

To J. Ryan

C.R. 133

HPD

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 133

Name **William Joseph Ryan**

Apparent age **24** years _____ months. Height _____ feet _____ inches.

Chest measurement { Girth when fully expanded _____ inches.
 Range of expansion _____ inches.

Distinctive marks **Color: Fair, Hair: Dark Brown, Eyes: Brown**

Other distinguishing mark: **Left little finger slightly bent.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Catherine Ryan, South Side West, St. John's**

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 7/9/14									
Joined at St. John's on 7th September '14.									
Promoted to L. Corp. 13/11/14									B¹¹/₁₄ Lt/Capt
do, Corp. 2/7/15									2⁷/₁₅ Corporal
<i>H.A. Jones</i>									
<i>Embarked SS Royal for Cork 3¹/₂. Embarked for G.F. 20⁸/₁₅. Disembled May and embarked for Cairo 31⁸/₁₅. Embarked Alex for Heligopolis 13³/₁₅. Landd Salva Bay night of 19²²/₁₅. Admitted H.S. Galata Cyprus 17¹⁰/₁₅. Admitted Cairo 21¹⁰/₁₅. Joined Wellington Regt Aug 7²/₁₅. Embarked Port Aug 14²/₁₅. Disembled & arrived 22²/₁₅. (Jones) Killed in action 1⁷/₁₆ </i>									
Total Service forfeited as above									
Total Service towards Engagement to 1-7-16 (date of discharge) 1 years 298 days									
" " " Pension " " " " " " " "									

MEDICAL REPORT
FINAL EXAMINATION



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 133

Name in full William Joseph Ryan Age 27

Address South Side, West St. John's

Married Single Height _____ Weight _____

Color Fair Hair Dark Brown Eyes Brown

Other distinguishing marks Left little finger slightly bent

Nearest relative Mother Catherine Ryan

Address South Side, West St. John's

Dependents None

Occupation Spicer of War Present Wage \$5.00 week

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

Re-engaged for 2 years
Wm. J. Ryan

Address 13/8/15

I, William Joseph Ryan, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

Declared before me this 1st day
of October 1914

Eric Hope

William Joseph Ryan

Sept 7th 1914

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg.No.133

Name William Joseph Ryan

Apparent age 24 years _____ months. Height _____ feet _____ inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks Color: Fair, Hair: Dark Brown, Eyes: Brown

Other distinguishing marks: Left little finger slightly bent

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Catherine Ryan, South Side West, St. John's

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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years	days	years	days	
Service towards limited engagement reckons from <u>7/9/14</u>									
Joined at <u>St. John's</u> on <u>7th September '14</u>									
		Promoted to	L. Corp.	13/11/14					
		<u>Diarrhoea</u>	Corp	2/7/15					
		<u>Admitted in Deton France</u>		21/10/15					
				1.7.16					
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " "									

No. 133 Name Ryan W. Sqn., Batty., or Company } B Corps Newfoundland Date of enlistment } 1.10.14 G.C. } Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } Company, etc. } Character }

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
		Corp.							

Army Form B. 122

NEWFOUNDLAND CONTINGENTINVENTORY of EFFECTS ofNo. 135 Cpl W J Ryan, deceased.EXTRACT from A.F. B. 2090A, dated _____:CAUSE of DEATH Kia A.DATE 1/7/16 PLACE FranceWILL: (a) in Pay Book NO

(b) in Small Book _____

(c) Separate document _____

NEXT of KIN: Catherine RyanRelationship MotherAddress South Docks WestSt Johns.

Particulars

1 Package	1 Leather Wallet. 2 Post Cards 12 Photos Correspondence 1 Instruction Card. 2 Medallions.
-----------	--

1 Kit Bag	from Depot.
-----------	-------------

COPY

FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT } 1st Newfoundland Regiment Squadron, Troop, Battery } B Company
or } CORPS }



Regtl. No. 133 Rank Corporal

Name Ryan, W.

Died { Date July 1st, 1916.
Place France.
Cause of Death* Killed in Action.

Nature and Date of Report B 213, 11/7/16.

