Recruiting
Form A, 1914.

First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 998

Name in full Arthur Sullivan Age 19

Address Pouch Cove

~~Married~~ Single Height 5.7 Weight 132

Color Hair Light Eyes Blue

Other distinguishing marks Scar from cut on back of left leg.

Nearest relative Edward Sullivan (Father)

Address Pouch Cove

Dependents None.

Occupation Fisherman Present Wage $50 per month

Previous service

Decorations

General Remarks

Date of Enlistment Feb 9/15

I, , 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 condition of my service.

Arthur Sullivan

Declared before me this 9 day of Feb 1915

Eugene F. Murphy
Recruiting Officer
Arthur Sullivan
Chas. F. Carpe

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 998

Name Arthur Sullivan

Apparent age 19 years _____ months. Height 5 feet 7 inches.

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

Distinctive marks Hair: Light, Eyes: Blue

Other distinguishing marks: Scar from cut on back of left leg

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Edward Sullivan, Pouch Cove, St. John's East

Relationship Father

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. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from 1/2/15									
Joined at St. John's on 1st February '15									
		Wounded Gastritis		N/D 2/11/15					
Total Service forfeited as above									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days

" " " Pension " _____ (") _____ " _____ "

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 998

Name Arthur Sullivan

Apparent age 19 years _____ months. Height 5 feet 7 inches.

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

Distinctive marks Hair: Light, Eyes: Blue

Other distinguishing marks: Scar from cut on back of left leg

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Edward Sullivan, Pouch Cove, St. John's East

| Relationship Father

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 years	days	Service in Reserve not allowed to reckon towards G. C. Pay years	days	Signature of Officers certifying correctness of entries
					PROMOTIONS				
					12 7/16		L. Cpl.		
					3 7/18		Cpl.		
					16 4/17		L. Sergt.		
					5 2/18		Reduced to Ranks		
					8 5/19		Corporal.		
Service towards limited engagement reckons from 1/2/15									
Joined at St. John's on 1st February '15									
Discharged March 14 1919									
		Embarked S.S. Stephano		Sailed 20 3/15	Embarked		Landed		Demobilized
and entrained for		Cairo 31 3/15		Embarked for Gallipoli	13 9/15		Landed		Lemnos Bay night of 19/20 Sept 15
Admitted		H.S.H.		Sick	Lemnos Bay 20 9/15		Invalided		to England 3-10-15
Admitted 5 Can		Gen. H. Alberta		4-10-15	Disembarked		to Base		Hely 1-10-15 Admitted 19 Y.H.
Alexandria		Hospital		6-11-15	Left Battalion		31-1-16	Admitted	5 7 F.A. D.C.T. Foot 24 6/16 Discharge to duty 1-7-16
Admitted		2/1		S.H.	F.H. Sanitary		Discharged to duty		9 1/16 Admitted 21 C.C.S. U.B.S. 14 7/16 Dis to Base 23 7/16
Required		Battalion in the field			31 7/16		Wounded		9-8-16 Admitted 8 9 F.A. Y. S.H. Base & Army 9-10-17
Invalided to England					16 9/17		Admitted		Ken Eaons Stoke E. 18 Pr. Furlough Ken attached Depot from 21 7/18
Total to Winchester					21-6-18		To Newfoundland		for duty 30-1-19
Arrived Headquarters Newfoundland									7-2-1919.
					Demobilization St. John's				14-3-1919
Total Service forfeited as above									

Total Service towards Engagement to 14-3-19 (date of discharge) 4 years 42 days

" " " Pension " _____ (") _____ " _____ "

Sullivan, Arthur. 998

Pay Dept.

File No. 1402

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

	NAME OF CORRESPONDENT OR PURPORT OF COMMUNICATION	Cross References
	Sullivan Arthur #998	1763-A

Date	P.A. or B.F.	Initials	Referred to	FOR REMARKS (If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")	Initials	Date

B.P.C. for N. 12 6M-7-29 Req 5700

H.W.100—2500—17-5-35—N.D.

Pension No. 1407

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Department of War Pensions for Newfoundland

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date February 11th., 1937.

The Secretary, Dept. of War Pensions for Newfoundland.

Per

Regimental No. 998 Rank Pte:

Name A. SULLIVAN. Address: POUCH COVE.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:

Apparent Age Height Colour of Eyes

Complexion Colour of Hair Weight

Marks of Identification:

DISABILITY -

GSW RIGHT SHOULDER, and
RIGHT CHEST.

Disability for which pension has been awarded:—

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? Yes but puzzled that main wounds are on left side the complaints mostly attributed to right side.

(2) Give a definite detailed description of the present condition

There are several superficial scars over back of chest + shoulders — not adherent to muscles in any way. He is of opinion that he had a bullet pass thro' his back muscles from left to right cutting his right lumbar muscles. If such T + T wound did occur it must have gone from rt to left as the larger scar is on left.

If no X-Ray of chest has been taken it should be done, as unless there is a F.B. in the back it is difficult to see that there is any disability. Also to have Urinalysis. Should like to know pH.

Special Questions:—

Complaints:— Constant pain in Rt side of back and right shoulder.

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated)

Signature of Witness_____

Pensioner's Signature_____

3. (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Nil. cm. awaiting X-Ray

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4. (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5. Will disabilities materially increase or diminish?

6. Are the disabilities permanent?

7. (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8. (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treament advised?

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT;—This is to certify that I thoroughly understand the nature of the treatment
(To be completed when treament advised has been refused.)
advised and refused to accept the same for the following reasons:

The foregoing report submitted by:

Pensioner's Signature

Signature

Medical Examiner.

Approved! Months

Place Sydney N.S. Medical Examiner

Date Feb. 11 '27

Clem MacPherson

Members (of a Board)

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9. If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

10. Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died)

Place

Date

Head of District Office,
(or Medical Practitioner)

FOR OFFICE USE ONLY

Pension No.

Regt. No. 998 Rank Name A. Sullivan

Disability nil per cent. Period months

Pension for self $ per month

Allowance for wife $ per month

ALLOWANCE FOR CHILDREN

First Child $ per month

Second Child $ per month

Third and Other Children $ Each $

TOTAL MONTHLY PENSION $ nil. For Months

Total Authorized Amount $ From

To

PENSION GRANTED TO

Approved by A. Sullivan Chairman.

Commissioner.

Commissioner.

The Board of Pension Commissioners for Newfoundland

MAR 29 1937

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 1402

Regt. No. 996 Rank Pte. Name Arthur Sullivan

Corps served with ROYAL NFLD REGT.

Date of Medical Board July 1st, 1926 Disability NIL

Pension for self _____ per month for _____ months.

Allowance for wife _____ per month for _____ months.

Allowance for children:

1st Child _____ per month for _____ months.

2nd Child _____ per month for _____ months.

____ Children @ _____ per month for _____ months.

TOTAL ALLCE. FOR C. _____ per month for _____ months.

Total monthly pension NIL for _____ months.

TOTAL AUTHORIZED AMOUNT NIL

Pension granted to:

Name Arthur Sullivan

Address Brookfield St.,
WHITE PLAINS. N.Y.

3.8.26
BT

Approved by:

R. Dyer Chairman.

Commissioner.

Commissioner.

Secretary.

The Board of Pension Commissioners for Newfoundland
AUG 20 1926

PARTICULARS OF FAMILY:

Date of Marriage. Name of Wife.

Names of Children. Sex. Date of Birth. Expiration of Allce.

B. P. C. No. 1402

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:
Medical Report required; review date:—

AS SOON AS POSSIBLE.

ST. JOHN'S, Newfoundland,

Date.....

The Secretary, Board of Pension Commissioners for Newfoundland.

Per.....

Regimental No. 998 Rank CORPORAL

Name ARTHUR SULLIVAN ADDRESS: BROOKFIELD STREET, WHITE PLAINS, N.Y.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 31 YEARS Height 5'7" Color of Eyes BLUE

Complexion FAIR Colour of Hair BROWN Weight

Marks of Identification:

FEBRUARY 20, 1919: Small scar from flesh wound over right side of chest posteriorly. No disability. Also scar near right elbow, flesh wound. Two small scars above right shoulder, no disability.

DISABILITY: G.S.W. RIGHT SHOULDER AND RIGHT CHEST.

B. P. C. Form 98
2M 18-9-23.

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes, by registered mail and gunshot wounds.

(2) Give a definite detailed description of the present condition.

Examination by Dr.Silver:

Fairly well developed and nourished adult. Weight: 145 Lbs. Height: 68½". Medium build. Eyes are blue. Hair: Light brown. Complexion is dark. Man complains of general weakness and pains in back at times at site of wounds. Head: Many teeth are missing for which he has had an artificial bridge. Many teeth are carious.
Neck: Shows slight enlargement of left thyroid.
Thorax: Long and narrow. Expansion is equal and ample.
Lungs: Respiratory murmur is normal. No rales are heard. Palpation and percussion are negative.
Heart: With normal limits. Sounds are of good quality. No thrills or murmurs are detected.
Blood Pressure: Systolic (mercuric) 110, diastolic 62. Rate 84 - 108 - 84.
Abdomen: Shows small pea sized scar from "spent bullet". No areas of rigidity or tenderness elicited. No masses are felt. Inguinal rings are in tact.
Genitalia are normal.
Extremities: Show no scars, varicosities, swellings or deformities.

Surgical Examination by Dr.Russotto:
Multiple healed negligible gunshot wound scars right chest posteriorly over scapula neck left lower back, left arm. No apparent bone or nerve injury. No loss of motion. No disability.

Special Questions:—

[illegible]

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature of Witness F.R. Silver M.D. Pensioner's signature Arthur Sullivan

DR.I.H.RUSSOTTO, SURGICAL EXAMINER.

