



# THE ROYAL NEWFOUNDLAND REGIMENT /

## ATTESTATION OF

No. 4827 Name Fred Ryan Corps Infantry

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

- 1. What is your name? ..... 1. Fred Ryan
- 2. What is your full Address? ..... 2. Barclay Ave. B.N.
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 19 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Tradesman
- 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, Fred 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.

Fred Ryan SIGNATURE OF RECRUIT.  
J. J. Young Signature of Witness.

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

I, Fred 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 15th day of May 1915  
Signature of Attesting Officer James Sutt

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Bn.

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

Date May 15 1915  
Place St. John's } 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 Fred Ryan  
 Apparent age ..... years ..... months ..... Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Ryan  
Onet Cove. B.B. | Relationship Wife

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion; Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-5-18</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
<u>Discharged July 3/19</u>									
<u>Embarked St. John's train to Halifax N.S. 11-7-18</u>									
<u>Embarked for Dept. 26-10-18</u>									
<u>Disembarked France 5-11-1918</u>									
<u>Admitted 11th Coy. Hosp. Royal Sea 4-2-19</u>									
<u>Transferred from Royal Sea 22-4-19</u>									
<u>to the establishment for demobilization 22-5-19</u>									
<u>Demobilization Dept. 3-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-7-1919 (date of discharge) 1 years 64 days  
 Pensions .....

C.R. 4827

Extract from Daily Orders Part 11 Unit The Royal Rfld.  
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records with effect from 3-7-19.

4827 Pte. Fred Ryan.

C.R. 4827

Extract from Daily Orders Part 11 Unit The Royal HKia.  
Regt. Depot, St. John's, June 9th, 1919

The discharge of the undersigned on demobilization has been  
APPROVED <sup>a</sup> by the C.C. Discharge Depot with effect from  
<sub>b</sub>  
18-6-19.

4827 Pte. F. Ryan.

C.R. 4827

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 7th 1919

4827 Pte. F. Ryan.

Reported at Headquarters 1-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.



Extract from Nominal Roll 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

C.R. 4827

The undermentioned of the 1st. Battalion  
left Rouen Camps 22/4/19, embarked at  
Havre 22/4/19; disembarked at Southampton  
23/4/19 and reached Hazeley Down Camp  
23/4/19.

#4827 Pte. F. Ryan.

Extract from Nominal Roll 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19

The undermentioned of the 1st. Battalion  
left Rouen Camps 22/4/19, embarked at  
Havre 22/4/19; disembarked at Southampton

C.R. 4827

Extract from Daily <sup>Order</sup> re Part 11 Unit The Royal Rifles.  
Regt., By Lt. Col. T.O. Mathias, D.S.O. Commanding 1st  
Battn. 3-11-18.

The following joined the Battn. 3-11-18.

4827 Pte. F. Ryan.

C Coy.

C.R. 4827

Extract from Nominal Roll Re-inforcement Draft No.55, Embarked Folkeston,  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleley Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4827 Pte. Ryan, F.

MP.



C.R. 4827

Extract from Daily Orders part 11, from Unit The Royal  
Hild. Regt. St. John's, dated June 14th, 1918.

#4827 Pte. F. Ryan.

Embarked for overseas with draft 11-6-18

C.R. 4827

Extract from Daily Orders part 11, from Unit The Royal <sup>Irish</sup> fld.  
Regt. St. John's, dated May 2nd, 1918.

#4827 Pte. Fred Ryan.

Attested for General Service with the Royal <sup>Irish</sup> fld. Regt. from  
1/5/18.

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

C.R. 4827



MACHINE GUN CORPS.

LIST NO. H.A. 34803.

165479 Pte. Watson H.	101/M.G.C.	Abscess Elbow.....	Trans.to Base ex 4 Sty. J. Longuenesse	8 Feb.19.
3502 Tpr. Froud G.	1/Life Gas.M.G.	Ing.Hernia W.....	Trans.to Base ex 4 Sty.H. Longuenesse	8 Feb.19.
	Btn.			
65693 Sgt. Kemard G.F.	MGC.41 Bn.	Cochitis.....	Adm.7 Sty.H. Boulogne	9 Feb.19.

