



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4481

Name *James Ryall* Corps *RC*

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. *James Ryall*
2. What is your full Address? ..... 2. *11 Murray St St John*
3. Are you a British Subject? ..... 3. *Yes*
4. What is your age? ..... 4. *21* Years ..... Months
5. What is your Trade or Calling? ..... 5. *Black*
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*

Report 1-6-18

*James Ryall* ..... 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.

*J. Ryall* ..... SIGNATURE OF RECRUIT.

*J. S. [unclear]* ..... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

*James Ryall* ..... 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 repeated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....  
on this *18* day of *April* ..... 191*8*.

Signature of Attesting Officer ..... *J. S. [unclear]*

### †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 18* ..... 191*8*

Place: *St John* .....

Signature of Approving Officer: *J. S. [unclear]*

† 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 James Ryell  
 Apparent age 21 years months Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 $\frac{1}{2}$  inches  
                                   Range of expansion 4 $\frac{1}{2}$  inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Ryell  
11 Murray St | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from									
Joined at _____ on _____									
Discharged June 29/19									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pensions " " " " " " " " " " " "									

Reg. No. 4481 Rank Plt Name Ryall T.  
Attested 18-4-18 Address City  
Allotment 50 Allottee Elizabeth Ryall (Mother)  
Date of Allotment 15-7-18 Returned from Overseas  
Embarked for Overseas JUL 22 1918 Cause

5<sup>6</sup>/<sub>18</sub> Vacc. 1<sup>st</sup> Inoc. 13<sup>6</sup>/<sub>18</sub> 2<sup>nd</sup> Inoc 30<sup>6</sup>/<sub>18</sub> 3<sup>rd</sup> Inoc 27<sup>6</sup>/<sub>18</sub>  
1-6-18 To Report. Reported 3-6-18.  
13-7-18 Promoted To Lance Corporal.

C.R. 4481

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, June 30, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED BY officer i/c Records from 30-6-19.

4481 I/Cpl. Jas. Ryall

C.R.

4481

Extract from Daily Orders Part II Unit The Royal Rifles Regt.  
St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

4481 L/Cpl. Jas. Ryall.

C.R. 4481

April 15th 1919

Dear Sir William:

With reference to your letter of the 9th inst., requesting the early repatriation of No.4481 L/C. James Ryall. This matter has received my personal attention and L/C. Ryall will be repatriated at the first available opportunity.

Yours faithfully,

Minister of Militia.

The Rt.Hon. Sir.W.F.Lloyd,K.C.M.G.

C I T Y.



C.R. 4481

PRIME MINISTER'S OFFICE,  
ST JOHN'S, NEWFOUNDLAND.  
9 April, 1919.

Dear Mr. Bennett:-

It has been drawn to my attention that 4481 Lance Corporal James Ryall is required at home as early as possible. He is the only son, and his father is ill. If the matter has not previously been taken up, I would be glad if you would make arrangements for his early return.

Yours faithfully,

Prime Minister.

J. R. Bennett, Esq.,  
Minister of Militia.

C.R. 4481

Extract of Telegram from Military to Syn., London.

Dated April 12th/19.

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Arrange repatriation #4481 L/Cpl. Ryall next draft.

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C.R. 4481

Extract from telegram to Synoptical, London, Mar131/19.

Arrange to have 4481 L/Cpl. Ryall  
repatriated next draft.

## Department of Militia

## MEMORANDUM

C.R. 4481

No. 102/4481

From

MINISTER OF MILITIA,  
ST. JOHN'S,  
NEWFOUNDLAND

March 28th 1919

To

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

7966.

SUBJECT:

No. 4481 L/O J. Ryall,

REPLY

Dated 26th May, 1919

Please return ORIGINAL and retain DUPLICATE

The father of the above man is at present very ill, and the mother informs me that he is the only support of herself and five children. Please arrange to have him repatriated with the draft leaving the United Kingdom about the end of April.

~~Received, please.~~~~Memo.~~

This N.C.O. proceeded with Draft No. 90, per S.S. "Coriscan" from Liverpool 22/5/19, please.

*[Signature]*  
for Chief Staff Officer (London).

*[Signature]*

Minister of Militia.

HB/JC

FAE/MP.

NEWFOUNDLAND CONTINGENT,  
PAY & RECORD OFFICE.

F. Nos. 114 3013

BCW 22 APR 1919

rkd  
of. Nos. 001

BRANCH

Comd

R.K.

J.C.

P.S.

C.R.

