Recruiting Form B, 1915.

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3671 Name Colin Ryan Corps Cofe

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... Colin Ryan
2. What is your full Address? ..... Port Rexton T.B.
3. Are you a British Subject? ..... Yes
4. What is your age? ..... Years 20 Months 5
5. What is your Trade or Calling? ..... Fisherman
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .... 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? ..... Yes

I ..... 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.

Colin Ryan ..... SIGNATURE OF RECRUIT.

Colin Ryan ..... Signature of Witness.

E 28-4-17 OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I ..... 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 ..... on this ..... day of 191

28 April 1917 Signature of Attesting Officer ..... St Johns

†CERTIFICATE OF APPROVING OFFICER. Chaser

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 ..... Approving Officer.

Place ....

† 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 Colin Ryan

Apparent age 20 years 5 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs William (Emera) Ryan Port Rexton T.B. | Relationship Mother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) 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							
Total Service forfeited as above									

Total Service towards Engagement to [date of discharge] years days

" " Pensions " [" "] " "

0471 3671

Recruiting Form B. 1915.

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3671 Name Colin Ryan Corps Coy 2

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Colin Ryan
2. What is your full Address? ..... 2. Port Rexton T.B.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 20 Years 5 Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. ..... Name ..... Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I. Colin 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.

Colin Ryan ..... SIGNATURE OF RECRUIT.

E 23-4-17 E. M. Conglan ..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 23 day of April 1917

Signature of Attesting Officer ..... R. Fraser 2nd Lt.

†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 ..... Approving Officer.

Place..... .....

† 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) .....

0471

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Colin Ryan

Apparent age 20 years 5 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 5 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs William (Emma) Ryan Port Rexton T.B. | Relationship Mother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) 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 23-4-17									
Joined at St. John's on April 23rd 17.									
Drafted St. John's. Dec 19/1917									
Embarked St. John's S.S. Florizel to Halifax N.S. 19-5-17									
Proceed to Headquarters for S.S. Tuscania 18-10-17. Arrived Glo. 1/11/17									
Discharged Medically Unfit 19/12/17									

Total Service forfeited as above

Total Service towards Engagement to 19-12-17 (date of discharge) years 249 days

" " Pensions " (" ") " "

N.M.D. Form B 179

Department of Militia, Newfoundland.

Medical Department.

Medical Report on an Invalid.

NOTES:—

(a) This report is solely concerned with Pensions.

(b) A single copy only is required.

(c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.

(d) Be as brief as possible compatible with lucidity.

(e) Avoid dubiety—"perhaps" "possibly" "might" and the like.

(f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station ..... Paris Johnson

Date ..... Nov. 3/17

1. Unit *1st. Newfoundland*

2. Regimental No. ~~3617~~ 3671

3. Rank. Pte.

4. Name. Ryan Colin

5. Age last birthday. 20.

6. Enlisted on 23. Ap. 197

at Paris Johnson

7. Former trade or occupation ~~Fisherman~~

8. Disability

Bronchitis.

9. History. This man was sent to the front. He developed Bronchitis about 3 months after arriving at Ap. Was sent to Dundee War Hospital was there for 8 days and was discharged to Duty.

0471

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.)

Dry rales over chest on forced breathing. Suffers from cough otherwise in good condition

11. Was sanatorium / operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit? ✓

Signature F.W. Burden

Rank or Qualification .....

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

Opinion of the Medical Board.

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

13. For pension purposes, the disability x ~~may~~ Cannot well be considered as ~~aggravated by~~ aggravated by R.S.T. ~~due to~~ Any of these causes.

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service

Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Weight in pants & boots 123 lbs. Pulse 96
temp 98.4
Had first attack at 10 years of age & they recurred yearly up to time of enlisting.
A year before enlistment was ill a week in same way.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— nil

16 Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation / sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

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

20. We recommend discharge from ~~retention in~~ the Army (or) C III class

Remarks if any:—

Signatures: W. S. Rose ..... President
J. Sinclair Tait
L. B. Patterson Major

Place St. Johns
Date Nov 3rd 1917

APPROVED

Station
Date

DIRECTOR OF MEDICAL SERVICES NOV 6 1917 No. 3671 NEWFOUNDLAND

Amy Macpherson, Major,
Administrative Medical Officer.