NEW ZEALAND EXPEDITIONARY FORCE.

LIST NO. H.A. 34803.

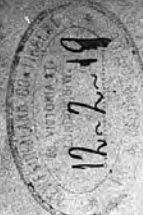
4827 Pte. Ryan F.	28/Bde. R. Newfd.	Larynx Inf. of.....	Dis. to Duty e 11 Sty. H. Rouen	8 Feb.19.
	Regt att. 3 L.C.			

212A

SOUTH AFRICAN - SECOND VOICE - NATIVES.

LIST NO. H.A. 34803.

1815 Pte. Cox G.	Cape Coloured Lab. Regt.	Influenza.....	Adm.2 Nat. Lab. Gen. H. Pont de Briques	8 Feb.19.
1352 Pte. Pretas A.	do.	Cont. Back.....	Adm.2 Nat. Lab. Gen. H. Pont de Briques	8 Feb.19.
303 Pte. Baker L.	do.	Piles.....	Adm.2 Nat. Lab. Gen. H. Pont de Briques	8 Feb.19.
1427 Pte. Luyf J.E.	do.	Bronchitis.....	Adm.2 Nat. Lab. Gen. H. Pont de Briques	8 Feb.19.
1109 Pte. Elsie J.H.	1/CCL. Regt.	Pyorrhoea.....	Adm.1 CCL. Batt. H. APO. S. 50	9 Feb.19.
1104 Pte. Strachans A.	1/ do.	N.Y.D. Mental.....	Adm.1 CCL. Batt. H. APO. S. 50	9 Feb.19.
616 Pte. Cadras W.	1/ do.	VDV.....	Adm.1 CCL. Batt. H. APO. S. 50	9 Feb.19.
676 Pte. Daniels A.	1/CCL. Reg.	VDG.....	Dis. ex 1 CCL. Batt. H. APO. S. 50	9 Feb.19.
1143 Pte. Adams J.	1/ do.	VDG.....	Dis. ex 1 CCL. Batt. H. APO. S. 50	9 Feb.19.



C.R. 4827

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

INFANTRY RECORD OFFICE - HAMILTON.

No. H.A. 34693

DIS TO DUTY EX 1 STY H ROUEN 4 FEB 1919

60177 Pte. Telford J..... 5/6 R.Scots..... V.D.G.Mild.

DIS TO NEW DISEASE SUPERVENING EX 4 STY H LONGUESSESSE 3 FEB'19

421276 Pte. Hartly J..... 188 Lab.Co.Late..... ICT.Fgr.  
10/11 H.L.I.

ADM BY NEW DISEASE SUPERVENING EX 4 STY H LONGUESSESSE 3 FEB'19

421276 Pte. Hartly J..... 188 Lab.Co.Late..... Debility.  
10/11 H.L.I.

ADM 11 STY H ROUEN 4 FEB 1919

11200 L/C. Walker A..... 1 Camerons att... N.Y.D.  
att 19 Inf.Bde.  
Hq. Staff.

613470 Pte. Cox J. 169 POW late 1 Garr Btn.HL. Bronchitis.

N.E.W.F.O.U.N.D.L.A.N.D. EXPEDITIONARY FORCE.

No. H.A. 34693

ADM 11 STY H ROUEN 4 FEB 1919

4827 Pte. Ryan F..... R.N'fld.Rgt.att ... Sore Throat  
3 Lab.Coy.

961

F. Ryan

C.R. 4827

P. H. U

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4837* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ryan* *J* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *19*
6. Posted for duty on. *1/5/18* at *St John's*  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*



14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war

(ii.) Previous active service

(iii.) Climate in pre-war service

(iv.) Ordinary military service before the war

(v.) Serious negligence or misconduct on the man's part.

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

15. What is his present condition?

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

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature?

*na.*

17. If not, was an operation advised and declined?

*na.*

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*na.*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*  
*signed W. B. ...*  
*Colt Name*

Station *St. Agathe, Devon*

Medical Officer in charge of case.

Date *1/19*

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





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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1827	Plt	Ryan J.	£250	J. Ryan

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

Date

July 1/18

J. Ryan



To. Samuel Ryan

Bushy Leane

Banarata Bay

Newfield

Table four pounds  
through Militia

4827. J. Ryan

239

6169/322

1st Batt. Ryl Nfld. Regiment,  
B.E.F.

22nd April

9

4827 Pte. F. Ryan

146 ✓

4827 F. Ryan.

E4. O. O.





Ryan, A

4827

Key sept.

July 2, 1919

#4827 Pte. Frederick Ryan,

Birchy Cove, B.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2286.

Yours truly

Capt.  
Paymaster & Officer i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4827 Rank Plt. Name Ryan G.  
 Intended place of residence Burchy Cove
2. Occupation Fisherman  
 Classification of soldier A.B. Medical Category AI
3. The above named man is discharged in consequence of DEMOBILIZATION

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S  
 Date JUN 4 1919
- J. M. Stewart*  
 Comanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date ST. JOHN'S  
JUN 4 1919
- G. Ryan*  
 Signature of soldier  
*W. J. Balon*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date ST. JOHN'S  
4-6-19
- G. Ryan*  
 Signature of soldier  
*W. J. Balon*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military  
 Discharged from service 18-6-19 Pls. 14 days Service 428

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S  
 Date JUN 18 1919
- R. H. Lait*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's, Nfld  
 Date July 2/1919
- M. Bowley*  
 Officer in Charge  
 The Royal Newfoundland Regiment

a412079/2286

# The Royal Newfoundland Regiment

Class for Demobilization:—  
*E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date ..... *4-5-19* .....

 Regimental No. *4827*.....

 Name .. *Ryan* ..... *Frank* .....

Address .....

 Present Medical Category... *A. 1* .....

 Recommended for:— { (a) Immediate discharge .....  
 (b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Last capt*  
.....  
O.C. Discharge Depot.

*B. Paterson*  
.....  
Senior Medical Officer

*S.W. Berdeu*  
.....  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4027 Rank Pl Name Pyper 7  
 Date of Enlistment 1-2-18 Address Burtholme District S.B.  
 Occupation Fisherman Classification for Discharge By Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	E 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 4-5-19 O. C. Discharge Depot. H. H.

### PARTICULARS FOR DEMobilIZATION

#### i. Civil Re-Establishment.

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

*Pyper*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$6000

(b) Clothing Supplied Amble Croston

Date 4-6-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1390 9541* to his home at *Dunphy Court* and Release Certificate No. *2252* issued.

Date *4-6-19*

*J.A. Snow Capt*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *1-7-19*

Date *4-1-19*

*H. H. Smith*  
Depot Paymaster.

Discharge approved for *18-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	N.F. Med	1	D.F. 1	1
F 178	W 3494	B 122	Board 1st	"	2	2
F 178a	D 400A	B 1915	do 2nd	"	3	2 Form B
B 179	D 400B	Form L	do 3rd	"	4	
B 179a	D 400C	Form K	do 4th	"	5	
B 179b	B 103	ME 2		"	6	
B 179c	B 120	M 93				

Date *4-6-19*

*J.A. Snow Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

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

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 18 1919*

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

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

Date .....

## Civil Re-establishment Committee



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

To resume former occupation

Signature of Man.

Reg. No.

*J. P. Bryan*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*4-6-19*

1919

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

# MEDICAL HISTORY

OF

Surname

*Ryan*

Christian Name

*Fred*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Birchy Cove P.B.*

County

*Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		
at	<i>St Johns</i>			
Declared Age	19	years		
Trade or Occupation	<i>Fisherman</i>			
Height	5	feet 6		
Weight		134		
Chest Measurement	Girth when fully expanded		35 1/2	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)	<i>Samuel P. [Signature]</i>			
(Rank)				
Enlisted	at	<i>St Johns</i>	at	
	on	1 day of <i>May</i>	on	day of
Joined on Enlistment	Corps.	<i>The Royal Nfld Regt</i>	Corps.	
	Regtl. No.	<i>4827</i>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				



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2. Regt. No. *4027* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ryan J.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday *19*
6. Posted for duty on *1.5.18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

### Statement of Case.

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

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

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



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i). Service during the present war .. .. .                | } na                | .....             |
| (ii). Previous active service.. .. .                       |                     | .....             |
| (iii). Climate in pre-war service .. .. .                  |                     | .....             |
| (iv). Ordinary military service before the war .. .. .     |                     | .....             |
| (v). Serious negligence or misconduct on the man's part. } |                     | .....             |

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

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

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

the complain of no disability

16. Was an operation performed? If so, when and what was its nature?

na

17. If not, was an operation advised and declined?

na

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatration

W. J. Twinn, Capt. R.A.M.C.  
 Medical Officer in charge of case.

Station *Hazley & Co. Camp*

Date *29. 4. 19.*

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



July 3, 1919

#4829 Pte. Frederick Ryan,

Birchy Cove, B.B.

Dear Sir:-

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

Yours truly

Captain,  
Quartermaster & U.I.C. Records.

578

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 & RECORDED OFFICE, ST. JOHN'S.

Christian name *Fredrick* Surname *Ryan*

3. Rank *Pte.* 4. Regt. No. *4827*

5. Address in full to which future payments of gratuity are to be forwarded, *Birchy Cove, B. B.*

6. Date of enlistment in the Regiment *May 1/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge *No*

8. Relationship of such dependents *—*

9. Address in full of such dependents *—*

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

11. Were you on active service only in Nfld; If so, give dates and particulars of such service *Oversea*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *May 1/18 to*

*June 4/19 date of temporary discharge*

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

*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*Clothing allowance back pay 80.19*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*June 4/19  
Temporary*

(b) Reason for discharge.

*Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*France Belgium & Germany - from Aug. 1918 to January 1919 -*

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

*No*

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

*Frederick Ryan*

Signature of Applicant:

Place of Residence:

*Bispham Cove, B.B.*

Declared before me at:

*S. John,*

This

*5th*

day of

*June 1919*

*John McCaughy*

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

POST DISCHARGE PAY.			War Service Gratuity.	Net amount due
Date paid	Paid Soldier.	Paid Dependent.		
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	Paymaster





The Department of Militia.

\$5<sup>00</sup>

The sum of ..... *five* ..... Dollars is due

Mr .. *Walter Ryan Birchy Cove B.B.* for driving

Reg No. *4827* .. Rank *Pte* .. Name *Ryan W* ..

From *Bonaville* To *Birchy Cove*

*Account for \$5.00*

Voucher Attached.

*J. A. Brown*

Captain

Demobilization Officer.

*11-8-19*





No. *8-541*

TRAVELLING WARRANT

*500 \$*

Date *4-6-19* The Royal Newfoundland Regiment

*General*

*signed by Ryan*

Please issue 1st Class Passage and Meals for

*404827*

No. *4827* Rank *Tte* Name *Ryan Lt.*

From - ~~ST. JOHN'S~~ - To *Virchey Cove*

*Bonineata*

The Royal Newfoundland Regiment  
DEPOT ST JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*J. J. [Signature]*  
DISCHARGE OFFICER

DISCHARGE OFFICER

June 12 19/19

To:

Mr Walter Ryan

Birchey Cove

Bonavista Bay

Newfoundland

C.R. 4827

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919,

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

NO. 4827..NAME.....*Pvt Frederick Ryan*

DATE.. *Jan 20 1920*  
PLACE.. *Richy. Coe.*  
*BIB*

C.R. 4827

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name..... 4827X Mc Frederick Ryan

Date..... Nov 17/19

Place..... Birchy Cove

Birchy Cove  
B.B.

Receipt for Army Book 64

No. 4827 Name F Ryan

To Certify that I have received the LB 64 of the above named soldier.

Name Fredrick Ryan

Date July 24<sup>th</sup> 1920

Place Buckeye com Bonaville Bay

H.B. For completion and return to the Department of Militia insert in corner of envelope "LB 64"





Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here



SEP 23 1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

Frederick Ryan

in respect of his service as No. 4827 Rank Pte.

