



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1763 Name Michael Edward Sullivan Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? Michael Edward Sullivan
2. What is your full Address? { King's Post
Beaconsfield Bay
3. Are you a British Subject? yes
4. What is your Age? 19 Years 6 Months.
5. What is your Trade or Calling? miner
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } no yes no
8. Are you willing to be vaccinated or re-vaccinated? } no yes
9. Are you willing to be enlisted for General Service? } no yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } { Name _____
Corps _____
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } yes

I, Michael Edward 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.

Michael Edward Sullivan SIGNATURE OF RECRUIT.
E Augustus Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

† Certificate of Approving Officer.

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

Date _____ 191 _____
Place _____ Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name Michael Edward Sullivan
Apparent age 19 years _____ months. Height 5 feet 11 1/2 inches.
Chest measurement { Girth when fully expanded 36 1/2 inches.
Range of expansion 3 inches.
Distinctive marks None

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin James Sullivan of Edward
Keefe Lane | Relationship Father
Abundant Bay Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above									

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



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1763 Name Michael Edward Sullivan Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Michael Edward Sullivan
2. What is your full Address? 2. Kings Cove
Bonaville Bay
3. Are you a British Subject? 3. yes
4. What is your Age? 4. 19 Years 6 Months.
5. What is your Trade or Calling? 5. miner
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's }
Forces, naval or military, if so,* which? 7. no ~~yes~~ no
8. Are you willing to be vaccinated or re-vaccinated? 8. no yes
9. Are you willing to be enlisted for General Service? 9. no yes
10. Did you receive a Notice, and do you understand its }
meaning, and who gave it to you? 10. _____ (Name) _____
_____ (Corps)
11. Are you willing to serve upon the conditions as embodied in the roll of service }
to be signed by you if you are accepted? 11. yes

Michael Edward 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.

Michael Edward Sullivan SIGNATURE OF RECRUIT.
E August 15 Almon Lawrence Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

† Certificate of Approving Officer.

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

Date _____ 191 _____
Place _____ Approving Officer.

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1763

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

Name Michael Edward Sullivan

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Chest measurement { Girth when fully expanded 36 1/2 inches.
Range of expansion 3 inches.

Distinctive marks None

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin James Sullivan of Edward
Rue St. John | 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	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>5-8-15</u>									
Joined at <u>St John's</u> on <u>August 5/15</u>									
<u>Discharged April 20/1919</u>									<u>Corporal 9-8-16</u>
<u>Embarked St John's train to Folkestone 27-10-15. Disembarked to depot 10-11-15. Promoted 10-11-15.</u> <u>IC 7. Sent 2-12-16. Discharged to depot 10-11-16. Promoted 9-2-17. Remobilized 3-3-17.</u> <u>Admitted 2/2 London CCS. 17 SN & 1/2. 3-2-17. Invalidity 10-2-17. Sent to depot 9-2-17. Remobilized 3-10-17.</u> <u>Wounded 9-2-17. Embarked for depot 15-5-17. Disembarked for depot 21-9-17. Remobilized 3-10-17.</u> <u>Admitted 20-11-17. Submitted of 7th 7-8-17. 2-11-17. Embarked for depot 21-11-17. Remobilized 3-10-17.</u> <u>Embarked 10-1-18. Discharged to depot 15-2-18. Disembarked to depot 21-11-17. Remobilized 3-10-17.</u> <u>Reported as fit for service 18-2-18. Discharged to depot 15-2-18. Disembarked to depot 21-11-17. Remobilized 3-10-17.</u> <u>Demobilization 10-1-19. Arrived depot 10-1-19. Discharged to depot 15-2-18. Disembarked to depot 21-11-17. Remobilized 3-10-17.</u>									
Demobilization <u>St John's 23-4-1919</u>									
Total Service forfeited as above									

Total Service towards Engagement to 23-4-19 (date of discharge) 3 years 262 days

" " " Pension " " " " " " " " " " " " "

C.R. 1763

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

The discharge of the undernoted on demobilization
has been APPROVED By O.C. Discharge Depot 9-4-19.

