



1836

FIRST NEWFOUNDLAND REGIMENT.



ATTESTATION OF

No. 1636 Name Alexander Sullivan Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Alexander Sullivan
2. What is your full Address?..... } 2. _____
3. Are you a British Subject? 3. Yes
4. What is your Age?..... 4. 24 Years 0 Months.
5. What is your Trade or Calling?..... 5. _____
6. Are you Married?..... 6. No
7. Have you ever served in any Branch of His Majesty's } 7. _____
Forces, naval or military, if so,* which?
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 } 10. _____
meaning, and who gave it to you?..... { Name _____
Corps _____
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes
to be signed by you if you are accepted?..... {

I, Alexander Sullivan 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.

14th Sept 1915 Alexander Sullivan SIGNATURE OF RECRUIT.
Henry Regan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alexander Sullivan do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at
on this _____ day of _____ 1915
Henry Regan
Signature of the 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 _____ 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, the 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) _____

C.R. 1836

Alex Sullivan was attested for General Service
with the NEWFOUNDLAND REGIMENT on **September 14th 1915**
Regimental No. **1836** was allotted to Pte **Alex. Sullivan**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

C.R. 1836

Extract from Nominal Roll of Mfld. Regt. Draft No. 11
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton,
3-10-16.

1836 Pte. W. Sullivan.

C.R. 1836

Extract from Casualties received from Pay & Record
Office, London, Oct. 30th, 1918.

Adm. to 3rd London Gen Hos. 28-10-16 ex "St. George"

1836 Pte. Sullivan, W A.

1st Nfld. R. ~~Adm.~~ Disease bone R. Leg.

C.R. 1836

Extract from Roll, of Officers N. C.O's and
men Discharged from the Royal Newfoundland
Regiment.

<u>Regt.</u>	<u>rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
1836	pte.	Sullivan Alex.	24/1/17	Med. Unfit.

C.R. 1836

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

#1836 Pte. Alexander Sullivan discharged Jan. 24th 1917

Medically unfit

1836

C.R.

Extract from: Daily Orders Part II Unit The Royal
Nfld. Regt., St. John's, Jan. 11th, 1917.

1836 Pte. W. Sullivan.

Discharged as Med. Unfit from Jan 11th, 1917.

C.R. 1836

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Jan. 9th, 1917.

1836

~~1836~~ Pte. W. Sullivan.

This man returned by S.S. Scotian" and attached to the
Strength from Jan. 6th, 1917.

C.R. 1836

Extract of Casualties received from Pay & Record
Office, London, dated November 30, 1916.

#1836 Pte. W. A. Sullivan. ✓

I.C.T. right knee.

To England ex 1. Canadian General Hospital. October
26th, 1916.

Admitted 28/10/16.

3530

C.R. 1820



1st Newfoundland Regiment.

The Officer Commanding Nfld Regt, Ayr, N.B.

The Officer i/c Records, 58 Victoria St. S.W.

The Paymaster, ditto

With reference to No. 1836 Pte. Sullivan, W.A., of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London Command, on the 20/11/16 for discharge from the service as permanently unfit, please note that this man has been sent to the address below on warrant with orders to await instructions as to his final discharge; he has been given (£1) one pound advance.

He proceeded to 58, Victoria Street, S.W. on Nov. 22nd, 1916. (Sent to Depot, 22/11/16).

Wandsworth,
22/11/16.

(Sgd) Horace Fagan, Capt. R.A.M.C.T.,
Registrar, R.A.M.C.T.,
3rd London General Hospital,
Wandsworth, S.W.

C.R.

1836

Extract of Casualties received from Pay & Record
Office, London, dated November 2, 1916.

#1836 Pte. W.A. Sullivan. ✓

ICT Right Knee.

Admitted 1 General Hospital, Etaples 24th October 1916.

C.R. 1836

Extract from Casualties received from P.&R. Office London,
Oct. 31. 1916.

Admitted to Wandsworth: 27 & 28.

1836 Sullivan.

Diseased bone right leg.

129
+

COPY OF TELEGRAM.

Dated
31st October, 1916.

Mr. Richard J. Sullivan,

Pouch Cove.

Regret to inform you that the Record Office,
No. 1836 Private Alexander
London, officially reports
Sullivan at Wandsworth Diseased bone right leg.

