



FIRST NEWFOUNDLAND REGIMENT

RL

ATTESTATION OF

No. 3171

Name Thomas P. Ryan

Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. What is your name? | 1. Thomas Patrick Ryan |
| 2. What is your full Address? | 2. New Aberdeen Cape Breton |
| 3. Are you a British Subject? | 3. Yes |
| 4. What is your age? | 4. 19 Years 7 Months |
| 5. What is your Trade or Calling? | 5. Farmer |
| 6. Are you Married? | 6. Yes |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. Yes Canadian Militia |
| 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. Yes |
| 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 |

FOR THE DURATION OF THE WAR

I, Thomas Patrick 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.

2 Oct - 21 1915
 Thomas Patrick Ryan SIGNATURE OF RECRUIT.
 Charles Cape Signature of Witness.

SWORN TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Patrick 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 answered, and signed the declaration and taken the oath before me at 11st day of October 1915

Signature of Attesting Officer Charles Cape

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 1915
 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. **3171**

Name **Thomas P. Ryan**

Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. What is your name? | 1. Thomas Patrick Ryan |
| 2. What is your full Address? | 2. New Aberdeen Cape Breton |
| 3. Are you a British Subject? | 3. Yes |
| 4. What is your age? | 4. 19 Years 2 Months |
| 5. What is your Trade or Calling? | 5. Rougher Hussar |
| 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. Yes, Canadian Militia |
| 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, **Thomas Patrick 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.

Thomas P. Ryan SIGNATURE OF RECRUIT.
Chas. A. Ryan Signature of Witness.

I, **Thomas Patrick 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, by the said recruit, and he has signed the declaration and taken the oath before me at

on this **21st** day of **October** 191**6**. **Chas. A. Ryan**

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 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**6**

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:
vis:—(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 Thomas Patrick Ryan
 Apparent age 18 years 2 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks.....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Budget Ryan New Abundant,
Cape Breton | 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>21-10-16</u>									
Joined at <u>St John's</u> on <u>October 21-16</u>									
<u>Camborne</u>	<u>St John's S.I. Hoyle</u>	<u>to</u>	<u>Warrior U.S.</u>	<u>11-1-17</u>					<u>Camborne</u>
<u>for 136</u>	<u>4-9-17</u>	<u>joined unit</u>	<u>in the field</u>	<u>12-10-17</u>					<u>Awarded in Action 20-17</u>
<u>transfers to</u>	<u>Camland</u>	<u>26-11-17</u>	<u>Admitted</u>	<u>1st Lt. Hoyle</u>	<u>136</u>				<u>11-10-17</u>
<u>unit</u>	<u>then attached</u>	<u>they depart</u>	<u>Apr. 7-1-18</u>	<u>Camborne</u>	<u>for 136</u>				<u>10-5-18</u>
<u>Warwick</u>	<u>France</u>	<u>2-5-18</u>	<u>transfers to</u>	<u>Camland</u>	<u>21</u>				<u>5-1-18</u>
<u>to</u>	<u>Windsor</u>	<u>16-1-18</u>	<u>Camborne</u>	<u>for 136</u>	<u>9-8-18</u>				<u>29-9-18</u>
<u>Admitted</u>	<u>4th</u>	<u>Hoyle</u>	<u>Antony</u>	<u>30-9-18</u>	<u>Admitted</u>	<u>3</u>			<u>1st Lt. Hoyle</u>
<u>unit</u>	<u>then</u>	<u>transfers to</u>	<u>Windsor</u>	<u>20-1-18</u>	<u>to</u>	<u>Camland</u>	<u>of</u>	<u>Antony</u>	<u>30-1-19</u>
<u>Admitted</u>	<u>Camland</u>	<u>for 136</u>	<u>1-1-19</u>						
Total Service forfeited as above.....									

Total Service towards Engagement to 22-4-19 (date of discharge) 2 years 184 days
 Pension.....



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.

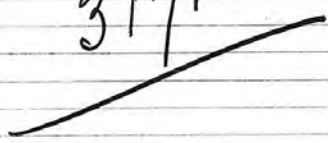
Examination of Thomas Ryan
aged 18 - 1/2 months conducted at C L B
Date: Oct 21/16 Recruiting Officer:

NO OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 n
- 11 n
- 12 n
- 13 teeth to be attended to
- 14 n
- 15 n
- 16 n
- 17 n
- 18 1/16 of 1/4 in.
- 19 n
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 understandes lip, teeth - 2000 & Hospital
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

3171



33 no
 34 5'-6 1/2"
 35 113 lbs
 36 32° 36'
 37 \$ 400 per year
 38 mother Mrs Ryan New Harbour Len
 39 none

Signature of Medical Examiner:

T. W. Borden

C.R. 3171

Extract from Orders by Major G.T. Mathias, D.S.O.
Commanding 1st Batta. R. HFLA. Regt. 20-8-18.

The following joined the Batta. 19-8-18 and is posted to
B. Company.

3171 Pte. T. Ryan.

C.R. 3171

NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent by Post and Telegraph Rec'd by Post and Telegraph No.

Place from St. John's To St. John's



~~Hung up at post and telegraph~~
 on way home no boats
 have no means to pay
 board.