1763 Bgt. M. Sullivan

C. 1763

Ml. E. Sullivan was attested for General Service
with the NEWFOUNDLAND REGIMENT on August. 5th. 1915..

Regimental No. 1763 was allotted to Pte Ml. E. Brake

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

C.R. 1763

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

The discharge^s of the undernoted on demobilisation has been CONFIRMED
by Officer i/o Records from noted date.

23/4/19.

1763, Sgt. Ml. Sullivan.

C.R. 1763

Extract from Periodical Bill of the Naval Field Regt.
St. John's, Jan. 30th. 1919.

1763 Sg^t. Sullivan.

C.R. 1763

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

The Undersigned returned from Overseas and reported at
Depot. 7-2-19.

Reprinted of A.F. 1172.

1763 Sgt. M.E. Sullivan.

C.R. 1763

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

1763 L/Cpl. H. Sullivan.

59
C.R. 1763

Extract from Daily orders part 11 of Lt. Col. Porter,

U.S.A. Commanding 8th Co. Royal Rifle Regt. Dated 3-9-18.

The following to be acting serjeants - Dated from 3-9-18.

1763 Cpl. Sullivan, M.

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 1763
Counter No. _____



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Dept of Militia.

Line
Number _____

Rcd _____

By _____

Sent _____

by _____

Check _____

Dated March 7th, 1918.

To Mr. James Sullivan (of Edward)
King's Cove, B.B.

Record Office, London reports to-day that 1763 Cpl.

Michael Sullivan transferred to 2nd Battalion March

6th from B.E.F., classified permanent base.

J.R. Bennett,

Acting Minister of Militia.

C.R. 1763.

Extract of Casualties received from Pay & Record Office,
London, dated 6th March 1918.

The undermentioned P.B. case left 29th Inf. Base Depot
Rouen, 1/3/18, and left Le Havre 5/3/18, per H.S.

Londonberry.

#1763 Cpl. M. Sullivan. ✓

C.R. 1763

Extract from CASUALTIES from P.&R.O., London, dated 6th. March
1918.

The undermentioned P.B. cases left 29th Inf. Base Depot, Rouen, 1/3/18
and left Le Havre 5/3/18, per H.S. LONDONDERRY:

1763 Cpl. M. Sullivan

Authority: J. Caulland, Capt. & Adjt., No. D. Inf. Base Depot.

C.R. 1763

Extract from Nominal Roll of Draft No.38, 25 other Ranks from 2nd
Battn, Royal Newfoundland Regt., to 1st Battn, Royal Newfoundland
Regt., B.E.F. Embarked Southampton 18/2/18

1763 Corpl. Sullivan, M.E.

MP

C.R. 1463

Extract of Casualties received from Pay & Record Office,
London, dated January 7th, 1918.

O.C. Richmond Military Hospital, Richmond, reports:

#1763 Cpl. M.E. Sullivan.

Discharged from Hospital granted furlough from
1/1/18 to 10/1/18. Fit for 1. Duty.

C.R.

1763

Extract of Casualty received from Pay & Record Office,
London, dated December 4, 1917.

#1763 **Spa.** M. Sullivan. ✓

Wounded 20/11/17.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



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

(NOT TRANSMITTED)

Signature of Sender *J. M. Sullivan* Address *For J. M. Sullivan*

Line Number	Rcd	By	Sent	by	Check

Dated November 29, 1917.

To Mr. James Sullivan of Ed.

Kings Cove.

Regret to inform you that Record Office,

London, officially reports No. 1763, Corporal

Michael E. Sullivan, has been admitted to Military

Hospital, Grove Road, Richmond, suffering from

gunshot wound in the right thigh.

Upon receipt of further information I shall immedi-

ately wire you and trust that next report will be

of his convalescence.

~~J. M. Sullivan~~, R.A. SQUIRES

Colonial Secretary.