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

J. R. BENNETT,

Colonial Secretary.

C.R. 1836

Extract of Cablegram received from Pay & Record
Office, London, dated October 30, 1916.

#1836 Pte Sullivan.

Diseased bone right leg.

Admitted Wandsworth October 27-28

✓

C.R. 1832

Extract of Casualty received from Boy & Record
Office, London, dated October 30, 1916.

#1836 Pte. W.A. Sullivan. ✓

Disease bone right leg.

Admitted Wandsworth 28/10/16. ex "St. George." 2

C.R. 1836

Extract from Casualties...List. H.A. 3656.

1836 Pte. W.A. Sullivan.

1/Hfld.R. To Eng. ex 1 Can. Gen. H. 26 Oct'16.

I.C.T. Knee R.

C.R. 1836

Extract from Nominal Roll Entrained St. John's for Overseas

27/10/15/

1836 Pte. A. Sullivan.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1536 H. J. Sullivan

E Co'y. From 24-11-16 to 22-12-16 (Dates inclusive)

Classification (See Procedure). A

(Substituting A.F. O. 325) N.F.P./Ca.

Embarked per S.S. Sedha

From Glasgow

Date 29/1/16 Draft No. _____

CF.

Pay Book Col.	Particulars	days	£	s	d	Date	Pay Book Col.	Particulars	days	£	s	d
8	Forfeited Pay						1	Pay	29	1.00	29	00
9	Allotments	29	80	23	20		2	Field Allowance	"	10	2	90
10							3	Other Allowances				
11/12	Total Stoppages £ d		23	20			4/5	Total Pay & Allces @ \$4.86 2/7		31	90	16 11 15
13	Fines						6	Bal. Cr. Last Period				3 5
14	Clothing											
15	Arms & Accoutrements											
16	Barrack Damages					7						
17	Hospital Stoppages											
17a	Miscellaneous Stoppages					2 4						
19	Casual Payments											
20	1st Payment					10 0						
21	2nd "					7 6						
22	3rd "					7 6						
23	Final "					15 0						
24	Balance Dr. Last Period					10 0						
28	" due by Paymaster					7 8 3	27	Bal. due to Paymaster				13 9 15
												7 8 3 15

Recounted Acc.
Dec 24 1916



CERTIFIED CORRECT.
E. Barnes 2nd Lt.
O.C. " " Company.



Sullivan, Wm A

1836

Pay to Dept

COPY

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1836 P.H. Sullivan

(Substituting A.F. O.1625). N.F.P./36.

Company. From 24.11.16 To 22.12.16 (Dates inclusive).

Embarked per S.S. Scotia

From Glasgow Date 23.12.16

DR. Classification (See Procedure). 4

Draft No. CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	1 00	29	29	00	
	9	Allotments	80	29	23	20			2	Field Allowance	10	"	2	90	
	10								3	Other Allowances					
	11/12	Total Stoppages			23	20	4 15 4		4/5	Total @ 4.86 2/3			31	90	6 11 1
	13	Fines							6	Balance Credit Last Period					3 5
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allowance,					
	16	Barrack Damages					1			/ /17 to / /17					
	17	Hospital Stoppages					2 4			= days @ /					
	17a	Miscellaneous Stoppages													
	19	Casual Payments					10 0								
	20	1st Payment					7 6								
	21	2nd "					7 6								
	22	3rd "					15 0								
	23	Final "					10 0								
	24	Balance Debit Last Period													13 9
	28	" Due by Paymaster							27	Balance Due to Paymaster					
							7 8 3								7 8 3

Racouse Capt.

Dec 21st 1917.

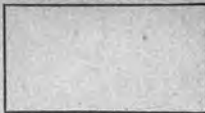


CERTIFIED CORRECT.

Sgd E. Barnes

O.C. "E" Company.

This space to be left blank for the Chelsea Number.



Army Form B. 268



Proceedings on Discharge.

