



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4703 Name Thos Reddy Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? Thos Reddy
2. What is your full Address? } 120 Water St W
St Johns
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 1 Months
5. What is your Trade or Calling? 5. Carpenter
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, Thos Reddy 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.

Thos Reddy SIGNATURE OF RECRUIT.
Jas H. Gurney Signature of Witness.

OATH TAKEN BY RECRUIT ON ATTESTATION.
Thos Reddy 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 Johns on this 25 day of April 1918
Signature of Attesting Officer Geo Lbarty Majol

†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 April 25 1918
Place St Johns } 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)

Report 29-4-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thos Reddy
 Apparent age 21 years 1 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Reddy
120 Water St. W. | Relationship Father
St Johns 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve 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>25-4-18</u>									Lt Col. 10-6-18 Corp. 22-5-19 (Signature)
Joined at <u>St. John's</u> on <u>April 25-1918</u>									
<u>Transferred</u>									
<u>to report for duty</u>									
<u>Embarked St. John's train to Halifax N.S.</u>									
<u>to Newfoundland for demobilization</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's</u>									
<u>28-7-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 28-7-1919 (date of discharge) 1 years 91 days
 " " Pensions " " " " " " " "

C.R. 4703

extract from daily orders part II royal Newfoundland regt.
depot St. John's dated Aug. 1st 1919.

The discharge of the undernoted on demobilisation has
been confirmed by officer i/c Records from noted date
28-7-19.

4703, Cpl. T. Reddy.

C.R. 4703

Extract from Daily Orders Part 11 Unit The Royal Mfld.
Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O? Discharge Depot with effect from 14-7-19

4703 Cpl. T. Reddy

C.R. 4703

Extract from Daily Orders Part VI Unit The Royal Field Artillery
St. John's, July 2nd 1919.

4703 Cpl. T.Reddy.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 4703

Extract from Daily Orders part II, Unit the Royal
Newfoundland Regiment, by Lieut. Col. S.J. Barton, ⁵
D.S.O. Officer Commanding 2nd. Battalion dated 22-2-19.

To be Acting Corporal.

4703 L/O. G. Reddy.

C.R.

Extract from Daily Orders Part 11. from Unit The Royal Nfld.,
Regiment, St. John's, dated June 14th 1918.

4703 L/C T. Ready.

Embarked for Overseas with draft 11-6-18.

C.R. 4703

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated April 26, 1918.

#4703 Pte. Thomas Reddy.

Attested for General Service with the Royal Nfld. Regt.
from 25/4/18 to report 29/4/18.

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *11703*
3. Rank. *Corporal*
4. Name *Reade* (Surname) *Thomas* (Christian Names)
5. Age last birthday. *32*
6. Posted for duty on..... at..... in category (or grade).....
7. Former Trade or Occupation } *Casper*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Where (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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

Re Complaints of Disability

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

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

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

Repatriation

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

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

W.E. Proctor

Medical Officer in charge of case.

Station *Hazley Down*
 Date *10/11/49*

* 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

T. Reddy

C.R.

4/103

~~1410~~

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

Sir;- Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year,
Commencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
4703	4/c.	Ready P.	\$250	A. Reddy

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

Date July 1/18

A. Reddy

No. 12735/1277

NEWFOUNDLAND CONTINGENT

From:

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

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



7th August 1918

aug 8th 1918

Subject: 4703, L/Cpl. T. Reddy

With reference to the following telegram (7049) from the Hon. Minister of Militia, received

Pay to 4703 Reddy £5:0:0

Draft £5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder. LIEUT. COLONEL
R. J. Barber
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commanding. Batt'n
Royal Newfoundland Regiment.

Received the sum of £5.0.0
Five pounds on account of
cable remittance from Newfoundland.

F. H. Marshall
Chief Paymaster & O. i/c Records.

T. Reddy
No. 4703 Rank L/Cpl.

Witness:
4693 Pte. R. Wainwright

No. 20412/2319

065950
SC

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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



11th December 1918

Subject: 4703, L/Cpl. T. Reddy, C

With reference to the following telegram (10698) from the Hon. Minister of Militia, received

Pay to 4703 Reddy £8:0:0

Draft £ 8:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

R. J. Mercer
Chief Paymaster & O. i/c Records.

18/14/18 191

Receipt hereunder.

Exam ✓ **LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**

Officer Comdg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of £8.0.0

Eight pounds on account of cable remittance from Newfoundland.

Thos. J. Reddy
No. 4703 Rank Lance Corporal

Witness R. J. Mercer. cpl.