C.R. 1763

Extract from Casualties received from
War Office List No. C. 1400 dated 4/12/17

R

#1763 Cpl. M. Sullivan.

WOUNDED

20/11/18

BC.

CR. 1763

NO. 1763 CORP. MICHEAL E. SULLIVAN.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY AND RECORD
OFFICE LONDON DATED NOVEMBER 29th, 1917.

"AT MILITARY HOSPITAL GROVE ROAD RICHMOND GUNSHOT WOUNDS RIGHT TH
THIGH."

✓

C.R. 1763

Extracted from Daily Orders, Part 11, UNIT: The Royal Nfld. Regt.,
dated 29th. Dec. 1917.

Strength.

1763 Pte. M.E. Sullivan

Invalided to U.K. 25/11/17. Wded.

C.R. 1763

Extract from Nominal Roll of Draft No.29: 51 Other Banks from 2/1st
Newfoundland Regt., to 1/1st Newfoundland Regt.H.M.F. Embarked
Southampton, 7/9/17.

1763 Copl.Sullivan, M. E.

MP.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent by	Check

Dated

March 13, 1917.

To

Mr. James Sullivan of Edward,
King's Cove, B.B.

Regret to inform you that Record Office,
London, officially reports No. 1763, Corporal
Michael E. Sullivan, has been admitted to Wandsworth
suffering from gunshot wounds right arm and left tibia.

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

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 1763

Extract from Casualties received from P.&R. Office London.

Mar. 15th, 1917.

Wandsworth;

C 1763 Sullivan.

Gunshot wound Lefttibia right arm³

C.R. 1763

Extract of Daily Orders part 11, from Unit 1st Newfoundland
Regiment, 3rd Echelon, B.E.F. dated February 24, 1917.

#1763_L/Cpl. M. Sullivan. ✓

Promoted to Corporal 9/2/17.

C.R. 7763

Extract of Daily Orders part 11, ~~XXXXXXXX~~ by Lieut.
Col. J. Forbes-Robertson, M.C., Commanding 1st Field.
Regiment, 9/2/17.

#1763 L/Corpl. M. Sullivan, B.Co.,

to be ~~Squad~~ Corporal.

C.R. 1763

Extract from Personal Roll, G. Co., returned to. John's 27/10 18 for Oversee

1763 Pte. M. Sullivan.

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

1763 A/Sgt Sullivan M. £1:2:6 Dr Bal

This transferred to Pay Office 7-4-19

M. Sullivan

1763

P.P.O.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Michael Edward Sullivan, Regl. No. 1763
hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and 71/4 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 _____

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1539	Mother	Mary Joseph Sullivan	Kings Cove Bermuda Bay	50
Total Allotment, \$				

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

(Sig.) _____
Officer Commanding
Company

(Sig.) Michael Edward Sullivan
(Rank) Private

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* } Former Trade or Occupation }
2. Regtl. No. *1743* 3. Rank *Serjt.* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
4. Name *SULLIVAN* (Surname) *SULLIVAN* (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
 (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."

11. Date of origin of disability. *10. 3. 17. 720 f - 10 - 17*
12. Place of origin of disability. *banbrai Combles*
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. *Y.S.W left Leg rec'd at Banbrai. 10-3-17. now*

healed no disability S.S.W. At High 20-10-17. healed no disability

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

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

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

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
Scars both legs perfectly healed,
no disability.

16. Was an operation performed? If so, when and what was its nature? *Byls. Operation 25.10.1918*

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

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? *n.a.*

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? *n.a.*

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

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

ROYAL NEWFOUNDLAND REG.

Station *Angley, Royal Camp.*
 Date *18.1.1919*

Medical Officer in charge of case.

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

1ST N. WFG. MDLA. D. P. DEPT.
PAY & RECORD OFFICE

Ref. No. 1702
Rec'd. APR 11 1917
Ack'd. 3747/47
And'd.
File No.

