



FIRST NEWFOUNDLAND REGIMENT R.C.

ATTESTATION OF

No. 3342 Name Michael Beardon Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|--|
| <p>1. What is your name?</p> <p>2. What is your full Address?</p> <p>3. Are you a British Subject?</p> <p>4. What is your age?</p> <p>5. What is your Trade or Calling?</p> <p>6. Are you Married?</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. Are you willing to be enlisted for General Service?</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....</p> <p>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?</p> | <p>1. <u>Michael Beardon</u></p> <p>2. <u>St. John's Cove B.D.U.</u></p> <p>3. <u>yes</u></p> <p>4. <u>25</u> Years <u>3</u> Months</p> <p>5. <u>fisherman</u></p> <p>6. <u>no</u></p> <p>7. <u>no</u></p> <p>8. <u>yes</u></p> <p>9. <u>yes</u></p> <p>10. { Name
Corps</p> <p>11. <u>yes</u></p> |
|---|--|

I, Michael Beardon 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.

Michael Beardon SIGNATURE OF RECRUIT.
Joseph A. Fisher Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Beardon do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 16 day of December 1916.

Clayton J. Hunt
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.....1916

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, vis:—(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 Michael Reardon

Apparent age 25 years 5 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Patrick Reardon
Perry's Cove B.D.V. | Relationship parents

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(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 “ _____ [“ “] “ “ “

3342



FIRST NEWFOUNDLAND REGIMENT

R.C.

ATTESTATION OF

No. 3342 Name Michael Pearson

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Michael Pearson
2. What is your full Address? 2. St. Marys Lane
B.O.V.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 25 Years 3 Months
5. What is your Trade or Calling? 5. fisherman
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, Michael Pearson, 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.

Michael Pearson SIGNATURE OF RECRUIT.

W. J. Fraser Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Pearson, 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 correctly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's

on this 16 day of December 1916

Signature of Attesting Officer C. Watson

† 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 1st Battalion

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 Michael Heardon
 Apparent age 25 years 5 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Michael Heardon
Perry's Cove B.D.V. | Relationship parents

Particulars as to Marriage

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

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>16-12-16</u>									
Joined at <u>St John's</u> on <u>December 16 16</u>									
Discharged <u>July 19</u>									
Embarked at <u>St John's S.S. Hospital to Windsor N.S.</u> <u>31 17</u>									Embarked for <u>13th Bn</u>
Joined <u>Battle</u> <u>3-7-17</u> . Wounded <u>25-11-17</u> Admitted <u>31 Oct 4 S.W. L. hospital 35 17</u>									
Went to base depot <u>Lower</u> <u>19-1-1918</u> <u>Spent amt in the field 5-2-1918</u> Admitted									
<u>3 hrs det. S. O.S. 4 18</u> <u>Went to camp hospital 3-1-1919</u> <u>Spent amt 14-1-1919</u> <u>Transferred to det 16 1919</u> <u>Referred to for demobilization 27-5-1919</u> <u>Went to hospital 1-6-1919</u>									
<u>Demobilization at St John's</u> <u>8-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-7-1919 (date of discharge) 2 years 205 days
 " " " Pensions " [" "] " " "



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Michael Reardon*

aged *28 years 5 months* conducted at

Date: *Dec 16/16* Recruiting Officer: *C. F. B.*

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/9 both.*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

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33 *yes scar left arm 8 year ago*

34 *5 1/4"*

35 *5 1/4"*

36 *33 3/4"*

37 *28 years 5 months*

38 *John Patrick Reardon Perrins Cove BX*

39 *none*

SM

Signature of Medical Examiner:

W. Burden

Reardon, L

3342

Hay Sept

ST. JOHN'S, June 28th /19

Royal Newfoundland Regiment.

Billeting Account,

To Pte - M. Reardon

Billeting Soldiers as undermentioned

from June 1st /19 to June 24th /19

3342. - Pte - M Reardon 24 90

ACCOUNT	<u>B. + M</u>
CH. NO.	<u>24809</u>
IND. LESSON	INITIALS
PAY LESSON	<u>90</u> INITIALS
GEN. LESSON	INITIALS

Certified correct for \$

R. F. Snowcroft
Billeting Officer.

M. Reardon

July 8, 1919

#3342 Pte. Michael Heardon,

Perry Cove, B. de. V.