3171 private Thomas Ryan

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

Line Number	Red	By	Sent	by	Check

Dated April 12, 1919.

To #3171 Pte. Thomas Ryan, Port au Basques.

Pay your own bill and send to Department money will be refunded

District Officer Commanding

C.R. 3171

Extract from Daily Orders Part II The Royal Newfoundland
Regiment Depot St. John's dated April 25th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date.
22/4/19.

3171, Pte. Thos. Ryan.

C.R.3171

Extract from Daily Orders Part 11 Unit The Royal Nfld. Reht
St. John's, April 10th, 1919.

The discharge of the undernoted has been APPROVED by
O.C. Discharge Depot from 8-4-19.

3171 Pte. Thos. Ryan.

C.R. 3171

Extract from Daily Orders Part II Unit The Royal
Field Regt. St. John's, 11-2-19.

The Undernoted returned from Overseas and reported
to Depot 7-2-19.

Registered on A.F. 5179 .

3171 Pte. Thos. Ryan.

C.R. 3171

Extract from Nominal Roll of the Royal Nfld. Regt
Embarked S.S.Cotsican, Jan.30th,1919.

3171 Ryan.

C.D. 3171

Extract from Orders Part 2 by Lt. Col. B. J. Barton, D.S.O.
Commanding 8th Battalion Royal Newfoundland Regiment.

The following reported back from the 1st Batta, is taken
on the strength and posted to "H" Company

3171 Pte. Ryan, T. was from 20/11/18.

C.R. 3171

Extract from Casualties from P.&R.O., London, dated 14th. Nov. 1918.

3171 Pte. J. Ryan

was discharged from the 3rd London General Hospital on 13/11/18
and granted furlough to 19/11/18. (Vide A.C.I. 819 of 1918. Fit
for 11 Command Depot.

Authority: A.F. W.3016 from 3rd. L.G.H.

C.R. 3171

Oct. 16th, 1918

Mrs. Bridget Ryan
New Aberdeen
Cape Breton

Dear Madam:

I beg to inform you that additional information has been received concerning No. 3171, Private Thomas Ryan, through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably,

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 3171
Quarter No.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check
	Oct. 5th, 1918				

Dated

Bridget Ryan, New Aberdeen, Cape Breton, N.S.

To

Regret to inform you that Record Office, London, officially reports No. 3171, Private Thomas Ryan at 3rd London General Hospital Wandsworth suffering from G.S.W. left hand fracture

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

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3171

Extract from Casualties from Pay & Record Office,
London,

Admitted 3rd London General Hospital, 2-10-18.

3171 Pte. T.P. Ryan.

G.S.W. L. Hand Frac.

MM.

C.R. 3171

Extract from Casualties List No. H.A. 29649.

3171 Pte. T. Ryan.

1/Nfld. GSW. Hindustan Adm. 14 Gen. H. Wimereux 30th Sep. 18.

M.M.

C.R. 3171

extract from War Office List. No. G. 1716. dated 16. 10. 18

3171 Pte. T. Ryan.

WOUNDED 29-9-18.

BC.

CR 3171

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. In the field, dated 8-6-18

#3171 Pte. T. P. Ryan.

Transferred to England Classified "B" 31-5-18.

C.R. 3171

Extract of Orders Part 11, by Lt. Col., R.A. Burners, D.S.O., Commanding
3rd. Bn., Royal Newfoundland Regiment, dated 3/6/18

The following having reported back from the 1st. Battalion is posted
to "H" Company. from 3/6/18:

3171 Pte. Ryan.

C.R. 3171

Extract of Nominal Roll of Drafts B.E.F. embarked
Southampton 10-5-14

8

#3171 Pte. T.P. Ryan.

C.R. 3171

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Dec. 29th. 1917.

STRENGTH.

3171 Pte. T. Ryan

Invalided to U.K. 26/11/17. Wounded.

C.R. 3171

Extract of Casualties received from War & Record
Office, London, dated December 28, 1917.

Doctor in charge, Military Hospital, Endell St.,
V.C. reports:-

#3171 Pte. T. Ryan. ✓

Discharged Hospital 26/12/17 Surlough to 7/1/18.
Fit for 1 Duty.

C.F. 3171

Extract from Casualties received from War Office List

No. G. 1400 dated 4/12/17

#3171 Pte. T. Ryan.

WOUNDED 20/11/17

BC.

X

C.R. 3171

Extract of Casualty received from Pay & Record
Office, London, dated December 6, 1917.

#3171 Pte. T. Ryan. ✓

Wounded 20/11/17.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Recd	By	Sent	by	Check

Dated

December 1, 1917.

To

Mrs. Bridget Ryan,

New Aberdeen,

Cape Breton.

3171, Private Thomas P. Ryan, reported at Military Hospital Endell Street London suffering from gunshot wound right leg.

R.A. SQUIRES

Colonial Secretary.

C.R. 3171

3171 Pte. Thomas P. Ryan. ✓

Extract of Casualty list received December 1, 1917.

Gunshot Wounds Right Leg.

At Military Hospital, Endell Street, London.

C.R. 3171

Extract of Nominal Roll, Draft # 50 from 2nd Bn. Royal Hfld.
Regt., Hasley Down Camp, Winchester, to 1st, Bn. r. Hfld. R. B.E.F.