B. I. Ward

3rd London General Hospital

18-4-17

To Newfoundland Hdqts, P. A. £2-0-0

11/4/17 Sd

Dear Sirs

Please forward me the sum of two pounds (£2.) on account on order that I may transact some personal business.

Yours Respectfully

1763 Capt M. E. Sullivan

1st Lt. F. L. D. Reyt

Countersigned By My Medical Officer

John Murray
Capt Name

N.F.P.

3247/47

11th, April, 1917.

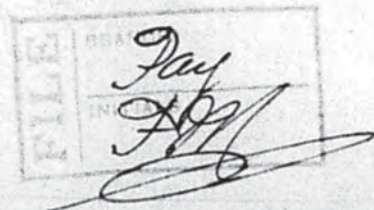
3rd. London General

Wandsworth, S. W. (18)

1763, Cpl. M. E. Sullivan, 1st. Newfoundland Regt.

50613

2. 0. 0.



N.B.—This Form must accompany any inquiry respecting this Telegram.



HEARST & SPOTTISWOODE, Ltd., Lond.

POST OFFICE TELEGRAPHS.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than $\frac{1}{2}$ d. being reckoned as $\frac{1}{2}$ d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.

Office Stamp.



Charges } s. d.
to pay }

Handed } Received }
in at 10-43 am here at 1-35 PM

Ayt Adams

TO { *Synoptical Ldn*

1763 Corporal Sullivan

to fill this men at
2 Km Corporal
Sullivan ayt

INDIA REGIMENT
PAY & RECORD OFFICE
No. 3962
JUL 24 1917
File No.

"A" Form.
MESSAGES AND SIGNALS.

Army Form C.2121
(in pads of 100).
No. of Message

Prefix Code m.	Words	Charge	This message is on a/c of: Service.	Recd. at.....m.
Office of Origin and Service Instructions.	Sent			Date.....
.....	At.....m.	To		From
.....	By	(Signature of "Franking Officer.")		By

TO {	Newfound			
		Ayr		

Sender's Number. * 179	Day of Month. 24/7/17	In reply to Number.	AAA
---------------------------	--------------------------	---------------------	-----

Reference	your	telegram	1763	Sullivan
Corporal orders	substantive	authority	Base	daily
	9th	February	1917.	
		Synoptical.		

From			
Place			
Time			

The above may be forwarded as now corrected.

(Z)

Censor. Signature of Addressor or person authorised to telegraph in his name.

Southampton
6-9-17

To Paymaster 1st U.F.L.S. Regt.
London

Dear Sir

Will you please send the
sum of (£1) one pound to the address given
below and charge it to my account

I remain

your obedient servant

1763 Cpl M. Sullivan

U.F.L.S. Regt

Address

OK
£1.0.0
M.A.

Mrs M^e Kenzie

13 Greenlaw Avenue

Paisley
Scotland

RECEIVED PAYMASTER GENERAL'S OFFICE	
Ref. No.	5031
Rec'd.	SEP - 7 1917
Ack'd	9/20/17, 10/9/17
Ans'd	9/20/17, 10/9/17
File No.	Sweeney ✓

9563/1

17th, September

Mrs. McKenzie,

13, Greenland Avenue,

Paisley, Scotland.

I. O. O.

1763, Cpl. M. Sullivan, 1st. Newfoundland

Regiment.

9567

NEWFOUNDLAND CONTINGENT

PAYMASTER & OFFICER i/c RECORDS,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. ENGLAND.
N.F.P/27.
No. 16

Officer Commanding,
/1st Newfoundland Regt.,

1

SEP 19 1917

STATEMENT OF AMOUNTS DRAWN from PAY & RECORD OFFICE
to be ENTERED in A.B's 64 of SOLDIERS CONCERNED.

REFERENCE:- No. 1938/67, 25/5/16, to O.C., 1st Battalion.