Dear Sir:-

Please find enclosed Discharge Certificate
#2800.

Yours truly

Captain
Paymaster & C. i/ c Records.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5312 Rank Plt Name Trardon M
 Date of Enlistment 16-12-16 Address Penyngw District BAD
 Occupation Postman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 23-6-19 NO. C. Discharge Depot. H.M.H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am Trardon M in a position to resume civilian occupation.

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 None

Date 23-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1899 to his home at Perry Grove and Release Certificate No. 2954 issued.

Date

23-6-19

J.A. Snowball
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 8-7-19

Date

23-6-19

R.H. Sait
Depot Paymaster.

Discharged approved for

24-6-19

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

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

Date

23-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 24 1919

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

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

23.6.19

Regimental No. *3342*

Name *R. Gordon* *M. B. ...* Rank

Address *St. ...*

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) Standard Medical Board

Members of Board

R. J. ...
O.C. Discharge Depot.

W. ...
Senior Medical Officer

S. ...
M. O. Depot

Civil Re-establishment Committee



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

To resume former Occupation.

H. Beardon

Signature of Man.

J. A. Snowbapt
Signature of the Vocational Officer or his Representative.

Reg. No. 3342

Place

ST. JOHN'S.

Date

23-6-19

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

MEDICAL HISTORY

Surname Beardon

OF Christian Name Mickall



Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.			
	Right	Left	Right	Left		
Examined	on <u>16</u> day of <u>Dec</u> 191 <u>6</u> at <u>St. John's</u>		on day of 191..... at			
Declared Age.....	<u>51</u> years <u>51</u> days		years	days		
Trade or Occupation.....	<u>fisherman</u>					
Height	<u>5</u> feet <u>7 1/2</u> inches		feet	inches		
Weight	<u>125</u> lbs.			lbs.		
Chest Measurement {	Girth when fully expanded... <u>37</u> inches			inches		
	Range of expansion... <u>4</u> inches			inches		
Physical Development.....						
Vaccination Marks {	Arm.....					
	Number.....					
When Vaccinated	<u>pear</u>					
Vision	<u>8 years ago.</u>					
	R. E.—V= <u>9</u>	L. E.—V= <u>6</u>	R. E.—V=	L. E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)			
	(b)		(b)			
(b) Slight defects but not sufficient to Cause Rejection						
Approved by (Signature)	<u>Lanoue Paterson</u>					
(Rank)	<u>major</u>					
	Medical Officer.			Medical Officer.		
Enlisted	at <u>St. John's Nfld</u>		at			
	on <u>16</u> day of <u>Dec</u> 191 <u>6</u>		on	day of 191.....		
	Corps.	Regtl. No.	Corps.	Regtl. No.		
Joined on Enlistment	<u>3/2 Nfld. 2242</u>					
Transferred to.. ..						
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						

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
Jan 5/17	Vaccination SP
Jan 10/17	} DAB SP
17-1-17	} 3 SP
24-1-17	} 3 SP
	<p>It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as <u>6</u> for Discharge on Demobilisation. Medical category _____</p>
	<p><u>23.6.19</u> Date of T.M.B.</p>
	<p><i>[Signature]</i> Medical Officer</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
Sgt Thonzel Windsor	2-1-17	3-2-17			
	3-2-17				



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 *Michael Reardon*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3342*

Intended address *Perrys Cove. B. & V. C.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *scar left foot.*

Figure on discharge *medium*

Christian name of Father *Patrick.*

Christian name of Mother *Martta.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Perrys Cove. Aug 14th, 1891*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Michael Reardon* *Pte*
(Rank)

Station *St Johns* Date *23. 6-19*

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

Medical Officer of Hospital
Unit, or Command Depot.



Station

Date

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* 7. Former Trade or Occupation } *Fisher*
2. Regtl. No. *32* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Reardon* (Surname) *M.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *27*
6. Posted for duty on. *Nov. 12/16* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. } *W.D.P. Jones*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

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

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

Recomplies for no disability

16. Was an operation performed? If so, when and what was its nature? *no*
17. If not, was an operation advised and declined? *no*
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? *no*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

Repatriation

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

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

W.D.P. Jones. Capt R.A.M.C.
Medical Officer in charge of case.