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

NIL.

4 (a) To what extent, if any have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

Approved! Months

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refused to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

Pensioner's signature Arthur Sullivan

The foregoing report submitted by

Signature H. P. Silvey M.D.

Medical Examiner.

Place

Dr. I. N. Russotto, Surgical Examiner.

Date

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical pactitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer).

9 (a) Has pensioner married since last medical re-examination? No.

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination? No.

(b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? No.
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? No.
(State date of death and names of children who have died.)

Place U.S. Veterans' Bureau.
225 W. 42nd St., N.Y. City.

Date July 1, 1926.

JUL 8 - 1926
Medical Division
Regular & Foreign Service
Sub-Division

Head of District Office, (or Medical Practitioner)

U. S. Veterans Bureau
Received
JUL 21 1926
Medical Division
Regular & Foreign Service
Sub-Division

1402

August 2nd,1926.

Mr. A. Sullivan,
Brookfield Street,
WHITE PLAINS.
NEW YORK.

Dear Sir:-

I am directed to inform you that the Medical Board that examined you recently, has reported on your condition and state that at the present time you are not suffering from any disability sufficient to entitled you to a pension.

However, should your wounds break down or give you any trouble at any future time, it will be quite in order for you to get in touch with this Department again.

Yours very truly,

SECRETARY.

BT.

THE BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLAND.

Pension No. 1402

Regtl. No 998 Rank Cpl Name Arthur Sullivan

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Feb 20th 1919

Pensionable disability Less than 20% for ____ months partly

Pension granted:

$ ____ per month for ____ months

or Gratuity granted:

$ 75 payable in 3 equal monthly insts.

Granted to:

Name Arthur Sullivan O.S. S.M.D.

Address Pouch Cove

St Johns East

Date case disposed of MAR 5 - 1919

Approved by:

Members of Board

P. McMurdo Chairman

J. Wilson

W. Parsons

Remarks:

Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps.....ROYAL NEWFOUNDLAND.....

2. Regtl. No.....998..... 3. Rank....CORPL.....

4. Name ...SULLIVAN.....
(*Surname*) (*Christian Names*)

5. Age last birthday.....

6. Posted for duty on..... at.....
in category (or grade).....

7. Former Trade or Occupation

7a. If the soldier claims previous service in Army, he should state—
(*a*) Former Regts. or Corps; with Regtl. Nos.
(*b*) Date of Discharge;
(*c*) Cause of Discharge.
(*d*) Particulars of Pension or Gratuity (if any)

8. If the disability is an injury was it caused
(*a*) in action (*b*) on field service
(*c*) on duty (*d*) off duty?

9. If a Court of Inquiry was held on an injury state:—
(*a*) When
(*b*) Where
(*c*) Opinion of Court

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

Statement of Case.

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

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

G.S.W. BACK.

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.

1ST WOUND. HE STATES HE WAS WOUNDED IN SHOULDER IN GALLIPOLI. CURED.
2ND. WOUND. JAW. SCAR ACROSS BACK & ELBOW DUE TO GANGRENE(?) WITH BULLETT. CURED.

8558/P2004. 250,000. 1/19. D. & S.

14. State whether the disabilities are — (*a*) attributable to — (*b*) aggravated by

(i.) Service during the present war .. .. YES ....

(ii.) Previous active service .. ..

(iii.) Climate in pre-war service .. ..

(iv.) Ordinary military service before the war .. ..

(v.) Serious negligence or misconduct on the man's part. } V.D.S. CURED. .....

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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 ? SHOULDER WOUND CURED NO DISABILITY.BACK & ARM WOUND CURED.NO DISABILITY

(*A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.*)

16. Was an operation performed ? If so, when and what was its nature ?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend— REPATRIATION.

(*a*) Discharge as permanently unfit ?

(*b*) Change to United Kingdom ?

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

J.ST.P.KNIGHT. CAPT. NFLD. REGT.

Medical Officer in charge of case.

Station .....

Date .....

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is* (a) *caused or aggravated by service in the present war.* (b) *Due to causes not connected with the present war, viz.,* (1) *Previous active service.* (2) *Climatic diseases in pre-war service.* (3) *Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of :—

(*a*) Any disability claimed or discovered. G.S.W. RIGHT SHOULDER & LEFT CHEST.

(*b*) The present condition thereof. SMALL SCAR FROM FLESH WOUND OVER RIGHT SIDE O OF CHEST POSTERIORLY. NO DISABILITY. ALSO SCAR NEAR RIGHT ELBOW. FLESH WOUNDTWO SMALL SCARS ABOVE RIGHT SHOULDER. NO DISABILITY.

22. State whether the disabilities are :—	(*a*) Attributable to	(*b*) Aggravated by
(i) Service during the present war	.....YES.....	.....
(ii.) Previous active service..	.....	.....
(iii.) Climate in pre-war service	.....	.....
(iv.) Ordinary military service before the war ..	.....	.....
(v.) Serious negligence or misconduct on the part of the soldier .. .. Give details :	.....NO.....	.....
22 (*a*). If not due to any of these causes, to what specific condition do the Board attribute it ?	....G.S.W.....	.....

23. Is the disability in a final stationary condition ? If not

(*a*) How long is the present degree of disability likely to last ?

(*b*) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all ? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24*a*.

24. (*a*) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). **LESS THAN 20%.**

(*b*) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army ?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (*a*) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only ? **YES.** Opinion of Military Member in case of disagreement

OR

(*b*) In what other grade do the Board place him ?

(*c*) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station) ?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service ? **YES.**

28. Is treatment being recommended on Army Form B. 179c ?

29. Does the soldier require :—

(*a*) An attendant for his journey home ?

(*b*) Transport from railway station to his home ?

(*c*) The constant attendance of another person in his own home ?

Signatures :—

N.S.FRASER. ..... President or Chairman.

Station .. ST. JOHN'S. ..... J.S.TAIT. ..... Members.

Date .... FEB. 20th. 1919. ..... L.PATERSON. MAJOR.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... Army Macpherson ..... Officer in charge, Central Hospital.

Date .....

Only applicable in cases of Patients in Hospitals.

DIRECTOR GENERAL MEDICAL SERVICES
FEB 20 1919
MEN'S BRANCH

No. ..... OR

Discharge Approved under Para. 392 ( ) King's Regulations.
or Transfer Approved to Class of the Reserve.
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station ....
O.C. Discharge Centre.

Date .....

Demobilization Form 2.

COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 998 Rank Corporal Name Sullivan, Arthur

Intended place of residence Pouch Cove

2. Occupation Fisherman

Classification of soldier B Medical Category E

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 FEB 28 1919

for 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. FEB 28 1919

(sgnd) A. Sullivan
Signature of soldier

" C. B. Dicks, Capt.
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. FEB 28 1919

(sgnd) A. Sullivan
Signature of soldier

" J. Daymond, Sgt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28-1-15

Discharged from service 28-2-19 plus 14 days

No of days on Military Service 1507

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 FEB 28 1919

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place

Date

Officer i|c Records
The Royal Newfoundland Regiment

1402

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No_____

Regt.No 998 Rank PTE: Name ARTHUR SULLIVAN.

ROYAL NFLD REGT:

Corps served with_____

SEPTEMBER 23rd.,1930

Date of ~~Medical~~ SPECIAL Board_____ % of disability Nil

Pension for self $_____ per month for _____ months.

Allce.,for wife $_____ " " " _____ "

ALLOWANCE FOR CHILDREN:

1st.Child $_____ per month for _____ months.

2nd.Child $_____ " " " _____ "

____children $_____each " " _____ "£$_____

TOTAL MONTHLY PENSION $ Nil per month for_____months

Total authorized amount$_____from_____

to _____

Pension granted to:-

Special Medical Committee,
September 23rd.,1930:

No disability due to Service.
Dr.A.Campbell,
Dr.L. Paterson,
Dr. C. Macpherson,
Dr.J.B. O'Reilly,

Approved by: J.M. Moodell Chairman.

The Board of Pension Commissioners for Newfoundland
OCT 15 1930

Commissioner.

Commissioner.

Date of marriage_____ Name of Wife_____

Name of Child Sex. Date of birth. Date all.Exp.

Manen 17/10/30

Form Z179 B.P.C. 5M, 21-11-'25

Pension No.....

Report of Medical Board

Station St. John's, Nfld.

Date JULY 21,1930

No. and Rank 998 PTE:

Age 36 Years.

Height 5'7"

Name ARTHUR SULLIVAN.

Complexion FAIR.

Unit REG': Royal Newfoundland

Eyes BLUE.

Hair BROWN.

Address

(The Board will please note how the soldier's appearance corresponds with above description).

Former Trade

Enlisted at

On

Disease or Disability

Original

GSW RIGHT SHOULDER AND RIGHT CHEST

Subsequent

Present Condition (Compare with previous Board) P. 120 Wt. 144

Condition same as described in American board. Complaint is all of pain in back. when lifts. or when gets a cold.

Thyroid is enlarged. & eyes somewhat prominent.

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

Recommendation of Medical Board

Wassermann Test.
Basal Metabolism Exam.
Special Board.

Approved
[illegible]

Members of Board

Amy MacPherson

L P Warren

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

IN REPLY REFER TO
No.

ST. JOHN'S,
NEWFOUNDLAND.

SEPTEMBER 23rd.,1930.

Re:- 998, ARTHUR SULLIVAN:

No disability due to service

SPECIAL MEDICAL
COMMITTEE.

A L Campbell
L Paterson
Geo. Macpherson
J J Boland

March 14,1919

#998 Corpl. Arthur Sullivan,

Pouch Cove,

St. John's East.

Dear Sir:-

Please find enclosed "Discharge Certificate No.1380."

