



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5925 Name John Bryan Corps P. B.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Bryan
2. What is your full Address? 2. Presque P. B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years Months
5. What is your Trade or Calling? 5. fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, John Bryan 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.

5.8.18. John Bryan SIGNATURE OF RECRUIT.
J. W. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Bryan 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 as St. John on this 5 day of August 1918

Signature of Attesting Officer C. B. Dick's Lieut.

†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 6-8-18 1918 W. H. } Approving Officer.
Place

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

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

Ryan, J

5925

Ray Sept.

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

MEDICAL HISTORY



Surname

Ryan

OF

Christian Name

John

Table I.—GENERAL TABLE

Birthplace:—Parish *Presquet P. R. G.* County *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <i>5</i> day of <i>Aug</i> 191 <i>8</i>	at <i>St John's</i>	on	day of 191
Declared Age	<i>25</i> years	days	years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet	<i>9 1/4</i> inches	feet	inches
Weight		<i>154</i> lbs.		ll s.
Chest Measurement	Girth when fully expanded	<i>38</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		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>Lamm Peterson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St John's</i>	at		
	on <i>5</i> day of <i>Aug</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal</i>	<i>5925</i>		
Transferred to	<i>Nfld Regt</i>			
Became non-effective by	on	day of	191	on
(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, admission 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				
Hazeleydown	3	2	19	13	2	19	Influenza	10	Discharged to duty.	<i>R. A. M. G.</i> CAPT., R. A. M. G.

Reg. No. 5925 Rank 9K Name Ryan John
Arrested 5-8-18 Address Little Paradise
Allotment 60¢ Allottee Miss Lizzie Ryan (Friend)
Date of Allotment 1-10-18 Returned from Overseas
Embarked for Overseas SEP 22 1918 Cause



Vacc 9-8-18

S.L. 17-8-18 to 26-8-18 hits 9-9-18

August 14, 1919

#5925 Ptc. John Ryan,
Little Paradise,
PLACENTIA & ST. MARY'S DIST.

Dear Sir:-

Please find enclosed Discharge Certificate #3694.

Yours truly.

Captain & Paymaster.

August 18, 1919

Mr. John Ryan,
Little Paradise, P.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 war Service Gratuity.

Yours truly

Captain & Paymaster

C.R. *Syrs*

MARCH 26th 1919.

Miss Lissie Ryan,
Little Paradise.

Dear Miss Ryan,

I beg to acknowledge receipt of your letter of the 20th inst., making enquiry as to when your brother, ~~1925~~ Pte. J. Ryan, will be repatriated. I may say that at present we have no knowledge of a draft coming, or when one is to be expected. But immediately upon receipt of any further information in this connection, I shall again communicate with you.

Yours faithfully,

C.G.B.

Captain,
Military Secretary.

Little Paradise
25/3/19

Dear Sir:-

Kindly let me know when 5923 Pte. J. Ryan
is to arrive from England.

Thanking you in advance,

I am,

Yours respectfully,
Lizzie Ryan.

St. John's, July 3rd, 1919.

C.R. 5925

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

Reported at Headquarters on 1-4-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

2925 Pte. J. Ryan.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

C.R. 5925

Nov. 4th 19

Miss Lizzie Ryan
Little Paradise
P.B.

Dear Miss Ryan:-

I am directed to acknowledge receipt of your letter of even date concerning No. 5925, Private John Ryan; and I beg to inform you that this soldier is now at the Depot, Winchester, and any parcels being forwarded to him should be sent in care of Pay & Record Office, The Royal Newfoundland Regiment, 58 Victoria Street, London, S.W.1.

Yours faithfully,



Lieut.

Casualty Officer
for Chief Staff Officer.

C.R. 5925

Mar. 22 nd. 19

Patrick Ryan, Esq.,

PARADISE.

Dear Sir:-

I beg to inform you that we have been advised by our Pay and Record Office, London that #5925 Pte. John Ryan, is now at the Depot of the Royal Newfoundland Regiment, Hazleley Down Camp, Winchester, England, and if you will be writing him, his address will:

#5925 Pte. John Ryan
2nd. Battalion,
Royal Newfoundland Regiment,
Hazleley Down Camp,
Winchester,
ENGLAND

Trusting the above information will be satisfactory to you.