Date of Payment	Regtl. No.	Rank & Name	Authority	Paid To	Amount		
					£	s	d
17/9/17	1763	Cpl Sullivan, M	Letter from Cpl. Sullivan dated 6/9/17	Mrs. McKenzie 13, Greenland Avenue, n Paisley, N.B.	1	0	0

CERTIFIED that entries have been made in A.B's 64 of the
soldiers concerned.

O.C. " " Company,
Battalion.

Please RETURN this FORM INTACT to:-
1st.

Paymaster & Officer i/c records, Newfoundland Contingent,
58, Victoria Street, London, S.W.

9567

17th, September

1763, Cpl. M. Sullivan,

1/1st. Newfoundland Regiment,

B. E. F.

6 9 17 5031

1. 0. 0.

Mrs. McKenzie, 13, Greenland Avenue, Paisley, Scotland.

No. 1763 Rank Cpl. Name Sullivan A.E.

Pay	F.A.	Wkg	Total
1.10	10		1.20
Less: Allotment			50
Net Rate			70

N.F.P. 33.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d					
						From	To								
Balance		6	12	0	Balance	5/6/17					4	8	9	✓	
Acquittance Rolls					Pay @ Net Rate	7/8/17	5/1/18	211	50	105	30	21	13	7	✓
Hospital Advances			3	6	Ration Allowance										
A.B. 34					10 days @ 2/-							1	0	0	4
P. & R.O. Payments		3	5	0											
£ 7 to Hqd.			4	2											
10-4-8 ✓					£ 16-17-8 ✓										
5099 Cash		16	10	0	Incorrect account.										

27-2-4

C.R.
5/1/18

No.
Regtl. No. 1763
Rank 6th Lt
Name Sullivan

Regiment

Date from 6-1- 1918
to 15-1- 1918

To proceed to

I/c

Hospital

Station

Date

Address whilst on furlough to which any
orders will be sent.

9567

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.

NEWFOUNDLAND CONTINGENT

ENCAP/27.

Officer Commanding,
1/1st Newfoundland Regt.,

SEP 19 1917

No. 16B. E. F.

STATEMENT of AMOUNTS DRAWN from PAY & RECORD OFFICE
to be entered in A.B's 64 of SOLDIERS CONCERNED.

REFERENCE:- No. 1938/37, 25/5/13, to O.C., 1st Battalion.

Date of Payment	Regtl No.	Rank & Name		Authority	Paid to	Amount		
						£	s	d
17/9/17	1763	Cpl	Sullivan, M	Letter from Cpl. Sullivan dated 6/9/17	Mrs. McKenzie 13, Greenland Avenue, Paisley, N.B.	1	0	0

CERTIFIED that entries have been made in A.B's 64 of the
soldiers concerned.

W. Strong Capt.
O.C. "B" Company,
1st Battalion.

Please RETURN this FORM INTACT to:-

Paymaster & Officer i/c Records, Newfoundland Contingent,
58, Victoria Street, London, S.W.

Dr. R. C. ...

In your attention

please Amos H.
G.A.

15/6/17

COVERED FOR SOME TIME

W. H. ...

Officer Commanding
2nd Batty Royal Wilt Regt.
Winchester

H.

61

Issues on Re-employment

Clothing & Necessaries
Pay & Record Office London

14

1763 Capt Sullivan M. 2 Shoulder Badges 3d
1 Cap badge 2^d per
W/ A.F.P. 1954/8

5 3

2

Total

5

7th Feb 1954

8

20405/2315

2/Bn Royal Wld. Regt.
Winchester.

11th December 8
1763, A/Sgt. M. Sullivan,

10698

Paybto 1763 Sullivan £3:2:0

3:2:0

P.P. 01.

No. 20405/2315

N.F.P./79.

065900

NEWFOUNDLAND CONTINGENT

From:

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

To:

18 DEC 1918
Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

11th December 1918

Subject: 1763, A/Sgt. M. Sullivan, H

With reference to the following telegram (10698) from the Hon. Minister of Militia, received

Paybto 1763 Sullivan £3:2:0

Draft £ 3:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. C. Maxwell Maj.
Chief Paymaster & O. i/c Records.