D. M. S. NEWFOUNDLAND.

D. & Co. 1000—12-16. **0471** Reprint for 1st Nfld. Regt. of Army Form B. 178A.

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

MEDICAL HISTORY
OF

Surname Ryan *Christian Name* Colin

Table I.—GENERAL TABLE.

Birthplace:—Parish Port Rexton County Trinity Bay

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on 23 day of April 1917		on day of 191	
	at Headquarters		at	
Declared Age	20 years 5 months days		years	days
Trade or Occupation	Fisherman			
Height	5 feet 4	inches	feet	inches
Weight	115	lbs.		lbs.
Chest Measurement — Grith when fully expanded	36	inches		inches
Chest Measurement — Range of Expansion	3	inches		inches
Physical Development				
Vaccination Marks — Arm / Number	Right: — / Left: —		Right / Left	
When Vaccinated				
Vision	R.E.—V= 6/6		R.E.—V=	
	L.E.—V= 6/6		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)	W. E. Pocunier.			
(Rank)	Lieut.			
	Medical Officer.		Medical Officer.	
Enlisted	at St Johns		at	
	on 23 day of April 1917		on day of 191	
Joined on Enlistment	Corps. 4/1st Nfld	Regtl. No. 5671	Corps.	Regtl. No.
Transferred to				
Became non-effective by				
	on day of 191		on day of 191	
(Signature)				
(Rank)				

[P.T.O.

0471

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing o syphilis, admissio of trea
	Day	Month	Year	Day	Month	Year			
DUNDEE WAR HOSPITAL	27	8	17	4	9	17	Bronchitis	8	Discharged

st in case of Warrant Officers treated in quarters.

n the cause, nature or treatment of the case likely to be of interest or of future use. In cases of s and re-admissions to hospital will be shown. The subsequent progress, including particulars tment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
d to duty	Henry Cole Rhone

[P.T.O.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
21-4-17 23/5/17 2-6-17	T. A. B. W.P. 3rd

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

2/1st NEWFOUNDLAND REGIMENT.

Pte Ryan. C.

No. 3617 is unlikely to be fit for Service with the Expeditionary Force for 6 months, on account of

Bronchitis

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

Capt RAMC M.O.,
I/C. 2/1st Newfoundland Regt.

Newton Park School
AYR.

11 — 10 — 17

1st Newfoundland Regiment

HEADQUARTERS

St. John's, Newfoundland,

December 19th. 1917. 191

From Adjutant,
Depot.

To Paymaster and Officer i/c Records,
Dept. of Militia.

Re 3671 Pte. C. Ryan.

Above mentioned man was reccommended by Medical Board held on Nov. 2nd. 1917, for discharge as permanently unfit, or category C111.

As we have no need for any men of this category for employment at the depot at present, I am instructed by the Commanding Officer to send this man to you to have his Discharge carried out. Will you please take the necessary action.

His account has been squared up to and including Dec. 19th. 1917. , and has a debit balance against him of $5.50. He has an allotment current of fifty cents per day.

Adjutant
Depot, First Newfoundland Regiment,
St. John's, Nfld.

C.R. 3671

Extract from list of men of the Royal Newfoundland Regiment discharged on various dates.

3671 Pte. G.Ryan

Discharged Dec.19th 1917, Medically unfit

C.R. 3671

Extract from Roll Of Officers,N.C.O's & Men DISCHARGED from

The Royal Nfld,Regt.

Regtl.No..	Rank	Name	Date	Reason.
3671	Pte.	Ryan G.	Dec.19/17.	Med.Unfit.

C.R. 3671

Extract of Daily Orders part 11, from 4/1st Nfld.Regt. Headquarters dated Dec 21,1917.

#3671 Pte. C. Ryan.

Having been found Medically Unfit ~~have~~ has been discharged with effect from 19/12/17.

C.R. 3671

Extract from Daily Orders Part II Unit The Royal Nfld. Regt., St. John's, Nov. 2nd, 1917.

The following man returned from Overseas and is attached to Headquarters with effect from Nov. 1st, 1917.

3671 Pte. C. Ryan.

C.R.4625

3671 Pte.Ryan.

Ext.of Telegram received from Pay & Record Office London,Dated Oct.,20th, 1917.

"Posted home Establishment."

C.R.3671

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17

3671 Pte. C. Ryan.

3671

C.R.