Embarked "Southampton".

3171 Pte. Ryan, T.

C.R. 3171

Extract from Nominal Roll Draft embarked St. John's per
S.S. "Grampian" 31/1/17 sailed Halifax 16/4/17.

3171, Pte Ryan T.

of Pyam.

3171

P. V. P. U

No. 3078 Date December 27 1917

(1) To the Officer i/c Records, Newfoundland Contingent
58 Victoria St. SW1. (Station).

(2) The Officer Commanding, Depot Newfoundland Contingent
Ayr. (Station).

(3) The Paymaster, Newfoundland Contingent
58 Victoria St. SW1. (Station).

Regimental No. 3171

Rank and Name Pte. T. Ryan

Regiment or Corps 1 Newfoundland - B Coy.

has been granted a furlough from 28 12-17 to 7-1-18
c/o Records.

His address while on leave will be: 58 Victoria St. SW1.

I consider he is fit for*
(a) Duty. I Duty
(b) Light Duty, and likely to be fit for Service Overseas within three months.
(c) Light Duty, and not likely to be fit for Service Overseas within three months or requiring special medical treatment.
(d) Service at home, but unlikely ever to be fit for Service Overseas.

* Strike out that which is inapplicable.

Murray Officer in charge MILITARY HOSPITAL Hospital.
ENDRELL STREET, W.C.
(Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Engineers two copies of A.F.W. 3016 will be sent to the Officer in charge R.E. Records and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.



2 1st. NEWFOUNDLAND REGIMENT 15

ALLOTMENTS

I, Thomas P. Ryan, Regl. No. 7171.

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and fifty 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 1800 1/10

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3101	Mother	Mrs Thomas Bridget Ryan	New Aberdeen Capetown.	50
			Total Allotment, £	50

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.) Chas. H. Ayle Capt.
Officer Commanding
Company

(Sig.) Thomas P. Ryan
Pte
(Rank)

Sr John
Moisoff
1917



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas P. Ryan Regl. No. 3171

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and fifty 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 2600 1/10

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3101	Mother	Mrs Thomas Bridget Ryan	Midway down Cape Point	50
Total Allotment, \$				50

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

(Sig.) Chas. C. O'Connell Capt.
 Officer Commanding Company
W. H. Johns
W. A. Stouffe
 191

(Sig.) Thomas P. Ryan
 (Rank) etc.

3rd London General Hospital
Wandsworth

Dear Sir

Will you kindly
allow me one Pound on
my account

yours truly
3171 Pte J Ryan

Approved
J. Ryan
3171 Pte J Ryan

A.K.

£ 1.0.0

11/10/18 W.R.

Receipt no. 9099



No. 3171 Rank *Plt* Name *P Ryan J.P.*

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

DEBITS	Days	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
							From	To					
Balance						Balance							1 11 6
Acquittance Rolls			3	2	4	Pay @ Net Rate	28 ⁹ / ₇						
Hospital Advances			1	2	6		29 ⁹ / ₇	27 ¹¹ / ₇	90	60	5400	11	1 11
A.B. 64						<i>Allow</i>							1 0 0
P. & R.O. Payments						<i>10 days @ 2/-</i>							0 13 17-5
						<i>(9-12-7)</i>							
		<i>4-4-10</i>											
<i>Receipt No. 4931</i>													
		<i>97¹²/₁₇</i>		<i>9 10 0</i>									

CHECKED.




To Paymaster.

R. Nfld. Regt.

No. 3171. Pte. Ryan J.

Dr. H. Coy Pay Book.

£ 3. 2. 11

Can he please draw the balance
which is now due him.

Wm. J. [Signature] Lieut
for O.O. "H" COY.

2ND BATTN. ROYAL NEWFOUNDLAND REGT.



3rd London General Hospital
Wandsworth London
To the Paymaster R. W. D. Knight
3141, St. J. Ryan

Has Permission



one Pound on

£1.0.0 18/10/18 WR.

Registrar, R. A. ...
3rd London General Hospital
WANDSWORTH

Receipt No. 9226

No. 2171 Rank

Plt Name

Ryan J.P.

Pay	F.A.	Wks	Total
100	10		110
Less Allowment			50
Net Rate			60

[Handwritten Signature]

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
						From	To						
Balance					Balance								
Acquittance Rolls			3	8	Pay @ Net Rate	13	18	111	60	66	60	13	8
Hospital Advances													
A.B. 84.													
F.&R.O. Payments		5	0	0									
<i>Dr. Arbo. Pay Book</i>		5	1	3									
Cash 8391	18/18	3	8	0									

~~389~~
[Handwritten Signature]

13.13.8

10 4:11

RECEIVED

No. 3171 Rank Cpl Name J.P. Ryan

Pay	F.A.	Wks	Total	N.F. 0/23
100	10		110	EA
Less Allowment			50	
Net rate			60	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance		10 ⁹ / ₁₈					
Acquittance Rolls			3	8	Pay @ Net Rate	10⁹/₁₈	5⁷/₁₈	27	60	50	40	70
Hospital Advances						11 ⁵ / ₁₈	5 ⁷ / ₁₈	56	60	33	60	6 18 1
A.B. 64. Depot. P & P.O. Payments		2	2	11	8 days R.A.							16 8
Cash	5/7/18	5	0	0		6 ⁷ / ₁₈	12 ⁷ / ₁₈	7	60	4	20	17 3
Other credited R.A. idop.				16 8								