4481  
~~M-43-7~~

102/4481

Chief Paymaster & O.i/e Records,  
Royal Newfoundland Regiment,  
C/O Pay & Record Office,  
58, Victoria Street,  
London S.W.1.  
England.

March 28th 9

No.4481 L/C.J.Ryall.

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is at present very ill, and the  
mother informs me that he is the  
only support of herself and five  
children. Please arrange to have  
him repatriated with the draft  
leaving the United Kingdom about  
the end of April.

Minister of Militia.

FAE/MP.

C.R. 4481

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#4481 Pte. James Ryall.

C.R. 4481

Extract from Daily Orders party 11, 2nd Bn Brit The Royal  
Field Regt. St. John's, dated July 13, 1913.

#4481 Pte. J. Ryall.

To be Lance-Corporal from July 13, 1913.

C.R. 4481

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regiment, Ft. John's, dated April 20, 1918.

#4481 Pte. J. Ryall.

Attested from General Service with the Royal Wfld. Regt.  
from 18/4/18. to report. 1/6/18.

J. Ryall

C.R.

4481

~~1110~~

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 F., 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. *4681* 3. Rank. *S. CPL*
4. Name *Ryall* *James*  
(Surname) (Christian Names)
5. Age last birthday. *26*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *cook*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (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. | ✓                   |                   |

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

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.)

*The complainant of his disability*

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

*Repatrated*

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

*Cpt Root*

Station *Hazley Down*

Medical Officer in charge of case.

Date *9/4/19*

\* 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.

N<sup>o</sup> 6059



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Ryall, Regl. No. 4481  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins July 15 - 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4563	Mother	Elizabeth Ryall	11 Murray St. St. John's	50cts-
Total Allotment, \$				50 cts-

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

(Sig.) W.A. James  
 Officer Commanding

(Sig.) Just Ryall  
 (Rank) Private

St. John's  
June 27 1918

# Department of Militia

## MEMORANDUM

No. 102/4481

From  
**MINISTER OF MILITIA,**  
 ST. JOHN'S,  
 NEWFOUNDLAND  
 March 28th 1919

To  
**Chief Paymaster & O.i/o Records,**  
**Royal Newfoundland Regiment,**  
**O/O Pay & Record Office,**  
**58, Victoria Street,**  
**London S.W.1.**  
**England.**

7966.

SUBJECT:

**No. 4481 L/C.J. Ryall,**

REPLY

Dated 28th May, 1919

Please return ORIGINAL and retain DUPLICATE

The father of the above man is at present very ill, and the mother informs me that he is the only support of herself and five children. Please arrange to have him repatriated with the draft leaving the United Kingdom about the end of April.

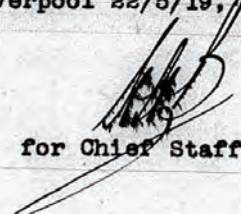


**Minister of Militia.**

Resubmit, please.

Maint.

This N.C.O. proceeded with Draft No. 90, per S.S. "Coriscan" from Liverpool 22/5/19, please.

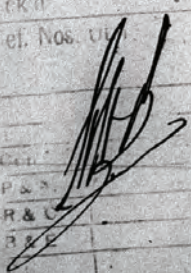


for Chief Staff Officer (London).

HB/JO

FAB/MP.

NEWFOUNDLAND CONT. CENT.	
PAY & RECORD OFFICE	
Ref. Nos. IN	3013
cc'd	20 APR 1919
rkil	
el. Nos. U	



N.F.P./98.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~Full text~~ extract P.R.O. MINISTER OF MILITIA No. Aug 78/12  
 Dated 12/4/19 (135), Received 13/4/19  
 Decoded by R.A.P. Checked by as  
 Branch R.O. Acted upon (Initial) [scribble]  
 Acknowledged per No. \_\_\_\_\_ dated / /

778 Arrange - repatriation - 4481 -  
 L. Opl - Ryall - next - draft -

Working file  
No. 28

2<sup>nd</sup> labels

proceed 22-5-19

Ryall J

4481

Ray sept.

June 29, 1919

#4481 L/Cpl. James Ryall,

#11 Murray St.,

City

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2536.