By whom made O.C., Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Not yet received.
Date " "
By whom reported

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not to hand.
(b) in Small Book (if at Base) " "
(c) as a separate document " "

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } (Sgd) A. E. Clerk, Capt for Lt.Col.,

O. i/c Infantry Section, 3rd Echelon, B.E.F.

Station and Date 26/7/16.

E1 by a RS w
 Army Form B. 2090A.

ORIGINAL. FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 (or from other official documentary sources.



REGIMENT } 1st. Newfoundland Regt. Squadron,
 or } Troop, Battery
 CORPS } or Company

Regtl. No. 135 Rank Corporal



Name Ryan, W.

Died { Date July 1st., 1916.
 Place France.
 Cause of Death* Killed in Action.

Nature and Date of Report B 213, 11/7/16.

By whom made O.C., Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Not yet received.
 Date do
 By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not to hand.
 (b) in Small Book (if at Base) do
 (c) as a separate document do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge } A.I. Clark Capt. for Lt. Col.,
 of Section Adjutant-General's } Officer i/c Infantry Section,
 Office at the Base } 3rd. Echelon, B.E.F.

Station and Date 26/7/16.

245

NEWFOUNDLAND CONTINGENT

INVENTORY of EFFECTS of

No. 133 Cpt. W.G. Ryan deceased.

EXTRACT from A.F. B.2090A, dated 24/1/16 :

CAUSE of DEATH Killed in Action

DATE 1/1/16 PLACE France

WILL: (a) in Pay Book _____
(b) in Small Book _____
(c) Separate document _____

NEXT of KIN: Mrs Catherine Ryan
Relationship Mother
Address South Sea St
St Johns
N.F.

Particulars

1 Pay Book
1 Identity disc
Scapulars - Emblems
Religious Book
Photos



223

PAY LIST.

to 1st July 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1st Newfoundland*
 No. *133* Rank *Captain* Name *W. Ryan*
 Died (circled) *in action* at *France* on the *1st* of *July* 191*6*.
 Deserted at _____ on the _____ of _____ 191*6*.

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <i>12th May 16</i>	<i>7</i>	<i>2</i>	<i>3 1/2</i>
	Cash issues				Pay <i>50</i> days at <i>1/20</i> from <i>13th</i> to <i>17th</i>			
	(Date of each issue to be stated)				Proficiency, Service or good conduct pay <i>60th</i>	<i>12</i>	<i>6</i>	<i>9</i>
	£ s. d.				days at _____ to _____			
	<i>Egypt 12 3 1916</i>	<i>1</i>	<i>10</i>	<i>0</i>	Messing allowance _____ days at _____			
	<i>France 17 5</i>	<i>1</i>	<i>1</i>	<i>0</i>	from _____ to _____			
	<i>31 5</i>	<i>1</i>	<i>14</i>	<i>0</i>	Kit allowance			
	<i>7 1/2</i>	<i>1</i>	<i>14</i>	<i>2 15</i>	Amount produced by the sale of Effects from Form 2			
	<i>Attachment</i>				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	<i>Sodays @ 80¢</i>	<i>8</i>	<i>4</i>	<i>4</i>	Deferred Pay or Gratuity			
	Consolidated stoppage							
	Balance due by the Paymaster	<i>19</i>	<i>8</i>	<i>10 1/2</i>	Balance due to the Paymaster	<i>19</i>	<i>8</i>	<i>10 1/2</i>
		<i>19</i>	<i>8</i>	<i>10 1/2</i>		<i>19</i>	<i>8</i>	<i>10 1/2</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at _____ this _____ day of _____ 191 _____ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

Wm. J. Ryan.

133

Pay Dept
—

Nov. 18, 1919

Secretary,
Board of Pension Commissioners.

Re #133 Cpl. W. J. Ryan.

Dear Sir:-

Referring to your letter of 12-5-19, I beg to state that the amount paid in continuance of this soldier's allotment is eight hundred and twenty-seven dollars and twenty cents (\$827.20).

Yours truly

Major

Paymaster.

H

PAY LIST.

to 1st July

1918. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 135

Rank Corporal

Name W. Ryan.

Died^(a) in action at France

on the 1st of July

1918.