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

No.	<u>1836</u>	Army Rank	<u>Private</u>
Name	<u>Sullivan William A.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps	<u>1st Newfoundland Regiment</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge _____			
Place of discharge _____			
1. <u>Description at the time of discharge.</u>			
Age	<u>20</u> years	_____	months
Height	<u>5</u> feet	<u>6</u>	inches
Chest measurement	girth when fully expanded _____		ins.
	range of expansion _____		ins.
Complexion _____			
Eyes	<u>Light Brown</u>		
Hair	<u>Dark Brown</u>		
Trade	<u>Fisherman</u>		
Intended place of residence	<u>Touch Cove</u>		
(To be given as fully as practicable)	<u>St John's East</u>		
	<u>Newfoundland</u>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2. The above-named man is discharged in consequence of _____ _____ _____			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3. Military character :—			
4. Character awarded in accordance with King's Regulations :— _____ _____ _____ _____ _____			
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
Initials of Commanding Officer. _____			

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

2/1st NEWFOUNDLAND REGIMENT.

Pte Sullivan William, A

No. *1836* is unlikely to be fit for Service with the

Expeditionary Force for *Six* months, on account of

Necrosis of Acme

I recommend that he be posted to the Depôt at St. John's,
Newfoundland.

W. W. W. W.

Capt. R.A.M. M.O.,

I/C. 2/1st Newfoundland Regt.

21.12.16

AYR.

1/2

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name *Williams A.* 2. Surname *Sullivan*

3. Rank *Private* 4. Regtl. No. *1836*

5. Address in full to which future payments of gratuity are to be forwarded. *Round Cove*

St. John's East

6. Date of enlistment in the Regiment. *Sept 14 1915*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.

Not Applicable

8. Relationship of such dependents. *Not Applicable*

9. Address in full of such dependent. *Not Applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.

No Overseas

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

1 Year 132 days

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

Not Applicable

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.....

Not Applicable

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

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

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

Not Applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... Not Applicable

(b). If so, was such reversion in consequence of misconduct or inefficiency?..... Not Applicable

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge..... 24/1/17 (b) Reason for discharge.....

Inability

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service..... Yes

France Feb 19. 16. 6 Spain 1.4.17

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..... Not Applicable

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.

W. A. Sullivan

Signature of Applicant:

Place of Residence:

Pough Cove, St John's Lab.

Declared before me at:

St John's, U.F.C.

This

23rd,

day of *April* 19...*19.*

John M. [unclear]

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

4 met.

280 00

Certified Correct.

Paymaster.

[Signature]

STATEMENT OF ACCOUNT

No. 1536

Name Sullivan W.

166/1

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Dec 31	By Pay 9 days @ 10 ¹⁰ / ₁₀₀			9 90	9 90
Jan 6	" " 6 " . 10			6 60	16 50
24	" " 18 " 15 ⁵ / ₁₀₀			33 30	49 80
	Bonus allowing			12 95	62 75
				25 00	87 75
Dec 22	Balance due to P.M. 13/9		3 34		84 41
31	Allotment 9 days @ 50		7 20		77 21
Jan 9	To Pay.	90	15 00		62 21
13	" "	94	10 00		52 21
July 6	" "	3	47 21		5 00
	Paid to Lt. Hawley	3	5 00		0
	war service gratuity 4 mos @ 7000 allowance			280 00	280 00
				10 00	290 06
Feb 5	Bonus To Pay.		12 95		277 05
Mar 1	To Pay.	11146	10 00		287 05
Apr 1	" "	14040	70 00		217 05
May 1	" "	15523	70 00		127 05
June 1	" "	21798	57 05		57 05
			377 75	377 75	0

Signed Alvany CSM

7 / 12
1920

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #1836 Pte. W. Sullivan Voucher No. 238.

Cheque No. 238.

Reg'l A/c No. Name C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount.
July 10	8.		Balance due when Discharged	\$5 00
				\$5 00

CERTIFICATON

Dissect^a Sheet No.

Recap. Sheet No. 8.

H. M. M. Adkins
PAYMASTER

Checked by *[Signature]*

RECEIPT

July 10th, 191 7.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of Five Dollars

and Cents in Payment as above stated.

July 191 7.

\$ 5.00

[Sig.]

Dispatching
Office
Stamp.

ST. JOHN'S, E.A.S.T.
FEB 6
17
NEWFUND

No. 407

From

Registered Letter Addressed—

John G. ...
Allen Sullivan
Pruch Cove

Arrival
Office
Stamp.

1876

Received by

[Signature]

1836

February 3rd, 1917.