Yours truly

Captain  
Symaster & Co. i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4481 Rank Lt Cpl. Name Ryall Joe  
 Intended place of residence 11 Murray St. St. John's  
 2. Occupation Blank  
 Classification of soldier R Medical Category AT

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 13 1919 .....  
 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 13 1919 .....  
 Signature of soldier Joe Ryall  
 Signature of witness W. J. Gration

### 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 13 1919 .....  
 Signature of soldier Joe Ryall  
 Signature of witness W. J. Gration

### STATEMENT OF SERVICE

7. Enlisted for service 18-4-18 ..... No of days on Military  
 Discharged from service 15-6-19 Plus 14 days. Service 438

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S .....  
 Date JUN 15 1919 .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's Nfld. .....  
 Date June 29/1919 .....  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

AT 10279/2536

# The Royal Newfoundland Regiment

Class for Demobilization: *7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *12.6.19*

Regimental No *4481*

Name *Ryall James*

Rank *L/cpl.*

Address *11 Murray St*

Present Medical Category *Ai*

Recommended for: (a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R. H. East*  
O.C. Discharge Depot.

*S. H. ...*  
Senior Medical Officer

*J. W. Burden*  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4448 Rank Sgt Name Ryall James  
 Date of Enlistment 1-8-18 Address 11 Main St District St. John's  
 Occupation Clerk Classification for Discharge H Medical Category H  
 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 12-6-19 O. C. Discharge Depot St. John's

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

James Ryall

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 Ambleton

Date 13-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at 11 Murray St. St. Johns and Release Certificate No. 2712 issued.

Date 13-6-19

*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 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACT

Date 13-6-19

19-6-19  
*R.M. [unclear]*  
 Depot Paymaster.

Discharge approved for 13-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 13-6-19

*J.A. Snowball*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

**JUN 15 1919 Eligible for War Service Gratuity**

Date .....

*R.H. [unclear]*  
 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*

*L. Jackson*

Signature of Man.

*J. P. Snow*, Reg. No. *4481*  
Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*13-6-19*

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

# MEDICAL HISTORY

Surname Ryall OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>St John's</u> County <u>Nfld</u>	
<u>SPECIAL RESERVE.</u>	
Examined ....	on <u>15</u> day of <u>April</u> 191 <u>8</u> at <u>St John's</u>
Declared Age ...	<u>20</u> years <u>—</u> days
Trade or Occupation ...	<u>6 weeks</u>
Height ...	<u>5</u> feet <u>6</u> inches
Weight ...	<u>126 1/2</u> lbs.
Chest Measurement {	Girth when fully expanded... <u>31 1/2</u> inches
	Range of Expansion.. <u>4</u> inches
Physical Development....	
Vaccination Marks {	Right <u>12 years</u>
	Left <u>12 years</u>
When Vaccinated ...	
Vision ...	R.E.—V= <u>6/10</u>
	L.E.—V= <u>6/10</u>
(a) Marks indicating congenital peculiarities or previous disease	(a)
(b) Slight defects but not sufficient to cause rejection	(b)
Approved by (Signature) <u>A. J. Patterson</u>	
(Rank) <u>Major</u>	Medical Officer.
Enlisted ...	at <u>St John's Nfld</u> on <u>18</u> day of <u>April</u> 191 <u>8</u>
Joined on Enlistment....	Corps. <u>The Royal Nfld Regt</u> Regtl. No. <u>4481</u>
Transferred to ..	
Became non-effective by ...	on <u>—</u> day of <u>—</u> 191 <u>—</u>
[Signature]	
[Rank]	



**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 Newfound Land* 7. Former Trade or Occupation } *black*
2. Regtl. No. *1081* 3. Rank... *1st Corp* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ryan* *James* (a) Former Regts. or Corps; with Regtl. Nos.  
 (Surname) (Christian Names)
5. Age last birthday... *21*.....
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 (b) Date of Discharge;  
 (c) on duty (d) off duty? (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 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 ? }

*See complaint 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 ?

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.*

*Repatriation*

Station *Hazely Bourn*

*Name*  
 Medical Officer in charge of case.

Date *9/14/19*

\* 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



## 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 *James Ryall*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4281*  
Intended address *11 Murray St,*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Joseph*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St John's, 18th June, 1898*

Nature and locality of civil employment required

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

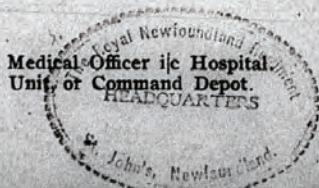
(Soldier's signature in full) *James Ryall*

*L/Cpl.*  
(Rank)

Station *St John's* Date *11-6-19*

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

Station \_\_\_\_\_ Date \_\_\_\_\_





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 26th. 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..... *James* ..... 2. Surname..... *Ryad* .....