Deserted at

on the of

191

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 12th May 18	7	2	3 1/2
	Cash issues (Date of each issue to be stated)				Pay 50 days at 81 ³⁰ from 13/5.1/7/18			
		£	s.	d.	£60 ⁰⁰	12	6	7
					Proficiency, Service or good conduct pay days at from to			
	Egypt 13 5 191 6	1	-	-	Messing allowance days at			
	France 17 5 " "		7		from to			
	" 31 5 " "		14		Kit allowance			
	" 26 6 " "		14		Amount produced by the sale of Effects from			
			2	15				
	Allotment 50 days @ 80c. 40 ⁰⁰	8	4	4				
	Consolidated stoppage							
	Balance due by the Paymaster	8	9	6 1/2				
		£	19	9 10 1/2		£	19	9 10 1/2

This account is in accordance with information received at the Pay & Record Office to 23/NOV/1918 and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the debt is correctly chargeable against the Public^(b).

64, VICTORIA ST.
LONDON, E.W.
23 NOV 1918

(a) If the deceased was a member of the Forces, or whether he had a Will. In the latter case the Will should be submitted to the Paymaster General, War Office, with Army Form 2, 1918, or Army Form 3, 1918.

(b) Works in Public to be treated as if they were in the Public Service.

PAY LIST. to 1st July 1918. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **133**

Rank **Corporal**

Name **W. Ryan.**

Died^(a) *Intestate* in action at **France**

on the **1st of July**

1918.

Deserted at

on the of

191

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 12th May 16	7	2	3½
	Cash issues (Date of each issue to be stated)				Pay 50 days at £1²⁰ from 13/5o 1/7/18 £80⁰⁰	12	6	7
		£	s.	d.	Proficiency, Service or good conduct pay days at from _____ to			
	Egypt 13 3 191 6	1	-	-	Messing allowance days at			
	France 17 5 " "	7			from _____ to			
	" 31 5 " "	14			Kit allowance			
	" 26 6 " "	14			Amount produced by the sale of Effects from			
	Allotment							
	50 days @ 80c. £40⁰⁰	8	4	4				
	Consolidated stoppage							
	Balance due by the Paymaster	8	9	6½	Balance due to the Paymaster			
		£ 19	8	10½		£ 19	8	10½

This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the

debtor balance of **£ 19 8 10½** is correctly chargeable against the Public^(b).

Dated at **58, VICTORIA ST., LONDON, S.W.**
this * **23 NOV 1918** of *

191

Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto. If it is already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to 1st July

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 133

Rank Corporal

Name W. Ryan.

Died^(a) *Intestate* in action at France

on the 1st of July

1916.

Deserted at

on the of

191 .

I Certify to the correctness of above in every particular.

 { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 12th May 16.....	7	2	3½
	Cash issues (Date of each issue to be stated)				Pay 50 days at $\$1^{20}$ from 13/5 to 1/7/16 $\$60^{20}$	12	6	7
		£	s.	d.	Proficiency, Service or good conduct pay days at from _____ to			
	Egypt 13 3 191 6	1	-	-	Messing allowance days at			
	France 17 5 " "	7			from _____ to			
	" 31 5 " "	14			Kit allowance			
	" 26 6 " "	14			Amount produced by the sale of Effects from Form 2			
		2	15		Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Allotment 50 days @ 80c. $\$40^{20}$	8	4	4	Deferred Pay or Gratuity			
	Consolidated stoppage				Balance due to the Paymaster			
	Balance due by the Paymaster	8	9	6½				
		£	19	8 10½		£	19	8 10½

I hereby Certify that the above account is correct in every particular, and that the
 debtor's balance of £ _____ is correctly chargeable against the Public^(b).

Dated at 58, VICTORIA ST.,
 LONDON, S.W.
 this * 23 NOV 1916 of *

191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed
 hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

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 *Ryan, William* (171)
aged *24 years* conducted at *C L B Annamony*
Date: *28/8/14* Recruiting Officer:

NO. OF TEST

FINDING

1	<i>not as far as he knows</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>Old dislocation left little finger impaired</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>n</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>10 years ago</i>
34	<i>5 ft. 6"</i>
35	<i>122 lbs.</i>
36	<i>31 1/2 - 34</i>
37	<i>for sunstroke</i>
38	<i>Mother Catherine Ryan Sr. Sick West</i>
39	<i>No</i>

FU-

133

Signature of Medical Examiner: *Henry Macpherson M.D.*

DUPLICATE.