No. 6826/1074

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

15 MAY 1919

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester

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

6th May 1919

Subject: 4703 L/Cpl. T. Reddy

With reference to the following telegram (171) from the Hon. Minister of Militia, received

4703 T. Reddy
£4. 0. 0.

Draft £ 4. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

C

May 8th 1919

Receipt hereunder.
of £4.0.0 for LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT
Officer Comdg. 2 Batt'n
Royal Newfoundland Regiment

Received the sum of £4.0.0.
Four pounds. on account of
cable remittance from Newfoundland.

Reddy
No. H 703 Rank Lieut
Geo Perry.

Raddy T.

4703

Ray Dept

July 29th 1919.

#4703, Cpl. T. Reddy.
Water Street west.

Dear Sir:

Enclosed please find Discharge Certificate # 3281.

Yours truly,

Capt. & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4.70.3 Rank Cpl Name Reedy J
 Intended place of residence Water St. West. 87 John
 2. Occupation booker
 Classification of soldier E Medical Category A!

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 JUL 14 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 14 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 14 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 25-4-18 No. of days on Military
 Discharged from service... JUL 14 1919 Plus 14 days Service... 460
144

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
 Date JUL 14 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date July 28 1919
 Officer in Charge
 The Royal Newfoundland Regiment

6
31
20
28
5

and B20 79/3281

The Royal Newfoundland Regiment

Class for Demobilization: 8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. 4703

Name

Peddy Thomas

Address

Water St East

Present Medical Category

A1

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

D.R. Cooper Capt.

O.C. Discharge Depot.

W. Peterson

Senior Medical Officer

H. Berden

M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4703 Rank Capt. Name Reddy
 Date of Enlistment 20-11-18 Address 105 St. John's District St. John's
 Occupation Cooper Classification for Discharge 4 Medical Category H-1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 13-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Reddy

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

Amblorster Lt

Date 14-7-19

O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at Waterloo, St. John's Release Certificate No. 3604 issued.

Date 14-7-19 [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 28-7-19

Date 14-7-19 [Signature]
 Depot Paymaster.

Discharge approved for 14-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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	2 Form B
B 179	D 400B	Form L	do 3rd.	" 4	
B 179a	D 400C	Form K	do 4th.	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 14-7-19 [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 JUL 14 1919

[Signature]
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

G. Huddy

Signature of Man.

A. M. Blonstein

Signature of the Vocational Officer or his Representative.

Reg. No. 4703

Place

ST. LOUIS

Date

14-7-19

191

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

MEDICAL HISTORY

Surname Laddy OF Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Wfla.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>25</u> day of <u>April</u> 191 <u>8</u> at <u>St John's Wfla.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>2 1/2</u> years _____ days		years _____ days	
Trade or Occupation	<u>Cooper</u>			
Height	<u>5</u> feet <u>7 1/2</u> inches		feet _____ inches	
Weight	<u>130</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>35</u> inches		inches	
	Range of Expansion... <u>3 1/2</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<u>4/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6</u>	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>[Signature]</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's Wfla.</u> on <u>25</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	<u>The Royal Wfla Regt.</u>	Corps.	
	Regtl. No.	<u>4703</u>	Regtl. No.	
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
Hazley Down	18	9	18	7	10	18	Mumps.	19	Disch
Hazley Down	29	1	19	3	2	19	Influenza	5	Disch

ital or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to duty.

B. S. Trivian Capt R.A.M.C.

Discharged to duty.

B. S. Trivian

CAPT., R. A. M. C.

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
30.4.18	Vacc. 10
7-5-18	T.A.B. 10
17-5-18	do } 10
25-5-18	T.A.B. } 10
3-6-18	Re Vacc. 10

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 16 for Discharge on Demobilisation. Medical category 11
 Date of T.M.B. July 12/19
 Assistant Adjutant General

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



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

Reddy Thomas

Regiment from which discharged **Royal Newfoundland**

Regimental number

4705

Intended address

Water Street

Height on discharge

5 Feet *8*

Color of hair on discharge

Dark

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

None

Figure on discharge

None

Christian name of Father

Michael

Christian name of Mother

Bridget

Wife's maiden name in full

None

Date and place of marriage

None

Christian names of children

None

Place and date of soldier's birth

St John's 8 March 1897

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)

Thomas Reddy

(Rank)

Private

Station

St John's

Date

11-7-19

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 i/c 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 New South Wales* 7. Former Trade or Occupation } *AB Cooper*
2. Regtl. No. *4703* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Reddy* *Thomas* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *22*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. }

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

He complains of no disability

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

15. What is his present condition?

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

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

Repatration

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.S. Hocumier, *Casper*
 Medical Officer in charge of case.