Station *H. D. Camp.*

Date *17/5/19*

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

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.
- (b) The present condition thereof.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war
(ii.) Previous active service..
(iii.) Climate in pre-war service
(iv.) Ordinary military service before the war
(v.) Serious negligence or misconduct on the part of the soldier

Give details:

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

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).
- (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?

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?

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 *Lozley D. Camp* { President or Chairman.
 Date *17/5/19* } Members.

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

Station } Only applicable in cases of Patients in Hospitals.
 Date Officer in charge, Central Hospital.

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
 Date O.C. Discharge Centre.

ORIGINAL

NEWFOUNDLAND CONTINGENT

No. 436

To: The Minister of Militia,
St John's,

" " Company.

NEWFOUNDLAND
MEMORANDUM OF STOPPAGES/~~CREDITS~~ on Account of

HOSPITAL DAMAGES

NOTE: - Charge under Column.

Credit Pay & Record Office London

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT				
			£	s	d		
3342	Pte Reardon, M	Pay for Cost of 1 Soup Basin 1 Drinking Mug. 1 Dinner Plate as per Vr 8005.29.5.19					8 6 6
TOTAL						1	8

CHECKED.
W.S.
3-7-19

W.S.

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

A. A. Munro Maj.

July 3rd

1919

Chief Paymaster & O. i/c Records.

CERTIFIED that the above Stoppages/~~Credits~~ have been made
in the Pay Book " " Co'y for Period / / to / /
and credited to Pay & Record Office London. S W. 1.
Dated at _____

191

O.C. " " Company,
Battalion.

DUPLICATE.

No. ~~1000~~

NEWFOUNDLAND CONTINGENT

No. 436

To: The Minister of Militia,
St John's,

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on Account of

HOSPITAL DAMAGES

NOTE: - Charge under

Column.

Credit Pay & Record Office London

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT				
				£	s	£	s	d
3342	Pte	Reardon, M	Pay for Cost of 1 Soup Basin 1 Drinking Mug. 1 Dinner Plate as per Vr 8005.29.5.19					8 6 6
TOTAL							1	8

CHECKED.

W.E.
27-19Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

1919

Chief Paymaster & O. i/c Records.

July 3rd

CERTIFIED that the above Stoppages/Credits have been made
in the Pay Book " " Co'y for Period / /
and credited to Pay & Record Office London. S Wt. / /
Dated at _____

191

O.C. " " Company,
Battalion.

TABLE IV.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the 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				
<i>Helsea.</i>	<i>21</i>	<i>4</i>	<i>19</i>	<i>16</i>	<i>5</i>	<i>19</i>	<i>Gonorrhoea</i>	<i>25</i>	<i>a relapse. < Penicillin capsules Treated with KOTON inq? appropriate massage. Sit to injure</i>	<i>C. G. Crawford Capt RMC</i>

July 11, 1919

#3342 Pte. Michael Reardon,

Perry's Cove, B.D. V.

Dear Sir:-

Referring to your application I enclose cheque
for seventy dollars (\$70.00), being amount of first payment
due you on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster & U. i/ c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Michael* 2. Service..... *Rearson*
3. Rank..... *Able* 4. Regtl. No..... *3342*
5. Address in full to which future payments of gratuity are to be forwarded..... *Perroy's Cove B.C.B.*
6. Date of enlistment in the Regiment..... *November 17/16*
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..... *no*
9. Address in full of such dependents..... *no*
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..... *Thirty one months and 3 weeks*

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.

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

no

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

no

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

no

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

no

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

no

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

no

July 5/16

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 & Belgium Germany

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

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

-3- *J. Pennington*

Signature of Applicant:

Perrys Cove B. D.

Place of Residence:

St John's

Declared before me at:

This

23 day of

June 19*18*....

John McGearty

Signature of Berrister 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
.....
.....
Certified correct.					Paymaster

Sept 4th 3

1919
Perry's Cove
3349
Chike Pearson

Dear Sir,

you have send me
to months wages I suppose
that what it was do was
in it per air and the
post this in Perry's Cove
De addressed it to me
and I never received
it at all.

would you be so good
as to trace it up
and send me please
sir something small must
be done to find out about
it the post miss send
my discharge to me
De addressed just the
same and I received

~~It~~ it all right.

Yours truly

I am at home
now please answer

and let me know

if every thing is

right

023349
Michael Pearson

Michael Reardon. (3342)

Balance of \$112.10.