Army Form B. 2090A.

FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT } 1st. Newfoundland Regt. Squadron, Troop, Battery or Company } B Company

Regtl. No 133 Rank Corporal

Name Ryan, W.



Date July 1st., 1918.

Died Place France.

Cause of Death* Killed in Action.

Nature and Date of Report B 213, 11/7/18.

By whom made O.C., Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial Place Not yet received. Date do By whom reported

State whether he leaves a will or not (a) in Pay Book (Army Book 64) Not to hand. (b) in Small Book (if at Base) do (c) as a separate document do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } A.S. Clerk Capt. for Lt. Col., Officer i/c Infantry Section, 3rd. Echelon, B.E.F.

Station and Date 26/7/18.

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

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.
William Joseph Ryan Corporal 1st 500 Royal Nfld 1335

2. Age of soldier. ~~Married or~~ Single.
28 years & 6 months at time of enlistment

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

Catherine Ryan. 65 years. none. Southside West nearly opp Waterford Hall

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

William Ryan.

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

Dead.

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.)

7. If you are a widow, state date and place of death of your husband.

Died 17th January 1896 at St Johns Waterford Bridge Road.

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.

Michael Ryan living with 2 boys engaged in me. book selling at Garrett Ryans

10. State amount earned by (a) Yourself
(b) Your husband. *No earnings*
-
11. State amount and source of any other income. *none only son's board \$7.00 per week*
-
12. State value of real property belonging to you and your husband. *Shop of ground worth about \$200.00*
-
13. State value of personal property belonging to you and your husband.
-
14. If husband is dead state value of real and personal property left by him. *Nothing*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *\$520.00*
-
16. Was this amount contributed weekly or monthly. *Weekly*
-
17. Did this amount include payment of son's board etc. *Yes*
-
18. State your son's trade or occupation prior to enlistment. *Employed at Knitting Mills Alexth Street*
-
19. State amount of his wages per week. *\$10.00*
-
20. State name and address of his last employer. *Mr. Smyth victim of Flood Disaster*
-
21. State amount of monthly support from son since enlistment. *\$24.80*
-
22. State amount of allotment received by you from son since enlistment. *\$1.312.80*
-
23. State from what date did you receive allotment? *Rec'd remember date amongst first allotments distributed*
-
24. Actual amount contributed by other children. *Weekly* ~~Monthly~~ *\$7.00*
-
25. Are any of these children in the employ of you or your husband? *No*

26. If not receiving support from other children, state cause. Explain Fully.

27. With whom are you residing at present?

Serving to myself son with me

28. Have you made a previous claim for Separation Allowance. If not, why Give particulars. *crippled and couldn't get about*
No. (wasn't aware of any allowance)

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

No. None

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

No. None

31. Was the soldier at the time of his enlistment an employee of the Fedl. Government.

No

32. In what capacity and in what place?

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

No

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..... *Catherine Ryan*
Place of Residence..... *Southside West nearly opp. Waterford Hall*

Declared and subscribed before me at..... *St. John's*
this..... *14th*..... day of..... *April*..... 19*19*

Signature of Barrister of the Supreme Court, ~~Subordinate Magistrate, Notary Public or Justice of the Peace.~~) *Catherine Ryan*

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 knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *H. T. Kenouf*

Signature of member of the Patriotic Fund Committee.

May 26, 1919

Mrs. Catherine Ryan,

South Side West,

Opposite Waterford Hall,

City.

Dear Madam:-

Referring to your application for Separation Allowance, will you be good enough to inform me if your son Michael had offered for enlistment, and if so, on what date, and what is the number of his Rejection Badge, if he has one.

Yours truly

Captain,

Paymaster & Officer i/c Records

I told him if his brother
was invalided home he
could then go.

Another reason for my
objecting was because of his
health.

Yours truly
Catherine Ryan

P.M.
S.A.?
A

Dear Sir:-

With reference to my son
Michael he with his brother
the late Corporal Ryan went
up for enlistment.

The night they went
up. (which was the first night)
neither of them got in there
was such a rush.

When they told me I
objected. I had but the two
and was satisfied to give
one but not the two. having
reared them so hard without
a father.