Yours truly,

Captain,
Paymaster & O.i/c Records

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 996 Rank Corpl. Name Sullivan Clarence

Date of Enlistment 25.1.15 Address Duck Cove District St Johns

Occupation Fisherman Classification for Discharge B Medical Category E

Recommendation S.M.B. Unfit for Sea Service Disability Rating Less than 20%

Passed to Demobilization Officer with following documents:—

N.F. P|36		B 268		B 121	1	N.F. Med		D.F. 1			
B 178		W 3494		B 122		Board 1st		" 2			
B 178a	1	D 400A	1	B 1915		do 2nd		" 3	3		
B 179		D 400B		Form L		do 3rd		" 4			
B 179a	2	D 400C		Form K		do 4th		" 5			
B 179b		B 103	1	ME 2		1238	1	" 6			
B 179c		B 120		M 93							

Date 28.2.19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ~~not~~ in a position to resume civilian occupation.

C Sullivan

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. Nil

(b) ~~Clothing Supplied~~

Date 28-2-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 19197 to his home at Tonel Cove and Release Certificate No. 1280 issued.

Date 28-2-19 C.B. Duke Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-3-19

Date 28-2-19 Ashley Capt.
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT. Depot Paymaster.

Discharge approved for 28.2.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36		B 268		B 121	1	N.F. Med		D.F. 1	1		
B 178		W 3494		B 122		Board 1st		" 2	1	Form D	
B 178a	1	D 400A	1	B 1915		do 2nd		" 3	2		
B 179		D 400B		Form L		do 3rd		" 4			
B 179a		D 400C	1	Form K		do 4th		" 5			
B 179b	21	B 103	1	ME 2	1238	1		" 6			
B 179c		B 120		M 93							

Date 1.3.19 C.B. Duke Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i\|c Records.
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date FEB 28 1919 R.H. Tait Capt.
O. C. Discharge Depot.

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

Date

C. R. C. Form B.
25-10-18-5000

Civil Re-establishment Committee

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

To resume previous Occupation as Fireman

A Fallion
Signature of Man.

Reg. No. 998

A.S. Dickson Capt.
Signature of the Vocational Officer or his Representative.

Place Ft Tobin

Date 28-2-19 191

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..Arthur..... 2. Surname..Sullivan.....

3. Rank....Cpl..... 4. Regtl. No..99.8.....

5. Address in full to which future payments of gratuity are to ~~fur~~ be forwarded.....Mr. Arthur Sullivan.....

.....Pennsch. Cove. St. John's East.....

6. Date of enlistment in the Regiment..28. Feb. 1915.....

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

.....

8. Relationship of such dependents...Mrs Martha Sullivan.....

9. Address in full of such dependent..Mrs. Martha Sullivan.....

.....Pennsch...Cove. St. John's East.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?. Non.....

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

.....1915. 1916. 1917. 1918. 1919.....

.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas.....4 Years. 1 Month.....

.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. no...

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid....no.....

15. Have you been issued with a War Service Badge?..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?.....no.....

19. Are you now serving in the Regt.? ..no.....If not give:- (a) Date of discharge.....(b) Reason for discharge.....

.....Invalid. no. Longer. Required.....

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.....

.....Dardanelles.. France... Belgium.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), are you in receipt of full pay and allowances from that Committee.....no.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: Cpl. Arthur Sullivan

Place of Residence: Pouch Cove.

Declared before me at:

This day of 19...

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

Wm Henry Baldwin. Local Constable.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			6 mos.	420.00

Certified Correct. Paymaster.

D. & Co. 2,000—3-15.

Reprint for 1st N'fld. Regt. of
Army Form B. 178a.

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

MEDICAL HISTORY

OF

Surname Sullivan *Christian Name* Arthur

Table 1.—GENERAL TABLE.

Birthplace:—Parish ..... County .....

	SPECIAL RESERVE.	REGULAR ARMY.
Examined	on 28th day of Jan. 1915 at St. Johns.	on day of 191 at
Declared Age	19 years days	years days
Trade or Occupation	Fisherman	
Height	5 feet 7 inches	feet inches
Weight	133 lbs.	lbs.
Chest Measurement: Girth when fully expanded	32 inches	inches
Chest Measurement: Range of expansion	35 inches	inches
Physical Development		
Vaccination Marks: Arm	Right / Left	Right / Left
Vaccination Marks: Number		
When Vaccinated	Yes.	
Vision	R.E.—V=; L.E.—V=	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) Slightly flat foot	(b)
Approved by (Signature)	Chas. Macpherson	
(Rank)	Capt. Medical Officer.	Medical Officer.
Enlisted	at St. Johns on 1st day of July 1915	at on day of 191
Joined on Enlistment	Corps. 1st Nfld. Regt. Regtl. No. 298	Corps. Regtl. No.
Transferred to	Newfoundland	
Became non-effective by		
	on day of 191	on day of 191
(Signature)		
(Rank)		

[P.T.O.

Table II.—Only for admissions to hospital or to the sick list in the 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				
THE KING GEORGE HOSPITAL, WOOLWICH ROAD, LONDON, S.E.	18	10	17	8	1	18	GSW Left arm & neck	82.	Wounded 9-10-17. Wounds clean. No important structures involved. Has made satisfactory progress. Discharged to 10 days furlo II	Th. Stabel Sir Surgeon LT.-COL. I. M. S.
Md. P. Hilera	3	9	18	7	10	18	Syphilis	35	Sore on penis. Vide A.F. I 1238. A. Palleda present bob HH. To continue treatment. Fit to repon unit.	Young Capt RAMC

[P.T.O.

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
8-1-19	Recommend Repatriation mc 21 Capt DADR

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B *for discharge on Demobilisation. Medical category* E

21.2.19 — Date of S.M.B.

Chas H Ker — Captain, Assistant Adjutant, Discharge Depot, Newfoundland

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 Johns Nfld	Feb 1. 15	20 Mar 15			
T.S. "Stephano"	20 Mar 15	22 Mar 15			
T.S. ORDUNA	22 Mar 15	30 Mar 15			
Edinburgh Castle	30 Mar 15				

Army Form B. 179A.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 Field Regt.

2. Regtl. No. 991 3. Rank. Cpl

4. Name Sullivan
(*Surname*) (*Christian Names*)

5. Age last birthday.....

6. Posted for duty on..... at.....
in category (or grade).....

7. Former Trade or Occupation

7a. If the soldier claims previous service in Army, he should state—
(*a*) Former Regts. or Corps; with Regtl. Nos.

8. If the disability is an injury was it caused
(*a*) in action (*b*) on field service
(*c*) on duty (*d*) off duty?

9. If a Court of Inquiry was held on an injury state:—
(*a*) When
(*b*) Where
(*c*) Opinion of Court

(*b*) Date of Discharge;
(*c*) Cause of Discharge.
(*d*) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

Jaw Dock.

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.

1st Wound he states he was wounded in Shoulder in Dardanelles Cured
& 2nd Wound Jaw Scar across back and Elbow due to gassing with bullet. Cured.

8494. Wt.19769/1230. 800,000(F). 8/18. S.O.,F.Rd.
8681. Wt.4063/P71212. 500,000(F). 9/18. S.O.,F.Rd.

	(a) attributable to	(b) aggravated by
14. State whether the disabilities are		
(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.	V.D.S. Cured	

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

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

Shoulder wound cured no disability back and arm wound cured 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

MK 1

Capt DAPMS

Medical Officer in charge of case.

Station Mogley Down Camp

Date .....

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is* (a) *caused or aggravated by service in the present war.* (b) *Due to causes not connected with the present war, viz.,* (1) *Previous active service.* (2) *Climatic diseases in pre-war service.* (3) *Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of :—

(*a*) Any disability claimed or discovered. G.S.W. right shoulder & left chest & behind.

(*b*) The present condition thereof.

Small scar from flesh wound over right side of chest posteriorly – no disability
Also scar near right elbow, flesh wound.
Two small scars above right shoulder – no disability

22. State whether the disabilities are :—

	(*a*) Attributable to	(*b*) Aggravated by
(i) Service during the present war	Yes	
(ii.) Previous active service		
(iii.) Climate in pre-war service		
(iv.) Ordinary military service before the war ..		
(v.) Serious negligence or misconduct on the part of the soldier	no	

Give details :

22 (*a*). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. G.S.W.

23. Is the disability in a final stationary condition? If not

(*a*) How long is the present degree of disability likely to last?

(*b*) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24*a*.

24. (*a*) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

less than 20%

(*b*) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army ?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (*a*) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only ?

Yes

Opinion of Military Member in case of disagreement.

OR

(*b*) In what other grade do the Board place him ?

(*c*) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station) ?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service ?

Yes

28. Is treatment being recommended on Army Form B. 179c ?

29. Does the soldier require :—

(*a*) An attendant for his journey home ?

(*b*) Transport from railway station to his home ?

(*c*) The constant attendance of another person in his own home ?

Signatures ..... President or Chairman.

..... Members.

Station St Johns

Date Feb 20/19

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station .....

Date .....

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

DIRECTOR OF MEDICAL SERVICES

FEB 20 1919

No. .....

OR

Discharge Approved under Para. 392 ( ) King's Regulations.
or Transfer Approved to Class of the Reserve.
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

Date .....

O.C. Discharge Centre.

N.M.D. Form D400A Sec

[2000-2-2-19]

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: Arthur Sullivan

Regiment from which discharged: Royal Newfoundland

Regimental number: 998

Intended address: Touch Cover

Height on discharge: 5 Feet 7

Color of hair on discharge: Brown

Complexion: Fair

Color of eyes: Blue

Descriptive Marks: Medium

Figure on discharge: Edwin

Christian name of Father: Martha

Christian name of Mother: —

Wife's maiden name in full: —

Date and place of marriage: —

Christian names of children: —

Place and date of soldier's birth: Touch Cover 24-11-1895

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) Arthur Sullivan (Rank) Cpl.

