Hair

Weight

173

Marks of Identification:

Disability:

G.S.W. of the right forearm.

WFB
Signature of Pensioner
Signature of Medical Examiner

Disability for which pension has been awarded:—

G. S. W. Rt Forearm.

The Department of War Pensions for Newfoundland

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

yes.

(2) Give a definite detailed description of the present condition

I appeared before the medical board in 1920 and ~~was~~ ^{was} receiving a pension for 3 months only; I went away in 1920 and thought the money was being sent to my mother but when I returned in May 1926 I found this was not so. Since 1920 I have had pain in my right forearm, and stiffness of the fingers gradually becoming worse. I never saw a doctor when I was away (in USA) about this. I worked as construction all the 25 years + 8 months I was away. (Labourer, foreman + truck-man etc).

I get severe cramps + pain in my right elbow in moist weather particularly.

Special Questions:—

General: very well nourished + well developed man of 54 years

Rt: forearm. Wound mid forearm, no relationship to nerves. There is no wasting or deformity of arm or forearm. All muscles function normally and appear to have normal power. No sensory abnormality.

Other Systems: N.A.D.

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated)

Signature of Witness

W. A. King

M.B.H.B.

Pensioner's Signature

William F. Smith

3. (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

G.S.W. Rt forearm, with symptoms grossly exaggerated.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

Nil

4. (a) To what extent, if any, have the disabilities diminished or increased since last examination?

N.A.

(b) If increased or undiminished is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5. Will disabilities materially increase or diminish? Remain stationary

6. Are the disabilities permanent? yes.

7. (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

No

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8. (a) Would treatment reduce the pensioner's disability, or increase his comfort? No

(b) Nature of treatment advised?

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused and refused to accept the same for the following reasons)

1/26/26
Concluded on 20/2/26
has been 20/2/26

The foregoing report submitted by _____ Pensioner's Signature _____

Signature _____ Medical Examiner.

Place _____

Date _____

Members (of a Board) }
J. Lebrons Smith
M. J. Smith

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9. If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

10. Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place _____

Date _____

Head of District Office,
(or Medical Practitioner.)

Wm. Frederick Gowik

Box 75 Hawthorne

New York

DR. L. O'N. CONROY
ORTHOPEDIC SURGEON

3 MONKSTOWN ROAD
ST. JOHN'S, NEWFOUNDLAND

#1410

June 12 1946

Mr. Wm. F. Quirk,
Bay Bulls,

Dear Mr. Quirk,

You reported to me on June 10, 1946, concerning a G.S.W. of the right forearm, which you received during World War I. My examination at that time showed the scars from the entrance and exit wounds of a bullet in the right forearm, about four inches above the wrist.

The power and grip in the hand is only about 25% of normal. In addition the power of drawing the fingers together is very limited, although spreading does not appear to be interfered with.

You apparently had a nerve injury at the time of the G.S.W. with a resultant partial paralysis of the hand, which leaves you with a permanent total disability of between 15 and 20%.

Yours very truly,

Louis O'N. Conroy

L. O'N. Conroy,
ORTHOPEDIC SURGEON.

LC.CC.

Genl. R. O'Neil

August 10, 1946.

Mr. William F. Quirk,
P.O. Box 75, Hawthorn,
New York City, N. Y.
Dear Sir:-

The Medical Board completed on the 25th
June 1946 has been considered by the Medical Adviser, who
rules that, as your condition remains the same as reported
on your discharge from the Service, you are ineligible for an
award of Pension from this department.

yours very truly,