Extract from Daily Orders Part II Unit The Royal Nfld. Regt., St. John's, Apl. 23rd, 1917.

3671 Pte. Colin Ryan.

Attested this day, posted F. Company and assigned number as shown.

FORM K

No. 3878

1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Colin Ryan, Regl. No. 3671

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and/or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and/or Persons concerned, viz.:

Allotment begins June. 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	Address	Amount (each person)	
2470	~~Father~~ Mother	Mrs. Wm (Emma) Ryan	Port Rexton N.B.		60
			Total Allotment, $		60

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.) Chas R. Ayre Capt.

Officer Commanding 4. Company

St. Johns. Nf

May. 17th 1917

(Sig.) Colin Ryan

(Rank) Private

Certified true copy Cuell Huff Capt Adjt

Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Ryan *Christian Name* Colin

TABLE I.—General Table.

Birthplace { Parish: Port Rexton; County: Trinity Bay

Examined { on 23 day of April 1917; at Headquarters

Declared Age 20 years 5 days.

Trade or Occupation Fisherman

Height 5 feet 4 inches

Weight 115 lbs.

Chest Measurement { Girth when fully Expanded 36 inches; Range of Expansion 3 inches

Physical Development

Vaccination Marks { Arm / Number — RIGHT / LEFT

When Vaccinated

Vision { R.E.—V= 6/6; L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by W. E. Processie

Rank Lt.

Medical Officer.

Enlisted { at St. John's; on 23 day of April 1917

	Corps	Regtl. No.
Joined on enlistment		
Transferred to	1st Nfld	3671

Became non-effective by

on day of 191

(Signature)

(Rank)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
21-4-17	TAB WEP
28-5-17	
26-6-17	3rd.

COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. No. 10767/26 DATED 17 OCT 1917

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11,725] W305/M1635 1,000,000 4/17 W. P. & Co. (1121)

TABLE II.—Only for admissions 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 of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Dundee War Hospl	27	8	17	4	9	17	Bronchitis	8	Discharged to Duty	J Young Capt RAMC T.F.

M.F.P. | 16 1000-10-17

DEPARTMENT OF MILITIA

STATEMENT OF ACCOUNT OF #3671 Pte. C. Ryan

FROM 1-11-17. TO 27-11-17.
(both days inclusive)

LEDGER FOLIO NO. 6.

Date		Particulars	No. of Days	Rate per Day		Amount Dr.		Amount Cr.	
		CR.							
		Pay	27	1.	00			27.	00
		Field Allowances	27		10			2.	70
		Other Subsistence from 1-11 to 16-11-17.	16		90			14.	40
		Balances from previous paybook							
		DR.							
		Allotment	27		60	10.	20		
		Forfeited Pay							
		Fines							
		Clothing and Necessaries							
		Arms and Accoutrements							
		Casual Payments							
		1st Payment							
		2nd "							
		3rd "							
Oct.	31	Balance from previous paybook				8.	50		
Nov.	30	Final Cash Payment				25.	40		
		Totals				44.	10	44.	10
		Debit Balance							
		Credit Balance					10	$44.	10
		Checked by				$44			

$144.40/100

NEWFOUNDLAND CONTINGENT

(Substituting A.F. B.1625). N.F.P./36.

STATEMENT of ACCOUNT of No. 367 Pte E. Royane

"B" Company. From Sept 29th To Oct 11th (Dates inclusive).

Embarked per S.S. Missanabie Transport

From Liverpool Date 11.10.17

Draft No. 50.

DR. Classification (See Procedure). CR.

DUPLICATE ORIGINAL COPY Postcard 24 OCT 1917

Date	Pay Book Col.	PARTICULARS	Rate	Days	$	¢	£	s	d	Date	Pay Book Col.	PARTICULARS	Date	Days	$	¢	£	s	d
	8	Forfeited Pay									1	Pay	1.00	20	20	00			
	9	Allotments	60	20	12	00					2	Field Allowance	10	20	2	00			
	10										3	Other " "							
	11/12	Total Stoppages			12	00	2	9	4		4/5	Total @ 4.86 2/3			22	00	4	10	5
	13	Fines									6	Balance Credit Last Period							
	14	Clothing & Necessaries									6a	OTHER CREDITS:							
	15	Arms & Accoutrements										Ration Allce, / / - / /							
	16	Barrack Damages																	
	17	Hospital Stoppages										= days @ /							
	17a	Miscellaneous Stoppages																	
	19	Casual Payments						17	1										
	20	1st Payment						12	0										
	21	2nd "						12	0										
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period																	
	28	" Due by Paymaster									27	Balance Due to Paymaster							
							4	10	5								4	10	5

This account is, in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

Newton-Park-School

October 1st 1917.