Station St John's Date 18-2-9

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

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

Royal Newfoundland Regiment HEADQUARTERS St. John's, Newfoundland.

Station Date

Army Form I. 1238.

SYPHILIS CASE-SHEET.

Regtl. No. 998 Rank and Name Sgt Sullivan A. Corps 7th Royal Fus'lrs

Placed on Syphilis Register at Chelsea on 3. 9. 18. No. in Register 2173

Disease contracted at Winchester. Primary sore appeared on (date)

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Indurated Chancre Dorsum of sulcus

Lymphatic glands Right double inguinal + cervical adenitis

Skin (nature and distribution of rash —

Mucous membranes —

Other symptoms —

Examination of exudate from sore—Spirochaeta Pallida (present or absent) S. P. present

Examination of blood serum—Method employed (original or modification) Original

Wassermann reaction Result (positive or negative) Negative

Station Chelsea Date 4/10/18 Signature of M.O. [illegible] Capt RAMC

Struck off Syphilis Register at on

Cause of being struck off Register (a) Recovered (b) Transferred to Army Reserve (c) Discharged from Army

Station Date Signature of M.O.

(2487) Wt. W6391—3655. 250000. 7/15. Sir J. C. & S.

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine: Albumen (Alb.)	Urine: Normal (N.)	Wassermann Reaction: Method (Original (O.) Modification (M.))	Wassermann Reaction: Result (Positive (+) Negative (—))	Treatment: Arsenical: Salvarsan	Treatment: Arsenical: Neo-Salvarsan Intravenous Injection. Dose in grammes	Treatment: Mercurial: Intramuscular Injection. Dose of Metallic Mercury in grains	Treatment: Mercurial: Inunctions or Oral (Preparation and dose)	Treatment: Other Methods	Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
Kilcen	3.9.18	Admitted to Hospital											
	4.9.18	WASSERMANN. — Negative											
	5.9.18	D. G. EXAMINATION SP. PALLIDA S.P. present											
	6.9.18				N				.45				
	6.9.18		B.B.							1/1			
	13.9.18				N				.45				
	13.9.18		B.B.							1/1			
	20.9.18				N				.45				
	20.9.18		B.B.							1/1			
	27.9.18		B.B.							1/1			
	23.9.18	WASSERMANN. — Negative											
	4.10.18				N				.6				
	4.10.18		B.B.							1/1			
	15.10.18				N				.6				
	15.10.18		B.B.							1/1			
	25.10.18				N				.6				
	25.10.18		B.B.							1/1			
	1.11.18				N				.75				
	1.11.18		B.B.							1/1			
	5.11.18	WASSERMANN TEST RESULT Neg.											

Spinnaker Capt RAMC

Major RAMC

Simply

Army Form B. 178

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. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Sullivan *Christian Name* A

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—

(*b*) Slight defects but not sufficient to cause rejection—

Approved by .....

Rank .....

Medical Officer.

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

	Corps	Regtl. No.
Joined on enlistment	R Flds	998
Transferred to		

Became non-effective by .....

on ..... day of ..... 191...

(*Signature*) .....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
11.6.18	Cat "A"
	Wont Comply Ch
	Le 1 Rec — D. Col. Rlms
	D. Fulton Lt Colonel

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11,823] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of 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				
No. 2 Inf CD. Rpon	19	1	18	12	6	18	Rheu. L. arm & back	144	Cat. "A" Inf.	[illegible] Lt. Col. R.A.M.C.

Demobilization Form 2.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 998 Rank Corporal Name Sullivan Arthur
Intended place of residence Pond Cove

2. Occupation Fisherman
Classification of soldier B Medical Category E

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
Date FEB 28 1919

W. Whiteley Capt
Comanding 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.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT

Place and date ST. JOHN'S. 28-2-19

A. Sullivan
Signature of soldier

C. B. Dicks Capt
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. 28. 2. 19

A. Sullivan
Signature of soldier

T. Dawson Capt
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28-1-15
Discharged from service 28-2-19 Plus 14 days

No of days on Military Service 1507 days

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 FEB 28 1919

R. H. Hart Capt
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's Nfld
Date March 14/1919

W. M. Howley Capt
Officer i/c Records
The Royal Newfoundland Regiment

RG 3 2079/1370

SEPARATION ALLOWANCE.

Claimant. Sullivan, Martha (mother)

On account of Arthur Sullivan No. 998 Rank. Sgt

Decision. Approved
Payable from December 26/1916

J. R. Bruce
W. H. Rendall Lieut Col
M. Bowley Capt

Date. 17/5/19

Instructions.

Allotment of 70¢ per day payable to Martha Sullivan his Mother from 3/3/15 to 14/3/19
Discontinued on account of he being Discharged

L. R. Pope Capt.

Ernest married 26/12/16.

929

Mother

Notice

Royal Newfoundland Regiment
(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 must 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. Reg't. No.
Arthur Sullivan Sergeant Royal Nfld Regt 998

2. Age of soldier. Married or single.
22 Single

3. Name in full of mother. Age. Occupation. Permanent address
Martha Sullivan 57 Fisherman's Wife Pouch Cove.

4. Give name of your husband. Age. Occupation. Where employed
Edward Sullivan 61 Fisherman Inmate of the Asylum for Insane St. John's

5. If your husband is not supporting you, state the reason.
The Reason is given above. He has not been able to work for years

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.)
Insanity

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

8. Have you married again since death of above mentioned husband?

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

Ernest Sullivan	Pouch Cove	27	Fisherman	Married
Isabella Williams	"	24	Fisherman's Wife	Married
Mary Jane Sullivan	"	16	Domestic	Single

10. State amount earned by (a) Yourself (b) Your husband
Nothing

11. State amount and source of any other income.
No other Income

12. State value of real property belonging to you and your husband $300

13. State value of personal property belonging to you and your husband $100

14. If husband is dead, state value of real and personal property left by him.

15. Actual amount contributed by soldier DUring the year prior to enlistment $200

16. Was this amount contributed weekly or monthly Yearly

17. Did this amount include payment of son's board, etc. yes

181 State son's trade or occupation prior to enlistment. Fisherman

19. State amount of his wages per week. Being a Fisherman he did not receive a weekly wage.

20. State name and address of last employer. Eli Langmead, Pouch Cove.

21. State amount of monthly support from son since enlistment $20.00

22. State amount of allotment received by you from son since enlistment None.

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

26. If not receiving support from other children, state cause. Explain fully Ernest is married and had enough work to support his family Hiramey one of my daughter Isabella Williams, while Mary Jane can only support herself

27. With whom are you residing at present
With my married Son in the family dwelling

28. Have you made a previous claim for separation Allowance. IF not why, Give particulars — Yes on November 21st 1917

29. Are 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? — No

31. Was the soldier at the time of his enlistment an employee of the Newfoundland 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.....Martha Sullivan

Place of residence.....Pouch Cove

Declared and subscribed before me at .....Pouch Cove

This Twenty Second (22nd) day of February 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace) Albert Gruchy Com. of S. Court

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....Arthur R. Tulk B.A.

Signature of member of the Patriotic Fund Committee..... Elizabeth M. Gruchy Pres. W.P.A.

Asylum for the Insane,
St. John's, Newfoundland.

May 15. 1919

I certify that Edward Sullivan has been a inmate of this Asylum since April 18th 1918

John G Dunean

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1.	Name and regimental number of soldier in respect of whom Separation Allowance is claimed	Arthur Sullivan 998.
2.	Name and age of said soldier's father or other relative.	Edward Sullivan 62 years
3.	Is said ~~soldier or other~~ Father relative a chronic invalid and totally incapacitated.	Yes.
4.	Of what nature is disability ?	Insanity
5.	From what date has this Total incapacity been existent ?	April 18 1915
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.	100% total
8.	Are you the regular attending physician ?	Yes
9.	Relationship to soldier of applicant ?	Father

I certify that the above statements are correct.

Asylum for the Insane ....Place,

May 15 1919 ....Date.

John E Duncan MD

.....
Physician.

May 26,1919

Mrs.Martha Sullivan,

Pouch Cove,

St.John's West.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been granted, and is payable from the date of Marriage of your son Ernest, namely. December 26th 1916. I enclose cheque for Five hundred and thirty-three dollars and thirty three cents ($533.33) in payment of same.

Yours truly

Captain,
Paymaster & Officer i/c Records

FORM K

No. 929

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Arthur Sullivan, Regl. No. 998

hereby agree, until further notification by me, and in similar official form, to make an Allotment of ..... Dollars and ..... 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	Address	Amount (each person)	
1001	Mother	Mrs Martha Sullivan	Pouch Cove		70
			Total Allotment, $		

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.) Eric Shipcapt
Officer Commanding Company

H Johnston

MAR - 3 1915 191

(Sig.) Arthur Sullivan
(Rank) Pte

FIRST NEWFOUNDLAND REGIMENT. [illegible]

(Separation Allowance Branch.)

Notice. 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 Appowance Branch,
St. John's Nfld.

1. Name in full of Soldier. Rank Reg't. or Unit Reg't. No.
Arthur Sullivan. Sergt 1st N.F. Reg. 998

2. Age of Soldier Married or Single.
22 years Single

3. Name in full of Mother Age Occupation Permanent Address.
Martha Sullivan 56 years Pouch Cove

4. Give name of your husband. Age Occupation Where employed.
Edward Sullivan 60 years Sponge Fisherman for the Dominion

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

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. ——

8. Have you married again since death of above mentioned husband? ——

9. Names of your other Children Address in Full. Age. Occupation Married or Single.
David Sullivan Pouch Cove 18 None Single

Enquire

10. State amount earned by (a) yourself (b) Your husband — (a) Nothing (b) none

11. State amount and source of any other income. — sons Allotment of $21.00

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.