Pte. Alexander Sullivan,

Pouch Cove.

Dear Sir,-

I enclose herewith Certificate of Discharge,
dated January 24th 1917, and also Character Certificate,
No. 16.

Yours very truly,



2nd. Lieut. & B/Paymaster.

Casualty Form—Active Service.

Regimental Number 1836 1866

10941

Regiment or Corps Infantry
 Rank Pte Surname Sullivan Christian Name St

565

Religion _____ Age on Enlistment _____ years _____ months.

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

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

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

NOV 2 1916

Signature of Officer i/c Records.

CO. 10941
 Report
 Date _____
 From whom received _____
 Dated _____

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

Embarked

Disembarked ...

Southampton 3/10/16
Levee 4/10/16

St Dieppe I was sent to England 26/10/16 W 3083
ex 1 can for sp

Diseased
[Signature]

LIEUT. COLONEL

Officer i/c Regular ...

General Headquarters, ...

mi

(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, Shoeing Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 [6-6] W5017/2124 1000m 6/15ss 93 56
 Forms B. 121. 39.

Number of Sheet 1
 Signature of O. C. Company [Signature]

Regiment of 1st Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>A Sullivan</u>	Age on	<u>19</u> years <u>1</u> months	<u>Fisherman</u>	COPY SENT TO		
Joined	Date	Place and Date of Enlistment	<u>[Signature]</u> <u>Sept 14 1915</u>	Religion	<u>[Signature]</u>		
Joined	Date	Period of	with Colours <u>1133</u> years. with Reserve <u>365</u> years.	Place of Birth	[Signature]		
Joined	Date			<u>Lond Cove</u>	NO.		



Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Date Punishment awarded	Date of Award or of order depending with trial	By whom awarded	REMARKS
				<u>Medically Unfit 24 '17</u>					
To be carried over									

Army Form B. 121

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

Army Form B. 268



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

No. <u>1836</u>	Army Rank <u>Private</u>															
Name <u>Sullivan William A.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>Newfoundland Regiment</u>																
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>																
Date of discharge																
Place of discharge																
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> COPY SENT TO No. _____ Date <u>Dec 22/16</u> </div>																
<p>1. Description at the time of discharge.</p> <table border="0"> <tr> <td>Age <u>20</u> years _____ months</td> <td rowspan="2">Descriptive marks.</td> </tr> <tr> <td>Height <u>5</u> feet <u>6</u> inches</td> </tr> <tr> <td>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</td> <td></td> </tr> <tr> <td>Complexion _____</td> <td></td> </tr> <tr> <td>Eyes <u>Light Brown</u></td> <td></td> </tr> <tr> <td>Hair <u>Dark Brown</u></td> <td></td> </tr> <tr> <td>Trade <u>Fisherman</u></td> <td></td> </tr> <tr> <td>Intended place of residence { <u>Touch Cove</u> <u>St John's, East</u> <u>Newfoundland</u></td> <td></td> </tr> </table> <p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p>		Age <u>20</u> years _____ months	Descriptive marks.	Height <u>5</u> feet <u>6</u> inches	Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		Complexion _____		Eyes <u>Light Brown</u>		Hair <u>Dark Brown</u>		Trade <u>Fisherman</u>		Intended place of residence { <u>Touch Cove</u> <u>St John's, East</u> <u>Newfoundland</u>	
Age <u>20</u> years _____ months	Descriptive marks.															
Height <u>5</u> feet <u>6</u> inches																
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.																
Complexion _____																
Eyes <u>Light Brown</u>																
Hair <u>Dark Brown</u>																
Trade <u>Fisherman</u>																
Intended place of residence { <u>Touch Cove</u> <u>St John's, East</u> <u>Newfoundland</u>																
<p>2. The above-named man is discharged in consequence of <u>Necrosis of Femur</u>.</p> <p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>																
<p>3. Military character :—</p>																
<p>4. Character awarded in accordance with King's Regulations :—</p>																
<p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p>																
<p>Initials of Commanding Officer.</p>																

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

Notification of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records 58 Victoria St Sw

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ²¹ 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Sullivan, Christian names William, Alexander
(in full)

Regt. No. and Rank 1836 Pte. Regt. or Corps 1/2 "Newfoundland"
(If T.F. this should be stated)

His address on discharge will be Pouch Cove
St. John's East
Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that no allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,
Station WANDSWORTH, S.W.