(Entitled to \$350⁰⁰)

Advance of one
month (\$70) authorized
C.G.B.
for C.S.O.

C. B. Hefferton

A. C. [Signature]

for P.M.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

Sept 17th 1919

Received from the First Newfoundland Regiment

the sum of Seventy ~~and~~ 00 Dollars.
on account of Pay. W.S.G.
balance

Ch Pearson

Regtl. No. 63347 Rank pte

Ch. No. <u>1121</u>	Initials... <u>CPH</u>
Pay Ledger... <u>426p</u>	Initials... <u>CPH</u>
Gen. Ledger.....	Initials.....

No. 3342

Rank

Name Michael Reardon

3342

Sept. 12, 1919

Mr. Michael Reardon,
Perry's Cove.

Dear Sir:

In answer to your letter
of Sept. 3rd. please communicate with your
address at St. Pierre, and ask them if the re-
addressed letters to you have been received
and if so, kindly have them returned to you at
Perry's Cove.

Yours truly,

Capt.
For Paymaster

M. S. Gordon

C.R. 3342

~~1880~~

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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *3342* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Peardon* *M* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on *Nov 12/16* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service. | | |
| (iii.) Climate in pre-war service | na | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | V. D. & correct | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

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

no complaint of no disability

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

Repatriation

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

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

W. Procunier Capt R.A.M.C.
 Medical Officer in charge of case.

Station Hazeyes D. Camp
 Date 17-5-19

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

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.
- (b) The present condition thereof.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war
(ii.) Previous active service..
(iii.) Climate in pre-war service
(iv.) Ordinary military service before the war
(v.) Serious negligence or misconduct on the part of the soldier
Give details:		

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

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).
- (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?

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?

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 *Hayley D. Camp* } President or
 Date *17-5-19* } Chairman.
 } Members.
 }

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

Station }
 Date } Only applicable
 Officer in charge, Central Hospital. } in cases of
 Hospitals.

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 }
 Date } O.C. Discharge Centre.



C.R. 3342

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

No. 1. RECORD OFFICE YORK

No. H.A. 33792

ADM 2 NATIVE LAB GEN H PONT - DE - ERISQUE 2 JAN'19

290006	Pte	Adanson J.	1/7 North'd Fus.	V.D.G.	Mild.
292088	"	Dodds T. W.	1/7 North'd Fus.	V.D.G.	"
290220	"	Bartlam Wm. H.	1/7 North'd Fus.	V.D.G.	"
82037	"	Lloyd J.	20 D.L.I.	V.D.G.	"
18/401	Sgt	Fairington P.	18 North'd. Fus.	V.D.G.,,,,"	"

ADM 3 CAN STY H MALLASSISE MONASTERY 1 JAN'19

44912	Pte	Dixon W.	10 E Yorks.	Wd R Wrist Acc.
41660	"	Miller J.	10 E Yorks.	Influenza.
46924	"	McKey E.	18 D.L.I.	Influenza.

DIS TO DUTY EX 3 CAN STY H MALLASSISE MONASTERY 1 JAN'19

245913	Pte	Holyoak H.	18 D.L.I.	Influenza.
--------	-----	------------	-----------	------------

ADM 1 STY H ROUEN 2 JAN'19

9522	Sgt	Eady H.	2/E Yorks.	V.D.G.	Mild.
------	-----	---------	------------	--------	-------

NEW FOUNDLAND EXPEDITIONARY FORCE.

No. H.A. 33792

DIS TO CAMP ADJUTANT EX 1 STY H ROUEN 2 JAN'19

5342	Pte	Reardon M.	1/R N Foundlands.	V.D.G.	Mild.
------	-----	------------	-------------------	--------	-------

74A

X

C.R. 3342

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

NEWFOUNDLAND EXPEDITIONARY FORCE

3342 Pte. Rearden, W. 1/- Newfoundland. V.D.G. Mild.

LIST No. H.A. 32467.

Adm: 1 Sty. H. Rouen. 28th. Nov' 18.



CAVALRY - YORK.

73853 Spr. Kendall, E.G. Northumb. Huss. V.D.S. Mild.
12061 " Reynolds, E. 18/- Huss. V.D.G. "

LIST No. H.A. 32467.