15. Actual amount contributed by soldier during the year prior to enlistment. — about $100.00 clear, what he earned Fishing,

16. Was this amount contributed weekly or monthly. — When fishing was over

17. Did this amount include payment of son's Board etc. — Yes,

18. State your son's trade or occupation prior to enlistment. — Fisherman

19. State amount of his wages per week. — As stated under No. 15.

20. State name and address of his last employer.

21. State amount of support monthly from son since enlistment. — ~~$21.00~~ 21.00

22. State amount of Allotment received by you from son monthly. — $21.00

23. From what date did you receive Allotment? — April 1915

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

25. Are any of these children in the employ of you or husband?

26. If not receiving support from other children state cause, Explain fully. — one son married. one son ill with Consumption

27. With whom are you residing at present. — son, David

28. Have you made a previous claim for Separation Allowance,? If not, Why? Give particulars. — not able to come to Town before

29. Are you already in receipt of Separation Allowance from any source? If so, how much? — No

30. Are you in receipt of any payment from any Patriotic Fund? If so, How much. No

31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government. No

32. In what capacity and in what place.

33. Is he in receipt of a salary as much while serving in the 1st. Nfld. Regt. If so, how much?. No.

I herewith make this solemn declaration conscientious-ly 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 Martha X her mark Sullivan

Place of Residence Pouch Cove, Newfoundland

Declared and subscribed before me at St. John's, Newfoundland

this 23rd day of November 1917

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. John McCarthy Justice of the Peace

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 above Soldier , first mentioned, is the sole support of the applicant.

Signature of Clergyman A Clayton C.F.

Signature of Member of Patriotic ~~Fund~~ Committee. J. Moores Joseph Cahill J.P.

MEDICAL CERTIFICATE

(F or Information of Separation Allowance Department)

1.	Name and regimental number of soldier in respect of whom Separation Allowance is claimed.	Arthur Sullivan 998
2.	Name and age of ~~mother~~ father of soldier.	Edward Sullivan 60 years
3.	Is said father a chronic invalid and totally incapacitated?	Yes.
4.	Of what nature is disability?	Melancholia
5.	From what date has this total incapacity been existent?	April 13 1915.
6.	How long is total incapacity likely to continue and what will be the effect on earning power?	Permanent
7.	If not totally incapacitated by what per cent in your opinion is capacity for work reduced, and from what date?	100%
8.	Are you the regular attending physician?	Yes
9.	Relationship to soldier of applicant.	Father

I certify that the above statements are correct.

John Duncan
.....
Physician.

Asylum for the Insane
.....Place.

November 23. 1917.Date.

Capr St Francis
april 21 1922.

Dear Sir

I Beg to Remind you of that war Service Badge which I have not yet Received which I understand it was for all over-seas men.

I would like to know if I am entitled to it or not.

I am Yours
Hurley
995 Sgt. A Sullivan
Capr St Francis

Class I Badge
No 1247
M. Pouch Cove

April 26th.1922

Mr.A.Sullivan,

Cape St.Francis.

Dear Sir:-

Referring to your letter of April 21st., I beg to advise that the only badge to which you are entitled - Class I badge, No.1247 - was mailed to your address at Pouch Cove by registered mail, a long time ago.

The badge has not been returned to this Department.

Yours truly,

Major
Officer i/c Records.

FORM K

No. 929

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arth. Sullivan, Regl. No. 94

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and ..... 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
1011	Mrs.	Mrs Martha Sullivan	Pond Cove		70
			Total Allotment, $		

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.) Eric L. Hyde Capt

Officer Commanding Company

(Sig.) Arthur Sullivan

(Rank) Pte

St John's Nfld

MAR - 3 1915 191

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mrs W. Rowe
56 Livingstone St

Billeting Soldiers as undermentioned

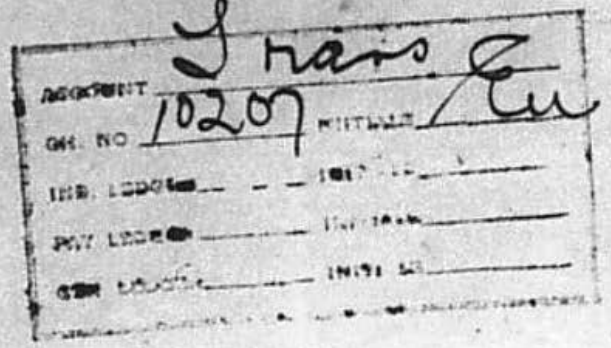
from Feb 18th /19 to Feb 28th /19

998. Cpl. A. Sullivan	11	60

Certified correct for $ 11.60

A.J

Billeting Officer.



ROYAL NEWFOUNDLAND REGIMENT DR.

T. C. R.

TO 998 Cpl. A. Sullivan

To Carraige Fare from St. John's to Pouch Cove and return $ 10.00

As per Voucher attached.

A Sullivan Cpl.

Geo Liberty

O.K.

Captain
Assistant Adjutant & Paymaster
Discharge Depot Newfoundland

Porch Cove.
Feb. 19. 1919

This is to certify that I has
driven 998 Corpl. A. Sullivan
to Porch Cove and back again to
St. Johns.

Charge. $10. 00.

Signed Hubert Baldwin.

F. C. R.

A. Sullivan 998

P.R.O.

FORM K

No. 929

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Arth. Sullivan, Regl. No. 998

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and ..... 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
1001	Moth	Mrs Martha Sullivan	Pouch Cove		70
			Total Allotment, $		

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.) Eric Shipcott Capt
Officer Commanding
Company

H. Johnston Capt

MAR - 3 1915 191

(Sig.) Arthur Sullivan
(Rank) Pte

(12590.) Wt. W. 5845—M2580. 250,000. 8/17 D & S. B. 1256A. Temp. Army Form W. 3296.

Statement of Accounts

OF

No. 998 Rank Sergt Name Sullivan A

Company, etc.

From 9/6/17 to 8/18 allot. 70/1 (dates).

Date	DEBITS				Date	CREDITS			
	Acquittance Rolls	21	13	4	8/6/17	Balance	11	11	3.1
	Hosp Advance	1	0	0		Pay 9/6/17 to 8/18 2114 days 80			
	P.R.O. Payments	13	0	0		£17.20	35	3	7
	E.F.M.		3	4		Ration allce 9/18 to 18/18 10 days @ 80 = 8.00	1	0	0
	Cheque 7376	11	15	0			1	12	11
	5278	1	10	0					
			0	2					
		~~4~~	~~5~~	~~2~~					
		~~1~~	~~15~~	~~4~~					
	Creditor Balance	~~1~~	~~18~~	~~2~~		Debtor Balance			
	Total £	47	16	10		Total £	49	7	9

Certified correct,

Station

Date

Paymaster.

Abov's to be checked with acq Rolls C.

Form 2a.

No. 1289

ANGLO-AMERICAN
WESTERN UNION DIRECT UNITED STATES
CABLEGRAM

Prefix	Code	Words	Charge
		16	2/2

SENT
At
To By

VIA ANGLO.

FOR STAMPS

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

10/12/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS MARTHA SULLIVAN
POUCH COVE
STJOHNS EAST (Newfoundland)

PLEASE CABLE THIRTY DOLLARS THROUGH MINISTER MILITIA

ART SULLIVAN

16
2/2
32
4
3/4

CHARGED
PAY BOOK 11
Date 12/12/17 by

CHECKED

Charge to
998 Sgt. A. Sullivan

Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address 58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Form 11.

No. 192

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES

CABLEGRAM

Prefix	Code	Words	Charge	Sent At / To / By	For Stamps
		18	2 1/2	VIA WESTERN UNION	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

6/2/18

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS MARTHA SULLIVAN

POUCH-COVE STJOHNS (Newfoundland)

PLEASE CABLE THIRTY DOLLARS THROUGH MINISTER MILITIA

ARTHUR SULLIVAN

CHECKED.

CHARGED
PAY BOOK 2nd Com. Dept
Date 9/7/18 by IRB

16 1/2
30
37 1/2
3 11/-

Charge a/c 998 Gr Sullivan

Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address 58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Form 1.

No. 765

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES

CABLEGRAM

Prefix _____ Code _____

WORDS 18 CHARGE 2/-

SENT

At _____

To _____ By _____

VIA WESTERN UNION

FOR STAMPS

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

12/6/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS MARTHA SULLIVAN

POUCHCOVE STJOHNS (Newfoundland)

PLEASE CABLE THIRTY DOLLARS THROUGH MINISTER MILITIA

A SULLIVAN

CHECKED 11/7/18

18/1½

37/1½

31/1½

CHARGED PAY BOOK 1st Bank Date 14/6/19 by JRB

charge acc 7 Sept 998

CHARGED PAY BOOK Date ..... by .....

Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address 58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

8659

Commandant,

3rd, June 18.

Northern Command Depot,

Ripon, Yorks.

998, Sergt. A. Sullivan
Royal Newfoundland Regiment.

application 1/6/18 (4968) from the above named Soldier for your approval.

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.
Rank
Surname
Christ. Nos.
Date 1/6/16

4968

Pte Sgt A Gallivan
Royal Nfld Regt
2nd Camp E Coy
Mr D Ryan
Yorkr

You Please Send a Cable home and me for to Send me on 30 Dollars as soon as Possibly

I oblige yours
Truly Sgt A Gallivan

my home address
Mrs Martin Gallivan
Duck Cove
St Johns Castle
Newfoundland

OK
Cable No 165

E. boy

No. 8659 NEWFOUNDLAND CONTINGENT N.F.P./55.