A. P. Saff Major R.S.M.C.
President of Board
(Approving Officer).

Date 20/10/16

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Original

Medical Report on an Invalid.



3rd London General Hospital,

Station WANDSWORTH, S.W.

Date 13-11-16

- 1. Unit 1st/2nd Newfoundland
- 2. Regimental No. 1836
- 3. Rank Private
- 4. Name Sullivan W.A.

- 5. Age last birthday 20
14 Sept 15 1915
- 6. Enlisted at St John's
- 7. Former Trade or Occupation Fishing

CO. BENT T. 3
 [Signature]
 [Signature]
 No. _____
 Dated Dec 22/16

8. Disability.

Fracture of femur.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. about 7 or 8 years ago
- 10. Place of origin of disability. Newfoundland.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Just had this trouble about 5 years ago. Enlisted Aug 1915. Went to France Sep 22 1916, Reported sick Oct 19 1916 with pain in leg + discharge. Had two operations before joining Army, + four since in which pieces of removed bone were removed.

- 12. (a) Give your opinion as to the causation of the disability. Old standing injury
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8). aggravated by active service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Has not much power in leg to walk with a decided limp. Since has nearly healed + he has no dressing at present.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service? Yes
- (c) On duty? Yes
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

Six operations in all, for removal of pieces of bone.

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

- (a) Discharge as permanently unfit, Yes
- (b) Change to England?

O. E. Hall

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

3rd London General Hospital,
Station WANDSWORTH, S.W.

Alfred Bruce Connel

Officer in charge of Hospital.

Date 17th Nov: 1916

..... Lt. Col. R.A.M.C.T.

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalidated, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Not due to any of these causes

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

✓

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) Any of the conditions mentioned in question 20, and if so, which?

Yes, by (c) Active Service

22. Is the disability permanent?

Yes

23. If not permanent, what is its probable minimum duration?

✓

To be stated in months.

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

Lessened by one-half

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

No

25. If an operation was advised and declined, was the refusal unreasonable?

Yes 16

26. Do the Board recommend

(a) Discharge as permanently unfit,

Yes

or

(b) ~~Change to England~~

Signatures:—

A. P. Saff Major R.A.M.C.T. President.

3rd London General Hospital,
Station WANDSWORTH, S.W.

F. J. Woodhead Capt. R.A.M.C.T.

Date 20/11/16

R. McKeown Esq.

Members.

3rd Approved General Hospital,
Station WANDSWORTH, S.W.

A. P. Saff Major R.A.M.C.T.

Date 20/11/16

Administrative Medical Officer.

(On leaving Corps or Station where invalid.)

Transfer { Date _____
Station _____ } Name of { Conveyance _____
Vessel _____
or { Date _____
Embarkation { Port _____ } Officer in medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or Station _____ } Officer in medical charge _____

(At Station or Hospital where finally disposed of.)

Station and Hospital }
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision }
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station *Ag*
Corps *12th Newfoundland*
Regimental No. *1836*
Rank *Pte.*
Name *William W. A.*
Disability *Across of femur*
Date *20/11/16*

Hospital or Station transferred to for final disposal }
Date of final disposal }
How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.
Form B. 179
W. 1839/2774 500M 9-15 M&C.Ld.
58 Vic

3rd London General Hospital.

From,

O. C.

3rd London General Hospital.



To,

O. C. Records,

Newfoundland Ryt.

58 Victoria St.
S.W.

In conformity with instructions contained in A. C. I.
No. ¹⁶²⁴~~2015~~ of 1916., I beg to report that:-

1836 Pte. Sullivan W.A. 1/2 Newfoundland

will shortly be brought before a Medical Board, and will probably
be discharged from the Army or re-Classified.

Horace Tagan Capt. R.A.M.C.(T.F.)

Temporary

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.



MEDICAL HISTORY of

Surname Sullivan Christian Name William Alexander

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 ,
at _____

Declared Age ... _____ years _____ days.

Trade or Occupation ... _____

Height ... _____ feet _____ inches.

Weight ... _____ lbs.