CERTIFIED CORRECT.

O.C. "B" Company.

NEWFOUNDLAND CONTINGENT 16, VICTORIA ST. LONDON, S.W. 17 OCT 1917 PAY & RECORD OFFICE

CHECKED W.H.R.O. 16.10.17

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 3671. Pte. C. Ryan

"C" Company. From Sept 29th To October 18th (Dates inclusive).

DR. Classification (See Procedure). B

(Substituting A.F. Pp. 1625). N.F.P. 136.

Embarked per S.S. Mauretania 1st Sailing

From Liverpool Date 18.10.17

Draft No. 50

CR.

Date	Pay Book Col.	PARTICULARS	Rate	Days	$	¢	£	s	d	Date	Pay Book Col.	PARTICULARS	Date	Days	$	¢	£	s	d
	8	Forfeited Pay									1	Pay	1.00	20.	20	00			
	9	Allotments	60	20.	12	00.					2	Field Allowance	10		2	00			
	10										3	Other " "							
	11/12	Total Stoppages			12	00.	12	9	4		4/5	Total @ 4.86 2/3			22	00.	4	10	3
	13	Fines									6	Balance Credit Last Period							
	14	Clothing & Necessaries									6a	OTHER CREDITS:							
	15	Arms & Accoutrements										Ration Allce,	/ / -	/ /					
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments						17	1										
	20	1st Payment						12	0										
	21	2nd "						12	0.										
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period																	
	28	" Due by Paymaster					4	10	3.		27	Balance Due to Paymaster					4	10	3.

This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

Checked

Newton-Park-School

Oct. 1st 1917

NEWFOUNDLAND CONTINGENT 56, VICTORIA ST. LONDON, S.W. 17 OCT 1917 PAY & RECORD OFFICE

CERTIFIED CORRECT.

O.C. "C" Company.

CHECKED AAH RHO 1.10.7

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 3671. Pte. C. Ryan

"C" Company. From Sept 29th To October 18th (Dates inclusive).

DR. Classification (See Procedure). B

(Substituting A.F. B. 1625). N.F.B. /36.

Embarked per S.S. Mauretania 1st Sailing

From Liverpool Date 18.10.17

Draft No. 50

CR.

Date	Pay Book Col.	PARTICULARS	Rate	Days	$	¢	£	s	d	Date	Pay Book Col.	PARTICULARS	Date	Days	$	¢	£	s	d
	8	Forfeited Pay									1	Pay	1.00	20.	20	00			
	9	Allotments	60	20.	12	00.					2	Field Allowance	10		2	00			
	10										3	Other " "							
	11/12	Total Stoppages			12	00.	12	9	4		4/5	Total @ 4.86 2/3			22	00.	4	10	3
	13	Fines									6	Balance Credit Last Period							
	14	Clothing & Necessaries									6a	OTHER CREDITS:							
	15	Arms & Accoutrements										Ration Allce, / / - / /							
	16	Barrack Damages																	
	17	Hospital Stoppages										= days @ /							
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period																	
	28	" Due by Paymaster									27	Balance Due to Paymaster							
							4	10	3								4	10	3

Newton-Park-School

Oct. 1st 1917

CERTIFIED CORRECT.

O.C. "C" Company.

April 28, 1919

Pte.C. Ryan
PORT REXTON.

I enclose cheque for $20.00, being difference in Clothing Allowance, due you.