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

12 JUN 1918

To: Commandant,

3rd, June 1918

Northern Command Depot,

Ripon, Yorks.

Reference 998, Sergt. A. Sullivan
Royal Newfoundland Regiment.

Herewith application 1/6/18 (4968) from the above named Soldier for your approval. Approved

Please acknowledge receipt hereon.

(Sig.) F. H. Allen Capt. Comdg. R.E. Coy.

(Date) 7/6/18

Chief Paymaster & Officer i/c Records.

No. 19692/2213 — 065711/27 — N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

6 DEC 1918

Officer Commanding,
2/Bn Royal Newfoundland Regt,
Winchester, Hants.

2nd December 1918

Subject: 998, A/Sgt. A. Sullivan,

With reference to the following telegram (10340) from the Hon. Minister of Militia, received / /

Pay to 998 Sullivan £12:4:6

Draft £ 12:4:6 is enclosed for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & ~~O.~~ i/c Records.

Dec 5 1918.

Okan

Receipt hereunder.

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 3rd Batt'n
Royal Newfoundland Regiment

Received the sum of 12.4.6.
Funds found on account of
cheaper and cheaper
cable remittance from Newfoundland.

No. 998 Rank A/Sgt

A. Sullivan

11895/1

8th, November

Sutton Red Cross

Binfleet Hall, Sutton, Surrey

998 .....Sgt. .....A. Sullivan

5.0.0.

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

O.R. 5 £ Aw. 6/11/17

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

BRANCH
Pay
ACCEPTED
BY
DATE NOV 1917

Please remit to Sullivan A

the sum of five pounds _____ shillings, on account of any balance that may be due to me.

(£ 5 /-).

V 6561
6 NOV 1917
Acct. 1189511
NOV 8 - 1917

Regtl No. 998 Rank Sgt

Name Sullivan A.

Approved H H MacDonald R.M.O.
Officer i/c.,
King George's Hospital.

Dated at 5 11 - 17

_____ 1917

5-11-17

(address)

#998 Sgt. A Sullivan
15th N F L D Regt.
Sutton Red cross
Hospital
Benfleet-Hall
Sutton
Surrey
Roberts ward

SUTTON RED CROSS HOSPITAL.

Hon. Secretaries:
DR. R. GALPIN,
Eaton Road, Sutton.
W. S. FIELD, ESQ.,
Eaton Road, Sutton.
Hon. Treasurer:
R. C. HENDERSON, ESQ., J.P.,
Worcester Road, Sutton.

Benfleet Hall,
Sutton, Surrey.

10 Nov 1917

I have acknowledged & thank you for your note with cheque for £5. for Sgt Sullivan

7009

Walter S Reid
Hon Sec

NO 11895/1.

N.F.P./48

2/665

The Regimental Paymaster,
Newfoundland Contingent.
58 Victoria Street
S W.1.

I beg to forward the attached application from No. 998

Sgt A Sullivan 1/ Newfoundland.

for an advance of £4 (Four Pounds)

to be ~~sent to~~ paid to him.

Major, R.A.M.C.,
Adjutant and Registrar
for Officer Commanding.

The King George Hospital,
Stamford Street, S.E.

December 22nd 1917.

Dr £4-0-0
Cr 22-12-17
Receipt no 4854

2/665

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to Sullivan A.

the sum of four pounds shillings, on account of any balance that may be due to me.

(£ 4).

Ob £4-0-0
AW. 22-12-17
Receipt on

Regtl No. 998 Rank L/91

Name Sullivan A

Approved
Officer i/c.,
Hospital.

Dated at 21-12-17.
1917

2/653.

Chief
THE ~~REGIMENTAL~~ PAYMASTER,

Newfoundland Contingent,
58, Victoria Street,
London, S. W. 1.

I beg to forward the attached application from No. 998.

Srgt. A. Sullivan, Newfoundland Contingent.

for an advance of £ 2-0-0. (Two pounds.)

to be ~~sent to~~ handed to him.

Major, R.A.M.C.,
Adjutant and Registrar
for Officer Commanding.

The King George Hospital,
Stamford Street, S.E. 1.
17th December, 1917.

17/12/17 £2-00
Ret 4761

2/679.

Chief
THE ~~REGIMENTAL~~ PAYMASTER,
Newfoundland Contingents,
58, Victoria Street,
London, S. W. 1.

I beg to forward the attached application from No. 998.

Srgt. A. Sullivan, Newfoundland Regt.

for an advance of £ 2-0-0. (Two pounds.)

to be ~~sent to~~ handed to him.

Bt. Lt.Col.
~~Major~~, R.A.M.C.,
Adjutant and Registrar
for Officer Commanding.

The King George Hospital,
Stamford Street, S.E. 1.
1st January, 1918.

No. _____ N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to Sullivan A.

the sum of two pounds _____ shillings, on account of any balance that may be due to me.

(£ 2).

Regtl No. 498 Rank Sgt

Name Sullivan A.

Approved _____
Officer i/c.,
_____ Hospital.

Dated at 1-1-18.
_____ 1918.

Root Eo
5013.

2.0-0

No. _____ N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to Sullivan A Sgt

the sum of Four pounds _____ shillings, on account of any balance that may be due to me.

(£ 2.).

Regtl No. 999 Rank Sgt

Name Sullivan A.

Jas. J. Morrow
R.M.O.

Approved _____
Officer i/c.,
King Georges Hospital Hospital.

Dated at 17-12-17.

Nov 1917

NEWFOUNDLAND CONTINGENT.
PAY & RECORD OFFICE.
813
23 JAN 1918

THE KING GEORGE HOSPITAL
No. 22 JAN. 1918
STAMFORD STREET, LONDON, S.E.

REMINDER.

Nos. out

From Officer,
The King George Hospital,
Stamford Street, LONDON, S.E. 1.

To Regimental Paymaster,
Newfoundland Regt
58 Victoria St, S.W.

To

The counterfoil of A.F.O.1823a

re 998 Sjt Sullivan A.
D. Coy — 1/Newfoundland

for £1 : - : - outstanding, sent to you on 8-1-18 not having been received you are requested to expedite the same and to state hereon when it may be expected.

H Bamford
Capt. R.A.M.C.
Company Officer.

No. 2214/29

NEWFOUNDLAND CONTINGENT

N.F.P./70.

5228/8

14 FEB. 918

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

To
Officer Commanding,
Northern Command Depot,
Ripon.

~~Subjectr~~ 12th February 1918

Subject: 998, A/Sgt. A. Sullivan

With reference to the following telegram (1503) from the Hon. Minister of Militia, received 12/2/18

Pay to 998, Sullivan, £6:5:3

Draft £ 6;3;3 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

16-2-1918.

Receipt hereunder.

Officer Comdg. Depot

Commdg. No. 7 Coy.
1st Newfoundland Regiment.

NORTHERN COMMAND DEPOT.

Received the sum of £6-3-3.

Six pounds three shillings & threepence.

on account of cable remittance from Newfoundland.

A Sullivan Sgt.

No. 998. Rank Sgt.

Paid 21/6/18 047697

No. 9781/10 NEWFOUNDLAND CONTINGENT N.F.P. /90.

From:
Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To
Officer Commanding,
Military Hospital,
Ripon.

NEWFOUNDLAND CONTINGENT PAY & RECORDS
Rec'd 22 JUN 1918

MILITARY HOSPITAL RIPON 21 JUN. 1918 367/Rom.

19th June 1918

Subject: 998, Sgt. A. Sullivan,

With reference to the following telegram (5493) from the Hon the Minister of Militia, received / /

Pay to 998 Sullivan £6:0:3½

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

Chief Paymaster & O. i/c Records.

MILITARY HOSPITAL 20 JUN. 1918 CR. 117 RIPON

ANSWER

I should be glad if you will please verify particulars of the N.C.O. mentioned, also date of admission to this Hospital, as I am unable to trace him in my records.

A. H. Thomas
Capt.
R.A.M.C.
REGISTRAR
MILITARY HOSPITAL RIPON

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

Sir:-

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

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature.
998	Sergt	Sullivan	$ cts 5.00	AS

I have the honour to be, Sir,
[redacted],
Your obedient servant,

Date 12-7-18

A. Sullivan Sgt.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

909

Casualty Form—Active Service.

Regiment or Corps New Foundland

Regimental No. 998 Rank Pte Name Sullivan A

Enlisted (a) Feb/15 Terms of Service (a) 1 year Service reckons from (a) Feb/15

Date of promotion to present rank } 16.4.17 Date of appointment to lance rank } 12.7.16 Numerical position on roll of N.C.Os. }

Extended Dereahonor/Mar Re-engaged Aug 5/15 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.		20/3/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
3/10/15.	"Soudan"	G.S. Wound, Neck, slight	"Soudan"	3/10/15.	Auth. A 36, 3/10/15.
					" A 12128, 5/10/15.
9/10/15.	5th.Can. Cairo.	Admitted	5th.Can.Hosp. Cairo.	4/10/15.	C 3898.
12/10/15	do	Dis'd Hose	Alexandria	10/10	C 3946
5/2/16	unit	with Gallantry	unit	5/1/16	B213
		Embk'd Port Suez		14.3.16	
		Disembk'd MARSEILLES		22.3.16	
	87/A	Admitted S.B. Foot trouble	1/Sth N.F.	24.6.16	Ex 11362
	DDS	to duty	unit	6.7.16	
	unit	Bronchitis	France	12.7.16	B213

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

[P.T.O.