Yours faithfully,


Lieut.
Casualty Officer.

WVW/BC.

C.R. 5975

March 14th 19

Mr. Patrick Ryan,
Paradise.

Dear Sir:

I beg to acknowledge receipt of your telegram of March 30th, in which you are making enquiries regarding the whereabouts of No. 5925 Pte. Ryan and in reply I beg to state that we have forwarded your enquiry on to our Pay and Record Office, London and upon receipt of a reply we will immediately communicate with you.

Yours faithfully,



Lieut.

Casualty Officer.

WW/M.P.

C.R. 5925

Extract from Nominal Roll Entained ~~the~~ St. John's for Overseas.
Sept. 28, 1918. "M".

5925 Pte. Ryan John.

CR 5925

Extract from Daily Orders Part 11 Unit The Royal Newfoundland
Regt. St. John's, dated August 17th, 1918.

5925 Pte. J. Ryan.

Granted leave from 17-8-18 to 26-8-18.

C.R. 5925

Extract from Daily Orders Part 11 from Unit The Royal
Nfld. Regt. St. John'ss , dated August 9, 1918.

5925, Pte. Jno. Ryan.

Attested for General Service with the Royal Nfld, Regt,
from 5/8/1918.

Little Paradise

Nov 4th / 18
C.R. 5925
W

Dear Sir,

Would you kindly write
me 5925 Pte John Ryan & Co's
address as I wish to send him
Christmas parcel

Thanking you in anticipation.

Yours respectfully,

Lizzie Ryan.

Ans
2/11/18

C.R. 5925

JUNE 9th 1919.

Mr. Patrick Ryan,
Paradise, P. B.

Dear Sir:

I am directed to acknowledge receipt of your letter of May 30th, enquiring as to when your brother #5925 Pte. J. Ryan is likely to get home. I beg to advise you that there will be a draft leaving the other side at the latter part of this month when all men who are fit to travel will be sent home.

Yours faithfully,

Captain,
Military Secretary .

Little Paradise
May 30th 1919

Dear Sir:-

Is there any
chance of my brother
- 5925 Pte J. Ryan -
getting home this
month. Kindly let
me know by today's
mail

Yr oblige

Patrick Ryan

Enclosed is stamped
envelope for reply

CR 5925

Extract from Daily Orders Part II Unit The Royal HKIA. Regt.
St. John's, July 15, 1919

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot, with effect from 26-7-19

5925 Pte. J. Ryan.

C.R. 5925

Extract from daily orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilisation has been
CONTINUED by officer i/c records from noted date
9-6-19.

5925, Pte. John Ryan.

C.R. 59 25

Extract from telegram received from Synoptical, London,
Mar. 21/19.

In answer to your telegram Mar. 19th

5925 Ryan.

Depot.

CR 5925

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 2 Sent by Am Rec'd by 14 No.
Chop

Place from Paradise 12

Min of Milit



Please inform me of brother
five nine two five Ryan
whereabouts anxious await-
ing reply.

Patrick Ryan

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>John Ryan</i>	Age on	<i>22</i> years <i>9</i> months	<i>Fisherman</i>	
<i>5925</i>		Place and Date of Enlistment	<i>St John</i> <i>5-6-18</i>	Religion <i>RC</i>	
Joined	Date	Period of	} with Colours <i>1 5/32</i> years. } with Reserve <i>3 1/2</i> years.	Place of Birth <i>Presque PB</i>	
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Deprived of</i>	<i>St John</i>	<i>9 8</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5925 Rank Plt. Name Ryan J.
 Date of Enlistment 5-8-18 Address Little Paradise District P. St. Marys
 Occupation Artist Classification for Discharge 1 Medical Category H. 1
 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 11-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation. *J. 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 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2361..... to his home at Little Paradise... and Release Certificate No. 3523..... issued.

Date 12-7-19.....

J. A. Snowcraft
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 9-8-19.....

Date 12-7-19.....

J. A. Snowcraft
Depot Paymaster

Discharge approved for..... 26-7-19.....

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.....		Board 1st.....	" 2.....	2
B 178a.....	1 D 400A.....	1 B 1915.....		do 2nd.....	" 3.....	2 Form B
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	1 D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 12-7-19.....

J. A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity.....

Date JUL 26 1919.....