3. Rank..... *2 Lt* ..... 4. Regtl. No..... *4481* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *11 Murray St.* .....

..... *St. John's* .....

6. Date of enlistment in the Regiment..... *Apr. 18/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

.....

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..... *From Apr. 18/18 to June 13/19* .....

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?.....

19. Are you now serving in the Regt.?..... *No* If not give:- (a) date of discharge. *June 12/19* (b) Reason for discharge. *Temporary New Zealand*

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. .... *No.*

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..... *No*

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

Signature of Applicant:

*Jack By all*

Place of Residence:

*11 Murray St. N. John's*

Declared before me at:

*N. John's, Nfld.*

This

*13th* day of *June* 19*19*

*John H. G. Carthy*

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

POST DISCHARGE PAY.				Net amount due
Date paid	Sold	Sold	War Service	
	Soldier.	Dependence	Classify.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This ..... day of ..... 19..

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

POST DISCHARGE PAY.				Net amount due
Date paid	Sold	Sold	War Service	
	Soldier.	Dependence	Classify.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This ..... day of ..... 19..



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Ryall, Regl. No. 4487  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
50 Dollars and 00 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Allotment begins July 15 - 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
45-63	Mother	Elizabeth Ryall	11 Murray St. St. John's	50cts-
Total Allotment, \$				<u>50 cts</u>

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

(Sig.) James Ryall  
 Officer Commanding  
St. John's Company  
June 27 1918

(Sig.) James Ryall  
 (Rank) Private

SEPARATION ALLOWANCE.

Claimant. *Elizabeth Ryall* ..... *Mother*

On account of *Jas. A. Ryall* ..... No *4481* ..... Rank. *C/C* .....

Decision. *Refused* .....  
*Husband not totally incapacitated* .....

~~*W. S. Jones*~~  
*W. S. Kendall* Lieut. Col.  
*M. Howley* Major

Date. *April 16/1920* .....

Instructions. ....  
.....  
.....

Allotment of *50<sup>¢</sup>* per day payable to *Elizabeth Ryall*  
his *Mother* from *15/4/18* to *29/6/19*.

Discontinued on account of *being discharged*.

*R. Brumby* .....

ROYAL NEWFOUNDLAND REGIMENT

-(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to;

The Paymaster  
Separation Allowance Branch  
St. John's, Nfld.

(1) Name in full of soldier      Rank      Reg't or Unit      Reg't No.  
*Gas. A. Ryall*      *Lie.*      *Royal Nfld*      *4481*

(2) Age of soldier      *22.*      ~~Married or~~ single

(3) Name in full of mother      Age.      Occupation      Permanent Address  
*Elizabeth Ryall*      *47.*      *Nil.*      *11 Murray St.*

(4) Give name of your husband      Age.      Occupation      Where Employed  
*William Joseph Ryall*      *55*      *Seaman*      *Reid Nfld Co.*

(5) If your husband is not supporting you give the reason.      *partly invalid.*

(6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue).

(7) If you are a widow, state date and place of death of your husband.

(8) Have you married again since death of above mentioned husband?

(9) Names of your other children.      Address in full      Age.      Occupation, ~~Married or~~ single

<i>Theresa Ryall</i>	<i>11 Murray St.</i>	<i>17.</i>	<i>Dressmaker</i>	<i>Single</i>
<i>Louisa Ryall</i>	<i>do</i>	<i>12</i>	<i>do</i>	
<i>Gertrude Ryall</i>	<i>do</i>	<i>8</i>	<i>do</i>	
<i>Elizabeth Ryall</i>	<i>do</i>	<i>7</i>	<i>do</i>	
<i>Kathleen Ryall</i>	<i>do</i>	<i>4</i>	<i>do</i>	

(10) State amount earned by (a) Yourself      *Nil.*  
(b) Your husband      *\$ 30<sup>00</sup> to \$ 50<sup>00</sup> per mth.*

