



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2463. Name James Ryan Corps R. C.
 Questions to be put to the Recruit before Enlistment.

- | | |
|---|--|
| <p>1. What is your name?</p> <p>2. What is your full Address?</p> <p>3. Are you a British Subject?</p> <p>4. What is your age?</p> <p>5. What is your Trade or Calling?</p> <p>6. Are you Married?</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. Are you willing to be enlisted for General Service?</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....</p> <p>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?</p> | <p>1.</p> <p>2. <u>James Ryan</u>
<u>Freshwater Road</u></p> <p>3. <u>St. John's</u></p> <p>4. <u>24</u> Months</p> <p>5. <u>18</u> <u>2</u></p> <p>6. <u>Unmarried</u></p> <p>7. <u>no</u></p> <p>8. <u>no</u></p> <p>9. <u>yes</u></p> <p>10. { Name <u>yes</u>
Corps</p> <p>11.</p> |
|---|--|

THE JURATION OF THE WAR

I, James 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.

James Ryan SIGNATURE OF RECRUIT.
Feb 27 17 James Ryan Signature of Witness.
 OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James 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..... on this..... day of..... 191

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.....

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

Date..... 191

Place..... Approving Officer.

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

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



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF



No. 3463 Name James Ryan Corps R. C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Ryan
2. What is your full Address? 2. Freshwater Road
St. Johns
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years 2 Months
5. What is your Trade or Calling? 5. hammer
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, James 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.

James Ryan SIGNATURE OF RECRUIT.
A. E. Parsons Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James 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..... on this.....day of.....191

Signature of Attesting Officer J. P. Leachy, Capt. adff

†CERTIFICATE OF APPROVING OFFICER.

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

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

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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



Name James Ryan
 Apparent age 18 years 2 months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 32 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Martin Ryan
Krishwan Road | Relationship Father
St Johns 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>3-2-17</u>					
				Joined at <u>St Johns</u> on <u>Feb 20 17</u>					
				<u>Discharged St Johns May 1st 1918</u>					
				<u>to overseas Service</u>					
				<u>Admitted Jensen Camp 10-11-17</u>					
				<u>Discharged from Jensen Camp 22-4-1918</u>					
				<u>Discharged Medically Dept 4-5-1918</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 4-5-1918 (date of discharge) 1 years 92 days
 " " " Pensions " _____ (" ") _____ " _____



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 *James Ryan*
aged *19* conducted at *C L B*
Date: *May 11/16* 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 *n*
11 *n*
12 *n*
13 *n*
14 *n*
15 *n*
16 *n*
17 *n*
18 *n*
19 *6/6 Both*
20 *n*
21 *n*
22 *n*
23 *n*
24 *n*
25 *n*
26 *n*
27 *n*
28 *n*
29 *n*
30 *n*
31 *n*
32 *n*
33 *no*
34 *5'7"*
35 *136 lb*
36 *32-37*
37 *\$300*
38 *Parents Mr. Martin Ryan, Freshwater, N.Y. City*
39 *none*

*July 17 years old
to report in about
6 months ago*

7/1

Signature of Medical Examiner:

J. W. Borden, Lieut.





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 *James Ryan*
aged *18 yrs* conducted at *CLB*
Date: *Feb 3/17* Recruiting Officer:

NO OF TEST	FINDING
1	<i>No</i>
2	<i>No</i>
3	<i>No</i>
4	<i>No</i>
5	<i>No</i>
6	<i>No</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>None No</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>6/6 both</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>x</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>No</i>
34	<i>5 ft 8 1/2</i>
35	<i>133</i>
36	<i>32/37</i>
37	<i>\$30.00 per month</i>
38	<i>Father Martin Ryan Freshwater Rd St Johns</i>
39	<i>yes. For the party.</i>

2463

JH

Signature of Medical Examiner: *J.W. Burden*



Proceedings on Discharge.

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

No. <u>P463</u>	Army Rank <u>Private</u>
Name <u>James Ryan</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</u>	
Battalion, Battery, Company, Depôt, &c. <small>(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.)</small>	
Date of discharge <u>May 4th 1918</u>	
Place of discharge <u>St. Johns, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>19</u> years <u>4</u> months Height <u>5</u> feet <u>8 1/2</u> inches Chest measure { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>grey</u> Hair <u>light brown</u> Trade <u>Cabman</u>	Descriptive marks.
Intended place of residence <u>Freshwater Rd.</u> <small>(To be given as fully as practicable)</small>	
<small>(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.)</small>	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service.</u>	
<small>(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.)</small>	
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* _____	

To be filled in on the soldier quitting the Colours.

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) St. John's Wood - (Signature of Soldier.) James H. Ryan
(Date) May 1st 1898 (Signature of Witness.) J. C. Mc. S. S. Ryan

(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.)

— N I L —

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

MEDICAL HISTORY

OF

Surname Ryan Christian Name James



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>3rd</u> day of <u>Feb</u> 1917		on _____ day of _____ 191	
	at <u>St. Johns</u>		at _____	
Declared Age	<u>18</u> years — days		years days	
Trade or Occupation				
Height	<u>5</u> feet <u>8 1/2</u> inches		feet inches	
Weight	<u>133</u> lbs.		lbs.	
Chest Measurement {	Grith when fully expanded		inches inches	
	Range of Expansion		<u>37</u> inches	
	<u>5</u> inches		inches	
Physical Development				
Vaccination Marks {	Arm		Right Left	
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u>		at _____	
	on <u>3rd</u> day of <u>Feb</u> 1917		on _____ day of _____ 191	
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
	<u>1st N.F.D. 3463</u>			
	<u>Regt.</u>			
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				



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

Date

St. John's Nf.
Aug. 2, 1917

1. Unit *1st. Newfoundland*
2. Regimental No. *3463*
3. Rank. *Ce*
4. Name. *Ryan James*
5. Age last birthday. *18 yrs.*
6. Enlisted on *3 Feb. 1917*
7. Former trade or occupation *Cabman*

8. Disability

Debility. 2B.

9. History *For the past two weeks or more this man has been complaining of pain in chest when a cough has had him off parole and under treatment. He ran a temperature of 100°-102° while at home which came down after treatment to 99°.*

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.)

Complains of weakness and shortness of breath, with slight pain in left chest at times. Auscultation shows some dry rales ~~present~~ in left apex back and front. His temp. is 99° and does not seem to get any lower. He has a slight cough very little expectoration.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? *Yes.*

Signature W. Burden
Rank or Qualification M.D.

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 ~~cannot~~ ^{may} be considered as aggravated by:—
~~due to~~

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

Remarks if any:— *Yhd sed 10. Pulse 120 temp 99°*

14. 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:— *total at present*

15. Is the disability permanent?

?

16. Has the disability been aggravated by

- (a) Intemperance. *w*
- (b) Misconduct. *w*

17. The refusal of ^{operation} sanatorium is:—

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:—

18. We recommend ~~retention in~~ ^{discharge from} the Army

Enter Jansen Camp

Remarks if any:—

Signatures.

President

[Signature]
.....
[Signature]
.....
[Signature]
.....

Place

Date

[Signature]
Aug. 3/17

APPROVED

Station

Date

But for disciplinary reasons should recommend retention in Army while under treatment
[Signature]
Administrative Medical Officer. *Major*

A 3463



Looc. Slope
for information

Oct 24th. 1917.

From Medical Officer,
Headquarters.
To Director Medical Services,
St. John's.

3463, Pte. J. Ryan. The marginally noted man reported to me to-day stating that he was expelled from Jensen Camp. by the Medical Officer, for being fifteen minutes late going in on Sunday night.

He states that he is not much improved since going in and asked to be put under treatment again.

I am now treating him at 105 Longs Hill.
Kindly advise me in the matter.

Medical Officer.

C.R. 3463

Original in M. 9-7



C O P Y.

November 9th, 1917.

From M.C.
Depot.

To D.M.S.

#3463 Pte. J. Ryan.

This man's condition is getting worse every day and I suggest that he be admitted to some Sanatorium, at once.

His temperature has never been below 99. degrees since he came under my care at 4 P.M. his temperature is 100. and he is weak and has pains around his chest.

Kindly advise me in this matter.

Sgd. F.W. Burden.

M.C.

To O.C. Headquarters for information.

NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS



Station **ST. JOHN'S NFLD.** Date **JANUARY 18th., 1918**
 No. **3463** Age **18** Height **5'8"**
 Rank **PRIVATE** Complexion **FAIR**
 Name **RYAN, JAMES** Eyes **GREY** Hair **LIGHT BROWN**
 Unit **1ST NEWFOUNDLAND**
 Address **FRESHWATER** Former Trade **CABMAN**
 Enlisted at **ST. JOHN'S NFLD.** on **FEBRUARY 3rd., 1917**
 Disease or disability **DEBILITY. T. B.**

Present condition *Weight in boots & pants 147 lbs
 (Corrected scale) pulse 94 temp normal
 Cough improved. Still anaemic, no accompaniments
 in lung*

Estimated disability

Recommendation of Medical Board

Remain in Camp

Class

Members of Board

*W. A. ...
 ...
 John W. Duncan*

Approving Medical Officer.

Clay Macpherson, Major



THIRD BOARD

REPORT OF THE MEDICAL BOARD.



STATION St. John's, Nfld.

DATE Mar. 7th 1918

NO. 3463

AGE 18 HEIGHT 5'8"

RANK Private

COMPLEXION Fair

NAME Ryan, James

EYES Grey HAIR L. Brown

UNIT 1st. Newfoundland

ADDRESS Freshwater

FORMER TRADE
Cabman

ENLISTED AT St. John's, Nfld.

ON Feb. 3rd 1917

DISEASE OR DISABILITY DEBILITY. T. B.

PRESENT CONDITION *Weight 152 pulse 112 temp 99. No
Accompaniments.*

HAS HE BEEN EMPLOYED AND BY WHOM?

AVERAGE WEEKLY EARNINGS

ESTIMATED DISABILITY

RECOMMENDATION OF MEDICAL BOARD. *Remain in Jensen Camp*

MEMBERS OF BOARD

APPROVING MEDICAL OFFICER



*H. Hasel
W. Sinclair
Lt. Paterson major*

Cluny Macpherson, Major

FOURTH BOARD

Form Z179 N.M.D.



Report of Medical Board.

Station **St. John's, Nfld.**

Date *March 30 1918*

No. and Rank *3rd 63*

Age **18**

Height **5'8"**

Name *Ryan James*

Complexion **Fair**

Unit **1st. Nfld.**

Eyes **Grey** Hair **Light Brown**

Address **Freshwater**

Former Trade **Cabman**

Enlisted at **St. John's** On **3/2/1917** (The Board will please note how the soldier's appearance corresponds with above description.)

Disease or Disability: Original **"DEBILITY, T. B.**

Subsequent

Pulmonary Tuberculosis

Present Condition (Compare with previous Board)

*Weight 153 lbs pulse 100 Temp. normal
No accompaniments in lung.*

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

Recommendation of Medical Board *Remain in fussen Camp.*

Members of Board

R. G. [Signature]
Donald [Signature]
C. [Signature]

Approving Medical Officer

Cluny Macpherson
Major

D. M. S. NEWFOUNDLAND.



C.R. 3463



Extract of Preliminary Report from The Director of Medical
Services, To G.C. Depot. dated April 1st. 1918.

#3463 Pte. J. Ryan.

4th Board Recommended remain in Jensen Camp.

C.R. 3463



Extract from Preliminary Report. from The Director of
Medical Services, to Officer Commanding Depot, dated
April 22, 1918.

#3463 Pte. J. Ryan.

4th Board. Recommended discharge from
Jensen Camp, and discharged from the Army as Permanently
Unfit.

F I F T H B O A R D

Form 217, N.M.D.



Report of Medical Board.

Station **St. John's, Nfld.** Date **April 20th., 1918**
 No. and Rank **3463 Pte** Age **18** Height **5'8"**
 Name **Byron James** Complexion **Fair**
 Unit **Royal Nfld.** Eyes **Grey** Hair **Light Brown**
 Address **Freshwater Road**
 Former Trade **Cabman**
 Enlisted at **St. John's** On **3/2/17** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability: Original **DEBILITY. T. B.**

Subsequent

Pulmonary Tuberculosis

Present Condition (Compare with previous Board)

Condition as at last Board, except that pulse now 80

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

80% 3 months

Recommendation of Medical Board

Members of Board

*Discharge from Prison Camp.
 Discharge permanently unfit as recommended by Board of 4/5/17
 J. J. [Signature]
 J. J. [Signature]*

Approving Medical Officer

*Ermy Macpherson
 Major*

P. M. S. NEWFOUNDLAND.



C.R. 3463



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

3463 Pte. J. Ryan,

Discharged 4 - 5 - 18, Medically Unfit

C.R. 3463



Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 7, 1918.

#3463 Pte. J. Ryan.

Having been found Medically Unfit is discharged from
4.5.18.



May 6th, 1918.

3
Re No. 6463 Pte. Jas. Ryan.

The C. C.,
Royal Newfoundland Regiment,
Headquarters.

Sir, -

The marginally noted man, has
been discharged May 4th, 1918. Medically Un-
fit.

Kindly note and post in Daily
Orders, Part II.

I have the honour to be,

Sir,

Your obedient servant,

Capt. & Paymaster &
Officer i/o Records.

C.R. 3463

Extract from Daily Orders Part 11 Unit The Royal Newfoundland
Regt., St. John's, Feb. 3rd, 1917.

3463 Pte. James Ryan.

Attached to the Strength from Feb. 3rd, 1917.

Ryan James.

3263

Ray Dept

3463

April 22nd. 1918.

From Assistant Adjutant,
Depot.

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

3463 Private J. Ryan.

Above mentioned man was recommended for discharge from Jensen Camp and discharge from the Army as permanently unfit by Medical Board held on April 20th. 1918.

I am sending him herewith for your attention and necessary action please. His account has been squared up to and including April 22nd. 1918. He has an allotment current of Sixty cents per day (60Cts).



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

201

St. John's, Newfoundland,

April 22nd. 1918.

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From Assistant Adjutant,
Depot.

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

3463 Private J. Ryan.

Above mentioned man was recommended for discharge from Jensen Camp and discharge from the Army as permanently unfit by Medical Board held on April 20th. 1918.

I am sending him herewith for your attention and necessary action please. His account has been squared up to and including April 22nd. 1918. He has an allotment current of Sixty cents per day (60Cts).


Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

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 question are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name..... *JAMES* 2. Surname..... *Ryan*

3. Rank..... *Private* 4. Regt. No..... *3467*

5. Address in full to which future payments of gratuity are to be forwarded..... *James Ryan, Freshwater Road*

6. Date of enlistment in the Regiment..... *1st February 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *None*

8. Relationship of such dependents..... *None*

9. Address in full of such dependent..... ..

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..... *Only in Newfoundland*

..... *1st February 17 to 4th May 1918*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fifteen Months in Newfoundland*

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

None other enlistment but in Newfoundland

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.....

Received \$ 100.00 per month From Military Department - Beirut, P.L.C. Payments

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

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... *4th May 19...*

(b) Reason for discharge. *Subversion caused by W.C. Hayes new faith and disease*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service..... *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *Yes*

(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.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$47¹⁰/₁₀₀

May 4th 1918

Received from the First Newfoundland Regiment
the sum of Twenty Seven 17 Dollars.
on account of Pay.
balance

Ch. No.	6378	Initials	ew
Pay Ledger	RP	Initials	ew
Gen. Ledger		Initials	ew

James X Ryan
Master

Regt. No. Rank
Witness C. C. Oke

No. 3463

Rank Pte

Name J. Ryan

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
R 121
392.

Regiment of 1st New Brunswick

Number of Sheet First

Signature of O. C. Company Frank Updegraff

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>Ryan, James</u>	Age on	<u>18</u> years <u>2</u> months	<u>Farmer</u>		
Joined		Place and Date of Enlistment	<u>St. John's, N.S.</u> <u>2/2/17.</u>	Religion		
Joined		Period of { with Colours <u>22</u> years. with Reserve <u>365</u> years.		<u>R.C.</u>		Place of Birth
Joined				Date		
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
St John's.	29-4-17.	Pte.		Absent from 10 am 29-4-17. until 9 am 1-5-17	J. Gardiner C. S. M.	5 Days C. B.	1/5/17	C. R. Ayre Capt.	Forfeits 3 Days Pay by R. W. N.S.
Jensen Camp.	9-3-17	Pte.		Absent without leave from 12 noon 9-3-17 until 1 p.m. 11-3-17	Cpl. E. Day.		13-3-17	Major Paterson.	Forfeits 3 Days Pay, R.S.
Jensen Camp	11-3-17	"		Absent without leave from 6.30 p.m. 11-3-17 until after lights out.				Major Paterson	Deprived 2 days Pay.
Jensen Camp.	13-3-17	"		Absent without leave from 3 pm until midnight Disobeying an order	Paterson	7 Days C. B.	17-3-17	Major Paterson	Deprived 7 days Pay.
Jensen Camp.	18-3-17	"		Absent without leave from 1.30 p.m. until after "lights out". To be carried over	Paterson	7 Days C. B.	19-3-17	Major Paterson	

Discharged Medically Unfit, St. John's, 4-5-18

Army Form B. 121.



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 James.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *3263*
 Intended address *Freshwater -*
 Height on discharge *5* Feet *8.*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Grey*
 Figure on discharge *Slight*
 Christian name of Father *Martin*
 Christian name of Mother *Ellen*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Freshwater. Feb. 15. 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)

James Ryan

(Rank) *Pte*

Station *St John's*

Date *Aug. 3rd /19*

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

S. W. B. de

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

Station *St John's N.Y.*

Date *Aug. 26/19*

Witness

E. L. Myers #3634

try
CCE



Veterans
Affairs

Affaires des
anciens combattants

OK WWI
NFLD.

DEATH NOTIFICATION - AVIS DE DÉCÈS

FILE NO - DOSSIER N°

1357359

NAME - NOM

RYAN James P

SERVICE NO - MATRICULE

3463

DATE OF DEATH - DATE DU DÉCÈS

24.8.79

CPC NO - CCP N°

261273

WVA - AAC. N°

PLACE OF DEATH - ENDROIT DU DÉCÈS

NK.

INFORMATION RECEIVED FROM - INFORMATION RECUE DE

CPC NF

FOR RECORDS MANAGER - POUR LE GESTIONNAIRE DE POSSIERS

18.10.79
DATE