Mike often afterwards wished
to join up but I always
objected.

June 12, 1919

Mrs. Catherine Ryan,
South Side, West,
City.

Dear Madam:-

Referring to your letter of recent date, regarding your son Michael, I have been directed to request that you have the enclosed Medical Certificate completed on his account by your Doctor, and returned to me at your earliest convenience.

Yours truly

Raymaster & Officer i/c records.
Captain

m

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *William Joseph Ryan*
16/33
2. Name and age of said soldier's) *Michael A. Ryan*
~~father~~ or other relative.) *26*
3. Is said ~~father or other relative~~ ^{brother} a chronic) *Chronic*
invalid and totally incapacita-)
ted.)
4. Of what nature is disability ?) *Palpitation of Heart*
5. From what date has this total) *Childhood*
incapacity been existent ?)
6. How long is total incapacity) *30% less than normal*
likely to continue and what will)
be the effect on earning power.)
7. If not totally incapacitated by) *30%*
what per cent in your opinion is)
capacity for work reduced and)
from what date.)
8. Are you the regular attending) *Yes*
physician ?)
9. Relationship to soldier of) *Brother*
applicant ?)

I certify that the above statements are correct.

..... *S. Wm.* Place,

..... *Sept 5th 1919* Date.

..... *Wm. G. Duncan*
Physician.

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *William Joseph Ryan 133*
2. Name and age of said soldier's father or other relative.) *Catherine Ryan 65 years*
3. Is said father or other relative (a chronic) invalid and totally incapacitated.) *Can work a little at home*
4. Of what nature is disability ?) *Broken ankle*
5. From what date has this total incapacity been existent ?) *January 1st 1919*
6. How long is total incapacity likely to continue and what will be the effect on earning power.) *—*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date.) *00%*
8. Are you the regular attending physician ?) *Yes*
9. Relationship to soldier of applicant ?) *Mother*

I certify that the above statements are correct.

... *Wahpeton Bridge, Iowa* Place,

... *August 27th 1919* Date.

J. M. O'Connell

.....
Physician.

THE BOARD OF PENSION COMMISSIONERS FOR IRELAND.

12. 5. 19

The Paymaster & Officer i/c Records,
St. John's Hill.

DEAD AND MISSING MEN.

No. 133
Rank Capt.
Name W. J. Ryan
Sir:-

I have the honour, by direction
to advise you that a pension has been awar-
ded to the Mother of the marginally
noted, as follows:

Name Catherine Ryan
Address South Side West
Pension 1/2
Pension commences 2. 7. 16.

Kindly govern yourself acco-
rdingly, and advise me what reductions
will have to be made.

I have the honour to be,
Sir,

Your obedient servant

J. Clarke
Asst. Secretary.

D. S. G. JOHN S.

11/7/16
15
30/4/19 @ 80
#827 $\frac{20}{x}$

Discontinued
30/4/19

6/6 West end Way office city

80^c per day

GOVERNMENT HOUSE,
ST JOHN'S,
NEWFOUNDLAND.

Officer Commanding

Headquarters.

Mrs. Catherine Ryan, mother of No. 133
Corporal William Joseph Ryan B. Co. who was
killed, makes enquiry relative to his effects
stating that she has not yet received any of
his things.

Can you furnish me with any information
on the subject?

Wm. C. P. M. & Co. Capt.

Private Secretary & A.D.C.

19 January 1917.

Deputy Paymaster

*Will you reply to P.S.
direct through me*

Jan 2nd 17

MAJOR
Commanding Depot.
First Newfoundland Regiment,
ST. JOHN'S, Nfld.

January 27th.1917

Capt.Christopher Riley,A.D.C.

Government House.

Sir:-

Your letter of Jan.19th.to the O.C.,has been handed to me for reply.

I beg to state that I have a small parcel of the effects of the late Cpl.William J.Ryan,at this office,which I can deliver to Mrs Ryan on application.

Yours truly,

Deputy Paymaster

133

Sept. 25th,

7

Mrs. Catherine Ryan,
West End Post Office,
City.

Dear Madam,-

I enclose herewith cheque for \$53.25, being the amount due you as Administratrix of the Estate of late Private William J. Ryan. I also enclose letter of Administration.