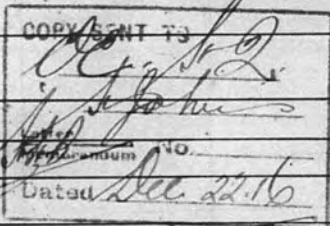
Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____



(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____
(Rank) _____

Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Joined on Enlistment	Corps.	Regtl. No.
_____	<u>1st/2nd Newfoundland</u>	<u>1836</u>
Transferred to	_____	_____

Became non-effective by ...
on _____ day of _____ 191 .

(Signature) _____
(Rank) _____

(9 38 41) W 1 751-6539/1 75,000(6) 10/15 H W V(M 531)
16092-191 75,000 1/16

Forms/W. 3201/1

Army Form W. 3201.

(In pads of 10)

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Wld. (Regiment).

No. 1836, Rank Plt, Name Sullivan W.A.

is discharged from Hospital with orders to proceed to ~~his home~~

(Address 58 Victoria St.)

S.W.

and there await further instructions as to his discharge from the
Service.

Officer Commanding,

Place

Wandsworth

Honora Fagan Capt. R.A.M.C.(F)

Registrar, R.A.M.C.T.

} Hospital.

3rd London General Hospital,

WANDSWORTH, S. W.

Date

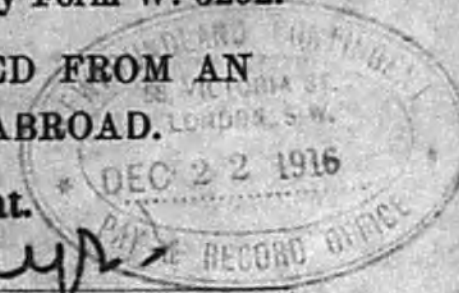
22/11/16

Admitted

28-10-16

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.



Duplicate of ~~Wfd.~~

SENT TO

Regiment.

*The Officer Commanding

Wfd Cont

Wfd

The Officer in Charge of Records

58 Victoria St SW

The Regimental Paymaster

58 Victoria St SW

Dated

28/10/16

1836 Ple Sullivan - W.A

With reference to No. of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S., London. Command, on the 20 11 16

for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to

58 Victoria St. S.W

on [date]

Nov 22nd 1916

Teno to depot 22/11/16

Horace Jagan Capt. R.A.M.C.T.

Officer Commanding

Registrar, R.A.M.C.T.

Hospital.

Place

Wandsworth.

3rd London General Hospital,

WANDSWORTH, S. W.

Date

22/11/16

[Signature]

* In case of Territorial Force "Officer Commanding the Administrative Centre."

Four copies to be made, and one copy sent to each Officer mentioned above, and one copy kept in the Office.

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

(MEDICAL HISTORY SHEET)



Surname Sullivan OF Christian Name William

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County W. Lfd

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>14</u> day of <u>Sept</u> 191 <u>5</u>	on _____ day of _____ 191 <u>5</u>	at <u>St Johns W. Lfd</u>	at _____
Declared Age	<u>19</u> years	_____ years	_____ days	_____ days
Trade or Occupation	<u>Fisherman</u>		_____	_____
Height	<u>5</u> feet	<u>5 1/2</u> inches	_____ feet	_____ inches
Weight	_____	<u>132</u> lbs.	_____	_____ lbs.
Chest Measurement	Girth when fully expanded	<u>35 1/2</u> inches	_____	_____ inches
	Range of expansion	<u>3</u> inches	_____	_____ inches
Physical Development	_____	_____	_____	_____
Vaccination Marks	Arm	_____	_____	_____
	Number	<u>1</u>	_____	_____
When Vaccinated	_____	_____	_____	_____
Vision	R.E.—V=	<u>6/12</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____	(a) _____	(a) _____	(a) _____
(b) Slight defects but not sufficient to Cause Rejection	(b) _____	(b) _____	(b) _____	(b) _____
Approved by (Signature)	<u>Lamm & Paterson</u>		_____	_____
(Rank)	<u>Capt</u>		_____	_____
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>	at _____	on _____ day of _____ 191 <u>5</u>	on _____ day of _____ 191 <u>5</u>
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st W. Lfd Regt</u>	<u>1836</u>	_____	_____
Transferred to	_____	_____	_____	_____
Became non-effective by	_____	_____	_____	_____
(Signature)	_____	_____	_____	_____
(Rank)	_____	_____	_____	_____

