



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. H 842 Name Herbert Ryan Corps Meth

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Herbert Ryan</u>                     |
| 2. What is your full Address? .....  | 2. <u>Birchy Cove</u><br><u>St. John's</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                              |
| 4. What is your age? .....   | 4. <u>30</u> Years <u>—</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 .....                             |
|  | 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, Herbert 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.

A  
1.15.18

Herbert Ryan SIGNATURE OF RECRUIT.  
Paul J. [unclear] Signature of Witness.

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

I, Herbert 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 May day of 1918.

Signature of Attesting Officer [Signature]

### † 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 rank of private enlisted by special authority, such will be attached to the original attestation.

Date May 1918 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 Herbert Ryan

Apparent age 30 years      months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 2 inches

Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Jno Ryan  
Burby Cove | Relationship Mother  
O. Ryan

#### 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    "    "    "    "    "    "    "    "    "    "    "    "    "    "



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4842 Name Herbert Ryan Corps Melt

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Herbert Ryan</u> .....             |
| 2. What is your full Address? .....  | 2. <u>Bushy Cape Bay</u> .....           |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>30</u> Years <u>—</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 .....                           |
|  | 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, Herbert 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.

A  
1.5.18  
Herbert Ryan SIGNATURE OF RECRUIT.  
James Stewart Signature of Witness.

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

I, Herbert 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 on this 1 day of May 1918.

Signature of Attesting Officer James Stewart

### † 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 compiled with. I accordingly approve, and appoint him to the .....

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

Date May 1 1918  
 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 Herbert Ryan  
 Apparent age 30 years 1 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Jno. Ryan  
Buckhycove | Relationship Mother  
D. Ryan Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in 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>1-5-1918</u>									
Joined at <u>St. John's</u> on <u>Nov 11-1918</u>									
<u>Discharged July 4/19</u>									
<u>Embarked St. John's train to Halifax N.S. 1-6-1918</u>									
<u>Embarked for B.F.O. 16-10-18. Arrived Bath. France 3-11-1918.</u>									
<u>Admitted 2/1 C.P. 5th transport Coy. (18th). Then sent to Det 28-1-19</u>									
<u>Admitted Milit. Hosp. Canada Det 28-1-19. Discharged from Military Hosp. Canada Det then posted to Vancouver 24-2-1919.</u>									
<u>To to employment for demobilization 22-5-19. Arrived H.Q. 26-1-19</u>									
<u>Demobilization St. John's 4-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-7-1919 (date of discharge) 1 years 65 days  
 " " Pensions " " " " " " " " " " " "

C.R. 4842

extract from daily orders part II Royal Newfoundland Regt.  
depot St. John's dated 8-7-19.

The discharge of the undertone 4 on demobilisation has  
been CONFIRMED by officer i/c records from noted date  
4-7-19.

4842 , rte. Herbert Ryan.

C.R! 4842

Extract from Daily Orders Part II Unit The Royal WFLD.  
Regt. Depot, St. John's, June 10th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot, with effect from 20-6-19.

4842 Pte. Hubert Ryan.

C.R.

4842

Extract from Daily Orders Part 11 Depot, St. John's,  
Date 9-6-19

4842 Pte. Hubert Ryan

Reported at Headquarters 1-6-19.  
which sailed Liverpool May 22/1919.

NR "Corsican"

C.R. 4842

Extract from Daily Orders Part 11 By B.J.Barton, D.S.O.  
Commanding 2nd Battalion Royal Mfld. Regt. 28-2-19.

The following having reported back from the  
1st Battn. is taken on the strength and posted to "H" Coy.

SA 4842 Pte. H.Ryan.

24-2-19.



C.R. 4842

Extract of Casualties from Pay & Rec ord Office, London,  
dated Feb. 6th/19.

---

Discharged from Military Hospital, Endell Street.

Furlough 6/2/19 to 17/2/19. Marked I Duty.

#4842 Pte. H. Ryan.

Auth:

A.F. W3016, 5/2/19 from O.C. Hospital.

C.R.

4842

Extract from Telegram from Syn. to Mil. dated Jan. 31st. 1919.

Endell Street Mil. Hos. Inflammation Connective Tissue  
foot 4842 Ryan.

C.R. 4842

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

4842 Pta. Ryan, H.

MP.

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

#4842 Pte. K. Ryan.

Embarked for overseas with draft 11-6-18

C.R.

4842

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

# 4842 Pte H Ryan

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

**NEWFOUNDLAND POSTAL TELEGRAPHS.**
**Cable Connection with all the World**
**CR 4842**
**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*
**Feb. 1st, 1919**
*To*
**Mrs. John Ryan, Bureley Cove, B.B.**

Regret to inform you that Record Office, London, officially reports **No. 4842, Private Herbert Ryan at Endell Street Military Hospital London suffering from inflammation connective tissue foot.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J.R. Bennett**
**Chge Dept of Militia.**

Minister of Militia.

**FOR TYPEWRITER**

C.R. 4842

FOUNDED AND SICK H.C.O.S. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

4 JAN 1919

ROYAL ENGINEERS.

LIST NO. H.A. 33585.

ADMITTED 1 S. AFRICAN GEN. HOS. ABBEVILLE 17 DEC. 1918.

53919 Dvr. Wilcock J. .... RE. 87 Fld. Coy.; ... ICT. Arm R.  
 490392 Spr. Ellis W.H. RE. 12 Div. Sigs. Herpes.  
 74207 Spr. Taylor G.W. RE. 4 Div. Sigs. Bronchitis.  
 29612 Cpl. Orr S. RE. Signals BYD. (Mental).  
 (other particulars unobtainable).  
 44343 Spr. Bradley F. .... RE. 75 Fld. Coy. ... Fr. Metac. rpl. R. Ac.

142784 Spr. Butcher H.H. .... RE. att. 37 Sge. ... Ne. hritis.  
 Bde. Sq.

161375 Spr. Cochrane J.D. RE. 1 Army Sigs. Diarrhoea.

446886 Spr. Willington W.A. RE. 512 Fld. Coy. ICT. Legs.

478572 2/Cpl. Laycock B. RE. 459 Fld. Coy. Onychia.

59715 Spr. Williams H. .... RE. Postal Section Influenza.  
 att. A.P.O. 8126.

477061 Spr. Marshall H. .... RE. 62 Div. Sigs. Diarrhoea.

90375 Dvr. Wheeler S. RE. 253 Tunn. Co. Influenza.

259541 Pte. Bulthead E. RE. 1. A. Cable Sec. Albuminuria.

126661 Pnr. Parbank F. RE. 253 Tunn. Co. Appendicitis.

ADMITTED 1 S. AFRICAN GEN. HOS. ABBEVILLE 18 DEC. 1918.

75630 Pnr. Jones J. .... RE. Sig. Dep. .... Vomiting.

194984 Dvr. Blower J. .... -do- PUO.

DIS. EX 1 S. AFRICAN GEN. HOS. ABBEVILLE 18 DEC. 1918.

238061 Spr. Phillips D. .... RE. Sig. Dep. .... PUO.

127154 Spr. Casson R. .... -do- Influenza.

DIS. EX 1 S. AFRICAN GEN. HOS. ABBEVILLE 19 DEC. 1918.

516337 Cpl. Bastin H. .... RE. Sig. Dep. .... PUO.

42158 Spr. Morrison R. RE. Camouflage V. rix. .... Adm. 32 Sty. H. Wimereux 28 Dec. 18.

262919 Spr. Hawthorn J. RE. 7 RT. Co. Influenza. .... Dis. to Base Dep. ex 2 Sty. H. Abbeville 28 Dec. 18.  
 44813 Dvr. Long H. RE. att 6 Div. Synovitis. .... Adm. 24 Sty. H. Wimereux 27 Dec. 18.  
 Sigs. Finger Mild.

NEWFOUNDLAND - RECORD OFFICE.

LIST NO. H.A. 33585.

4842 Pte. Ryan R.

1/Newfoundlands. ICT. Foot Mild. .... Adm. 14 Sty. H. Wimereux 27 Dec. 18.



40

## C. 2—Casualties.

## COLONIAL CONTINGENTS ONLY.

Army Form W. 3039A

(Continuation sheets are supplied separately.)

THE MILITARY

HOSPITAL, at ENDELL STREET, W. CO 2. 14

Affiliated to \_\_\_\_\_

NOMINAL ROLL of Sick and Wounded from the \* FRANCE Expeditionary Force  
 admitted on 28/1/19 from Hospital Ship \_\_\_\_\_ disembarked at \_\_\_\_\_

\* Have insert which Expeditionary Force.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission:

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**  
 (ii) The other direct to the O. I/c of Records of the Colonial Contingent concerned.

\* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.  
 (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.  
 If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty * (See note in large type above).
4842	Pte	Ryan, H.	R. Nfld R.	952.I.C.T.1.foot slight



H. Pajam.

C.R. 4842.

P. & P. Q.





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 one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
1842	Lt	Ryan H	£250	H Ryan

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

H Ryan

Date

July 9/18

No. 1842 Rank Pte Name Ryan H.

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			60
Net Rate			50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d		
						From	To							
Balance					Balance		20/1/18					5	7	0
Acquittance Rolls		1	5	6	Pay @ Net Rate	21/1/18	7/2/19	219	50	24	00	5	0	8
Hospital Advances		1	0	0	R. A.	7/1/19	7/2/19	11	2/1			1	2	11
A.B. 64.												11	10	70
P.&.R.O. Payments					Great Mol.									
					<del>£10-5-1</del>									
					5-1									
					Cash Rept 1223		6/2/19							
					1000									

MEMORANDUM CONTAINING  
 PAROLEE'S  
 NO.

W.W.E.  
 6/2/19

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

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

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

1. Unit and Corps *Royal Artillery* 7. Former Trade }  
or Occupation }
2. Regtl. No. *488th* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ryan* *Harold* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *31*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Where (d) Particulars of Pension or Gratuity  
(c) Opinion of Court (if any)

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

### Statement of Case.

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i) Service during the present war .. . . . ✓ .. . . .
- (ii) Previous active service .. . . . ✓ .. . . .
- (iii) Climate in pre-war service .. . . . ✓ .. . . .
- (iv) Ordinary military service before the war .. . . . ✓ .. . . .
- (v) Serious negligence or misconduct on the man's part. } .. . . . ✓ .. . . .

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

In all cases such as facial injuries, eyes, 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.)

*No complaint of no flexibility*

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.S. Proenier* *Staff Nurse*

Medical Officer in charge of case.

Station *Hazley Down*

Date *1.3.14*

\* 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

NEWFOUNDLAND CONTINGENT,  
PAY & RECORD OFFICE.

POST OFFICE  TELEGRAPHS.

Office Stamp.

Ref. Nos. FN 1441

Rec'd 14 FEB 1910 This Form must accompany any inquiry respecting this Telegram.

Office of Origin and Service Instructions.

Ref. Nos. 001

Charges } s. d.  
to pay }



Handed }  
in at }

Received }  
here at }

ACTED

BRANCH

Comd.

P & A. **TO**

R. & C.

B & E.

P.S.

*Do not pay for  
copy of copy  
to West  
Chance of  
me getting home on this boat  
please give reply - 4842 Major Ryan  
5 Viewfield Rd  
Greenland*



Reply

4842 H. Ryan  
5. Viewfield Road  
Ayr. Scotland

No boat at present

14.2.19  
6 p.m.

~~\_\_\_\_\_~~  
Syno

Ryan, A

4842

Ray Sept.

July 4, 1919

#4842 Pte. Herbert Ryan,

Birchy Cove,

Bonavista,

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2607.

Yours truly

Captain  
Paymaster & C.i/c Records.

# The Royal Newfoundland Regiment

Class for Demobilization: —

*E1*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*June 6<sup>th</sup> / 19*

Regimental No *44842*

Name *Ryan Hubert*

Rank *pte*

Address *Birdy Cove - B.B.*

Present Medical Category *A'*

Recommended for: — { (a) Immediate discharge  
(b) Standard Medical Board

Members of Board {

*R.H. East Capt.*

O.C. Discharge Depot.

*H. Potman*

Senior Medical Officer

*S. G. ...*

M. O. Depot

July 5, 1919

#4842 Pte. Herbert 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  
Paymaster & Officer i/c Records.

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 *Herbert* ..... 2. Surname *Ripaw* .....
3. Rank *Pte* ..... 4. Regt. No. *4842* .....
5. Address in full to which future payments of gratuity are to be forwarded. *Birchy Cove, B.C.* .....
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? *—* .....
11. Were you on active service only in field. If so, give dates and particulars of such service. *Overseas* .....
12. Give total length of time which you served on active service, whether in field or Overseas. *From May 1/18 to June 6/19* ..... 1. 2.

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.

*Nothing allowance back pay 74.19*

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?

19. Are you now serving in the Regt? *No* If not give - (a) Date of discharge *June 6/19* (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 Oct. 1918 to Apr. 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.

Signature of Applicant: *H. Ryan*

Place of Residence:

*Biscay Cove, P.B.*

Declared before me at:

*St. John's, Nfld*

This

*6<sup>th</sup>*

day of

*June 1919.....*

Signature of Barrister of the  
Supreme Court, Stipendiary Legis-  
trates, Notary Public, Justice of the  
Peace, or Commissioner of affidavits.  
*John G. Capthorn*

POST DISCHARGE PAY.

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



# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 4842 Rank Plt Name Ryan Hubert  
 Date of Enlistment 15-10 Address St. Johns District  
 Occupation Welder Classification for Discharge 4 Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. F/36	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	
H 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 6-6-19 O. C. Discharge Depot H. Ryan

### PARTICULARS FOR DEMOLIBIZATION

#### i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00  
 (b) Clothing Supplied 100% of issue

Date 6-6-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1532<sup>B</sup>603* to his home

at *Binckley Cove* and Release Certificate No. *2400* issued.

Date *6-6-19*

*J.A. Snowball*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *4-7-19*

Date *6-6-19*

*H. M. Stewart*  
Depot Paymaster.

Discharge approved for *90-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

*2 Form B*

Date *6-6-19*

*J.A. Snowball*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 20 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

H. Ryan

Signature of Man.

Reg. No. 4842

J. A. Schwalbe

Signature of the Vocational Officer or his Representative.

Place

21- Johns

Date

6-6-18

191

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

# MEDICAL HISTORY

Surname Ryan OF Christian Name Sherbest

Table I.—GENERAL TABLE.

Birthplace:—Parish Birchy Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1st day of May 1918	St John's Nfld	day of	191
Declared Age	30 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 5	inches	feet	inches
Weight		130 lbs.		lbs
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated	1909			
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)	<i>James P. ...</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's Nfld	at	
	on	1st day of May 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal Nfld Regt	Corps	
	Regtl. No.	4842	Regtl. No.	
Transferred to	ROYAL NEWFOUNDLAND REGIMENT			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(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				
MILITARY HOSPITAL SIBELL STREET, WASH.	30	1	19	6	2	19	L.C.T. Feet.	10	Disck 12.12.17. Recovery.	S. D. Smith M.D.





## 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. & 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, Albert*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*4843*

Intended address

*Binchy Cove, D.P.*

Height on discharge

*5 Feet 6*

Color of hair on discharge

*Black*

Complexion

*Ruddy*

Color of eyes

*Light Blue*

Descriptive Marks

*None*

Figure on discharge

*John*

Christian name of Father

*James*

Christian name of Mother

*Jane*

Wife's maiden name in full

\_\_\_\_\_

Date and place of marriage

\_\_\_\_\_

Christian names of children

\_\_\_\_\_

Place and date of soldier's birth

*Binchy Cove, May 14 - 1888*

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)

*Albert Ryan*

(Rank)

*Private*Station **ST. JOHN'S.**Date **JUN 4 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.



Station

Date

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

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

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

1. Unit and Corps. *Royal Artillery*
2. Regtl. No. *4842* 3. Rank. *Pte*
4. Name *Ryan* *Hubert*  
(Surname) (Christian Names)
5. Age last birthday. *31*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade }  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

**NOTE**—The foregoing particulars are to be filled in and A.F.B. 179 is (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<br>man's part. }                                   | ✓                   |                   |
| 14 (a). If not due to any of these causes, to what<br>specific condition do you attribute it? } | ✓                   |                   |

In all cases such as facial injuries, eye, ear, nose and throat, dislocation, 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.)

*no complaint of any disability!*

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

20. Do you recommend—

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

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

*Repatriation*

*W.S. Procmie. Capt Reme*

Station *Hazebrouck*  
Date *27-3-19*

Medical Officer in charge of case.

\* 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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Herbert Ryan, Regl. No. 4842

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 <sup>or</sup> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3882	mother	Mrs John (Jane) Ryan	Birchy Cove, B. F.	
Total Allotment, \$			609	

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.) G James  
 Officer Commanding  
A Company  
Johns  
May 16th 1918

(Sig.) Herbert Ryan  
 (Rank) Pte

C.R. 4842

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 *Herbert Ryan*

Date *Nov. 17/19.*

Place *Bereby Cove...*

*Bonavista Bay*

RECEIPT.

C.R. 4842

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. 4842 NAME. *Herbert Ryan*

DATE. *Jan. 23<sup>rd</sup> 1920*  
PLACE. *Birchy Cove*

Receipt for Army Book 64

No. 4842 Name: Ryan

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

Name: Herbert Ryan 4842

Date: July 24th 1920

Place: Biechy Cove

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

1501

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

Address

Date

Address

1501

SEP 23 1921.

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

Herbert Ryan

in respect of his service as No. 4842 Rank Pte.

Name H. Ryan Royal Nfld. Regt.  
Nfld. Forestry Coy.

Receipt of the same should be acknowledged hereon.

Received The above medals

Signature Lt Pte No 4842 Herbert Ryan

Date Sept. 28<sup>th</sup> / 21

Address Biechy Cove Bonaville Bay

**Casualty Form—Active Service.**

Regiment or Corps. **ROYAL NEWFOUNDLAND REG.**

Rank **Pte** Surname **Ryan** Christian Name **Herbert**  
 Religion **Method** Age on Enlistment **30** years **0** months  
 DURATION.  
 Enlisted (a) **1/5/18** Terms of Service (a) **5** years Service reckons from (a) **1/5/18**  
 Date of promotion to present rank **1/1/19** Date of appointment to lance rank **1/1/19**

Extended  Re-engaged  Qualification (b) **10.11.18**  
 or Corps Trade and Rate **10.11.18**  
 Occupation **Fireman** Signature of Officer **[Signature]**



Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, 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 -	<b>26 OCT 1918</b>		
		Disembarked -			
		Joined Battalion	<b>3 NOV 1918</b>		
	<b>444 CCS</b>	<b>Ad. I.C. 1 feet</b>	<b>Field</b>	<b>13/12/18</b>	<b>E.O. 509</b>
	<b>71. E. Lane Co.</b>	<b>Adv. .a.</b>	<b>a.</b>	<b>9/12/18</b>	<b>50. 195</b>
<b>13.1.19</b>	<b>60</b>	<b>Adv. 14. 9. 20. 20. 2. 20.</b>	<b>Commerce</b>	<b>27.12.19</b>	<b>MA. 23285</b>
	<b>6/14 New H.</b>	<b>To W.K. 2nd</b>	<b>"</b>	<b>28/1/19</b>	<b>27/1 3065.</b>
		<b>J.S. Ryan / Capt. for R.C. / 1st Infantry Det.</b>			

(a) 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.

Rest of his notice, **Warrant Officer, Major John Ryan Birchmore**



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet *out*

Forms  
B. 121.  
39

Regiment of *Royal New Jersey Line* Signature of O. C. Company *Wm. Churchill Smith*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>Ryan</i>	Age on	20 years	Fisherman		
Joined	Date	Place and Date of Enlistment	<i>St Johns 1.5.18</i>	Religion		
Joined	Date	Period of	with Colours <sup>6<sup>1</sup>/<sub>2</sub></sup> years.	Method		
Joined	Date			with Reserve <sup>3<sup>1</sup>/<sub>2</sub></sup> years.	Place of Birth	<i>St Johns</i>
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
				<i>Demobilized St Johns 4-79</i>					

To be carried over

Army Form B. 121.

14842

# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 442 Rank Pvt. Name Raymond Hubert  
 Date of Enlistment 10-18 Address St. John's District Bonaville  
 Occupation Tradesman Classification for Discharge 7 Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 6-6-19 J. O. C. Discharge Depot.

### PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 6.00
- (b) Clothing Supplied Raymond Hubert

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 15320.603* to his home at *Binckley Cove* and Release Certificate No. *2400* issued.

Date *6-6-19*

*J. H. Brown*  
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 *4-7-19*

Date *6-6-19*

*H. M. Stewart*  
Depot Paymaster.

Discharge approved for *20-6-19*

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122		Board Ist.	" 2	/
B 178a	D 400A	B 1915		do 2nd.	" 3	2
B 179	D 400B	Form L		do 3rd.	" 4	Forms B
B 179a	D 400C	Form K		do 4th.	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date *6-6-19*

*J. H. Brown*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 20 1919

Date

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

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

Date *June 14/1919*

RECEIVED

Reg. No. *4642* Rank *Plt.* Name *Ryan H.*

Address *Birchy Cove.*

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas *1.6.19*

Returned on S.S. *Cossican* Cause *Discharge.*

*6.6.19*  
*70.6.19*

PASSED TO DEMOBILIZATION OFFICER

~~DISCHARGE AWAITING IN DEMOBILIZATION~~

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4 P. 4 2 Rank Pte Name Ryan Hubert  
 Intended place of residence Bushy Cove, Bonaventure  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A 2

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 6 1919  
 For Mr. L. J. ...  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S  
JUN 6 1919  
 Signature of soldier H. Ryan  
 Signature of witness Am. Johnston

## 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  
6-6-19  
 Signature of soldier H. Ryan  
 Signature of witness James O. ...

## STATEMENT OF SERVICE

7. Enlisted for service 1-3-18 No of days on Military  
 Discharged from service 20-6-19 14 days Service 430

## 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  
JUN 20 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
 Date July 4/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

ATB 2079/2607