Yours faithfully,

Lieut.
D/Paymaster

ON HIS MAJESTY'S SERVICE



To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,
St. John's.



I beg to acknowledge receipt

Memorial Plaque issued in respect of services of
the late No. 133 Rank Capt
Name William J. Ryan
Royal Newfoundland Regt.

Catherine Ryan (Sgd.)

Mother Relationship.

Address Southside West St. John's N.F.L.D.

20/1/1920

Dept of Militia

C.R. 133

Dear Sir or Miss:—

I beg to acknowledge receipt
of Memorial Scroll of No 133. Corp.
Wm Ryan, with His Majesty's personal
Memorial attached.

Many thanks for same

Catherine Ryan

Southside West.

RECEIPT.

C.R.

133

I hereby certify that I have received the 1914-1915

STAR.

No 133 Name Corporal Wm Ryan

Witness J. P. English

Date Dec 5th 1919

Place Southside West
St John's

Catherine Ryan.



1ST NEWFOUNDLAND REGIMENT

P. O. BOX No. 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO
"PAYDEPT."
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE
ADDRESSED TO THE
PAYMASTER

PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND.

January 27th. 1917 191

Capt. Christopher Riley, A.D.C.

Government House.

Sir:-

Your letter of Jan. 19th. to the O.C., has been handed to me for reply.

I beg to state that I have a small parcel of the effects of the late Cpl. William J. Ryan, at this office, which I can deliver to Mrs Ryan on application.

Yours truly,

[Handwritten Signature]
Deputy Paymaster

C.R. 133

Extract of Casualty List received from P&RO., London

Dated Aug. 1st. 1916.

The following Casualties in the Newfoundland Contingent
are reported under various dates:-

155 Cpl. W. Ryan.

Killed.

C.R. 133

Extract of Casualty List received from P.&R.O.
July 30th., 1916.

133, Pte W. Ryan. ✓

Reported by O.C. Bn. d/11.7.16. KILLED IN ACTION 1.7.16.

M

July 26, 1916.

Dear Madam,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, to-day reports that your son, No. 133, Corporal William J. Ryan, was killed in action on July 1st.

Yours sympathetically,

Colonial Secretary.

Mrs. Catherine Ryan,
Southside West.

76
MAR 28 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 133, Corporal W. J. Ryan, who was previously reported at Abbassia, January 15th, suffering from diarrhoea, was discharged to Base Depot, January 26th.

This information has been received by mail.

Yours faithfully,

Mrs. Catherine Ryan,
Southside W.

Colonial Secretary.

MAR 21 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 133, Corporal William J. Ryan, who was previously reported as suffering from diarrhoea at Abbassia on 21st October, was admitted to Rest Camp, Abbassia, January 15th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mrs. Catherine Ryan,
Southside W.

C.R. / 33



SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE. MEDITERRANEAN.

LIST NO. H. 5415.

NAVAL FORCE RECORD OFFICE. ADMIRALTY.

16302 Cpl. Painter.W. RMLI.Ptsmth. H.H.	Shock.	To CD.Helouan,Cairo,Ex.Nasrieh.Schools Mil.Hos. 17th.Jan'16.
Z/179/C. AB. Stevenson.W. RND. Howe.	Influenza.	To CD.Abbassia.Cairo.Ex.Nasrieh Schools.Mil.Hos. 17th.Jan'16.
Z 4270 T.AB. Dawson.G.S. RND. Nelson.	Tonsilitis.	Dis.to Abbassia Rest C.Cairo.Ex.5.Can.SH.15Jan'16
Z 1675 L.AB. Hack.T.C. RND. Hawke.	Shell shock.	Dis.to Abbassia Rest C.Cairo.Ex.5.Can.SH.16Jan'16
224261. PO. Mantell.W.G. HMS. Liferey.	GSW.Back Fr.Rib.	Dis.to duty Ex.Bombay Pres.GH.Alexand.13 Jan'16.
650S. Pte. Allcock.F. RMLI.Plymth.Batt.	GSW.R.Temporis Region.	To Eng.per HS.Salta.Ex.Bombay Pres.GH.Alexand. 14th.Jan'16.
349. AB. Bishop.J. HMS. Glory.	Pneumonia.do.
Z3431T. AB. Shoebrook.P. RND. Nelson Batt.	GSW.R.Leg.Fr.Amp.R.Leg.	<u>DIED.</u> in Bombay Pres.GH.Alexand.14th.Jan'16.
Z5372. AB. Eales.J.H. RND. Do.	Enteric & Paratyphoid.B.	To Eng.per HS.Esequibo.Ex.Bombay Pres.GH.Alexand. 14th.Jan'16.
9135. Pte. Sherris.O. RND. Deal Batt.	Dysentery & Rheum.do.
1889. Cpl. Carr.C. RND.D.Tr. H.Q.	Syphilis. Slight.	Adm.17.GH.Alexand.15th.Jan'16.
523. Pte. Morgan.H.S. RMLI. Chatham.	Influ.& Anaemia.Trans.to Montazah C.H.Alexand.Ex.17.GH.15 Jan'16.
2/5678. L/S. Wilson.W. RND. Hood.	Hernia.	do.
7013. Pte. Brier.H. RMLI. Ptsmth.	Hydrocele.	do.
Z2881C. L/S. Donaldson.R. RND. Drake.	Old GSW.Finger.	do.
C18898. Pte. Villiers.H. RMLI. Deal.	Jaundice.	do.