Adm: 1 Sty. H. Rouen. 28th. Nov' 18.
Adm: 1 Sty. H. Rouen. 28th. Nov' 18.

ROYAL ARMY MEDICAL CORPS.

19062 Pte. Harbroe, A.J. RAMC. 1. Fld. Amb. V.D.G. Mild.
421279 " Hulme, H. do. 3. Sty. Hpl. N.Y.D. "
435078 " Peers, A. do. 2/1. S. Mid. FA. Diarrhoea. Mild.
117874 " Cronshaw, W. do. 12. C.C.S. Influenza.
122282 " Carter, T. do. 1/Rest Camp. Whitlow. Mild.
115688 " Paling, W.R. do. 40. Sty. Hosp. Influenza.

LIST No. H.A. 32467.

Adm: 1 Sty. H. Rouen. 28th. Nov' 18.
Adm: 3 Sty. H. Rouen. 23rd. Nov' 18.
Adm: 3 Sty. H. Rouen. 24th. Nov' 18.
Adm: 3 Sty. H. Rouen. 24th. Nov' 18.
Adm: 3 Sty. H. Rouen. 26th. Nov' 18.
Dis: to Duty ex 40 Sty. H. Harfleur. 29th. Nov' 18.

Handwritten initials: A, S, H, S, 2

C.R. 3342

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

Date June 18th 1919.

3342, Pte. M. Reardon.

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

C.R. 3342

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-6-19.

3342 Pte. M. Reardon.

C.R. 3342

Extract from Daily Orders Part 11 Unit The Royal Rifles.

Regt. St. John's, 11-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/o Records from 8-7-19.

3342 Pte. Ml. Reardon

C.R. 3342

Extract from Casualties List No. H.A. 30019.

3342 Pte. Reaction M.

L/Nfld.R. VDG. mild . Adm. 7 Gen. H. Wimereux, 7th, Oct'18.

MM.

C.R. 3342

Extract from Casualties List No. H.A. 30019.

3342 Pte. M. Reardon.

L/Nfld. V.D.G. Mild..adm. 7 Gen. H. Wimereux, 7 Oct'18.

MM.

C.R.

3342

Extract of Casualties received from Pay & Record
Office, London, dated January 26, 1918.

#3342 Pte/ M. Reardon.

Gunshot wound L. Hand Dis. to Base Dep. Rouen, ex 14
Con. Dep. Jnaury 19, 1918.

✓

C.R. 3342

Extract of Casualty received from Pay & Record
Office, London, dated January 2, 1918.

#3342 Pte. M. Reardon. ✓

Wounded 25/11/17. Authy:- O.C. 21st C.C.S.
25/11/17.

C.R.3342

Extract from CASUALTIES C. 1426. 30/12/17. Dated 2nd Jan. 1918.

3342 Pte. M. Reardon

Wounded 25/11/17. Authority: O.C. 21st C.C.S. 25/11/17.

C.R. 3342 ✓

Extract of Casualties received from Pay & Record
Office, London, dated December 10, 1917.

#3342 Pte. N. Reardon. ✓

Gunshot wound left hand.

Admitted 14 Con.Dep. Trouville ex 6 Con.Dep. Dec 2, 1917.

C.R. 3342

Extract of Casualties received from Pay & Record
Office, London, dated December 10, 1917.

#3342 Pte. M. Rearden. ✓

G unshot wound left hand,
Admitted 6th Con. Dep. Staples ex 7th Canadian
General Hospital, November 30, 1917.

C.R. 3342

Extract of Casualties from list of sick and wounded N.C.Os and men of the Expeditionary Force - France, received from the Pay and Record Office, London, dated Dec.10th 1917.

3342 Pte. Reardon, N.

GSW Hand L.....12Adm.14 Con.Dep.Trouville ex 6 Con.Dep.2 Dec.17.

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 _____

Line Number	Rcd	By	Sent	by	Check

Dated December 6, 1917.

To Mr. Patrick Reardon,
Perry's Cove,
Bay de Verde.

Regret to inform you that Record Office, London, officially reports No. 3342, Private Michael Reardon, was at Seventh Casualty Clearing Station, Etaples, November twentysixth, suffering from mild gunshot wound in the left hand.

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

R. A. SQUIRES,

Colonial Secretary.