Capt.
Paymaster

LM/
Encl. 1/

F. C. R.

3671 Port Rexton
Apr. 11 1919

4662

Dear Sir

Just a word to you in regrads to my Services which I was in the army for I havent got any money since I been discargs. or any Job.
When other Soliders or getting money for What the have served in the army for I myself served 8 months overseas and is Not. credied to some of this Money or not. in which I think I is. as far as I said I should.
Would you kindly look up my papers and see if there are any money coming to me. It seem to me discarg when other fellows are getting money what the served in the Army. and I am getting none.
Would you please let me know if there are any money due to me or not. if there is send a form way I will fuel it in. So I remain

Mr Colin Ryan
Port Rexton
Trinity Bay

No W.S. Gratuity Due
Clothing ~~[illegible]~~ being Sent

FORM K

No. 3878

4 **1st. NEWFOUNDLAND REGIMENT** 5

ALLOTMENTS

I, Colin Ryan, Regl. No. 3671

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and/or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and/or Persons concerned, viz.:

Allotment begins June. 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
2970	~~Father~~ Mother	Mrs. Wm (Emma) Ryan	Port Rexton T.B.		60
			Total Allotment, $		60

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.) Chas. R. Ayre Capt.

Officer Commanding 4 Company

St. Johns. Nf

May. 17th 1917

(Sig.) Colin Ryan

(Rank) Private

S3671

December 19th. 1917.

From Adjutant,
Depot.

To Paymaster and Officer i/c Records,
Dept. of Militia.

Re 3671 Pte. C. Ryan.

Above mentioned man was reccommended by Medical Board held on Nov. 2nd. 1917, for discharge as permanently unfit, or category C111.

As we have no need for any men of this category for employment at the depot at present, I am instructed by the Commanding Officer to send this man to you to have his Discharge carried out. Will you please take the necessary action.

His account has been squared up to and including Dec. 19th. 1917. , and has a debit balance against him of $5.50.- He has an allotment curr nt of fifty cents per day.

Reg. No. 3671 Rank Pte Name Ryan C

Attested _____ Address Port Renton

Allotment _____ Allotee _____

Date of Allotment _____ Returned from Overseas 2.11.17.

Embarked for Overseas _____ Cause _____

		All Ptgs from Nov 1st.	
2-11-17		Rec. Category C iii on discharge.	
27-11-17		Reported back from Furlough.	
19-12-17.		Sent to Paymaster for discharge.	
19/12/17.		Discharged.	

M.F.P. | 16 1000-10-17

DEPARTMENT OF MILITIA

STATEMENT OF ACCOUNT OF #2628 Pte. R. Anderson.

FROM 1-11-17 TO 27-11-17.
(both days inclusive)

LEDGER FOLIO NO. 9.

Date	Particulars	No. of Days	Rate per Day	Amount Dr.	Amount Cr.
	CR.				
	Pay	27	1. 00		27. 00
	Field Allowances	27	10		2. 70
	Other Subsistence from 1-11 to 16-11-17	16	90		14. 40
	Balances from previous paybook				
	DR.				
	Allotment	27	60	16. 20	
	Forfeited Pay				
	Fines				
	Clothing and Necessaries				
	Arms and Accoutrements				
	Casual Payments				
	1st Payment				
	2nd "				
	3rd "				
	Balance from previous paybook			8. 50	
	Final Cash Payment			19. 40	
	Totals			$44. 10	$44. 10
	Debit Balance				
	Credit Balance				
	Checked by			$44. 10	$44. 10

Copy.

December 20th. 1917.

The. O.C.

Headquarters.

Sir,

The undermentioned men have been discharged on the date given.

Kindly note in Daily Orders, Part 11.

I have the honour to be,

Sir

Your obedient Servant,

(Signed). J.M. Howley,

Capt. and Paymaster. &

O. i/c Records.

JH/.

No 2628 Private Anderson, Rd. John. 19/12/17. Med. Unfit.

No 3671 Private Ryan, Colin, 19/12/17. " "

No 1602 Fitzgerald, Arthur, Wm. 19/12/17. " ".

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2671. Pte. "b" Ryan.
"b" Company. From Sept 29th To October 18th (Dates inclusive).
DR. Classification (See Procedure). CR.