NEWFOUNDLAND CONTINGENT.

LIST NO. H. 5415.

133. Cpl. Ryan.W.	1st.Newfndlnd.Cntg. Dysentery.	Dis.to Abbassia.Rest.C.Cairo.Ex.5.Can.SH. 15th.Jan'16.
-------------------	--	---

2007

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE, MEDITERRANEAN.



C.R. / 33

LIST NO. H. 5415.

NAVAL FORCE RECORD OFFICE. ADMIRALTY.

15302 Cpl. Painter.W. RMLI. Ptsmth. H.H.	Shock.	To CD. Helouan, Cairo, Ex. Nasrieh. Schools Mil. Hos. 17th. Jan'16.
Z/179/C. AB. Stevenson.W. RND. Howe.	Influenza.	To CD. Abbassia. Cairo. Ex. Nasrieh Schools. Mil. Hos. 17th. Jan'16.
Z 4270 T. AB. Dawson.G.S. RND. Nelson.	Tonsillitis.	Dis. to Abbassia Rest C. Cairo. Ex. 5. Can. SH. 15 Jan'16
Z 1675 L. AB. Hack.T.C. RND. Hawke.	Shell shock.	Dis. to Abbassia Rest C. Cairo. Ex. 5. Can. SH. 16 Jan'16
224261. PO. Mantell.W.G. HMS. Liferey.	GSW. Back Fr. Rib.	Dis. to duty Ex. Bombay Pres. GH. Alexand. 13 Jan'16.
6505. Pte. Allcock.F. RMLI. Plymth. Batt.	GSW. R. Temporis Region.	To Eng. per HS. Salta. Ex. Bombay Pres. GH. Alexand. 14th. Jan'16.
349. AB. Bishop.J. HMS. Glory.	Pneumonia.	do.
Z3431T. AB. Shoebrook.P. RND. Nelson Batt.	GSW. R. Leg. Fr. Amp. R. Leg.	DIED. in Bombay Pres. GH. Alexand. 14th. Jan'16.
Z5372. AB. Eales.J.H. RND. Do.	Enteric & Paratyphoid. B.	To Eng. per HS. Esequibo. Ex. Bombay Pres. GH. Alexand. 14th. Jan'16.
9135. Pte. Sherris.O. RND. Deal Batt.	Dysentery & Rheum.	do.
1889. Cpl. Carr.C. RND. D. Tr. H.Q.	Syphilis. Slight.	Adm. 17. GH. Alexand. 15th. Jan'16.
523. Pte. Morgan.H.S. RMLI. Chatham.	Influ. & Anaemia.	Trans. to Montazah C.H. Alexand. Ex. 17. GH. 15 Jan'16.
2/5678. L/S. Wilson.W. RND. Hood.	Hernia.	do.
7013. Pte. Brier.H. RMLI. Ptsmth.	Hydrocele.	do.
Z2881C. L/S. Donaldson.R. RND. Drake.	Old GSW. Finger.	do.
C18898. Pte. Villiers.H. RMLI. Deal.	Jaundice.	do.

