



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

C.R. 4298

No. 4298

Name James Ryan

Corps S. Co.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------|
| 1. What is your name? | 1. James Ryan |
| 2. What is your full Address? | 2. Pilleys Island. |
| 3. Are you a British Subject? | 3. Yes |
| 4. What is your age? | 4. 27 Years 9 Months |
| 5. What is your Trade or Calling? | 5. Fisherman |
| 6. Are you Married? | 6. No |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. No |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. Yes |
| 9. Are you willing to be enlisted for General Service? | 9. Yes |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. Yes |

NOTE THE DURATION 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.

H. 7-1-18

James Ryan SIGNATURE OF RECRUIT.
Robert Paul 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 7th day of July 1918
Signature of Attesting Officer

†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 7th July 1918
Place

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Ryan
 Apparent age 27 years 9 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 40 inches
 Range of expansion ↓ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Martha Ryan
Pelleys Island. | Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>7-1-1918</u>									
Joined at <u>St. John's</u> on <u>January 7-1918.</u>									
<u>Discharged July 5-19</u>									
<u>Embarked at St. John's train to Halifax N.S. 28-7-18</u>									
<u>for 1st Lt. 23-9-18</u>									
<u>Disembarked France 23-9-18.</u>									
<u>Joined base depot Rouen 25-9-18</u>									
<u>Joined Bath in the field 6th 1918.</u>									
<u>Imprisoned for Rouen 22-11-18</u>									
<u>Arrived Home 23-11-1918.</u>									
<u>No engagement for demobilitization 22-5-19</u>									
<u>Arrived Newfoundland 21-6-1919</u>									
<u>Demobilization 5-7-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 5-7-1919 (date of discharge) 1 years 180 days

Pensions " " " " " " " "

C.R.

4298

Extract from Daily Orders part II, Unit the Royal Nfld. Regt.
dated July 9th. 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officers i/c Records on 5-7-19.

4298 Pte, Jas. Ryan.

C.R. 4298

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

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 21-6-19.

4298 Pte Jas. Ryan.

C.R. 4298

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

Date 10-6-19

4298 Pte. James Ryan

Reported at Headquarters 1-6-19.

NR "Corsican"

which sailed Liverpool May 22/1918.

C.R. 4298

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 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4298 Pte. J. Ryan.

C.R. 4298

Extract of Daily Orders Part 11, from 4/1st
Royal Newfoundland Regiment, Headquarters,
dated January 8, 1918.

#4298 Pte. J. Ryan.

Attested for General Service with the 1st Newfoundland
Regiment, posted to H. Coy' and given Numbers as
shown, with effect from January 7, 1918.

J. Ryan

C.R.

4298

PRU

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 Newfoundland Land* Former Trade or Occupation } *Fischerman*
2. Regtl. No. *4288* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ryan* (Surname) *J.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *44*
6. Posted for duty on... *7.1.18* at... *S. 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 is 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 | yes | |
| (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, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs when 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.)

to complain of no sensibility

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.

Repatriation

W.E. Proemier - Capt Rame
 Medical Officer in charge of case.

Station *Hazeley Brown*

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

N^o. 3901 ^A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joe Ryan, Regl. No. 4298

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

Allotment begins April 1st /18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3760	Mother	Mrs John (Marta) Ryan	L'Anse-au-Loup Island N.W. Bay	60
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) W. H. W. W.
 Officer Commanding
 Company
St. John's
March 12th 1918

(Sig.) James Ryan
 (Rank) Pvt

No. 11585/1153

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Winchester.

18th, July 1918

Subject: 4298, Pte. J. Ryan

With reference to the following telegram (6427) from the Hon. Minister of Militia, received

"Pay to 4298 Ryan £6. 3. 0

Draft £6. 3. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. M. Wilson
Chief Paymaster & O. i/c Records.

17-7-1918

Receipt hereunder.

Cham 9/7
LIEUT. COLONEL,
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Royal Newfoundland Regiment

Received the sum of Six
Pounds Three Shillings on account of
cable remittance from Newfoundland.

Ryan J.
No. 4298 Rank Private

Witness: A.M. Wilson *bpl.*

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

Sir; -

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

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4298	Plt	Ryan J.	\$2.50	

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

Date

June 30th 1918

Ryan J.

Ryan, James

4298

Ray Dept.

July 5, 1919

#4298 Pte. James Ryan,

Pilley's Island.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2684.