(11) State amount and source of any other income      *Nil.*

- (12) State value of real property belonging to you and your husband *Nil.*
- (13) State value of personal property belonging to you and your husband *Nil.*
- (14) If husband is dead state value of real and personal property left by him *Nil.*
- (15) Actual amount contributed by soldier during the year prior to his enlistment \$ *40.<sup>00</sup>/<sub>100</sub>*
- (16) Was this amount contributed weekly or monthly *Monthly*
- (17) Did this amount include payment of son's board, etc? *No.*
- (18) State your son's trade or occupation prior to enlistment *Office Clerk*
- (19) State amount of his wages per week \$ *15.<sup>00</sup> to 18.<sup>00</sup>*
- (20) State name and address of his last employer *Geo. Xacey Queen Ince Co.,*
- (21) State amount of monthly support from son since enlistment *15.<sup>00</sup>/<sub>100</sub> per month.*
- (22) State amount of allotment received by you from son since enlistment *15.<sup>00</sup>/<sub>100</sub> per month.*
- (23) State from what date did you receive allotment?
- (24) Actual amount contributed by other children *Nil.*  Weekly  Monthly
- (25) Are any of these children in the employ of you or your husband? *No.*
- (26) If not receiving support from other children, state cause. Explain fully. *Too young.*
- (27) With whom are you residing at present? *with son.*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

*Yes, and was promised claim but did not receive it.*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

*No.*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

*No.*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

*No.*

(32) In what capacity and in what place?

*Nil.*

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

*No.*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant *Mrs. Elizabeth Ryall*

Place of Residence *11 Murray Street*

Declared and subscribed before me at *S. H. Johns* this day of *-----* 1920.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

*John W. McCarthy*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee

*H. J. Downing*



MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed. } *James Ryall*  
*4481*
2. Name and age of said soldier's father or other relative } *Joseph Ryall*  
*25*
3. Is said father or other relative invalid and totally incapacitated. } *chronic. Chronic*  
*Invalid*
4. Of what nature is disability ? )
5. From what date has this total incapacity been existent ? } *Crippled result-*  
*of accident*
6. How long is total incapacity likely to continue and what will be the effect on earning power. ) *always*  
*Very limited earning*  
*power*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. } *75%*
8. Are you the regular attending physician ? } *Yes*
9. Relationship to soldier of applicant ? } *Son*

I certify that the above statements are correct.

*W. J. Hines*.....Place,

*Jan. 21, 1920*.....Date.

*W. J. Campbell*  
.....  
Physician.

*Rev. E. J. Rawhins*

April 19, 1920

Mrs. Elisabeth Ryall,  
711 Murry St.,  
City

Dear Madam:-

with reference to your application for Separation Allowance, I have been directed to state that same cannot be granted to you, because your husband is not totally incapacitated, and you cannot, therefore, be considered to be totally dependent upon your son.

Yours truly

Major

Paymaster.

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

NOTICE

**NOTICE:**

THIS STATUTORY DECLARATION is to be filled in correctly & in every detail and a complete reply must be given to each question.

Each statement is considered as being made on oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. *Reg't.* or Unit. Regt. No. *4481*

*James Ryall*

2. Age of soldier. *20 years.* ~~single.~~ *single.*

3. Name in full of mother. Age. Occupation. Permanent Address.

*Elizabeth Ryall 45 years 11 Murray St. St. John's*

4. Give name of your husband. Age. Occupation. Where employed

*William Joseph Ryall 51 years Fireman Reid Exld Co.*

5. If your husband is not supporting you, state the reason.

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

*Allotment correct for 50 cents per day commencing July 15, 1918 B.B.*  
*(See medical certificate)*

7. If you are a widow, state date and place of death of your husband.

8. Have you married again since death of above mentioned husband?

9. Names of your other children. Address Age.. Occupation.. Married or single.

*Louisa Ryall } 11 Murray Street. Ages 16-12  
Louisa " } 7-5  
Gertrude " } 2-  
Elizabeth "  
Kathleen "*

*Single.*

20. State amount earned by (a) Yourself *nothing*  
(b) Your husband
21. State amount and source of any other income *none*
22. State value of real property belonging to you and your husband. *none. living in a rented house*
23. State ~~value~~ value of personal property belonging to you and your husband. *none, except trunks and furniture worth about \$200<sup>00</sup>*
24. If husband is dead, state value of real and personal property left by him *~*
25. Actual amount contributed by soldier during the year prior to enlistment. *Five Hundred Dollars (\$500.00)*
26. Was this amount contributed weekly or monthly. *Monthly.*
27. Did this amount include payment of son's Board, etc. *Yes.*
28. State your son's trade or occupation prior to enlistment. *Insurance clerk.*
29. State amount of his wages per week. *Twelve Dollars (\$12.00) and more from other sources (\$4.00)*
30. State name and address of his last employer. *Geo. H. Halley, Agent, Queen Anne St. Wash. D.C.*
31. State amount of monthly support from son since enlistment. *Twenty-five dollars*  
*(water)*  
*This amount was paid before his departure overseas, but now, most of the money goes to the get clothes and food out of it, see I will now get monthly will be \$15.00*
32. State amount of allotment received by you from son monthly. *~*
33. State from what date did you receive allotment? *Twelve Dollars*  
*Received 1/2 of a month's allotment on August 7/18*
34. Actual amount contributed by other relatives children *Weekly. Monthly.*
35. Are any of these children in the employ of you or husband? *Nothing (Children too young to work)*  
*no*