~~11 31~~ ✓

~~18 13 1~~
8 6 0 ✓

8 6 7
9 3 3

H-19-5 ✓

~~8 6 7~~
8 6 7
5/7/18

3 London General Hospital
To : Paymaster R. N.F.D. Post
Dear Sir, will you please
allow £10 shillings
on my account ~~at R. N.F.D.~~

He

Yours truly, M.R. 11/11/18



4 Repair
approved
S. J. H. R.
Capt. R. A. M.
P. S. A.

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 Gouffonshac* 7. Former Trade or Occupation }
 2. Regtl. No. *3191* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *R. VAN.* (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (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 is (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability.
 12. Place of origin of disability.

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.

(1) wound Right calf. F. B removed healed. (2) Left hand. unable to completely close fist

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------|---------------------|-------------------|
| (i) Service during the present war | Yes | |
| (ii) Previous active service | No | |
| (iii) Climate in pre-war service | No | |
| (iv) Ordinary military service before the war | No | |
| (v) Serious negligence or misconduct on the man's part | No | |

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

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.)

Wound of hand now healed grip weak cannot close fist
H wound leg healed no disability

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

20. Do you recommend—

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

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

Repatriation

Bohler, M.O.

ROYAL NEWFOUNDLAND REG.

Station *HAZELEY*

Date *8 JAN 9*

Medical Officer in charge of case.

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

No. 3171 Name *Ryan J.* Sq. *Btry,* or Company } *A B Co* Royal Newfoundland Regiment } Date of enlistment } *21/10/16* G.C. or Proficiency Pay } *9/18*

Date of last entry in Company Conduct Sheet } *19/7/17* No. and date of last drunk } *✓* Period not reckoning towards freedom from extra fine } *✓* Sheet No. } *1* Signature O.C. } *[Signature]* Company, etc. } Character } *100*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Kill</i>	<i>2/11/18</i>	<i>Pvt.</i>		<i>Robbery of 1 cardigan, 1 tooth brush</i> <i>1 Fork, 1 Woodball, 1 Hair-curler</i> <i>1 Tableknife, 1 spoon</i>	<i>C. D. Murray</i>	<i>5 days lb.</i>	<i>21/8/18.</i>	<i>Col. M. J. [Signature]</i>	<i>Pay for deficiency</i> <i>112 8³/₄d.</i> <i>to 15 AB 64 8/17</i> <i>15/29/18</i>

NEWFOUNDLAND CONTINGENT
 65, VICTORIA ST.
 LONDON, S.W.
 7 FEB 1919
 PAY & ACCOUNT OFFICE

Army Reg. B. 19

1
Ryder, Thos.

3171

Ray Dept

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3171 Rank Pvt. Name Ryan Tho
 Intended place of residence New Abusdeen

2. Occupation Plumber
 Classification of soldier E Medical Category A.I.

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 APR 4 1919
H. M. Smith
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
4-4-19
Thomas Ryan
 Signature of soldier
J. D. Snow
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
4-4-19
Thomas Ryan
 Signature of soldier
W. J. Coates R.Q.M.S.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21.10.16 No of days on Military
 Discharged from service 8.4.19 Plus 14 days Service 914

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 APR 8 1919
R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place Abus Nfd
 Date April 22/1919
M. Howley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

R.F. B2079/1916

10
30
31
31
28
31
22
183

April 22, 1919

#3171 Pte. Thomas Ryan,

New Aberdeen,

Cape Breton.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 1916."

Yours truly

Paymaster & C. I. O. Records Capt.

The Royal Newfoundland Regiment

Class for Demobilization:

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

14.4.19

Regimental No.

5121

Name

Ryan Thomas

Address

Newburys

Present Medical Category

A1

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

T. H. [Signature]
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5471 Rank Plt Name Lynas Thomas
 Date of Enlistment 2-10-16 Address New Aberdeen District Capital District
 Occupation Shoemaker Classification for Discharge E Medical Category A.1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36.	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.	3
B 179.	D 400B.	Form L.		do 3rd.	" 4.	
B 179a.	D 400C.	Form K.		do 4th.	" 5.	
B 179b.	B 103.	ME 2.			" 6.	
B 179c.	B 120.	M 93.				

Date 4-4-19

H. M. Lewis
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Thomas Lynas

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 _____

William Lewis
 O i/c. Re-clothing.

Date 4-4-19

g. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1180 to his home at New Aberdeen and Release Certificate No. 1977 issued.

Date 4-4-19 *J.A. Snowford*
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 22-4-19

Date 4-4-19 *H.M.H.*
Depot Paymaster.

Discharge approved for 8-4-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 4-4-19 *J.A. Snowford*
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

APR 8 1919

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

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

Date

Civil Re-establishment Committee



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

Resume former occupation
(Plumber)

Thomas Ripan
Signature of Mau.

Reg. No. 3171

J. A. Shaw
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date APR - 4 1919 191

To be used only for Special Reserve Recruits, and for Special Reservists, unless otherwise stated.
Regular Army.