Station *Hazley, Devon*

Date *10/4/19*

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

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..... *J* 2. Surname..... *Reddy*
3. Rank..... *Corporal* 4. Regtl. No..... *4703*
5. Address in full to which future payments of gratuity are to be forwarded..... *150 Water Street West*
City
6. Date of enlistment in the Regiment..... *April 20/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
8. Relationship of such dependents..... *✓*
9. Address in full of such dependents..... *—*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *✓*
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..... *Fifteen mos.*
- 1. $\frac{3}{4}$

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

.....
.....
.....

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?.....

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

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

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

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

19. Are you now serving in the R.C.A.F.? *no*..... If not give:- (a) date of discharge *July 28/19* (b) Reason for discharge *Demob*

.....

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....

..... *England.*

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

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

Signature of Applicant: *Shady*
 Place of Residence: *150 State St. West, City*
 Declared before me at: *St. Johns*
 This *14* day of *July* 19*19*..

Signature of Barrister of the *John A. Carthy*
 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
.....
.....
.....
Certified correct.			Paymaster

Dear Sir,

Please pay bearer Gratuity money
due Corp. J. J. Reddy, H 703

J. Reddy.

[Handwritten signature]

Dear Sir
Please give bearer Gratuity
Money due 4703 Cpl J. J. Reddy.

J. J. Reddy.

R

ST. JOHN'S, July 14/19

Royal Newfoundland Regiment.

Billeting Account,

To Mrs J.A. Reddy
120 Water St. St. J.

Billeting Soldiers as undermentioned

from July 1/19 to July 14/19

4703 Cept. J. Reddy C.S. 14. 40

ACCOUNT	<u>B. & M.</u>
GH. NO	<u>2966</u> INITIALS <u>Red</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 17.40

Alfred Brown

Billeting Officer

Reddy

6557.

C.R. 4703

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name... *Shree Raddy*

Date... *12/11/19...*

Place... *14, Johnson, Nyls...*



Fold Here

ON HIS MAJESTY'S SERVICE



BUY
MADE IN
NEWFOUNDLAND
GOODS

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

The accompanying ~~Victory Medal~~ British War Medal

is/are forwarded herewith to

Thomas Reddy

in respect of his service, as No. 4703 Rank Pte.

Name T. Reddy Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

20-9-1921

Signature

Thomas Reddy

Date

Address

132 W. at. St. W., St. John's

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheets oneRegiment of Royal NewfoundSignature of O. C. Company James Scott

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay 10-6-18 Promoted lance corporal " act CPL 22-6-19
No.	<u>1103</u>	Age on	<u>21</u> years <u>1</u> months	<u>Cooper</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u> <u>25-1-18</u>	Religion	
Joined	Date	Period of } with Colours / <u>95</u> years. with Reserve <u>36</u> years.	<u>St Johns</u>	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazelley D Camp</u>	<u>26/1/19</u>	<u>L/Cpl</u>		<u>Absent from Church Parade</u>	<u>Lt Flynn</u>	<u>Reprimanded</u>	<u>27/1/19</u>	<u>A. Col Barton D.S.O.</u>	<u>J.W.S.</u>
				<u>Demobilized</u>	<u>St Johns</u>	<u>28</u>	<u>19</u>		

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 703 Rank Cpl Name Huddy
 Date of Enlistment 23-1-18 Address Waterloo St District St. John's
 Occupation Chef Classification for Discharge 1 Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 151	N.S. 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 402	ME 2		" 6
B 179c	B 120	M 93		

Date 12-7-19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMobilIZATION

f. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

g. Clothing.

Certified that Clothing Regulations have been complied with:

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

Date 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3604 to his home at Wahala St. Et. J. Lee and Release Certificate No. 3604 issued.

Date 14-7-19 Almblmstr
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 28-7-19

Date 14-7-19 W. H. H. H.
Depot Paymaster.

Discharge approved for 14-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14-7-19 Almblmstr
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 JUL 20 1919 N.R. Cooper Capt.
O. C. Discharge Depot.

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

Date July 28 1919 B.H.

Reg. No. *4703* Rank *1st Lt.* Name *Leedy, J.*

Attested Address *120 Water St.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* Cause *Discharge*

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

14 7 19
14 7 19