



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5107 Name Henry Sullivan Corps CofK

Questions to be put to the Recruit before Enlistment.

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

I, Henry Sullivan do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Henry Sullivan SIGNATURE OF RECRUIT.

Frank J. [unclear] Signature of Witness.

May 17 1915

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 17 day of May 1915.

Signature of Attesting Officer W. Dicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the If enlisted by special authority, such will be attached to the original attestation.

Date May 17 1915

Place St. John's

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

51.09

Name Henry Sullivan
 Apparent age 25 years — months. Height 5 feet 5½ inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thos Sullivan
Pouch Cove | Relationship Brother
St John East Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>17-5-18</u>									
Joined at <u>St John's</u> on <u>17-1918</u>									
<u>Discharged July 31 1919</u>									<u>Exchanged St John's train to Halifax No. 22 9-18.</u> <u>To be employed aboard for demobilization 24-6-1919.</u> <u>Arrives the employment 1-7-1919</u> <u>Demobilization St John's 31-7-1919</u>
Total Service forfeited as above.....									
Total Service towards Engagement to <u>31-7-1919</u> (date of discharge) <u>1</u> years <u>76</u> days									
" " " " Pensions " " " " [" "] " " " "									

C.R. 5107

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
31-7-19.

5107, Pte. H. Sullivan.

C.R. 5107

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 19th, 1919.

The discharge of the undernoted on demonilization has been
APPROVED by O.C. Discharge Depot with effect from 17-7-19

5107 Pte. H. Sullivan.

C.R. 5107

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

5107 Pte. H. Sullivan.

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

C.R. 5107

Extract from Daily Orders By Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies. 6-12-18.

The undermentioned having reported for duty
from 2nd Bn. Royal Mfld. Regt. is attached to the
strength for rations from this date, and posted to
"D" Company.

5107 Pte, H. Sullivan.

C.R. 5107

Ex recd from Cardinal Hill Entrained St. John's for Orphans.
Sept. 22, 1910. "2".

5107 Pts. Sullivan Henry.

C.R. 5107

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. JOHN'S Hfld. dated May 18, 1918

#5107 Pte. H. Sullivan.

Attested for General Service with the Royal Hfld. Regt. from
17.5.18

A Sullivan

C.R. 5107

~~P. 10~~

No. 6163/895 147

NEW F. REG.

From: NEW FOUNDLAND CONTINGENT

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

MAY 1919
To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment,
Winchester.

22nd April 1919

April 24th 1919

5107 Pte. H. Sullivan

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (146)

"Pay to-5107 H. Sullivan
£5. 0. 0.

Henry Sullivan
LIEUT. COLONEL,
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of £5.0.0.

Cheque £ 5. 0. 0. is enclosed.
for payment to this Soldier.

Kindly obtain his receipt
hereon.

Five pounds. in respect of
telegraphic remittance from the
Minister of Militia.

A. C. Minard
Chief Paymaster & O. i/c Records.

Henry Sullivan
No. 5107 Rank Rt.

Witness Geo Perre

No. 4930/714

N.F.F./79.

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

28th March 1919

March 31st 1919

5107 Pte. Sullivan H.

With reference to the following telegram from the Minister of Militia / / (102)

"Pay to- 5107 Sullivan

£4. 0. 0

Cheque £ 4. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. D. Minus
Chief Paymaster & O. i/c Records.

Receipt hereunder.

P. K...
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL

Received the sum of £4.0.0

Four pounds in respect of telegraphic remittance from the Minister of Militia.

H. Sullivan *his mark*
H. Sullivan x *D.W.P.*

No. 5107 Rank Pte

Witness Geo. Perry

Sullivan, H

5107

Gay sept.

July 31st 1919.

#5107, Pte. H. Sullivan,
Pouch Cove.