998 Corporal Sullivan, A.

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				
7.10.16	T/S.W.F.A.	At Trouville	France	5.10.16	E.D. 4318
	Do	To duty	Unit	9.10.16	E.D. 4530
16/12/16.	Unit	Promoted Corporal	France	3/12/16.	B213.
	21 CCS.	Admitted V.D.S.	France.	14/1/17.	E.D 8840.
	1 Gt. H.	At do	Rouen	17.1.17	H.A. —
	2 Co. Dep	Ad. Do	Rouen	6/2/17.	H.A 6583
	29 F.B.D.	Joined Base Dep	Rouen	23/2/17	Nom Roll.
3 1 MAR 1917	Unit	Re-Joined Battalion	In the Field 3 1 MAR 1917		B213.
5.5.17	Do	Apptd Actg Sergeant	Do	16.4.17	D1810, 20 c.
12 OCT. 1917	O/C Unit	Wounded in Action		B213	9 OCT 1917
9-10-17	89 FA	Ad. GSW Back & thu tracs	E.E.F.	9-10-17	E.D 1933.
Ex Claudroke Castle		Transferred to England	ex S.S. Cauf. M.	16/10/17	W 3083

J. Neary. 2nd Lt
for MAJOR
B.I/s No 1 Infantry Section
B.M.E. 3rd Echelon

Pension No. 1405

Regt. No. 998 Rank Cpl. Name Sullivan Arthur

Address Pouch Cove St John's East

Date of Enlistment _____ Date of Discharge _____

Date admitted to Pension 15 Mar. 1919

Original Disability GSW - Back. Date Incurred _____

SUBSEQUENT DISABILITIES

Nature	Date

PARTICULARS OF FAMILY

Name of Wife _____ Date of Marriage _____

CHILDREN

Name	Sex	Date of Birth	Date Allce. Expires

PARTICULARS OF AWARD

Date of Board	No. of Board	% of Reward	Period	From	To	Remarks
20 Feb. 1919.	1	Less than 20		Gratuity of $475.00		
1 July 1926		Nil				

RECEIPT.

C.R. 998

I hereby certify that I have received the 1914-1915

STAR.

No 995 Name Sgt-Major Sullivan.

Witness H. C. Jones

Date Dec. 4/19

Place St. John's.

RECEIPT FOR ISSUE OF

RIBAND OF 1914-15 Star.

CD998

I certify that I have received an issue of 3 inches of Riband of 1914-15 Star.

Name Arthur Sullivan

Date 13/5/19

Place St Johns

Please sign this and return to Dept. of Militia.

C.R. 998

CIRCULAR LETTER

St. John's,
March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. G. Rendell
Lieut. Colonel.
Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star. yes

I certify that I am entitled to this issue, having served on* Gallipoli
from Sept 1915 to December 1915.
(Date).....(NO) 99.8...(Rank). Pte (Name) S. Sullivan
(Place)..Pouch Cove

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier. yes yes yes yes Gallipoli Mudros Egypte

C.R. 998

CIRCULAR LETTER

St. John's,
March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. P. Rendell
Lieut. Colonel.
Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star. yes

I certify that I am entitled to this issue, having served on* Gallipoli
from Sept 1915 to December 1915.
(Date).....(NO). 99.8...(Rank). [illegible] (Name) Sullivan
(Place)..Pauch..Cove

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.
yes yes yes
yes Gallipoli Mudros Egypt

CR 998

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT DEPOT ST. JOHN'S DATED MARCH 14/3/19.

----------o----------

The Discharge of the undernoted on Demobilization has been CONFIRMED by Officer i/c Records from noted date.

998 Cpl. Arthur Sullivan.

14/3/19.

C.R. 998

Extract of Daily Orders, Part 11, Royal Newfoundland Regiment, St. John's, Nfld. March 4th 1919.

The ~~following~~ discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot on noted date.

28/2/19.

#998 Pte. Arthur Sullivan.

C.R.998

Extract from Preliminary Report of Medical Board held on Thursday Feb. 20th 1919.

998 CPL. A. Sullivan.

Recommended Discharge as permanently unfit.

C.R. 998

Extract from Daily OrdersxPart 11 Unit The Royal Nfld. Regt. St. John's, 1 1-2-19.

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

Repatriated on F.F. B179.

998 Sgt. Arthur Sullivan.

C.R. 998

Extract from Nominal Roll of The Royal Nfld. Regt.

[redacted]

Embarked S.S.Corsican, Jan.30th,1919.

998 Cpl. Sullivan.

C.R. 998

Extract from Daily Orders part 11, by Lt. Col. R. J. BARTON, D.S.O
Commanding 2nd., Battalion of the Royal Newfoundland Regiment.
dated 11/12/18.

---

998 Cpl. A. Sullivan

relinguishes acting rank of Sergt. from 23/11/18.

C.R. 998

Extract from Daily Orders part 11, by Lt. Col. D. J. BARTON, D.S.O
Commanding 2nd., Battalion of the Royal Newfoundland Regiment.

dated 11/12/18.

---

998 A/SGT. W.SULLIVAN

Reduced to the Ranks by District Court Marshall held 5/1 2/18
The sentence was mitigated as Follows'-To take rank and predence as if his
app. to the rank of Corporal bore date June 8th. 1917.

C.R. 998

Extract from Casualties received from pay and Record Office dated 9 January, 1918.

O.C. The King George Hospital

S.E. 1, Reports,

DISCHARGED HOSP. 9/1/18 furlo'

to 18/1/18

998 Sgt. A. Sullivan

fit for II Comd. Depot.

BC.

C.R. 998

Extract of Casualties received from Pay & Record Office, London, dated January 9, 1918.

#998 Sergt. A. Sullivan.

O.C. The King George Hospital, S.E.1. reports:-
Discharged Hospital 9/1/18 furlough to 18/1/18
fit for 11 Command Depot.

998 Sergt. Arthur Sullivan. C.R. 4083

Ext. of Casualty list received Oct 20, 1917.

Gunshot Wounds Left Arm and Back, all severe.

2nd Canadian General Hospital, Le Treport,

Oct 11,

(8)

October 20, 1917.

Dear Sir,

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. 998, Sergt. Arthur Sullivan, was at the 2nd Canadian General Hospital, LeTreport, on October 11th, suffering from severe gunshot wounds left arm and back.

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,

Colonial Secretary.

Mr. Ed. Sullivan,
Pouch Cove.

8

October 20, 1917.

Dear Sir,

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. 998, Sergt. Arthur Sullivan, has now been admitted to King George Hospital, London.

Yours faithfully,

Colonial Secretary.

Mr. Ed. Sullivan,
Pouch Cove.

C.R. 998

Extract from Daily Orders Part II Unit The Royal NFLD.
Regt. Station G.H.Q. 3rd Echelon 27-10-17.

Invalided to England.

998 Sgt. N. Sullivan.

16-10-17.

C.R. 998

Copy of Cablegram to Governor St. John's Nfld October 8th 1917 from P.&.RQ.

998, Pte, Sullivan.

REPORTED WOUNDED

C.R. 998

Extract of Daily Orders part 11, by Lieut.Col. Forbes Robertson, M.C. Commanding Newfoundland Regiment, 18/4/17.

#998 Corpl. M.E. Sullivan, D.Co.,

to be Acting Sergeant.

C.R. 998

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.

January 26th. 1917.

998, Cpl. A. Sullivan.

1 Newfoundland N.Y.D. Slight Adm. ex Amb. Trn. 1 Sty

Hos Rouen 17th. January 1917.

C.R. 998

Extract of Daily Orders part 11, from Unit 1st.Nfld. Regiment, 3rd Echelon, B.E.F., dated 23/12/16.

#998 L/Cpl. A. Sullivan, D.Co.,

Promoted Cotporal 3/12/16.

C.R. 998

Extract from Casualties.....List No. H.A. 6073.

998 Cpl. Sp Sullivan.

Adm. 1 Sty. H. Rouen 17th Jan.17.
N.Y.D. Slt.

C.R. 998

P R O MO TION.

Extract of Regimental Order dated August 22,,1916.
By Lieut.Col.Sir. W.E.Davidson,K.C.M.g.,Officer Comdg.

#998 Pte. A. Sullivan, D.Co.,
to be Lance Corporal.

The above promotion to dat from July 12, 1916.

C.R. 998

Extract of Daily Orders part 11, from Unit 1st. Nfld. Regiment, 3rd Echelon, B.E.F., dated July 22,1916.

#998 Pte. A. Sullivan, D.Co.,

Promoted LanceCorporal 12/7/16.

MAY 1 2 1916

Dear

Sir,

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. 998, Private A. Sullivan, is now reported with the First Battalion and has been removed from the Casualty Lists.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Edward Sullivan,
Pouch Cove.

C.R. 998

Extract of Casualty List received from P. &. R. O. Feb. 29th 1916.

998, Pte A. Sullivan.

1/north'd S.W. Neck. Adm. 5 Can. S.H. Abbassia 4th October 1915

With recerence to 998, Pte A. Sullivan. as belonging to the 1st Battalion Northumberland Fusillers, the Secretary of the War Office requests that you will be good enough to note that a reply from the Base Alexandria to an enquiry from this department regarding these men states that they should bedescribed as eblonging to the 1st Nfld Regiment

War Office,

Alexandria House,

Kingsway, W.C.

28th February, 1916.

(8)

December 29, 1915.

Dear Sir,

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. 998, Private Arthur Sullivan, who was previously reported as being at Rest Camp, Cairo, suffering from a slight gunshot wound in the neck, was discharged to Convalescent Depot, Mustapha, Alexandria, on November 20th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Edward Sullivan,
Pouch Cove.

C.R. 998

Extract of Casualty received from Pay & Record Office, London,

dated Dec.4th 1915.