MEDICAL HISTORY

OF

Surname

Ryan

Christian Name

Thomas



Table I.—GENERAL TABLE.

Birthplace:—Parish

County

D

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>21</i> day of <i>October</i> 191 <i>6</i> at <i>St John's</i>		on _____ day of _____ 191____ at _____	
Declared Age	<i>18</i> years <i>2</i> months		_____ days	
Trade or Occupation	<i>Plumber & stonemason</i>		_____	
Height	<i>5</i> feet <i>6 1/2</i> inches		_____ inches	
Weight	<i>113</i> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <i>36</i> inches		_____ inches	
	Range of Expansion ... <i>4</i> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= <i>4/24</i> L.E.—V= <i>6/6</i>		R.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)				
(Rank)				
Enlisted	at <i>St John's</i> on <i>21</i> day of <i>October</i> 191 <i>6</i>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps. <i>3rd Regt. N.F.C.</i>	Regtl. No. <i>3171</i>	Corps.	Regtl. No.
Transferred to	NEWFOUNDLAND CONTINGENT ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				

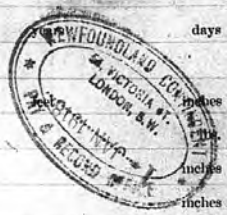


Table II.—Only for admission to hospital or to the sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease.	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
MILITARY HOSPITAL ENDELL ST	29	11	17	27	12	17	g.b. w. r. leg. R. 1.	28	
Hunley Camp	16	1	18	14	2	18		30	
3RD LONDON GENERAL HOSPITAL WANDSWORTH.	20	10	18	13	11	18	C.S.W. (Bulley w. d. L. haw) 42.		

st in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of re-admissions to hospital will be shown. The subsequent progress, including particulars of admission out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Wound sealed. Discharged to duty

BR Mackey JMO

Robinson

Capt. R. G. G.

Thompson & Thompson had left Home
Fracture of humerus; had clean

Robinson Capt. G. G.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
24/10/16	Vaccination SP
25 78	<p>TAB 3 } 7-11-16 SP 14-11-16 SP 20-11-16 SP</p> <p>TMS DAK of Cape Bone</p>
8/1/19	<p>Recommended Infestation</p> <p>J. S. Kelly. M.D.</p>

ROYAL NEWFOUNDLAND REG.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. Plouzel Windsor	3-1-17	3-2-17			
	3-2-17				

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 Mtd Regt.* 7. Former Trade }
or Occupation }
2. Regt. No. *5171* 3. Rank... *Pl* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
4. Name *Ryan*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
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.

Saw left Hand

Wounds Right calf, F.B. removed

Left Hand unable to completely close fist

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service | <i>No</i> | |
| (iii.) Climate in pre-war service | <i>No</i> | |
| (iv.) Ordinary military service before the war | <i>No</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.A.*

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.)

*Wound of hand now healed
grip weak. cannot
close fist. 1st wound
healed no Disability.*

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

20. Do you recommend—

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

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

Repatiation
J. B. Lewis M.D.
ROYAL NEWFOUNDLAND REG.

HAZELEY BROWN CAMP

Station

Date *8 JAN 1919*

Medical Officer in charge of case.

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

7111

New Aberdeen
Capt Britton

Oct 20th 1919

Capt J M Howley

Dear Sir

Can you give

me any information
in regard to this \$2,000
war gratuity which they
are talking about giving
to all soldiers would
like to have your opinion
of it if you dont mind
I will be very much
obliged yours truly

3171. Ex St Thomas Ryan

New Aberdeen

Capt Britton

Your scotter

April, 23, 1939

#3171 Pte. Thomas Ryan,

New Aberdeen,

Cape Breton

Dear Sir :-

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

Yours truly

Paymaster & O.I./

Recordi ^{Captain}

17223

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.

- 1. Christian name *Thomas Ryan*.....
- 2. Rank *Pte*.....
- 3. Regimental No. *3171*.....
- 4. Address in full to which future payments of gratuity are to be forwarded. *New Aberdeen, Cape Melton*.....
- 5. Date of enlistment in the Regiment. *Oct 10/16*.....
- 6. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*.....
- 7. Relationship of such dependents. *—*.....
- 8. Address in full of such dependents. *—*.....
- 9. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....
- 10. Were you on active service only in field, if so, give dates and particulars of such service. *Overseas*.....
- 11. Give total length of time which you served on active service, whether in field or overseas. *From Oct 10/16 to Apr 4/19 date of temporary discharge*.....

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

No

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

clothing allowance 60
Board allowance 43.80
74.80

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

No

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

No

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

No

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

No

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

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

Apr 4/19
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 service.

France Belgium from Sept 13/17 to Nov 22/17 Cambrai

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.

Thomas Ryan

Signature of Applicant:

Place of Residence:

New Aberdeen, Cape Breton
St. John's, N.S.

Declared before me at:

This

4th

day of

April 1919

John M. Cooney

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			5 mes.	\$250.00

Certified Correct.

Prvraster.

[Signature]

New Orleans

603: Cape Britton

Aug 6 1919

P.O. Box 155

To Officer in Charge of Records

Dear Sir would you please
look into the matter of
my separation allowance
with my mother Mrs Bridget
Ryan was supposed to get
she received a letter from
the Minister of Militia while
I was in France and later
she received the Papers and
filled them out and sent them
Back to St John and she
has not heard anything of it since
I would be much obliged if you
look it up I remain your truly
3171 ex Pte Thomas Ryan
P.T.O.