(Substituting A.F. J.1625). N.F.P./30.
Embarked per S.S. _____
From _____ Date _____
Draft No. 50

Date	Pay Book Col.	PARTICULARS	Rate	Days	$	¢	£	s	d	Date	Pay Book Col.	PARTICULARS	Date	Days	$	¢	£	s	d
	8	Forfeited Pay									1	Pay	1.00	20	20	—			
	9	Allotments	60.	20.	12	00.					2	Field Allowance	10	—	2	00			
	10										3	Other " "							
	11/12	Total Stoppages			12	00.	2.	9	4.		4/5	Total @ 4.86 2/3			22	00.	4	10	5.
	13	Fines									6	Balance Credit Last Period							
	14	Clothing & Necessaries									6a	OTHER CREDITS:							
	15	Arms & Accoutrements																	
	16	Barrack Damages										Ration Allce, / / - / /							
	17	Hospital Stoppages										= days @ /							
	17a	Miscellaneous Stoppages																	
	19	Casual Payments						17	1										
	20	1st Payment						12	—										
	21	2nd "						12	—										
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period																	
	28	" Due by Paymaster					4	10	5.		27	Balance Due to Paymaster					4	10	5.

Newton-Park-School
Oct 1st 1917

CERTIFIED CORRECT.

for O.C. "b" Company.

Nil

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St.John's,Newfoundland.

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

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

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

Christian name...Colin.....2.Surname....Ryan.....

3.Rank....Pte.....4.Regtl.No..3.6.7.1.....

5.Address in full to which future payments of gratuity are to be forwarded...Mr...Colin...Ryan.....
.....Port...Rexton...Trinity...Bay.....

6.Date of enlistment in the Regiment...Apr..23/1917.....

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

8.Relationship of such dependents.....

9.Address in full of such dependents....Mrs. William Ryan
...Port...Rexton...Trinity...Bay.....

10.Is said dependent,now,or was said dependent at any time in receipt of Separation Allowance on account of another soldier....No....

11.Were you on active service only in Nfld,If so,give dates and particulars of such service...Served overseas from...
.Apr..23/1917....to...Dec.19th/1917.....
...2.4.1...days...with...the...clours.....

12.Give total length of time which you served on active service, whether in Nfld.or Overseas...Served...on...active.....
.Service...8...months.....1.3.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
.....None.....
.....
.....

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.....None.....
received.....None.....since I been discharge.....
.....

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

16. Have you, during the present war, served in the Imperial Forces? ~~Know~~ 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?. ~~Know~~ No.....
(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

19. Are you now serving in the Regt.?. ~~Know~~ No. If not give?- (a) date of discharge Dec. 19th 1917 (b) Reason for discharge.....
...Discharge...with...Bronchitis...and.....
...know...better...yet.....

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....
..~~Know~~ No...served...my...time...in...England.....
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....~~Know~~ No...I...am...not.....

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: Colin. Ryan

Place of Residence: Port Rexton

Declared before me at: Trinity

This 26th day of April 1919....

Fred Somerton Ptr.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
			Nil	

Certified correct.

Paymaster

April 30,1919

#3671 Pte.Colin Ryan,

Port Rexton,T.B.

Dear Sir:-

Referring to your application for "Service Gratuity," I beg to state that you are not entitled to same as you have nor served in the Royal Newfoundland Regiment Twelve months (12), and you were not Overseas on the 11th November 1918

Yours truly

Capt.

Paymaster & O. i/c Records

M.F.P. | 16 1000-16-17

DEPARTMENT OF MILITIA

STATEMENT OF ACCOUNT OF #3671 Pte.C.Ryan

FROM 1-11-17. TO 27-11-17.
(both days inclusive)

LEDGER FOLIO NO. 6.

Date		Particulars	No. of Days	Rate per Day	Amount Dr.	Amount Cr.
		CR.				
		Pay	27	1. 00		27.00
		Field Allowances	27	10		2.70
		Other Subsistence from 1-11 to 16-11-17.	16	90		14.40
		Balances from previous paybook				
		DR.				
		Allotment	27	60	10.20	
		Forfeited Pay				
		Fines				
		Clothing and Necessaries				
		Arms and Accoutrements				
		Casual Payments				
		1st Payment				
		2nd "				
		3rd "				
Oct.	31	Balance from previous paybook			8. 50	
Nov.	30	Final Cash Payment			25. 40	
		Totals			44. 10	44.10
		Debit Balance				
		Credit Balance				
		Checked by			$44. 10	$44.10

FORM K

No. 3878

NEWFOUNDLAND CONTINGENT
68, VICTORIA ST.,
LONDON, S.W.
9 JUN 1917
PAY & RECORD OFFICE

1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Colin Ryan, Regl. No. 3671

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and/or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and/or Persons concerned, viz.:

Allotment begins June 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	Address	Amount (each person)	
2970	~~Father~~ Mother	Mrs. Wm (Emma) Ryan	Port Rexton S.B.		60
			Total Allotment, $		60

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.) Chas. R. Ayre Capt.
Officer Commanding 4 Company

St Johns. Nf
May. 17th 1917

(Sig.) Colin Ryan
(Rank) Private

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

$25.40/100 Nov. 30th 1917

Received from the First Newfoundland Regiment the sum of Twenty five 40/100 Dollars.