Name F. Ryan Royal Nfld. Regt.  
~~Infantry Corps.~~

Receipt of the same should be acknowledged hereon.

Received The above medals

Signature \_\_\_\_\_

Date Sept 28 1921

Address P4827 4<sup>th</sup> Fred Ryan Birchy cove BB

[P.T.O.]

**Casualty Form - Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REG

Rank Oto Surname Ryan Christian Name Frederick  
 Religion meth Age on Enlistment 19 years 10 months  
 Enlisted (a) 1/11/18 Terms of Service (a) DURATION Service reckons from (a) 1/1/18  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended ( ) Re-engaged ( ) Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Occupation Fisherman Signature of Officer F. M. Curran

Report		Record of promotions, reductions, transfers, casualties, &c., during active service as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked		26 OCT 1918	
		Disembarked			
		Joined Establishment		3 NOV 1918	
6.1.19	O.O. Unit	Awarded 1st class' 2.P. To 1. for work on active service, obtaining 2nd class ration ticket before discharge 2 Jan 1919 to a N.C. 18		27.11.18	Para 1/E
	11 Sgt H. Power	Adm: Sore Throat. Discharged to duty		4/2/19	No. 24653
		Arrived in UK		8/2/19	No. 24653
				23/4/19	

In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (17091) Wt. W 1887 - 1/124. 1,000,000. 18. D & S. Form B. 103. (E. 224)

Next of Kin Grandfather Daniel Ryan Brock Cove N.S. Nova Scotia

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of Royal New Zealanders

Signature of O. C. Company Wm Churchill Esq

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Ryan Tho.</u>	Age on	years	months	
Joined		Date	Place and Date of Enlistment		
Joined		Date	Period of		
Joined		Date	with Colours	years.	
Joined		Date	with Reserve	years.	years.
				Trade	
				Religion	
				Place of Birth	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilised</u>	<u>John's</u>	<u>3 7/19</u>			

To be carried over

# The Royal Newfoundland Regiment

D 4827

## DEMobilIZATION OF

Reg. No. 27 Rank Plt Name Payan 7  
 Date of Enlistment 1-2-18 Address Dunby St. District S.B.  
 Occupation Fisherman Classification for Discharge 1/1 Medical Category A.1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 4-5-19 for H. News H. O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment

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

*7/1 Payan*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

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

Date 4-6-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 13908544* to his home at *Burchy Court* and Release Certificate No. *2252* issued.

Date *4-6-19*

*J.A. Snow Capt*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *1-7-19*

Date *4-1-19*

*H. M. Smith*  
Depot Paymaster.

Discharge approved for *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 288	B 121	N.F. Méd.	D.F. 1.	
B 178	W 3494	B 122	Board 1st.	" 2.	
B 178a	D 400A	B 1915	do 2nd.	" 3.	<i>2 From B</i>
B 179	D 400B	Form L.	do 3rd.	" 4.	
B 179a	D 400C	Form K.	do 4th.	" 5.	
B 179b	B 103	ME 2.		" 6.	
B 179c	B 120	M 93			

Date *4-6-19*

*J.A. Snow Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratitude**

Date *JUN 18 1919*

*T.H. J. Field*  
O. C. Discharge Depot.

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

Date *June 17 19*

*James R. K. J. A. Snow*  
*John P. Kellogg*

Reg. No. 4827 Rank Pte. Name Ryan F.

Attested ..... Address Birchy Cove

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas 29-5-19

Returned on S.S. Corsecan Cause Becherg

4-5-19  
18619

**PAGE MOBILIZATION OFFICER**

**RECHARGE APPLICANT MOBILIZATION**



## 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 Office 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 *Frederick Ryan*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4827*

Intended address *Berchy Cove*

Height on discharge *5' 6"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks  
Figure on discharge *medium*

Christian name of Father *Samuel*

Christian name of Mother *Mary*

Wife's maiden name in full  
Date and place of marriage  
Christian names of children

Place and date of soldier's birth *Berchy Cove 1899*

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) *F Ryan* (Rank)

Station *St John's* Date *June 11<sup>th</sup> 1919*

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

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