~~The~~

The Case has not
Been dealt with yet

Adoay

John

1941

New Aberdeen

Cape Briton

Nova Scotia

Capt J.M. Hourley
Dept of Military St-Johns

Dear sir

I received my discharge
certificate and cheque for
(\$70.00) a few days ago but
I did not receive any discharge
badge would you kindly
see that there is one sent
to me as soon as possible

yours truly

3171. ex. Pte Thomas Ryan

New Aberdeen

Cape Briton

Nova Scotia

Hemphill
J.H.

Oct 21st
1918

To J. R. Bennett
Minister of Militia

Dear Sir

I am writing
to you in reference
of my son Thoms.
Regan no 3171. he has
been wounded the
2nd time on. In France
an. as I am a widow
woman with no
susport oney. Thoms
he is my soul
susport. I would
like very much to
get him home.

Mrs. Bridget Ryan

New Bedford
Cape Breton

PM.

Allotment P. 50th to above name.

Sep. all^{re}

P. No application made.

W.B. R

(2.)

and I know that
you are the only
one who can help
me out. Thomas is
only young. 20 years
of age and he is
not strong and my
only support I
think that he should
be let home trusting
that you will do
all is in your power
to get him home
for me and God.
Will Bless you
trusting to hear
from you soon
= obliged

November 1st, 1918.

Mrs. Bridget Ryan,
NEW ABERDEEN,
C.B.

Dear Madam:

I enclose herewith Form of Separation Allowance, which kindly have completed before a Magistrate or Justice of the Peace, answering each question in full, and return to this office on receipt of which your claim will be considered.

Yours truly,

Lieut.
For Paymaster



2 1ST. NEWFOUNDLAND REGIMENT 15.

ALLOTMENTS

I, Thomas P. Ryan, Regl. No. 3171.

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} 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: 2000/10

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3101	Mother	Mrs Thomas Prudat Ryan	New Aberdeen Capetown	50
Total Allotment, \$				50

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.) Chas. H. Aye Capt.
 Officer Commanding
St John's
 Company

(Sig.) Thomas P. Ryan
 (Rank) Pvt

May 16, 1919

Ep. 3171, Ex Pte. Thos. Ryan,
New Aberdeen,
C.B.

With reference to your letter of recent date regarding a Discharge Badge, I beg to advise you that the regulations governing the issue of Discharge Badges are that in order for a man to be entitled to a badge, it is necessary for him to have been discharged through disability, therefore as you were discharged on account of demobilization only, you are not entitled to a Discharge Badge.

Yours truly,

Lieut.
For Asst. Secretary

3171

7111

October 30, 1919

Ex Pte. Thos. Ryan,
New Aberdeen,
N.S.

Dear Sir:

With reference to your letter
20/10/19, I beg to inform you that no further
increases of War Service Gratuity has as yet been
authorized by the Newfoundland Government, please.

Yours truly,

Lieut.
For Paymaster

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

LMOTHER.

(Separation Allowance Branch)

2812

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No. 3171

Thomas Ryan

2. Age of soldier. 20 years Married or Single. Single

3. Name in full of mother. Age. Occupation. Permanent Address.

Elizabeth Ryan 48 housekeeper Glas Bay

4. Give name of your husband. Age. Occupation Where Employed.

Thomas Ryan 33 miner at Newfoundland
Dundee

5. If your husband is not supporting you state the reason. not living Dundee

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) not living

7. If you are a widow, state date and place of death of your husband. a widow since 6th October 1911 in St. John's Newfoundland

8. Have you married again since death of above mentioned husband? no

9. Names of your other children. Address in full. Age. Occupation Married or Single.

William Ryan age 25 years. Central bank
with Dan Donegan, P.O. Philip Ryan age 20 years
not mentioned at home Edward Ryan 17 years. Miner
at no 2 Casey Glas Bay

10. State amount earned by (a) Yourself *none*
(b) Your husband. *not living*

11. State amount and source of any other income. *none*

12. State value of real property belonging to you and your husband. *none*

13. State value of personal property belonging to you and your husband. *none*

14. If husband is dead state value of real and personal property left by him. *none*

15. Actual amount contributed by soldier during the year prior to enlistment. *\$15.00 a month*

16. Was this amount contributed weekly or monthly. *monthly*

17. Did this amount include payment of soldier's board, etc. *no*

18. State your son's trade or occupation prior to enlistment. *plumber*

19. State amount of his wages per week. *6.00 a week*

20. State name and address of his last employer. *Sustentance & Chapman Blue Bay*

21. State amount of monthly support from son since enlistment.

22. State amount of allotment received by you from son since enlistment. *\$15.00 a month*

23. State from what date did you receive allotment?

24. Actual amount contributed by other children. Weekly Monthly. *none*

25. Are any of these children in the employ of you or your husband? *no*

not receiving support from other children, state cause. Explain fully.