~~on account~~ balance of Pay to 27/11/17

P C Ryan

Ch. No. 1648 Initials EW

Pay Ledger 6 Initials

Gen. Ledger Initials

Regtl. No. 3671 Rank Pte

No. 3671 Rank Pte.

Name C. Ryan

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

$15.00/100 Nov 2nd 1917

Received *from the First Newfoundland Regiment the sum of Fifteen 00/100 Dollars.*

on account of Pay.
~~*balance*~~

J Colin Ryan

Ch. No. 779	*Initials* E.W.
Pay Ledger 29	*Initials*
Gen. Ledger	*Initials*

Regtl. No. ..... *Rank* .....

No. 3671 Rank Pte.

Name J. Ryan

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

$20.00/xx

April 22 1919

Received *from the First Newfoundland Regiment*

the sum of Seventy 00/100 *Dollars.*

~~on account~~ *balance* *of Pay.* Clothing

Ch. No. 16741	*Initials* EW
Pay Ledger	*Initials*
Gen. Ledger	*Initials*

Regtl. No. *Rank* S.

No. 3671 Rank Pt

Name Ryan C

Port Royton

2/1st NEWFOUNDLAND REGIMENT.

Pte Ryan C

No. 3671 is unlikely to be fit for Service with the Expeditionary Force for 6 months, on account of

Bronchitis

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

Chas C Lyss. M.O.,
Capt. RAMC
I/C. 2/1st Newfoundland Regt.

Newton Park School
AYR.
11-10-17

Form M. E. (2) / N. F. 1915

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

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

Examination of Collins Ryan

aged 20 years *conducted at* Halifax

Date: April 23rd/19 *Recruiting Officer:*

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no no
10	m
11	m
12	m
13	m
14	m
15	m
16	m
17	m
18	m
19	6/6 Both
20	m
21	m
22	m
23	m
24	m
25	m
26	m
27	m
28	m
29	m
30	m
31	m
32	m
33	no
34	5 ft 4 in
35	115 lbs
36	38–36
37	$15.00 for year
38	mother Emma Ryan Dont Refin
39	yrs Parents

3671

Signature of Medical Examiner: Geo Borden

Dr

Forms B 121. 339.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Regiment of 1st Newfoundland.

Signature of O. C. Company Chas. L. Hyde Capt.

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No. 3671 Ryan Colin.	Age on 20 years 5 months	Fisherman	
Joined ____ Date ____	Place and Date of Enlistment St Johns. 23.4.17	Religion C of E.	
Joined ____ Date ____	Period of { with Colours 2 4/9 years. with Reserve 365 years.	Place of Birth	
Joined ____ Date ____			
Joined ____ Date ____			

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

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
NATURE OF No. 1089/29
24 OCT 1917
ENTERED

Discharged Medically Unfit
St. Johns. 19 12/17

To be carried over

Army Form B. 121.

COPY.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. Forms B. 121. 41.
[1331] W1310/M1703 250m 5/17a5 93 56

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of 1st Newfoundland

Number of Sheet 1

Signature of O. C. Company Chas. L. Lynx Capt

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. 3671 Ryan Colin	Age on 20 years 5 months	Fisherman	
Joined ____ Date ____	Place and Date of Enlistment St John's 7.23.4.17	Religion C. of E.	
Joined ____ Date ____			
Joined ____ Date ____	Period of with Colours ____ years.	Place of Birth	
Joined ____ Date ____	with Reserve ____ years.		

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

To be carried over

Army Form B. 121.

Certified true copy.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[636] W3017/2124 1000m 6/15ss 93 56

Forms B. 121. 39.

Number of Sheet First

Regiment of Newfoundland.

Signature of O. C. Company Chas. R. Ayre, Capt.

CAPTAIN NEWFOUNDLAND REGT.

ADJUTANT 2nd BN.