FOR TYPEWRITER

C.R. 3342

3342 Pte. Michael Reardon.

Extract of Casualty list received December 6, 1917.

Gunshot Wounds left Hand mild.

At 77th Casualty Clearing Station, Etaples November 26th.

C.R. 3342

Extract from War Office List. NO.H. A. 17016

#3342 Pte. M. Reardon

G.S.W. HAND L.

ADMITTED 6. COM. DEP. ETAPLES. EX 7 CAN. GEN. H.

30 NOV. 1917.

BC.

C.R. 3342

Extract from Nominal Roll of Draft No. 25: Embarked Southampton 11/6/17
2/1st Newfoundland Regiment Newton-on-Ayr, 2/1st Newfoundland Regiment
B.E.F.

3342 Pte. Rearden, M.

MP.

C.R. 3342

Extract from Officers and men embarked St. John's 3-7-17.

ailed Halifax S. S. NORTHLAND 17-6-17.

4

#3342 Pte. M. Reardon.

C.R.

3342

Extract from Daily Orders Part II Unit The Royal WFLd.
Regt., St. John's, Dec. 16/16.

3342 Pte. M. Reardon.

Attended this day, posted to "BE 90'7, and assigned
number as shown.

Casualty Form - Active Service.

Regiment or Corps Newfoundland

Rank Pte Surname Pearson Christian Name Charles

Religion Roman Catholic Age on Enlistment 25 years 5 months

Enlisted (a) 16.12.16 Terms of Service (a) Duration Service reckons from (a) 16.12.16

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

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

Occupation Fisherman Signature of Officer [Signature]

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 <u>Hampton</u>	<u>11.6.17</u>	
			Disembarked... <u>Rouen</u>	<u>12.6.17</u>	
			Joined Battalion	<u>2 JUL 1917</u>	<u>B 213</u>
<u>15.9.17</u>	<u>OC Unit</u>	<u>Forfeits 2 days pay under R.O. 3 awarded 7 days F.P. 1, for absence (9.7-7.9.17)</u>			<u>D 1810, 42c</u>
<u>25/11/17</u>	<u>21 CCS</u>	<u>Ad Gw L Hau</u>	<u>France</u>	<u>25/11/17</u>	<u>U 36</u>
	<u>Head Quarters</u>	<u>"</u>	<u>Etahles</u>	<u>26/11/17</u>	<u>HA 16852</u>
	<u>Head Quarters</u>	<u>"</u>	<u>Proville</u>	<u>2/12/17</u>	<u>HA</u>
	<u>D. P. D.</u>	<u>Head Base Depot</u>	<u>Rouen</u>	<u>20-1-18</u>	<u>RAU</u>
	<u>Officer</u>	<u>Rejoined unit</u>	<u>France</u>	<u>4-2-18</u>	<u>B 213 9/2/18</u>
	<u>3rd CCS</u>	<u>to V D G</u>		<u>4/4/18</u>	<u>6.0 7877</u>
	<u>7th Coy</u>	<u>to V D G</u>	<u>Worms</u>	<u>7/10/18</u>	<u>HA 50019</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.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
129.

Number of Sheet *one*

Regiment of *1st Newfoundland*

Signature of O. C. Company *Frank Dyer Capt.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3342 Reardon M.</i>	Age on	<i>25 years 5 months</i>	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 18.12.16</i>	Religion	
Joined	Date	Period of	<i>with Colours 2⁰⁵ years. with Reserve 2³⁶⁵ years.</i>	Place of Birth	
Joined	Date			<i>R. C.</i>	

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>St. John's</i>	<i>9.1.17</i>	<i>Pte</i>		<i>Absent without leave 9 A.M. to 9 A.M. 10.1.17</i>	<i>Cpl. Bennett</i>	<i>Admonished</i>	<i>10.1.17</i>	<i>Lt. Carby Major</i>	<i>Forfeits one days pay R.W. L.S.</i>
<i>Windsor</i>	<i>7.2.17</i>	<i>Pte.</i>		<i>Standing on seat of lavatory refusing to come off when ordered by sentry.</i>	<i>Pte. B. McCarthy Pte. Starks</i>	<i>3 days CB.</i>	<i>8.2.17</i>	<i>Major Montgomerie</i>	<i>W.M.</i>
<i>Ayr.</i>	<i>14.5.17</i>	<i>Pte</i>		<i>Absent from Takeo Race Call fell 6.30 am. 15.5.17</i>	<i>Sgt Cooper</i>	<i>3 days C.B.</i>	<i>15.5.17</i>	<i>Capt. J. F. J. Port.</i>	<i>Forfeits one days pay. R.W. L.S.</i>
				<i>Demobilized St. John's 8⁷/₁₉</i>					
To be carried over									