Widely and not working

whom are you residing at
ent? *Sanctuary with my two boys*

you made a previous claim for
Separation Allowance. If not, why?
particulars. *no bond shown*

you already in receipt of Separation
Allowance from any source? If so, how much?
no

30. Are you already in receipt of any payment
from any Patriotic Fund? If so, how much.

31. Was the soldier at the time of his enlist-
ment an employee of the H.M.S. Government. *no*

32. In what capacity and in what place?
no

33. Is he in receipt of a salary as such while
serving in the Royal Newfoundland Regiment?
If so, how much. *none*

I herewith make this solemn Declaration conscientiously
believing the same to be true and knowing it to be of the same force
and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant. *Broughton Ryan*

Place of Residence. *St. John's*

Declared and subscribed before me at. *St. John's*

this. *2nd* day of. *November* 191*8*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *Broughton Ryan*

*Admough
Notary Public
for Gibraltar*

This application must be signed by two responsible parties one
of whom must be a Clergyman, the other a representative of your local
Patriotic Fund Committee, certifying that to the best of their know-
ledge after careful investigation the above statements are correct and
the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman. *Rev. P.J. Courcy*

Signature of member of the Patriotic
Fund Committee. *J. J. Bullen*

*Secy
Can Patriot Fund
St. John's*

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

ANGLO-AMERICAN TELEGRAPH COMPANY, LIMITED

CONNECTING WITH
ST. JOHN'S, N.F.
THE WESTERN UNION TELEGRAPH COMPANY

ST. JOHN'S, N.F.
FEB 14 1919

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

Q164/14K 16COLLECT

GLACE BAY NS FEB 14-1919

PAYMASTER GENERAL ROYAL WFLD REGT

ST. JOHN'S N.F.

KINDLY ADVISE WHY I HAVE NOT RECEIVED CHEQUE FOR MONTH OF JANUARY
PTE THOMAS RYAN.

MRS BRIDGET RYAN.

*Cheque was returned for postage
& mailed to New Aberdeen C.B.*

135

LR

3171
of 260

3171
or 260

February 15/19.

Mrs. Bridget Ryan,
Glacabay , N.S.

Dear Madam:-

Referring to your telegram of February 14th, I beg to inform you that your allotment cheque was forwarded to New Aberdeen, C.B. and no doubt you will have received it ere this letter reaches you.

Yours truly,

Lieut.

For Paymaster.

ST. JOHN'S, APR 4 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To *Mr. J. Ryan*

Billeting Soldiers as undermentioned

from *Feb 14th /19* to *April 8th /19*

J. C. D.

3171 - Mr. J. Ryan 54 80

NO. 15125
FILE NO.
FILE NO.
FILE NO.
FILE NO.

Certified correct for \$ *54*

W. Blaxter

R.S.
Thomas Ryan

J. Ryan
Billeting Officer.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 23 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Thomas P. Ryan

in respect of his service as No. 3171 Rank Pte.

Name T.P. Ryan Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory Medal and British War Medal

Signature 3171 Ex Pte T.P. Ryan

Date Sept 29, 1921

Address New Aberdeen Cape Briton

[P.T.O.]

SEP 23 1921.

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Name T.P. Ryan Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory Medal and British War Medal

Signature 3171 Ex Pte T.P. Ryan

Date Sept 29, 1921

Address New Aberdeen Cape Breton

Casualty Form—Active Service.

Regiment or Corps Newfoundland

Rank Pvt Surname Ryan Christian Name Thomas

Religion Roman Catholic Age on Enlistment 18 years 2 months

Enlisted (a) 21.10.16 Terms of Service (a) Duration Service reckons from (a) 21.10.16

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) Signaller
or Corps Trade and Rate _____

Pleacher & Sonnet

Signature G. H. G.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 218, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty
Date	From whom received			
			Embarked <u>Hampton</u>	<u>14.9.17</u>
			Disembarked... <u>Rouen</u>	<u>16.9.17</u>
			Joined Battalion <u>1.2.1917</u>	<u>1917</u>
<u>26 NOV 1917</u>	<u>OC</u>	<u>WOUNDED IN ACTION</u>	<u>20 NOV 1917</u>	<u>A.F.B. 213</u>
<u>24/1/17</u>	<u>377A</u>	<u>Co Cowley train</u>	<u>55 CCS</u>	<u>24/1/17</u>
	<u>Regiment (USA) South</u>	<u>50</u>	<u>Rouen</u>	<u>24/1/17</u>
	<u>Wotnick</u>	<u>Transferred to England</u>		<u>26/1/17</u>
			<u>J. Mearns</u>	
			<u>MAJOR</u>	
		<u>O. 1/c No. 1</u>	<u>Infantry Section</u>	
			<u>G.H.Q. 3rd Echelon</u>	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoofing-Smith, &c.

Casualty Form - Active Service.