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. 3671 Ryan Colin	Age on 20 years 5 months	Fisherman	
Joined ____ Date ____	Place and Date of Enlistment: St Johns 28.4.17	Religion C. of E.	
Joined ____ Date ____	Period of with Colours ____ years.	Place of Birth	
Joined ____ Date ____	with Reserve ____ years.		
Joined ____ Date ____			

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

To be carried over

Army Form B. 121.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 3671 Army Rank Private

Name Colin Ryan
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps First Newfoundland Regiment

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge December 19th 1917

Place of discharge St Johns. Nfld.

1. *Description at the time of discharge.*

Age 20 years 1 months

Height 5 feet 4½ inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion fair

Eyes grey

Hair black

Trade Fisherman

Intended place of residence (To be given as fully as practicable) Port Rexton Nfld.

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. Forms B. 268 40
A4908 Wt. W7272/M4g 300,000 8/18 Sch. 22

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations _____

Certificate of education ..... _____

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

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) Sphes _____ Pte Le Ryan (*Signature of Soldier.*)

(*Date*) Dec 19/17 _____ F. R. Sevier (*Signature of Witness.*)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservation. no claim

Geo R Lewis
Sgt

N.M.D. Form D400A Sec
[500-3-17]

Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension. on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full Ryan Colin

Regiment from which discharged 1st. Newfoundland

Regimental number 3671

Intended address Port Rexton Dunley Bay

Height on discharge 5 Feet 4 1/2 in

Color of hair on discharge Black

Complexion Fair

Color of eyes Grey

Descriptive Marks none

Figure on discharge medium

Christian name of Father deceased

Christian name of Mother Emma

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth. Port Rexton Nov 28 1897

Nature and locality of civil employment required

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

(Soldier's signature in full) Colin Ryan Pte (Rank)

Station St Johns Date Nov. 3/17

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.

T W Burden
Medical Officer i/c Hospital, Unit, or Command Depot.

Station St Johns Nfld. Date Nov 3/17

The Great War Veterans' Association of Newfoundland
(INCORPORATED)
DOMINION COMMAND

TELEPHONE 609
CABLE "WARVETS"
IN REPLY REFER
TO WRM. ME.

ADDRESS
DOMINION SECRETARY
G. W. V. A.
ST. JOHN'S, NFLD.

Sept. 1st., 1938.

Department of War Pensions,
Duckworth St.,
City.

Dear Sirs:-

I shall be glad if you will look up the reports in your possession of 3671, Colin Ryan, with a view to the granting of a Medical Board.

This man was discharged in 1917 as being physically unfit for war service, and as he states that at the present time his condition is considerably worse, it will be appreciated if you could arrange to have him boarded at your convenience.

Yours faithfully,

W.R. Martin

W.R. MARTIN,
DOMINION SECRETARY.

JAM:GC

W. R. Martin, Esq., J.P.,
Dominion Secretary, G. W. V. A.,
City.

Dear Sir,

In reply to your letter of September 1st. in the case of 3671, Colin Ryan, I have to advise you that this man enlisted on the 23rd. April, 1917, and was drafted to Ayr, Scotland, where he had a recurrance of Bronchitis and was admitted to Hospital for eight days, cured, and discharged to duty. He did not serve in an actual theatre of war.

He was repatriated to Newfoundland and was discharged on the 19th. December, 1917. The Medical Board which examined him on the 3rd. November, 1917, stated that his condition could not be accepted as aggravted by war service, that he had his first attack of Bronchitis when he was ten years of age, and that they recurred yearly up to the time of enlistment.

It would appear from the above that he is not eligible for an award of pension.

Yours very truly,

J. A. McGRATH,
Clerk, War Pensions.

October 18, 1938

INTRA-DEPARTMENT CORRESPONDENCE

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA 4, January 4th 19 55

TO Office Services, DVA
Daly Building,
O T T A W A

MARK YOUR REPLY:

For attention of Miss E. Ferris

For attention of H.P. Rule

SUBJECT 3671 - RYAN, Colin
Royal Newfoundland Regt.

File No. DVA 3671

In answer to your inquiry for date of S.O.S. to England of the Newfoundland veteran.

S.S. Florizel merely made Halifax a port of call en route to England 19-5-17. RYAN did not leave the boat.

Rule

HPR:ABM

H. P. Rule,
WSR 8.

DVA 1235