46. If not receiving support from other children, state cause. Explain fully? *A young to work.*
47. With whom are you residing at present? *with husband*
48. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *no. did not understand about it.*
49. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*
50. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *no*
51. Was the soldier at the time of his enlistment an employee of the Nfld. Government? *no.*
52. In what capacity and in what place? *\_\_\_\_\_*
53. Is he in receipt of a salary as such while serving in the Royal Nfld. Regt. If so, how much? *no.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant. *Elizabeth Ryall*

Place of residence. *11 Quay Street St. John's Nfld*

Declared and subscribed before me at *St. John's*

this *30th* day of *June* 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct and the soldier first above mentioned, is the ~~sole~~ support of the applicant.

Signature of Clergyman. *[Signature]*

Signature of Member of Patriotic Fund Committee. *[Signature]*

TREASURER PATRIOTIC FUND.

\* Father, according to Medical certificate attached 30% incapacitated

*As certain from Reids father's wages. R*

MEDICAL CERTIFICATE.

For information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } 4481 James A. Ryall
2. Name and age of said soldier } *father of* } *Wm Jos. Ryall* } *aged 51 years.*
3. Is said *father* a chronic invalid and totally incapacitated. } *No.*
4. Of what nature is disability? }
5. From what date has this total incapacity been existent? }
6. How long is total incapacity likely to continue, and what will be the effect on earning power? }
7. If not totally incapacitated by what percent in your opinion is capacity for work reduced, and from what date? } *30% from injury 4 or 5 years ago - and by pneumonia 1 yr ago*
8. Are you the regular attending physician? } *Yes*
9. Relationship to soldier of applicant? } *Father*

*St. Johns*.....Place  
.....*July 29:18*.....Date

I certify that the above statements are correct.  
*Clayton Knapperson,*  
.....  
Physician.

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.Regiment of *Royal Newfoundland*Number of Sheet *one*Signature of O. C. Company *G. James*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <i>13-7-18 Promoted To Lance Corporal.</i>	<i>W. P. Phipps Capt. S.C. D. C.D.Y.</i> Sgt. in Royal Newfoundland Regt.
No.	<i>4441</i>	Age on <i>21</i> years <i>—</i> months	<i>21</i>	<i>Clerk.</i>		
Joined	Date	Place and Date of Enlistment	<i>St. Johns</i>	Religion		
Joined	Date	Period of } with Colours <i>73</i> years. with Reserve <i>365</i> years.	<i>R.C.</i>	Place of Birth		
Joined	Date		<i>St. Johns</i>			

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
-------	-----------------	------	-----------------------	---------	--------------------	--------------------	---	-----------------	---------

*Demobilized St. Johns, 29<sup>th</sup> 1919*

To be carried over

Army Form B. 121.

54481

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4481 Rank Private Name Quall James  
 Date of Enlistment 18-11-18 Address 11 Main St District H. John  
 Occupation Clk. Classification for Discharge H. Medical Category H.1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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
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 12-6-19 ..... for H. John O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James Quall

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 AMC

Date 13-6-19 ..... O i.c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at Harry St. Johns and Release Certificate No. 2712 issued.

Date 13-6-19 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 \_\_\_\_\_  
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY AC

Date 13-6-19 \_\_\_\_\_  
 Depot Paymaster.

Discharge approved for 13-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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 13-6-19 J.A. Snowball  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
 Officer in Charge Records.  
 Board of Pension Commissioners.  
 with following additional documents.

**Eligible for War Service Gratuity**  
 JUN 15 1919

Date \_\_\_\_\_ R.H. Sait Capt.  
 O. C. Discharge Depot.

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

Date June 24/19 James Keith  
 For Records

Reg. No. *4481* Rank *LC* Name *Myall, Jas.*  
Attested ..... Address *11 Murray Square*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *1.6.19*  
Returned on S.S. *Conician* Cause *Discharge*

*12-6-19*  
*15-6-19*

PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILISATION.