



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5690 Name Charles Ryan Corps Coje.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Charles Ryan</u>             |
| 2. What is your full Address? .....  | 2. <u>Route 10, 1605</u>           |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Charles Ryan 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.

Charles Ryan SIGNATURE OF RECRUIT.

Am. Ryan Signature of Witness.

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

I, Charles Ryan 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 14th day of June 1915

Signature of Attesting Officer Edwards

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915

Place.....

} Approving Officer.

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Sheeley Ryan.  
 Apparent age 18 years 36 months. Height 5 feet 6 3/4 inches  
 Chest Measurement { Girth when fully expanded 4 inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Ryan  
Home No. 11513 | 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 _____                              |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
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|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....                 |               |  |           |       |  |      |  |      |   |

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

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5690 Name Charles Ryan Corps Coje

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Charles Ryan</u>             |
| 2. What is your full Address? .....  | 2. <u>Round St No 100</u>          |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Charles Ryan 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.

Charles Ryan SIGNATURE OF RECRUIT.  
W. H. Treacy Signature of Witness.

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

I, Charles Ryan 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 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 14th day of June 1918.  
Signature of Attesting Officer Edwards

### † CERTIFICATE OF APPROVING OFFICER.

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

Date ..... 191.....  
Place ..... } Approving Officer.

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

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



# DESCRIPTIVE REPORT ON ENLISTMENT

36.90

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

Name Charles Ryan  
 Apparent age 18 years          months. Height 5 feet 6 3/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Ryan  
Rome No. 1000 | 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. |     |
|--|-----|---------------------------------|-----|
| (e)  | (d) | (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 <del>United</del> engagement reckons from <u>14-6-18</u> |               |  |           |       |  |      |  |      |   |
| Joined at <u>St. Louis</u> on <u>June 14-1918</u>                        |               |  |           |       |  |      |  |      |   |
| <u>Admitted General Hospital 2-10-18.</u>                                |               |  |           |       |  |      |  |      |   |
| <u>Died General Hospital of A.B. Montgomery 9-1-1919</u>                 |               |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....                                    |               |  |           |       |  |      |  |      |   |

Total Service towards Engagement to 9-1-1919 [date of discharge] 2 years 210 days  
 " " Pensions " [ " " ] " " " "



5690

**C.C.R.** 5690

Received from the Department of Militia, personal effects of No. 5690 Pte. Chesley Ryan.

Signed..... *received* & Kit bag  
*Thos Ryan Sr*

Date..... *June the 25 1919*

Kindly ~~insert~~ sign and return at your earliest convenience.

C.R. 5690

Extract of Telegram from Syn., London to Military.

Dated May 12th 1919.

.....

With reference to your telegram May 9th verify carefully  
and report whether correct Regimental particulars

#5690, Hall.

5690

C.R.

Extract from Mail Orders part II, depot St. John's dated  
December 26th., 1918.

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#5690 Bte.C. Ryan

Transferred to M. I. D. Hospital from Barracks Hospital 25-12-18.



C.R. 5690  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Dept. of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated **Jan. 6th, 1919.**

To **Mr. Thos. Ryan,**  
**Round Harbour, N.D.B.**

Regret to inform you that your son 5690 Pte. Ryan is now very dangerously ill.

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

**FOR TYPEWRITER**

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_  
Dept. of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated

Jan. 3rd 1919.

To

Mr. Thomas Ryan,  
Round Hr.,

Regret to inform you that your son No. 5690 Pte. C.  
Ryan, was admitted to General Hospital Jan 2, ill.

J.R. Bennett,

Minister of Militia.

C.R. 5690

Extract from Daily Orders part II, Depot  
St, John's dated December 18th., 1918.

~~Discharged~~ Transferred from General Hospital  
to Barracks Hospital 16-12-18.

#5690 Pte. C. Ryan

BC.



C.R. Counter No. 1690

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(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address **Dept. of Militia.**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|-------------|-----|----|------|----|-------|

Dated **Dec. 26th, 1918.**  
To **Mr. Thomas Ryan,**  
**Round Br. N.D.B.**

Regret to inform you that your ~~son~~ son No. 5690 Pte. G. Ryan, was admitted to Military Hospital suffering from feverish cold.

**J.R. BENNETT,**  
**MINISTER OF MILITIA.**

**FOR TYPEWRITER**

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

**St. John's Dept. of Militia.**

Signature of Sender \_\_\_\_\_

Address \_\_\_\_\_

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

*Dated*            **Nov. 15th, 1918.**  
*To*                **Mr. Thos. Ryan,**  
                         **Round Harbour.**

**Req to inform you that your son #5690 Pte. Ryan, is now convalescent.**

**J.R. BENNETT,**  
**Minister of Militia.**

CR 5690  
Serial No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address St. John's Dept. of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

*Dated* Nov. 11, 1918.  
*To* Mr. Thos. Ryan,  
Round Hr. N.D.B.

Beg to inform you that your son # 5690 Pte. Ryan, is now improving

J.R. BENNETT,  
MINISTER OF MILITIA.

FOR TYPEWRITER



C.P. 5690

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address St. John's Dept. of Militia

| Line Number | Red | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|-------------|-----|----|------|----|-------|

Dated 04 28, 1918.

To Mr. Thos. Ryan,

Round Hr. N.D.B.

Regret to inform you that your son #5690 Pte. C. Ryan is now seriously ill at General Hospital St. John's.

J.E. Bennett

Minister of Militia,

FOR TYPEWRITER

C.R. 5690  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated OCTOBER 26th., 1918

DEPT. OF MILITIA.

To THOS RYAN,

ROUND MR. H.D.B.,

BEG TO INFORM YOU THAT # 5690 RYAN IS IMPROVING.

J. R. Bennett

Minister of Militia.

FOR TYPEWRITER

## NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address St. John's Dept. of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated Oct. 21st. 1918.  
To Mr. Thomas Ryan,  
Round Hr. N.D.B.

Regret to inform you that your son #5690 Pte. Ryan is seriously ill.

J.R. Bennett,  
Minister of Militia.



C.R. 5690  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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### All Messages Sent are Subject to the Following Conditions:

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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 Militia Department

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated October 10, 1918

To Thomas Ryan, Royal Harbor, N.D.B.

Regret to inform you that No. 5690 Private

Ryan is still seriously ill.

J. R. Bennett,

Minister of Militia.

Charge Dept. of Militia

FOR TYPEWRITER

C.R. 5690  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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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 **Militia Department**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated Oct. 8th, 1918

To Thomas Ryan, Round Harbor, N.D.B.

Regret to inform you that No. 5690 Private

Ryan is still seriously ill.

J. R. Bennett,

Minister of Militia

C.R. 5690  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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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 Militia Department

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated October 7th, 1918

To Thomas Ryan, Round Harbor, N.D.B.

Regret to inform you that No. 5690 Private C. Ryan is seriously ill.

J. R. Bennett,

Minister of Militia

FOR TYPEWRITER



C.R. 5690

Extract from Daily Orders part 11 Depot St. John's dated Sept. 30/19B

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#5690 Pte. C. Ryan

Admitted to Barracks Hospital 27-9-18.

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# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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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 **St. John's Dept. of Militia.**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated **Nov. 5th, 1918.**

To **Mr. Thomas Ryan,**  
**Round Hr. N.D.B.**

**Req to inform you that #5690 Pte. Ryan is now improved.**

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

**FOR TYPEWRITER**

CR 5690  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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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 Militia Department

| Line Number | Recd | By | Sent | by | Check |
|-------------|------|----|------|----|-------|
|             |      |    |      |    |       |

Date October 5th, 1918

To Thomas Ryan, Round Harbor, N.D B.

Regret to inform you that No. 5690 PRIVATE RYAN  
IS STILL SERIOUSLY ILL.

J. R. BENNETT?

MINISTER OF MILITIA

FOR TYPEWRITER



**NEWFOUNDLAND POSTAL TELEGRAPHS.****Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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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 Militia Department

| Line<br>Number | Rcd | By | Sent | by | Check |
|----------------|-----|----|------|----|-------|
|                |     |    |      |    |       |

Dated **October 4th, 1918**To **Thomas Ryan, Round Harbor, N.D.B.**

Regret to inform you that No. 5690 Private  
Ryan was admitted General Hospital suffering from  
Tonsillitis seriously ill.

J. R. Bennett,

Minister of Militia

**FOR TYPEWRITER**

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No. 2 Sent by \_\_\_\_\_ Paid by \_\_\_\_\_ Check \_\_\_\_\_

Place from Pepper Bay

To Officer in Command 7th Regt

7th Regt

5690.  
5690 Kindly advise how  
Chester Ryan is and  
his ailment

Bertram Ryan

~~Answer~~

Seriously ill  
Tonsillitis & influenza

Form No. —

C.R. 5690

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. —

Sent by —

Paid by —

Class —

No. —

Place from —

To —

ms  
 Lt Col. 18  
 J R Bennett  
 Newfoundland



please reply how ~~590~~  
 5690  
 Mr Ryan is now anxious

Thomas Ryan  
 Harbor Road

still seriously ill



C.R. 5690  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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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 St. John's Dept of Militia

| Line Number | Rcd | By | Sent by | Check |
|-------------|-----|----|---------|-------|
|             |     |    |         |       |

Dated

Oct. 18th, 1918.

To

Mr. Thomas Ryan,

Harbour Road.

Regret to inform you that #5690 Pte. Ryan, is still seriously ill.

J R Bennett,

Minister of Militia.

FOR TYPEWRITER

Counter No. 5690

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 **St. John's Dept. of Militia.**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated **Oct. 12, 1918.**

To **Mr. Bertram Ryan ,  
Nippers Harbour.**

**Regret to inform you that your son #5690 Pte. Chesley Ryan,  
is seriously ill tonsillitis & Influenza.**

**J.R. Bennett,  
Minister Of Militia.**

**FOR TYPEWRITER**

C.R. 5690

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's Oct. 5th, 1918.

5690 Pte. C. Ryan.

Discharged to General Hospital 2-10-18.



C.R. 5690

Extract from Daily Orders part 11. Depot St. John's dated Jan. 10th., 1919.

---

#5690 Pte. Chesley Ryan.

Died at St. John's General Hospital 9-1-19 Struck of the strenght from  
that date.

C.R. 5690

Extract from Daily Orders part 11 Depot, St. John's dated Sep. 16/B

5690 Pte C. Ryan

The above mentioned soldier returned from Special Duty at  
Petty Harbour 14-9-18.

C.R. 5690

Extract from Daily Orders part 11 from Depot St. John's Aug. 30/1918.

#5690 Pte. C. Ryan.

The following N.C.Os and men proceeded to Petty Harbour on Special ~~1918~~  
duty 29-8-18-



C.R. 5690

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 20, 1918.

#5690 Pte. C. Ryan.

Discharged from Barracks Hospital July 19, 1918.

CR. 5690

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 20, 1918.

#5690 Pte. C. Ryan.

Admitted to Barracks Hospital 19-6-18.

C.R. 5690

Extract from Daily Order part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 15, 1918

#5690 Pte. Chesley Ryan

Attested for General Service with the Royal Nfld.  
Regt. from 14-6-18.



Received from the Assistant Adjutant the sum of  
Twenty-five dollars (\$25.00), being payment on account  
of balance due me to November 30th, 1918.

General Hospital,  
St John's,  
December 5th, 1918.

5690 C Ryan

Depot  
5690



**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

January 11th, 1919. 191.....

**From :-** Assistant Adjutant,  
Depot.

**To :-** Sergeant & Officer i/c Records,  
Militia Department.

5690 Pte C. Ryan.

The above noted man died at the General Hospital  
on January 9th, 1919.

His account has been balanced up to and including  
that date and has a credit balance of Forty-one dollars  
and ninety cents (\$41.90). He has 50¢ per day allotment  
current.

**INSTRUCTIONS**

To be made out in TRIPPLICATE.  
 1 copy to be receipted and retained by  
 forwarding  
 1 copy to be forwarded with and at-  
 tached to kit.  
 1 copy to be forwarded Orderly Room  
 (Receipted).

**KIT INVENTORY  
 AND  
 KIT TRANSFER SHEET**

Inventory of Kit of No. 5690 Rank Pvt. Name Charles Ryan  
 of \_\_\_\_\_ Company. Depot: **THE ROYAL NEWFOUNDLAND REGIMENT.**  
 on 14 day of July 1919.  
 Received from J. O'Ke  
 Received into Orderly Room

| REGIMENTAL NECESSARIES     | Quantity | PERSONAL EFFECTS                 | Quantity |
|----------------------------|----------|----------------------------------|----------|
| Jackets, S. D.             |          | Kit bag fastener & lock          | 1        |
| “ Cardigan                 |          | pr gray trousers                 | 1        |
| Trousers, S. D.            | 1        | gray coat                        | 1        |
| Puttees                    | 1 pr.    | shirts                           | 4        |
| Great Coats                | 1        | sweater                          | 1        |
| Kit Bags                   | 1        | rubbers                          | 1 pr.    |
| Brushes, Hair              | 2        | Belt                             | 1        |
| “ Boot                     |          | side combs                       | 1 pr.    |
| “ Tooth                    |          | button polishing plate           | 2        |
| “ Clothes                  |          | talcum powder                    | 1 tin    |
| Caps, S. D.                | 1        | metal polish                     | 2 ..     |
| Drawers, Woolen, pairs     |          | boot polish                      | 1 ..     |
| Socks “ “                  | 3 pairs  | cleaning brushes                 | 2        |
| Towels                     | 2        | 2 letters                        |          |
| Shirts, Woollen            |          | dressing case with               | }        |
| “ Khaki                    |          | undies                           |          |
| Haversacks                 |          | shaving brush                    | 1        |
| Badges, Cap                |          | Gillette Razor                   | 1        |
| Housewives                 |          | climax do                        | 1        |
| Buttons, Regimental, large |          | three dollars & sixty five cents |          |
| “ “ small                  |          | shaving stick                    | 1        |
| Boots, ankle, pairs        | 1        | wrist watch                      | 1        |
| Blankets                   |          | lockets & chains                 | 2        |
| Mittens, Woollen, pairs    |          | gold pen                         | 1        |
|                            |          | pen & pencils                    | 1        |

RECEIVED EFFECTS AS ABOVE NOTED

Date 14-1-1919

Signed R. Howard



**INSTRUCTIONS**

To be made out in TRIPPLICATE.  
 1 copy will be receipted and retained by forwarder.  
 1 copy to be forwarded with and attached to kit.  
 1 copy to be forwarded Orderly Room (Receipted).

**KIT INVENTORY  
 AND  
 KIT TRANSFER SHEET**

Inventory of Kit of No. 5690 Rank Plt Name Charles Ryan

of \_\_\_\_\_ Company. Depot: **THE ROYAL NEWFOUNDLAND REGIMENT.**

on 16 day of Jan 1919

Received from Orderly Room

Received into Quartermaster's Dept



| REGIMENTAL NECESSARIES     | Quantity | PERSONAL EFFECTS | Quantity |
|----------------------------|----------|------------------|----------|
| Jackets, S. D.             |          |                  |          |
| "    Cardigan              |          |                  |          |
| Trousers, S. D.            | 1 ✓      |                  |          |
| Puttees                    | 1 pair ✓ |                  |          |
| Great Coats                | 1 ✓      |                  |          |
| Kit Bags                   |          |                  |          |
| Brushes, Hair              | 2 ✓      |                  |          |
| "    Boot                  |          |                  |          |
| "    Tooth                 |          |                  |          |
| "    Clothes               |          |                  |          |
| Caps, S. D.                | 1 ✓      |                  |          |
| Drawers, Woolen, pairs     |          |                  |          |
| Socks " "                  | 3 pair ✓ |                  |          |
| Towels                     | 2 ✓      |                  |          |
| Shirts, Woollen            |          |                  |          |
| "    Khaki                 |          |                  |          |
| Haversacks                 |          |                  |          |
| Badges, Cap                |          |                  |          |
| Housewives                 |          |                  |          |
| Buttons, Regimental, large |          |                  |          |
| "    "    small            |          |                  |          |
| Boots, ankle, pairs        | 4 ✓      |                  |          |
| Blankets                   |          |                  |          |
| Mittens, Woollen, pairs    |          |                  |          |

RECEIVED EFFECTS AS ABOVE NOTED

Date Jan 16<sup>th</sup> 1919

Signed J. W. Maddick  
Corp

**INSTRUCTIONS**

To be made out in triplicate.  
 1 copy to be retained and retained by  
 the sender.  
 1 copy to be forwarded with and at-  
 tached to kit.  
 1 copy to be forwarded Orderly Room  
 (Receipted).

**KIT INVENTORY**

AND

**KIT TRANSFER SHEET**

Inventory of Kit of No. 5690 Rank Plt Name Chesley Ryan

of — Company. Depot: **THE ROYAL NEWFOUNDLAND REGIMENT.**

on 16 day of January 1919

Received from Orderly Room

Received into Casualty Officer



**REGIMENTAL NECESSARIES**

**Quantity**

**PERSONAL EFFECTS**

**Quantity**

|                            |  |                             |                                    |
|----------------------------|--|-----------------------------|------------------------------------|
| Jackets, S. D.             |  | 1 Kit Bag containing        |                                    |
| “ Cardigan                 |  | Kit bag fastener & hook     | 1.                                 |
| Trousers, S. D.            |  | Trousing                    | 1/pc.                              |
| Puttees                    |  | Coat                        | 1.                                 |
| Great Coats                |  | Shirts                      | 4.                                 |
| Kit Bags                   |  | Sweater                     | 1.                                 |
| Brushes, Hair              |  | Rubbers                     | 1/pc                               |
| “ Boot                     |  | Belt                        | 1.                                 |
| “ Tooth                    |  | Side Combs                  | 1/pc                               |
| “ Clothes                  |  | Button Stick                | 2.                                 |
| Caps, S. D.                |  | Tab. Powder                 | 1 tin                              |
| Drawers, Woolen, pairs     |  | Metal Polish                | 2 tins                             |
| Socks “ “                  |  | Boot Polish                 | 1 tin                              |
| Towels                     |  | Cleaning Cambr              | 2                                  |
| Shirts, Woollen            |  | Letters                     | 2                                  |
| “ Khaki                    |  | Dressing Case with Sundries | 1.                                 |
| Haversacks                 |  | Shaving Brush               | 1.                                 |
| Badges, Cap                |  | Rogor Mitts                 | 1.                                 |
| Housewives                 |  | do (linen)                  | 1.                                 |
| Buttons, Regimental, large |  | Can                         | \$3 <sup>65</sup> / <sub>100</sub> |
| “ “ small                  |  | Shaving Brush Stick         | 1.                                 |
| Boots, ankle, pairs        |  | Wrist Watch                 | 1.                                 |
| Blankets                   |  | Lockets of Hair             | 2.                                 |
| Mittens, Woollen, pairs    |  | Gold Pin                    | 1.                                 |
|                            |  | Pen & Pencil                | 1.                                 |
|                            |  | 1/pc Boots                  | 1.                                 |

RECEIVED EFFECTS AS ABOVE NOTED

Date 16/1/19. 1919

\$265 Signed

M. Howley Capt  
R.M.

M. V. Warren, Lieut.  
Casualty Officer

January 9th/19

From Officer Commanding,  
Discharge Depot.

To Casualty Officer,  
Militia Department.

#5690, Pte. Chesley Ryan, Round Hr, NDB

I am informed by telephone from the General Hospital that the above noted man died there this morning ~~fix~~ at 4.30.

Mr. J.C. Oke has been given charge of the remains with instructions to have them coffined and embalmed. We await your instructions with regard to the disposal of his body.

TJW:

Copy to D.O.C.



Ryan, Chesley

5690

Ray Sept.

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

# MEDICAL HISTORY

OF

Surname Ryan Christian Name Charles

Table I.—GENERAL TABLE

Birthplace:—Parish Road St. John County Newfoundland

|   | SPECIAL RESERVE           |                  | REGULAR ARMY |                  |
|---|---------------------------|------------------|--------------|------------------|
|   | on                        | day of           | on           | day of           |
| Examined  | 1918                      | June             | 191          |                  |
|   | at                        | St John's        | at           |                  |
| Declared Age  | 18                        | years            |              |                  |
| Trade or Occupation   | fisherman                 |                  |              |                  |
| Height  | 5                         | feet 6 3/4       |              |                  |
| Weight  | 130                       | lbs.             |              |                  |
| Chest Measurement   | Girth when fully expanded | 36               |              |                  |
|   | Range of Expansion        | 4                |              |                  |
| Physical Development  |                           |                  |              |                  |
| Vaccination Marks   | Right                     | Left             | Right        | Left             |
|   | —                         | /                |              |                  |
| When Vaccinated   |                           |                  |              |                  |
| Vision  | R.E.—V=                   | 6/8              | R.E.—V=      |                  |
|   | L.E.—V=                   | 6/8              | 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>Lammont Paterson</u>   |                  |              |                  |
| (Rank)  | Major                     |                  |              |                  |
|   |                           | Medical Officer. |              | Medical Officer. |
| Enlisted  | at                        | St. John's       | at           |                  |
|   | on                        | 1918             | on           | 191              |
|   |                           | day of June      |              | day of           |
|   | Corps                     |                  | Corps        |                  |
|   | Regtl. No.                |                  | Regtl. No.   |                  |
| Joined on Enlistment  | Royal Nfld Regiment 5690  |                  |              |                  |
| Transferred to  |                           |                  |              |                  |
| Became non-effective by   | on                        | day of           | on           | day of           |
| (Signature)   |                           | 191              |              | 191              |
| (Rank)  |                           |                  |              |                  |

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

| Name of Hospital  | Admitted to Hospital |       |      | Discharged from Hospital |       |      | Disease                  | Number Days in Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|---|----------------------|-------|------|--------------------------|-------|------|--------------------------|-------------------------|--|------------------------------|
|   | Day                  | Month | Year | Day                      | Month | Year |                          |                         |  |                              |
| St John's   | 2                    | 10    | 18   | 16                       | 12    | 18   | Tonsillitis & Influenza. | 75.                     | Temperature and Pulse normal for two weeks.  | <i>L. Keegan</i>             |
| General.<br>The Royal Newfoundland<br>Military Hospital<br>Regiment | 25                   | 12    | 19   | 2                        | 1     | 19   | Labcule Pytomli.         | 8                       | Improves & Leaves No. 6.   | <i>W. S. S. S. S.</i>        |
| St John's Gen.<br>Hospital  | 2                    | 1     | 19   | 9                        | 1     | 19   | Tuberculosis Meningitis. | 7.                      | Developed symptoms of meningitis. Died.  | <i>L. Keegan</i>             |





Wied  
at General Hospital

9-1-19

**Department of Militia, Newfoundland**  
**Medical Department**

**Medical Report on an Invalid**

*Not completed owing to this reason. H.D. Capt*

NOTES:—

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

**STATEMENT OF CASE**

Station ..... *St. John's Nfld*  
 Date ..... *Dec. 23<sup>rd</sup> 1918*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *5690*
- 3. Rank *Plt.*
- 4. Name *RYAN. CHESLEY*
- 5. Age last birthday *18*
- 6. Enlisted on *14<sup>th</sup> June 1918.*  
at *St John's*
- 7. Former trade or occupation *Postman*

8. Disability

*Tonsillitis  
 Influenza.*

9. History

*Admitted Barracks Hq. 27/9/18. Transferred to Gen. Hq. 2/10/18. Discharged 16/12/18.*



10. What is his present condition?

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

Has been in Barracks 117. Since discharge from Ser. 117. Temp. has been very variable from normal to 100°. Cough + sputum in morning on waking. Shortness of Breath + debility. Has lost weight considerably since enlistment. (? 15 or 20 lbs). Pain in Rt. Side (mid axillary line Base of lung) on deep inspiration. Poor appetite. Heart irregular, P.R. 110. Breath sounds weak all over both lungs. Rales over left Base. Dulness Rt. Base. Tenderness I.C. space lower Rt. Ribs.

11. Was sanatorium advised and refused? no  
operation

12. Do you recommend discharge as permanently unfit? yes

Signature

*Archibald*  
Sgt. M. O. Dept

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. 5690 .....

Name Ryan C. Wesley .....

Address Round Mt N. N. 70 .....

Present Medical Category E .....

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

(b) Standing Medical Board .....

Members of Board {

R. H. Latall

O.C. Discharge Depot.

W. Paterson

Senior Medical Officer

B. W. Curdson

M. O. Depot



## 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 *Ryan, Chesley*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5690*

Intended address *Round Harbour, N. S. B.*

Height on discharge *5* Feet *5"*

Color of hair on discharge *Dark*

Complexion *Pallow*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Slight*

Christian name of Father *Thomas*

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Round Harbour, Sept. 6, 1900.*

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) *Chesley Ryan*

Station *St Johns*

Date *Dec 23/18*

(Rank) *Pte*

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.

*Archibald*  
Medical Officer i|c Hospital.  
Unit, or Command Depot.

Station *St Johns, Nfld.*

Date *Dec 23/18.*



# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters JUN 14 1918

1. Name Charles Ryan Age (a) Declared 18  
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

Eyes Brown.  
Hair Fair.  
Marks.

5690

3. Height 5ft 6 3/4 Weight 130

4. Eyesight (a) Left 4/5 (b) Right 4/5

5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n  
Measurement (a) Expiration 32 (b) Inspiration 36

7. Examination of Heart n

8. Examination of Urine n

9. Examination of Mouth—(Defective Speech)  
Teeth  
Throat  
Nose  
Ears—(Otorrhea)  
(Deafness) n

10. Have you been successfully vaccinated, and when? No.  
11. Name and address of next of kin Father Thomas Round Av. N.S. Bay.

REMARKS--

A 11

Watson  
W. Burdick  
Medical Examiners.





**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

3701

*St. John's, Newfoundland,*

January 11th, 1919. 191

5690

From :- Assistant Adjutant,  
Depot.  
To :- Paymaster & Officer i/c Records,  
Militia Department.

5690 Pte C. Ryan.

The above noted man died at the General Hospital  
on January 9th, 1919.

His account has been balanced up to and including  
that date and has a credit balance of Forty-one dollars  
and ninety cents (\$41.90). He has 50¢ per day allotment  
current.

*OA*  
*WA*

*MBW*  
Captain  
Assistant Adjutant & Paymaster  
Discharge Depot - Newfoundland





July 31, 1919

Mr. Thomas Ryan,  
Round Harbour,  
Twillingate.

*T. C. R.*

Dear Sir:

I enclose herewith cheque for  
\$58.75, balance of estate of late Pte. C. Ryan  
due you as Administrator of his estate.

I am also enclosing Letters of  
Administration.

Yours truly,

Capt.  
PAYMASTER & O i/c Records.

LM/

Enc. 2-

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 58  $\frac{75}{42}$

July 19 1919

Received from the First Newfoundland Regiment  
the sum of Fifty Eight  $\frac{75}{42}$  Dollars.  
~~an account~~ of Pay. Estate  
balance

|             |      |          |    |
|-------------|------|----------|----|
| Ch. No.     | 3615 | Initials | Ew |
| Pay Ledger  | 268  | Initials | Ew |
| Gen. Ledger |      | Initials |    |

Regtl. No.

A. C. J.

Rank



No. 5690

Rank Pt

Name C Ryan

ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,

DEPARTMENT OF MILITIA,

ST., JOHN'S, Nfld.

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

*James Ryan Sr*



5690. St. Charles Ryan

Died St. John's General Hosp. 9-1-19 tubercular  
hemiplegia Body coffined & embalmed by J. C. O'Keefe c. 1919

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company C. B. Dickson

|                            |                      |                              |   |                           |   |  |
|----------------------------|----------------------|------------------------------|---|---------------------------|---|--|
| Regimental Number and Name |                      | Enlistment                   |   | Trade                     | Good Conduct Badges, Service pay or proficiency pay |  |
| No.                        | <u>Cahesley Ryan</u> | Age on                       | <u>18</u> years <u>00</u> months  | <u>Fisherman</u>          |   |  |
| <u>5690</u>                |                      | Place and Date of Enlistment | <u>St John's</u><br><u>14-06-18</u>   | Religion                  |   |  |
| Joined                     |                      | Date                         | Period of }<br>with Colours <u>210</u> years.<br>with Reserve <u>365</u> years. | Place of Birth            |   |  |
| Joined                     |                      | Date                         |   | <u>Grand Harbour N.S.</u> |   |  |

| Place | Date of Offence | Rank | Case of Drunkenness | OFFENCE                  | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|---------------------|--------------------------|-------------------|--------------------|---|-----------------|---------|
|       |                 |      |                     | <u>Died Tuberculosis</u> | <u>St John's</u>  | <u>9</u>           | <u>19</u>                                       |                 |         |

To be carried over.

Reg. No. 5690 Rank Pte Name Ryan Chesley  
 Attested 14 6/18 Address Pointed to T.S.B.  
 Allotment 60 Allottee Thomas Ryan (Father)  
 Date of Allotment 1-9-15 Returned from Overseas.....  
 Embarked for Overseas..... Cause.....

|          |  |
|----------|--|
| 19/6/18  | Admitted to Barracks Hospital  |
| 19.7.18  | Discharged from " "  |
| 29-8-18  | Special Duty Petty Workhouse. - 10/10-9-18.  |
| 27-9-18  | Admitted to Barracks Hosp.   |
| 2-10-18  | Discharged to General Hosp.  |
| 16-12-18 | Transferred from General Hosp. to Barracks<br>Hosp. P.S.O                            |
|          | Died St John's General Hosp. 9-1-19.<br>and struck by the strength from that<br>date |



25-12-18.

Assaulted to M.I.D.

2-1-9

" " Gen. Hosp.

order \$12.90  
\$20.00 paid on  
Dec 5th/18

St Johns  
Dec 9th 1918

Mr J J O Grady

Dear Sir

I am dropping  
a line to you to  
send me down my  
money if you please  
I havent been payed  
for three months I cant  
as much as send a  
letter home to my  
people I am in need of  
it

yours truly  
5690 Pte C Ryan  
General Hospital  
St Johns



C.R. 5690

**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

January 9th/19 191

From Officer Commanding,  
Discharge Depot.

To Casualty Officer,  
Militia Department.

#5690, Pte. Chesley Ryan, Round Hr, NDB

I am informed by telephone from the General Hospital that the above noted man died there this morning ~~at~~ at 4.30.

Mr. J.C. Oke has been given charge of the remains with instructions to have them confined and embalmed. We await your instructions with regard to the disposal of his body.

TJW:

  
Assistant Adjutant & Paymaster  
Discharge Depot - Newfoundland

Copy to D.O.C.



C.R. Counter No. 5690

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address **Dept of Militia.**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated Jan 9th, 1919

To Thomas Ryan, Round Hr. N.D.B.

I Regret very much to inform you that your son, No. 5690, Private Chesley Ryan died at the General Hospital to-day, Jan 9th, of tuberculosis and meningitis. Kindly advise wishes regarding disposal of body, which is confined and embalmed.  
J.R. Bennett  
Minister of Militia.

**NOTE FOR OPERATOR:**

HIS MESSAGE IS NOT TO BE DELIVERED UNTIL RECEIVING OFFICE NOTIFIES THAT MESSAGE TO ~~CHESLEY~~ OF ENGLAND MINISTER OR SCHOOL TEACHER HAS BEEN RECEIVED AND ACTED UPON

**FOR TYPEWRITER**

C.R. 5690  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address **Dept of Militia.**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated **Jan 9th, 1919**

To **Church of England Minister or School Teacher, Round Hr. N.D.B.**

Regret to inform you that No. 5690, Private Chesey Ryan died at General Hospital St. John's to-day Jan 9th of tuberculosis and meningitis. Please inform next of kin  
Thom s [redacted]

**J.R. Bennett**  
**Minister of Militia.**

**Chgo Dept of Militia.**

**FOR TYPEWRITER**

C.R. 5690

January 9th/19

From Officer Commanding,  
Discharge Depot.

To Casualty Officer,  
Militia Department.

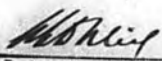
#5690, Pte. Chesley Ryan, Round Hr, NDB

I am informed by telephone from the General Hospital that the above noted man died there this morning ~~for~~ at 4.30.

Mr. J.C. Oke has been given charge of the remains with instructions to have them coffined and embalmed. We await your instructions with regard to the disposal of his body.

TJW:

Copy to D.O.C.

  
Assistant Adjutant & Paymaster  
Discharge Depot - ~~Round Hr~~ ~~land~~

Captain



Receiving Form

C.R. 5690

NEWFOUNDLAND POSTAL TELEGRAPHS

No. \_\_\_\_\_

Received \_\_\_\_\_ m. By \_\_\_\_\_

Sent out for delivery \_\_\_\_\_ m. By \_\_\_\_\_

Nb. \_\_\_\_\_ Place from \_\_\_\_\_ No. of Words \_\_\_\_\_



To J.R. Bennett  
militaire

Bury my son at  
St Johns in Church  
of England Cemetery  
Thomas Ryan

C.R. 5690

Jan. 13th 1919.

Dear Mr. Ryan:

I beg to inform you that your son #5630 the late Pte. Chesley Ryan, who died at the General Hospital on January 9th 1919, was buried with full Military Honours in the Church of England Cemetery, St. John's, on Saturday, January 11th, and his Funeral was attended by a party of Officers and men of the Royal Newfoundland Regiment, with a guard of honour of his comrades on either side of the Hearse. At the Grave the Military Honours that are usually paid to a soldier were carried out by his comrades, firing three volleys over his Grave and the last Post was played by the buglers present.