N. R. Cooper Capt.
O. C. Discharge Depot.

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

Date Aug 7 1919.....

W. H. [Signature]

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



OCT 20 1921 1921.

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

John Ryan

in respect of his service as No. 5925 Rank Pte.

Name J. Ryan Royal Nfld. Regt.
~~Nfld. Force Coys.~~

Receipt of the same should be acknowledged hereon.

Received _____

Signature John Ryan

Date Nov 29 1921

Address Little Paradise

[P.T.O.]

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*
 2. Regtl. No. *5925* 3. Rank... *QAE*
 4. Name *Ryan* *John*
 (Surname) (Christian Names)
 5. Age last birthday... *25*
 6. Posted for duty on..... at.....
 in category (or grade).....
 7. Former Trade or Occupation } *Fisherman*
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (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?

All Complaints for 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?

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?

Repatriation

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.

W. E. Proctor *Captn*

Medical Officer in charge of case.

Station *Hazeley Down*

Date *10/4/19*

* 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



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

John Ryan

Regiment from which discharged **Royal Newfoundland**

Regimental number *5925*

Intended address *Little Paradise*

Height on discharge *5 Feet 10*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Gray*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Dead*

Christian name of Mother "

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Brusque 5-12-age. 25-1894*

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) *John Ryan*

(Rank) *P12*

Station

St Johns

Date

July 5th 1919

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

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

Station

Date

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..... *J* 2. Surname..... *Ryan*

3. Rank..... *Pvt* 4. Regtl. No..... *59th*

5. Address in full to which future payments of gratuity are to be forwarded..... *Little Paradise P.B.*

6. Date of enlistment in the Regiment..... *August 1918*

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..... *No*

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..... *Eleven months*

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.

No

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

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

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?

(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. (b) Reason for discharge.

No
July 26/19
Demob

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.

England

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

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: *[Signature]*
 Place of Residence: *Little Paradise P. B.*
 Declared before me at: *St John's*
 This *12* day of *July* 19*19*.....

Signature of Barrister of the *John McCarby*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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

Certified correct. Registrar

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 925 Rank Plt Name Ryan J
 Date of Enlistment 5-8-18 Address Little Paradise District P. H. Marys
 Occupation Fuelman Classification for Discharge F Medical Category H1
 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 11-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2361 to his home at Little Paradise and Release Certificate No. 3523 issued.

Date 12-7-19

J. A. 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 9-8-19

Date 12-7-19

H. H. Mars
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
F 178	W 3494	B 122	Board 1st	" 2	
R 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 12-7-19

J. A. Brown
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 26 1919

Date

H. P. Cooper
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.

J. Ryan

Signature of Man.

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Reg. No. 6925

ST. JOHN'S.

Place

Date

12-7-19.

191

The Royal Newfoundland Regiment



PROCEEDINGS ON DISCHARGE

1. No. 2925 Rank Pfc Name Ryan
 Intended place of residence Little Paradise P. + St Marys
 2. Occupation Fisherman
 Classification of soldier E Medical Category A L

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 JUL 19 1919

[Signature]
 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, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness S.P.

STATEMENT OF SERVICE

7. Enlisted for service 5-8-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 370

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty 14 days from date.

Place, ST. JOHN'S

Date JUL 26 1919

[Signature]
 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 August 9/1919

[Signature]
 Officer in Charge Records
 The Royal Newfoundland Regiment

Aug 13 207915604

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 Newfound County*
2. Regtl. No. *5925* 3. Rank. *plc*
4. Name *Ryan* *John*
(Surname) (Christian Names)
5. Age last birthday *25*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (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 |
| (i.) Service during the present war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input type="checkbox"/> | <input type="checkbox"/> |

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

No complaint of no disability

In all cases such as facial injuries, eye, ear, nose and throat disabilities, &c., 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?

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?

Repatriation

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.

W.S. Procter, *Capt Raine*
 Medical Officer in charge of case.

Station *Hazey Wood*

Date *10/4/19*

* 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

The Royal Newfoundland Regiment



Class for Demobilization:—

R.G.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *5925*

Name

Ryan, John

Address

Little Paradise

Present Medical Category

A-i

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

O.C. Discharge Depot.

J. P. Adams
Senior Medical Officer

J. W. Borden
M.O. Depot