ARMY FORM B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3342 Rank Pte Name Tranden M
 Date of Enlistment 16-12-16 Address Perthgow District B.S.D.
 Occupation Gasman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 23-6-19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. *M. Tranden*

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 new cap

Date 23-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1889 to his home at Permy, Iowa and Release Certificate No. 2954 issued.

Date 23-6-19 J. H. Snow 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 8-7-19

Date 23-1-19 J. H. Snow Capt.
Depot Paymaster.

Discharge approved for 24-6-19
Forwarded with following documents to O.C. Discharge Depot.

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

2 Form B

Date 23-6-19 J. H. Snow Capt.
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUN 24 1919 R. H. Sait Capt.
O. C. Discharge Depot.

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

Date July 4/19 J. H. Snow Capt.

Reg. No. 3442 Rank Plt Name Hardon, W.
Attested Address Perry's Lane.
Allotment Allottee
Date of Allotment Returned from Overseas 1.6.19.
Returned on S.S. Cossican Cause Discharge

23.6.19
24.6.19

~~PASSED TO DEMOBILIZATION OFFICER~~
DISCHARGE APPROVED ON DEMOBILISATION!

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3342 Rank Pvt Name Reardon Jm
 Intended place of residence Perry Lane B.S.V.
 2. Occupation Fisherman
 Classification of soldier E Medical Category A-1

3. The above named man is discharged in consequence of DEMORILIZATION.

Eligible for War Service Gratuity

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

Place ST. JOHN'S

Date JUN 23 1919

J. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S

JUN 23 1919

J. M. H.
 Signature of soldier

J. A. Snow Capt.
 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

JUN 23 1919

J. M. H.
 Signature of soldier

James O'Brien
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-12-16 No of days on Military
 Discharged from service 24-6-19 PLUS 14 DAYS Service 935

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

Date JUN 24 1919

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

CONFIRMATION OF DISCHARGE

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

Place St. Johns, Nfld

Date July 8/1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

A.P. 2079/2800

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3342 Rank Pvt Name Reardon J.M.
 Intended place of residence Perry Cove B.S.V.
 2. Occupation Fisherman
 Classification of soldier E Medical Category A-1

3. The above named man is discharged in consequence of DEMobilIZATION

~~Eligible for War Service Gratuity~~

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

Place ST. JOHN'S

Date JUN 23 1919

J. M. H.
 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S

JUN 23 1919

J. M. H.
 Signature of soldier

J. A. Snow Capt.
 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

JUN 23 1919

J. M. H.
 Signature of soldier

James O'Neuman
 Signature of witness Spt.

STATEMENT OF SERVICE

7. Enlisted for service 16-12-16 No of days on Military
 Discharged from service 24-6-19 PLUS 14 DAYS Service 935

APPROVAL OF DISCHARGE

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CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld

Date July 8/1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

CAF 2079/2800

DEPARTMENT OF



THE COLONIAL SECRETARY
ST JOHN'S, NEWFOUNDLAND

March 15, 1930.

Sir:

I beg to forward herewith letter under date
4th instant, from Mike Reardon, Perry's Cove,
District of Carbonear, regarding prize money.
Will you kindly make direct reply to him in
the premises.

I have the honour to be,
Sir,
Your obedient servant,

Deputy Colonial Secretary.

J.M. Howley, Esq.,
Militia Archivist,
General Post Office.

Peries Cove

Feb 4 1930

Dear Sir

I understand they are
Some proper money getting
payed out. I also understand
They are money for Act of
Service men do any of this
money belong to men that
were in the Army and
There is men that was in
the Army get some I think
I should fall in line for some
of this money after spending
three years in France and
Germany for a dollar ten
a day. I all so never get
any thing since I got my

discharge there is one man
over. This way gets money
When he like parsons
My Number 3342 Regimental

Mike Pearson
Peries Cove
District Harbour

Please Answer.