Assuring you of my deepest sympathy in your bereavement.

Yours truly,

Thos. Ryan Esq.,  
Round Hr. N. D. B.



Lieut.

CASUALTY OFFICER.

WVW/MP.

C.R.

Jan. 17th 1919.

Mr. Thos. Ryan,  
Round Hr. N. D. B.

Dear Mr. Ryan:-

It is my regrettable duty to have to forward to you one kit bag containing the effects which belonged to your late son, No. 5690, Pte. Chesley Ryan, of the Royal Newfoundland Regiment.

I am enclosing herewith receipts will you kindly sign same and return at your earliest convenience.

Assuring you of my deepest sympathy in your bereavement, and in the added sorrow which the receipt of these effects must entail.

I am,

Yours sincerely,



Lieut.

CASUALTY OFFICER.



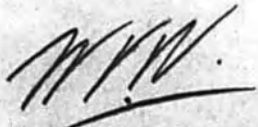
C.R. 5690

Jan. 17th 1919.

Dear Mr. Ryan:-

I beg to inform you that we have just received at this Department, a kit bag containing the personal effects which belonged to your late son, No. 5690, Pte. Chesley Ryan, of the Royal Newfoundland Regiment, and on enquiry I find that there will not be any possible chance of getting same on to you either by train or steamer until some time this Spring. If you so desire it we will keep the bag in this Department until that time, and forward it on to you at first opportunity.

Yours faithfully,

  
Lieut.  
CASUALTY OFFICER.

Mr. Thos. Ryan,

Round Hr. N. D. B.

WVW/MP.



C.R. 5690

DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Jan. 17th 1919.

Mr. Thos. Ryan,

Round Hr. N.D.B.

Dear Mr. Ryan:-

It is my regrettable duty to have to forward  
*to you by registered mail one parcel*  
~~to you one kit bag~~ containing the effects which  
belonged to your late son, No. 5690, Pte. Chesley  
Ryan, of the Royal Newfoundland Regiment.

I am enclosing herewith receipt, will you  
kindly sign same and return at your earliest con-  
venience.

Assuring you of my deepest sympathy in your  
bereavement, and in the added sorrow which the  
receipt of these effects must entail.

I am,

Yours sincerely,

*W. V. Warren* Lieut.

CASUALTY OFFICER.



**DEPARTMENT OF MILITIA**

**ST. JOHN'S, NEWFOUNDLAND**

**January 17th 1919.**

**RECEIVED FROM THE DEPARTMENT OF MILITIA:**

**1 KIT BAG.**

**Containing the effects of the late #5690 Pte. Chesley Ryan.**

**SIGNED.....**

**DATE.....**

**P.S. Also enclosed you will find Key to fit lock of Kit Bag.**



Round Harbor  
July the 9 1922

Dear Sir

I received the plaque  
but did not no that you wanted to  
hear from me to no if i got it or not  
but i dont think it is right that you  
did not give me a pinson for i am  
a old man and got no help he was  
all the help i had but he wanted to  
go and do his bit like the rest of them  
yours truly

Thos Ryan Sr

Round Harbor

Feb ~~the~~ 16 1919

N  
C.R. 5690

Dear Sir

I received your letter of the 17 of January concerning the kit bag and the belongings of my son No 5690 private Chesley Ryan which died on January the 9 please keep ~~the~~ it all until the Spring then you can send it to me the first chance dear sir it is a hard stroke to me to loose my son as i am getting old he was all the help that i had but it was gods will to take him so i am left alone by my self to do the best i can in this world it is verrey hard for a old man to live with out help now so i think i have said all for this time

Yours Truly

Thos Ryan Sr

Round Harbor N D 73

Nfld

C.R. 5690

February 26th., 1919

Thomas Ryan, Esq., Sr.

Round Hr.,

N.D.B.

Dear Mr. Ryan:-

I beg to acknowledge receipt of your letter of February 16th., regarding the Kit Bag, belonging to your late son, #5690 Pte. Chesley Ryan, and in reply I beg to state that your wishes respecting same will be attended to, and will be kept in safe custody until the Spring of the Year, when it will be forwarded to you at the first opportunity.

Yours faithfully,



Lieut.  
Casualty Officer.

WW/ABC.





May 21st 19

Mr. Thos. Ryan,  
Round Hr. N.D.B.

Dear Sir:

It is my regrettable duty to inform you that I am forwarding the personal effects of your late son No. 5690 Pte. Chesley Ryan. Kindly sign the attached receipt and forward it to this Office at your earliest convenience.

Assuring you of my deepest sympathy in your bereavement and in the added sorrow which the receipt of these effects must entail.

Yours faithfully,

Lieut.

FAE/MP.

Casualty Off cer.