COPY SENT TO
 (a) _____
 (b) _____
 No. _____
 Date Dec 22. 16

445321

Table II.—Only for admission to hospital to the sick list in case of warrant officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4TH SCOTTISH GENL HOSPITAL, GLASGOW	3	4	16	23	6	16	Old disease Condition of hip joint.	81	Sores have broken out again. They have been excised and the wounds are now healed.	J. D. Holmes Capt
Heathfield Hospital Ayr.	7	7	16				Diphtheria			H. J. Wilson Lt. R.A.M.C.

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	
18.10.15		
19. 11. 15	Vacc.	R.P. Graham Lt. Raine
9. 12. 15	T.V. II	R.P. Graham Lt. Raine
2. 7. 16	Fit for Foreign Service J. H. W.	

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. John's Hill					

2/1st NEWFOUNDLAND REGIMENT.

Pte Sullivan William A.

No. *1886* is unlikely to be fit for Service with the

Expeditionary Force for *Six* months, on account of

Necrosis of Ilium

I recommend that he be posted to the Depôt at St. John's,
Newfoundland.

W. A. M. C.

Capt. R.A.M.C. M.O.,

I/C. 2/1st Newfoundland Regt.

1/2

21. 12. 16

AYR.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 1836

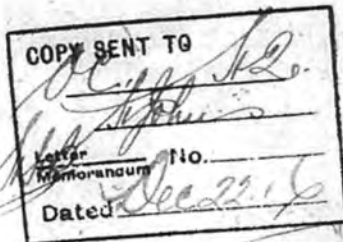
Rank _____

Name (surname first) Sullivan, William, Alexander

Regiment 1/2nd N.S. Newfoundland

1. State what special qualifications you have for employment in civil life.

*Cod fishing
Net making
Lumberman*



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Messrs. Harney, Merchant Coy. for about 3 mos.
discharging cargo.*

3. What is the nature and locality of the employment you desire?

*I want to return home but am uncertain
as to the nature of work suitable.*

4. What is the name of your Approved Society? *None.*

5. Have you been employed whilst with the Colours? If so, in what capacity?

No.

Date 13/11/16

Signature William Alexander Sullivan

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No.....of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.
Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Sullivan, William, Alexander*
 Regiment from which discharged *12th Newfoundland*
 Regimental Number *1836*
 Intended address *Pouch Cove St. John's Est., Newfoundland.*
 Height on discharge *5 Feet 6 Inches*
 Colour of Hair on discharge *Dark brown* Colour of Eyes *Light brown*
 Figure on discharge *Sturdy*
 Christian name of Father *Richard, James*
 Christian name of Mother *(Dec.) Virtue*
 Wife's Maiden name in full _____
 Date and Place of Marriage _____
 Christian names of Children _____

COPY SENT TO
[Signature]
 No. _____
 Dated *Dec 22 1916*

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) *W. A. Sullivan*

Station *Wandsworth* *William Alexander* (Rank) *Private* Date *16/11/16*

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.
O. E. Rowe Medical Officer i/c Hospital.
 Station *3rd London General Hospital, WANDSWORTH, S.W.* Date *Nov 16/16*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		Years	Days
				India	S. Africa		
Disallowed ...							
Service towards Pension ...							
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }			
Sums due on account of public debts ...							

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received
 Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.
 [OVER.]

No. 1836 Name *A. Sullivan* Sq., Batty., } #. Corps *2/1 N.Y.D. Regt.* Date of enlistment } *14/9/15* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in } *clean* No. and date } Period not reckoning towards } Sheet No. *1* Signature O.C. } *R.S. Russell* Character }
 Company Conduct Sheet } of last drunk } freedom from extra fine }

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>Rouen</i>	<i>19/10/16</i>	<i>Pte</i>		<i>When on active service overlooking the River</i>	<i>White</i>	<i>Deprived of 2 days pay</i>	<i>10/16</i>	<i>Lieut Col</i>	<i>ET</i>
				<i>has passed from 8.45 p.m. until 12.50 h. or (1 hr 5m)</i>					
				<i>Invalided to England 26.10.16. 18/16</i>					

Army Form B, 192