NEWFOUNDLAND CONTINGENT.

LIST NO. H. 5415.

133. Cpl. Ryan.W.	1st. Newfndlnd. Cntg. Dysentery.	Dis. to Abbassia. Rest. C. Cairo. Ex. 5. Can. SH. 15th. Jan'16.
-------------------	--	--

1007

Extract of Casualty List received from Pay and Record Office London

Dated Jan. 31st. 1916.

133 Cpl. W. Ryan

1st. Nfld. Regt. Dys;.....Adm. Rest Camp Abbassia Cairo 15th. Jan, 1916.

C.R. 133

Extract from War Office Letter No.H. 5780.

133 Cpl. Ryan W.

1/Nfld. Frostbite Dis. to L.of C. Base Depot Sidi Bishr.
Existed Camp Abbassia Cairo 26th, Jan'16.

C.R. / 33

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, No: H. 2861, dated Nov. 10th. 1915.

133 Opl. W.J.Ryan,

1 Newfoundland..... Diarrhoea... Adm. 5 Can. S.H.Abbassia
21 Oct. 1915.

✓
R 76

—December 2, 1915

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that ~~No. 133,~~
~~Corporal William Joseph Ryan, was admitted to Fifth~~
~~Canadian Stationary Hospital, Abbassia, Cairo, on the~~
~~21st October suffering from diarrhoea. This information~~
~~has been received by mail.~~

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mrs. Catherine Ryan,
South Side West,
St. John's.

Colonial Secretary.

C.R. 133

Extract from Nominal Roll of 1st Bn. Nfld. Regt.
Embarked at Devenport for Active Service 20-8-15.

133 Cpl. W. Ryan.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

C.R. 133

Extract from Report of Warrent Officers & H.C.O's
of the Royal Rifle Regiment.

133 Ryan, (B)

Prompted to L/Corporal Nov. 13th 1914

" " Corporal July, 2nd, 1915.

PROMOTION.

HIS EXCELLENCY THE GOVERNOR HAS BEEN PLEASED TO MAKE
THE FOLLOWING PROMOTION:

#133 L/CPL. W. RYAN, B CO.,
TO BE CORPORAL,

THE ABOVE COMMISSION TO DATE FROM JULY 2, 1915.

PROMOTION.

HIS EXCELLENCY THE GOVERNOR HAS BEEN PLEASED TO MAKE THE
FOLLOWING PROMOTION TO DATE FROM NOV 13, 1914.

#133 PTE. W. RYAN. B.CO.,

TO BE LANCE CORPORAL.

C.R. 133

Extract from Memorial Roll Embarked St. John's per S.S.
Florida Oct. 6, 1914.

133 Ryan Wm. J.

ORIGINAL

Casualty Form—Active Service.



Regiment or Corps Newfoundland

Regiment No. C.R. 133 Rank Corporal Name Ryan W

Enlisted (a) 1-10-14 Terms of Service (a) one year Service reckons from (a) 1-10-14

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended _____ Re-engaged duration of war Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		8/10/14.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
17/10/15.	"Galeka"	Ill, Pyrexia admitted	H.S. "Galeka"	17/10/15.	Auth. A 14763. P
21/10/15	5th. Can. Cairo.	Admitted	5th. Can. Hosp., Cairo.	21/10/15.	
11/7/16	unit	with Battalion	unit	7/3/16	P 213
		Emb'k'd Port Suez		14/3. 16	
		Disemb'k'd MARSEILLE S		22. 3. 16	
11 JUL 1916	unit	Killed in Action	Trava	1 - JUL 1916	P 213 all Clerk CAPTAIN. FOR O.I/c INFANTRY RECORDS G. H. Q.; 3 rd ECHELON.

(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. (P.T.O.)
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



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 2 1921.

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

Mrs. Catherine Ryan

in respect of his service as No. **133** Rank **Cpl.**

Name **William J. Ryan** **Royal Nfld. Regt.**
~~Nfld. Forestry Coy.~~

Receipt of the same should be acknowledged hereon.

Received By his Mother

Signature Mrs. Catherine Ryan

Date Sept. 30th '21

Address South side West. (City)

[P.T.O.]