Yours truly

Captain,
Quartermaster & C. i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4798 Rank Pfc Name Ryan James
 Intended place of residence Pillips Fold, Tulleripale
 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 7 1919
 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 JUN 7 1919
ST. JOHN'S
 Signature of soldier James Ryan
 Signature of witness White Constable

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 7-6-19
ST. JOHN'S
 Signature of soldier James Ryan
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 7-1-18 No of days on Military
 Discharged from service 21-6-19 from 14 days Service 545

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S Date JUN 21 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 Date July 5 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

27B 2079/2684

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4298 Rank Pvt Name Ryan James
 Date of Enlistment 7-1-18 Address Pelly St District Gate
 Occupation Tradesman Classification for Discharge 4 Medical Category AI
 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	1
B 178	W 3494	B 122	Board 1st	" 2	3
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	<u>3420-1</u>	" 6	
B 179c	B 120	M 93			

Date 6-6-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

James 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 \$60.00
 (b) ~~Clothing Supplied~~ _____

[Signature]

Date 7-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at Pillys Island and Release Certificate No. 2439 issued.

Date 7-6-19

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 5-7-19

Date 7-6-19

J.H. Mansfield
 Depot Paymaster.

Discharge approved for.....

21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1	
B 178.....	W 3494.....	B 122.....	1	Board 1st.....	" 2.....	1	
B 178a.....	D 400A.....	B 1915.....	1	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.....		<u>3428</u> 1.....	" 6.....		
B 179c.....	B 120.....	M 93.....					

Date 7-6-19

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 21 1919

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

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

A. 1.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

6.6.19

Regimental No. *4295*

Name

Ryan

Jas

Pte

Address

Pilley's Island

Present Medical Category

A. 1.

Recommended for:—

(a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

Ret Lt Col Capt
O.C. Discharge Depot.

Watson
Senior Medical Officer

See Bensen
M. O. Depot

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.

J. Ryan

Signature of Man.

Reg. No. *4298*

J. A. Shaveloff

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *JUN 7 1919*

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

MEDICAL HISTORY

Surname Ryan

Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Pilley Island County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>7th</u> day of <u>July</u> 191 <u>8</u> at <u>St. John's</u>		on _____ day of _____ 191	
Declared Age	<u>27</u> years <u>9</u> Mos		years _____ days _____	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>7</u> inches	feet _____	inches _____
Weight	<u>165</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>40</u> inches		inches _____	
	Range of Expansion... <u>4</u> inches		inches _____	
Physical Development				
Vaccination Marks	Arm	<u>1</u>		
	Number	<u>1</u>		
When Vaccinated				
Vision	R. E.—V= <u>6/6</u> L. E.—V= <u>6/6</u>		R. E.—V= _____ L. E.—V= _____	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u> on <u>7th</u> day of <u>July</u> 191 <u>8</u>		at _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>Royal Nfld Regt</u>	<u>4398</u>		
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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
Hilsea	26	4	18	14	6	18	20. Gonorrhoea.	50	G.C. present
Hazeley Down	9	8	18	9	9	18	S.S.W. Rt Leg	30	W.D. can

ital or to the sick list in case of Warrant Officers treated in quarters.

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 hospital 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

G.C. present: Inj. to r. mus. Hit by round bullet.

W. H. P. Capt. Moore

W. H. caused by blank cartridge. Healed.

C. S. Strickland

CAPT., R.A.M.C.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treat
	Day	Month	Year	Day	Month	Year			
<i>Hilsea</i>	<i>26</i>	<i>4</i>	<i>18</i>	<i>14</i>	<i>6</i>	<i>18</i>	<i>20. Gonorrhoea.</i>	<i>50</i>	<i>G.C. pres</i>
<i>Bozeby Down</i>	<i>9</i>	<i>8</i>	<i>18</i>	<i>9</i>	<i>9</i>	<i>18</i>	<i>S.S.W. Rt Leg</i>	<i>30</i>	<i>W. ca.</i>

tal or to the sick list in case of Warrant Officers treated in quarters.

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 hospital 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

G.C. present. Inj. to mus. Pit to reg on unit.

Shaper Capt Rowe

W. caused by blank cartridge. Healed.

C.S. Trivian

CAPT., R.A.M.C.



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 *Gas. Ryan*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4298*

Intended address *Pillips Island*

Height on discharge *5* Feet *4*

Color of hair on discharge *Auburn*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar - left hand*

Figure on discharge *normal*

Christian name of Father *John*

Christian name of Mother *Margaret*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Pillips Island, Nfld. 1st, 1895*

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)

J. Ryan

PLC
(Rank)

Station **ST. JOHN'S.**

Date

5-6-19

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.

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 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. *4229/8* 3. Rank *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Shyan, J.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *24*
6. Posted for duty on *7.1.18* 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 | — | — |
| (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
 The complainant of no disability

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.)

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 invaded at Foreign Stations.

Repatriation

W.E. Provenier. Captain

Medical Officer in charge of case.

Station Hazelby Camp

Date 29.11.19

* 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

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4298 Rank _____

Name Byron J _____

Warned for demobilization on

JUN 7 1919

Casualty Form - Active Service.

Regiment or Corps *Royal Newfoundland*

Rank *Pte* Surname *Ryan* Christian Name *James*

Religion *S. A.* Age on Enlistment *22* years *9* months

Enlisted (a) *7-1-15* Terms of Service (a) *Duration* Service reckons from (a) *7-1-15*

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 *W. L. D. [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				
<i>20-9-18</i>		<i>AL</i> <i>Embarked ...</i> <i>Disembarked</i> <i>ARRIVED D.T.B.D.</i> <i>James [Signature] 6/10/18</i> <i>Arrived in UK</i>	<i>Y 23/9/18</i> <i>25 SEP 1918</i>		
				<i>22/4/19</i>	

Jm

(a) In the case of a man who has re-engaged (a) or enlisted into the D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Sholing-Smith, & Co. W. 5327 - 212023 1000m 7/17 (25886) C. P. & S., Ltd. Forms B./103, E/1555. (P.T.O.)
Next of kin: Mrs. John [Signature] Pillsbury Island Notre Dame Bay Newfoundland

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.*To be rendered in accordance with instructions on the back of this form.*

- | | |
|---|---------------------------|
| 1. Number, Rank, Name, and Unit of injured man. | Date of Casualty. |
| 4298 Pte Ryan J.
Newydd | Aug 8 th 1918. |
-
2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.)
- S.S.W. L. leg (Blank cartridge)
Trivial
G.S. M. W. view
-
3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)
-
4. Commanding officer's opinion as to whether the man was:—
- (a) In the performance of military duty.
 - (b) To blame.
 - (c) Whether any other person was to blame.
- Date _____ Commanding _____
-
5. (a) Opinion of G.O.C. Brigade.
(b) Disciplinary action taken or proposed, whether against injured man or another.
- Date _____ Commanding _____ Brigade _____

July 7, 1919

#4298 Pte. James Ryan,

Pilleys Island. N.D.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 & C. 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 claim 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..... *James Ryan*.....
S. Rank..... *Pte*..... 4298.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Pilley St. No 13*.....
6. Date of enlistment in the Regiment..... *Jan. 7/18*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....
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 Nfld. If so, give dates and particulars of such service..... *Overseas*.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Jan 7/18 to June 7/19*..... 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.

.....
.....

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

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.

.....

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.?..... If not give:- (a) date of discharge..... *June 7/19*

(b) Reason for discharge..... *Temporary 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 Sep. 20/18 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:

to
James X Ryan
mark

Place of Residence:

Pilleys Co. N.D.B.

Declared before me at:

R. John Wild

This

7th

day of

July

19...*9*....

John McCarthy
JPT

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

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
H 121
32.Number of Sheets OneRegiment of Royal Dr. RiflesSignature of O. C. Company W. J. P.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Rifles J.</u>	Age on	<u>22</u> years <u>9</u> months	<u>Fisherman</u>	
<u>H 298</u>		Place and Date of Enlistment	<u>S. I. I. I.</u>	Religion	
Joined		Date	<u>9-1-18</u>	<u>P. A.</u>	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colours	<u>180</u> years.		
Joined	Date	with Reserve	<u>365</u> years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<u>Demobilized at John's, 5/7</u>

To be carried over

24298

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4298 Rank Pvt Name Ryan, James
 Date of Enlistment 7-1-18 Address Pelly St. C. District St. John's
 Occupation Postman Classification for Discharge E Medical Category AI
 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.....	<u>3-28-1</u>	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 6-6-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James 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. \$60.00

(b) Clothing Supplied [Signature]

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1564* to his home at *Phillips Island* and Release Certificate No. *2439* issued.

Date *7-6-19*

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 *5-7-19*

Date *7-6-19*

J.H. Mait Capt
Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1
E 178	W 3494	B 122	1	Board 1st	" 2	1
F 178a	D 400A	B 1915	1	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		<i>3428-1</i>	" 6	
B 179c	B 120	M 93				

Date *7-6-19*

J.A. Snow Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ENGINEER 101 WAT SERVICE GRANT

JUN 21 1919

Date

R.H. Mait Capt
O. C. Discharge Depot.

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


Date *June 14/19*

James Smith Mkt
Proper Records

Reg. No. 4928 Rank Pvt Name Ryan Jas.
Attested Address Pilley's Field
Allotment Allottee
Date of Allotment Returned from Overseas 29-5-19
Returned on S.S. Corsican Cause discharge

6-6-19 PASSED TO DEMONSTRATION OFFICER
21-6-19 DISCHARGE APPROVED

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. File

Ottawa 4, Ont.,

Date Dec. 15, 1967

Attention of

NAME RYAN, James, Robert

SERVICE 4298

C.P.C. No.

NAVY

CORRECT NAME: REINS? James Robert NUMBER W.W.1

W.V.A. No. 232555

ARMY X

R.C.A.F.

The DEPARTMENT has received information from

Telax, St. Johns, December 14, 1967

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death.....Not Stated.....

Cause of Death.....

Place of Death.....Not Stated.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.

V. I.

~~RAY~~~~D.O.~~

H.O.

} Destroy form if advice of death already received.

E.C. Richards
 for
 Chief, Central Registry