998 Pte.A.Sullivan

Dis.to C.D. Musta pha Alexandria ex 19 G.H.20 Nov.1915.

(252) C.R. 998

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

HOSPITAL LIST No. H 3209 — AUSTRALIAN IMPERIAL FORCE

974 Pte Boyd L.R.	5/A.I.F.	V.D.H.	Adm 19 G.H. Alexandria ex another H. 2/Nov/15	
133 Sgt Baldwin R.B.	24/A.I.F. A.		Tr to H. Train for Australia ex 19 G.H. Alexandria 3/Nov/15	
502 L/C Brailey G.F.	20/A.I.F. B.			do.
804 L/C Crane H.	22/ do. D.			do.
244 Tpr Hubbard E.A.	13/Aust L. Horse A.			do.
1772 Gnr Hoad F.C.	8/Aust ASC			do.
4504 Spr Keilley C.	5/Aust Engrs			do.
125 Tpr Barratt W.J.	2/Aust L. Horse A.			do.
139 Pte Gordon A.D.	1/Aust Fld Amb B.			do.
2005 Pte Reid J.R.	9/A.I.F. B.			do.
731 Pte Harvey A.J.	20/A.I.F. B.			do.
1525 Pte Cook J.T.	7/A.I.F. B.			do.
971 Dvr Wanklin E.J.	6/Aust Transport	Abscesses of Inguinal regions	Adm 19 G.H. Alexandria 3/Nov/15	
1901 Pte Hinricks T.	26/A.I.F. 3/Reinf.		Dis to Duty ex 19 G.H. Alexandria 4/Nov/15	

HOSPITAL LIST No. H 3209 — NEW ZEALAND CONTINGENT

10/572 Pte West A.	NZ R. Well.	Dysentery	Adm 19 G.H. Alexandria ex another H. 5/Nov/15	
2/1872 Dvr Scrimgeour W.J.	NZ F.A. 5/Bty	Sus.Scarlet Fever		do.

HOSPITAL LIST No. H 3209 — NEWFOUNDLAND CONTINGENT.

998 Pte Sullivan A.	1/Newfoundland D.	?Gastritis	Adm 19 G.H. Alexandria ex another H. 2/Nov/15

(8)

November 24, 1915

Dear Sir,

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. 998, Private Arthur Sullivan, who was previously reported suffering from a slight gunshot wound in the neck, is now reported at Rest Camp, Abbassia, Cairo.

This information has been received by mail.

Yours faithfully,

J. R. Bennett

Colonial Secretary.

Mr. Edward Sullivan,
Pouch Cove.

C.R. 998

Extract of Casualty List received from P. &. R. O.

Nov. 18th. 1915.

998, Pte A. Sullivan.

G.S.W. Neck Slight Rest Camp Abbassia.

November 15, 1915

Dear Sir,

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 the injuries sustained by No. 998, Private Arthur Sullivan, of which you have already been notified, consisted of a slight gunshot wound in the neck.

This information has been received by mail.

Yours faithfully,

J. R. Bennett

Colonial Secretary.

Mr. Edward Sullivan,
Pouch Cove.

C.R. 998

Extract of Casualty List received from P.&.R.O.
November 2nd. 1915.

998, A. Sullivan.

Information received from the Red Cross Society 2.11.15.
per Nfld. War Contingents Association.
Slight Gunshot Wound in Neck Rest Camp Abassia.

C.R. 998

Extract from List of Casualties from Oct. 31st., 1915

WOUNDED.

#998 Pte.A. Sullivan

G.S.W. NECK. SLIGHT. REST CAMP. ABBASSIA.

BC?

C.R. 998

Extract of Mediterranean Force Casualties, NO: M. 8853, dated Oct. 8th, '15

Third Echelon, Mediterranean Expeditionary Force, Alexandria, telegraphs 5th. October, 1915. (M.E.C. 20134 received 6th. October 1915.)

Reported Wounded, (no date given).

998 Pte. A. Sullivan.

Newfoundland Regiment..

S (8)

M

DEPARTMENT OF THE COLONIAL SECRETARY, ST. JOHN'S, NEWFOUNDLAND.

October 8, 1915.

Sir,

Dear

I regret to have to inform you that the Record Office of the Newfoundland Regiment, London, has to-day officially reported No. 998, Private Arthur Sullivan as wounded.

I trust that later reports will bring news of his convalescence. Any further information received will be immediately communicated to you.

Yours faithfully,

J. R. Bennett

Colonial Secretary.

Mr. Edward Sullivan,
Pouch Cove.

C.R. 998

Extract of Information received from the Red Cross Society 2-11-15
per Newfoundland War Contingents Association

998 Pte. A. Sullivan

Slight gunshot wound innneck Rest Camp Abassia.

C.R. 998

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

998 Pte. A. Sullivan.

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

C.R. 998

Extract from Nominal Roll of draft embarked for Overseas per S.S. Stephano March 20th 1915.

No. 6. Platoon.

Pte. 998 A. Sullivan

C.R.998

Arthur Sullivan was attested for General service

with the NEWFOUNDLAND REGIMENT on .....Feb. 1st 1915.

Regimental No 998 was alloted to Pte. Arthur Sullivan.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 Field Regt.
2. Regtl. No. 998 3. Rank Corpl.
4. Name SULLIVAN. (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
   in category (or grade).....
7. Former Trade or Occupation
7a. If the soldier claims previous service in Army, he should state—
   (a) Former Regts. or Corps; with Regtl. Nos.
   (b) Date of Discharge;
   (c) Cause of Discharge.
   (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
   (a) in action (b) on field service
   (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
   (a) When
   (b) Where
   (c) Opinion of Court

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

Statement of Case.

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

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

Sub Brch

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.

1st wound. he states "he was wounded in shoulder on Gallipoli cured. 2nd wound 4 scars across back and elbow due to grazing with bullet. Cured.

8696. Wt.18780/1320. 500,000(F). 6/18. S.O.,F.Rd.
8661. Wt.4062/PP1812. 500,000(F). 9/18. S.O.,F.Rd.

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.	V.D. S/Cures	

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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? Shoulder wound cured, no disability. Back and arm wound cured no disability.

(*A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.*)

16. Was an operation performed ? If so, when and what was its nature ?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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

Medical Officer in charge of case.

Station Hazeley Down Camp

Date .....

* 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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[4857—W2043/1195 100m 12/14ss 88 5G]

Forms B. 121. 39.

Number of Sheet

Regiment of Newfoundland

Signature of O. C. Company: W. March Capt.

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. Rank Name 998 Cpl Sullivan A. Joined Date Joined Date Joined Date Joined Date	Age on 19 years – months Place and Date of Enlistment St John's Nfld 1915 Period of with Colours 4 years. with Reserve 4 years.	Fisherman Religion C of England Place of Birth	Corporal. A/Sgt Rem. to Cpl 23-11-18 } Pte.

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
Edinburgh Castle Stobs.	9/4/15	Pte		Late gard parade	Sgt Buckham	2 days CB	10/4/15	Capt. March	SR
	24/6/15			Jacking on parade 2.30 pm	Pte Buchanan	4 days CC.	25/6/15	do	
	11/7/15			Absent from tattoo	Cpl	7 days CC.	12/7/15	do	
				Roll Call Jul 11/15	Murrell				
Aldershot Camp	18-1-18	Sgt		Absent from Tattoo 18-1-18 until 6 pm 19-1-18		Fft's 2 days Pay	22-1-18	C.W. Reid.	
						R.W. Ashford		St Augustine Northern Command Depot	
Winchester	23-11-18	A/Sgt		Drunk.		To take rank			
				In creating a disturbance and using obscene language in Sgt's St Winchester about 21.30	R.C.M.	and precedence as if his appointment to Corpl was confirmed June 8th 1918.	11-12-18	District Court Martial	
Hayling Camp	23-11-18	A/Sgt							
				Demobilized St John's 14		3/19			

To be carried over

Army Form B. 121.

Demobilization Form 3

The Royal Newfoundland Regiment

998

DEMOBILIZATION OF

Reg. No. 998 Rank Sergt. Name [illegible] Assistant

Date of Enlistment 28.1.15 Address [illegible] District [illegible]

Occupation [illegible] Classification for Discharge B Medical Category A1

Recommendation S.M.B. [illegible] Disability Rating less than 20%

Passed to Demobilization Officer with following documents:—

N.F. P|36		B 268		B 121	1	N.F. Med		D.F. 1			
B 178		W 3494		B 122		Board 1st		" 2			
B 178a	1	D 400A	1	B 1915		do 2nd		" 3	3		
B 179		D 400B		Form L		do 3rd		" 4			
B 179a	2	D 400C		Form K		do 4th		" 5			
B 179b		B 103	1	ME 2		12.5.8	1	" 6			
B 179c		B 120		M 93							

Date 28.2.19 [illegible] O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ~~not~~ in a position to resume civilian occupation.

A Butler

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~~ [illegible]

Date 28-2-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 194 to his home at Powell River and Release Certificate No. 1280 issued.

Date 28-2-19 — C.S. Duke Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-3-19

Date 28-2-19 — Wallace Capt.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 28-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36		B 268		B 121	1	N.F. Med.		D.F. 1	1	Form B	
B 178		W 3494		B 122		Board 1st		" 2	2		
B 178a	1	D 400A	1	B 1915		do 2nd		" 3			
B 179		D 400B		Form L		do 3rd		" 4			
B 179a		D 400C	1	Form K		do 4th		" 5			
B 179b	12	B 103	1	ME 2		1234	1	" 6			
B 179c		B 120		M 93							

Date 1-3-19 — C.S. Duke Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date FEB 28 1919 — R. H. Tait Capt.
O. C. Discharge Depot.

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

Date March 1 1919 — R. A. Mills
Dorothy Rennie