Dear Sir:

Enclosed please find Discharge Certificate.
3273.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5109 Rank Pte Name Dullivan H.
 Intended place of residence Pouch Cove

2. Occupation Fisherman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of
DEMOBILIZATION
 Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 17 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 17 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 17 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17.5.18 No. of days on Military Service 441
 Discharged from service JUL 17 1919 Plus 14 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 17 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date July 31/1919
 Officer in Charge
 The Royal Newfoundland Regiment

15
20
31
76

as B 2019 / 3273

The Royal Newfoundland Regiment

Class for Demobilization:—

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 16/19

Regimental No. *5107*

Name

Sullivan Henry

Address

Pouch Cove

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

A. R. Coombe Capt
O. C. Discharge Depot.

Members of Board

J. P. Robinson
Senior Medical Officer

S. W. Burdese
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5107 Rank. Plt. Name Sullivan A
 Date of Enlistment 19.5.18 Address Pouch Cove District S. York's
 Occupation Technician Classification for Discharge 6 Medical Category I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date July 16/19

O. C. Discharge Depot. A. M. S. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

H. 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. \$60.00

(b) Clothing Supplied

Date 17-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9925 to his home at Pouch Base and Release Certificate No. 3672 issued.

Date 17-7-19

[Signature]
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 31-7-19

Date 17-7-19

[Signature]
Depot Paymaster.

Discharge approved for 17-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 17-7-19

[Signature]
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 JUL 17 1919

[Signature]
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation

H Sullivan

Signature of Man.

[Handwritten Signature]

Reg. No. 5702

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 17-7-18 191

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

MEDICAL HISTORY

Surname Sullivan OF St John's Christian Name Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish Parish Cove St John's County Nflda

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	17	St John's		
Declared Age	20	5 1/2		
Trade or Occupation	Fisherman			
Height	5	5 1/2		
Weight	120 lbs.			
Chest Measurement	34			
	3			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	See			
When Vaccinated	1920			
Vision	R.E.—V=	66	R.E.—V=	
	L.E.—V=	60	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	L. J. Peterson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St John's	at	
	on	17 day of May 1918	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	The Royal Nfld Regt			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *Henry Sullivan.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5107*

Intended address *Pouch Cove.*

Height on discharge *5* feet *6.*

Color of hair on discharge *Black.*

Complexion *Sark.*

Color of eyes *Blue.*

Descriptive Marks _____

Figure on discharge *medium.*

Christian name of Father _____

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 *Pouch Cove. Oct. 12th 1892.*

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) *Henry Sullivan*

Pte
(Rank)

Station *ST. JOHN'S.*

Date *15-7-19*

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



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

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps..... *Royal Newfoundland* } 7. Former Trade or Occupation } *Tradesman*
 2. Regtl. No. *5709* 3. Rank..... *Plt* } 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Sullivan* } *Herry* } (a) Former Regts. or Corps ;
 (Surname) } (Christian Names) } with Regtl. Nos.
 5. Age last birthday..... *25*
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
 NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. *nil*
 12. Place of origin of disability. *nil*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

- (i.) Service during the present war
- (ii.) Previous active service.
- (iii.) Climate in pre-war service ..
- (iv.) Ordinary military service before the war ..
- (v.) Serious negligence or misconduct on the man's part. }

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

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.)

McComplains of pro disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached, with radiographs where possible; and in cases of amputation the exact position should be stated.

- 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.

Repetition

W.E. Proctor. Capt Rame

Station ... *Hoyely, Dorset*

Medical Officer in charge of case.

Date ... *10. 14. 19*

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

August 1st 1919.

Mr. H. Sullivan.

Pouch Cove.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster

HS-

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... St 2. Surname..... Sullivan

3. Rank..... Pte 4. Regtl. No..... 5107

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

6. Date of enlistment in the Regiment..... May 17, 1918

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

8. Relationship of such dependents..... No

9. Address in full of such dependents.....

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

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

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

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

no

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

no

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

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

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

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

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

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

no
July 27/19
Demob

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

England

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

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

Signature of Applicant: *H Sullivan*

Place of Residence: *Pouch Cove,*

Declared before me at: *St John*

This 17 day of *July* 1915.....

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

POST DISCHARGE PAY.				Net amount due
Date paid	Sold	Sold	War Service	
	Soldier.	Dependence.	Gratuity.	
.....
.....
.....
Certified correct.				Registrar

THE ROYAL NEWFOUNDLAND R GT.

DR.