Regiment or Corps 1st Royal Newfoundland
 Rank Pte. Surname Reagan Christian Name Thomas Patrick
 Religion R. C. Age on Enlistment 18 years 2 months
 Enlisted (a) 21/10/16 Terms of Service (a) Duration Service reckons from (a) 21/10/16
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 or Corps Trade and Rate
 Occupation Plumber & Sinsmith Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...	9-8-18	
			Disembarked...		
			ARRIVED I.B.D.	13-8-18	
			Joined Battalion	19-8-18	
			Wounded in Action	29-9-18	
	<u>36 CES</u>	<u>Ad Gw Hand</u>			<u>Ed 7947</u>
	<u>54 Gen Ap</u>	<u>Ad Gw Hand</u>	<u>Augagne</u>	<u>19/10</u>	<u>Ed 29649</u>
	<u>"Hambra"</u>	<u>2 England & 54 Gen Ap</u>	<u>1/10/18</u>		<u>W 3013</u>
		<u>(Gw Hand)</u>			
			for O/16 No 1 Infantry Section,		
			3rd Echelon, G.H., Q, B, E, F.		

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Smaller, Spelling-Smith, & Co. (17691). Wt. W 1887-P 1221. 1,000,000. 6/12. D & S. Form B/103. (S. 1266.)

Asst. Off. Com: Moher, Ryan, Mac Driegal, New America Cape Breton

Casualty Form - Active Service

NEWFOUNDLAND
 3171
 Regimental Number
 LONDON, & W.
 17 JUN 1918
 OFFICE

Regiment or Corps *Royal Newfoundland*

Rank *Pte* Surname *Ryan* Christian Name *Thomas*
 Religion *Roman Catholic* Age on Enlistment *18* years *2* months
 Enlisted (a) *St. John's* Terms of Service (a) *Duration* Service reckons from (a) *21-10-16*
 Date of promotion to present rank Date of appointment to lance rank

NEWFOUNDLAND CONTINGENT
 VICTORIA ST.
 LONDON, & W.
 13 MAY 1918
 PAY & RECORD OFFICE

ended Re-engaged Qualification (b)
 Occupation *Plumber & Liner Smith* or Corps Trade and rate
 Signature of Officer *J. ...*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.219, 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.219, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked <i>10 MAY 1918</i>			
		Disembarked <i>13 MAY 1918</i>			
		ARRIVED D. I. B. D.			
<i>19/5/18</i>	<i>of Kemp</i>	<i>Classified B.I (4000)</i>	<i>Lower</i>	<i>19/5/18</i>	<i>Para 19/5/18</i>
<i>16/6/18</i>	<i>D. I. B. D.</i>	<i>to England</i>	<i>n. J. Fitzgale</i>	<i>21-5-18</i>	<i>Recd</i>
		<i>MAJOR for</i>	Infantry Section		
		<i>G. I. G. No. 1</i>	G. H. Q., 3rd Echelon		

Jh

(a) In the case of a man who has been engaged for, or enlisted into Section E, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Showing-Smith, &c.
 W 9025 312755 26400 9/17 (35/11). C. P. & S., Ltd., Form B.103 E/1897. P.T.O.



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 Thomas

Regiment from which discharged

Royal Newfoundland

Regimental number

3171

Intended address

New Abbeys, Cape Breton

Height on discharge

5 Feet

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Light Brown

Descriptive Marks

Scar on rt. leg.

Figure on discharge

Wry

Christian name of Father

Thomas

Christian name of Mother

Bridget

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Little Bay, N.S.B. Aug 11 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)

Thomas Ryan

(Rank)

Sto.

Station

St John

Date

4-3-19

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.

Medical Officer in Hospital,
Unit, or Command Depot.

Station

Date



New Aberdeen
7632 Capt Britton
Nov 22. 1919

C.R. 3171
Capt J. M. Howley
St Johns at 76D

Dear Sir

I received a letter
and 2 inches of ribbon
for a British war Medal
would you please let me
know if I have to keep
the receipt or send it
back

Yours truly

3171 Ex Pt Thomas Ryan
New Aberdeen
Capt Britton
2/Lt Jones

The Royal Newfoundland Regiment

3171

DEMOBILIZATION OF

Reg. No. 3171 Rank Pvt Name Thomas Thomas
 Date of Enlistment 2-10-16 Address New Water Quay District Cap. Borden
 Occupation Thumber Classification for Discharge H Medical Category H
 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 4-4-19

H. Muns. St.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Thomas Thomas

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 4-4-19

W. M. Clouston
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1100 to his home at New Calcutta and Release Certificate No. 1977 issued.

Date 4-4-19 *J.A. Smart*
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 22-4-19

Date 11-11-19 *H. H. H.*
Depot Paymaster.

Discharge approved for 9-9-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
F 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 92			

Date 4-4-19 *J.A. Smart*
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

APR 8 1919

Date 12/4/19 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date 12/4/19 *W. H. G. Sait*
for Officer i/c Records

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY & RECORD
OFFICE LONDON

3171 Pte Ryan T. Dr Bal £1:10:6

THIS TRANSFERRED TO PAY OFFICE 7-4-19

Reg. No. *3171* Rank. *Pfc* Name *Ryan Thos. P*
Attested Address. *New Aberdeen Cts Bk*
Allotment Allottee
Date of Allotment Returned from Overseas. *2-19*
Embarked for Overseas Cause. *Discharge*

4.4.1 PASSED TO DEMOBILIZATION OFFICER

8.4.19. DISCHARGE APPROVED ON DEMOBILIZATION.

Receipt for Army Book 64

No. 3171 Name J. Ryan

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

Name Thos P. Ryan

Date 2-8-20

Place New Aberdeen Cape Briton

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



Receipt for Army Book 64