To Stanley Sullivan

To Conveyance of 5107 Pte. A. Sullivan

from St John's to Pouch Cove and return \$15.00

£ AS per warrants attached

J. C. R.

ACCOUNT	<i>Transf</i>
CH. NO.	<i>3148</i>
INITIALS	<i>aw</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

CERTIFIED CORRECT

N. C. Cooper

Stanley Sullivan

No. 76

TRAVELLING WARRANT

Date 3-7-19 The Royal Newfoundland Regiment

~~4~~ 13/19

Please issue 1st Class Passage and Meals for

No. 5107 Rank Private Name William A. [unclear]

From - ST. JOHN'S - To [unclear]

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

[Signature]
SIGNATURE OF ISSUING OFFICER.

No. R 76

TRAVELLING WARRANT

Date 2-7-19 The Royal Newfoundland Regiment

Mailman
Please issue 1st Class Passage and Meals for

No. 5107 Rank Private Name Edward J. A.

To - ST. JOHN'S - From St. John's

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

[Signature]
SIGNATURE OF ISSUING OFFICER.

FORM K

Nº 4127



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Henry Sullivan, Regl. No. 5107.

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz :

Allotment begins July 1/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4806	Brother	Mr Thomas Sullivan	Rough Cove	60
Total Allotment, \$			60	

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.) D. G. Jones Lt
Officer Commanding
D Company
St Johns
June 12 / 1918

(Sig.) Henry Sullivan
(Rank) Private

ST. JOHN'S, July 17th 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte. H. Sullivan

Billeting Soldiers as undermentioned

from July 1st 1919 to July 17th 1919

ACCOUNT	<u>Btm</u>	INITIALS	<u>ACW</u>
CHK NO	<u>3184</u>	INITIALS	<u>ACW</u>
EXP. LEDGER	<u>3154</u>	INITIALS	
PAY LEDGER	<u>3154</u>	INITIALS	
GEN. LEDGER		INITIALS	

5102. Pte. H. Sullivan 17 70

(510) H Sullivan

Certified correct for \$

17. 70

R. J.

McBlown
Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheet OneRegiment of Royal NewfoundlandSignature of O. C. Company C. A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	25 years / months	Postman	
5107	Sullivan Henry	Place and Date of Enlistment	St John 17.5.14	Religion	
Joined	Date	Period of	with Colours 7 1/2 years. with Reserve 3 1/2 years.	Ep. C.	
Joined	Date			Place of Birth	
Joined	Date			Pouch Cove St John's East	

Place	Date of Offence	Rank	Case of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Prison Rink	18-9-18	Pte.		Overstepping leave from Tattoo Aug 25th till Apprehended by Rep Police Sept 18th 1918	Ge. Howard Re Knight R.P.	7 days Conf.	19-9-18	Capt Jait M.C.	S. B. A.
				Demobilized	St. John's	31	7/19		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5107 Rank PM Name Sullivan H
 Date of Enlistment 17.5.18 Address Rough Cove District St John's
 Occupation Fisherman Classification for Discharge 6 Medical Category I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	3
B 178a	D 400A	B 1915		do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date July 16/19P. [Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am 1st Sullivan in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 17-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9425 to his home at Pouch Cove and Release Certificate No. 3672 issued.

Date 17-7-19
 Demobilization Officer [Signature]

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 31-7-19

Date 17-7-19
 Depot Paymaster [Signature]

Discharge approved for 17-7-19
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Handwritten notes: 31-7-19, Form B, 17-7-19

Date 17-7-19
 Demobilization Officer [Signature]

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records,
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date JUL 17 1919
 O. C. Discharge Depot [Signature]

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

Date July 28 1919
[Signature]

Reg. No. *1107* Rank *Pfc* Name *Sullivan H.*
Attested Address *Push Coue.*
Allotment Allottee
Date of Allotment Returned from Overseas *111* 1919
Returned on S S *Cassandra* Cause *Discharge*

16-4-19
17-7-19

~~PASSED TO DEMOBILIZATION OFFICER~~
DISCHARGE APPROVED ON DEMOBILIZATION

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

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

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

1. Unit and Corps Royal Artillery
2. Regt. No. 5107 3. Rank Plt
4. Name O'Dell Henry
(Surname) (Christian Names)
5. Age last birthday 35
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } Fisherman
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regt. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
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 (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

The Complaints of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disability, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

Repatriation

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

W. I. Procmier Capt Rane

Medical Officer in charge of case.

Station *Hazelton*

Date *10/1/19*

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