Dec 17 1918.

Receipt hereunder.

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

Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Three

Pounds Two Shillings on account of cable remittance from Newfoundland.

M. Sullivan

No. 1763 Rank Det Sergt

Witness J. Hopkins & 2ms

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 1763 Rank Cpl.
 Name Sullivan M.

Pay	F. Allow	Working	Total
1 ¹⁰	10		1 ²⁰
Less Allotment			50
Net Rate			70

Date	DEBITS			CREDITS		
	£	s	d	£	s	d
1917						
			1/1	Balance	22	12/6
					8	10/8
				Pay @ Net Rate:		
	6	19	9 23	11/21 to 8/21/17 = 48 days		
	2	4	6	0/62 = £ 31.20	6	8/3
				9/12/17 to 3/15/17 = 54 days		
				0/70 = £ 58.80	12	7/8
	2	0	0	3/15/17 to 1/25/17 = 10 days		
	11	4	3	0/70 = \$ Pakon All a	1	0/0
	15	10	0		26	0/1

No. 1763 Name Michael Sullivan Sqn., Batty., or Company H. *Regt*
Corps Royal Newfoundland Date of enlistment } 5/8/18 G.C. Badges } Good Service or Proficiency Pay } Good

Date of last entry in Company Conduct Sheet } 10/2/18 No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. 1 Signature O.C. Company, etc. } Fredk. G. A. Keddell Character } Good

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

No. 0 on 50
 1/3/18

Army Form B. 122

No. *1763* Name *Sullivan M.* { Sqn., Batty., or Company } *A* Corps *2, Newfoundland* Date of enlistment } *8-15* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } *clean* No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } *R. Russell* Company, etc. } Character }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rouen.</i>	<i>13-10-16</i>	<i>S/ser.</i>		<i>When on active service; overstaying his pass from 8.45 P.M. until 9.34 P.M. (52 minutes)</i>	<i>Ch. Lewis " Boyd</i>	<i>Reprimanded</i>	<i>14-10-16</i>	<i>Lt. Col. G. H. ...</i>	<i>N.B.</i>
				<i>To England 9/3/17</i>					
								<i>Wounded 3-3-17</i>	

Army Form B, 192

Sullivan, L.

1763

Hay Sept

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1763 Rank Serjt Name Sullivan M.
Intended place of residence Kings Cove, Bonavista

2. Occupation Miner
Classification of soldier E Medical Category A

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
Date APR 5 1919
H. M. St. J.
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 OVERLEAF PAY ADVT.

Place and date ST. JOHN'S
5-4-19
Michael Sullivan
Signature of soldier
J. P. [unclear]
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
5-4-19
Michael Sullivan
Signature of soldier
E. Wilcox Sgt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6-8-15 No of days on Military
Discharged from service 9-4-19 plus 14 days Service 1357

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
Date APR 9 1919
R. H. [unclear] 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 April 23/1919
A. W. Bowley Capt
Officer in Records
The Royal Newfoundland Regiment

W.A.B. 2097/1919

27
30
31
30
31
31
78
31
23
22

April 23, 1919

#1763 .Sergt. Michael E.Sullivan,
King's Cove, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.1928."

Yours truly

Capt.
Paymaster & O.i/c Records

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
(Mining)*

Michael Sullivan

Signature of Man.

Reg. No. *1763*

J. A. Shaw

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **APR 5 - 1919**

191.....

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1763 Rank Private Name Michael Sullivan
 Date of Enlistment 6-8-15 Address King's Cove District Dominion
 Occupation Miner Classification for Discharge 1 Medical Category A
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....	5	Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....		do 2nd.....	" 3.....	5
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 5-4-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. *Michael 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: *50.00*

(b) Clothing Supplied *[Signature]*

Date 5-4-19

O i/c. Re-clothing:

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P11979, 444* to his home
 at *Kings Cove B. Bay* and Release Certificate No. *1993* issued.

Date *5-4-19*

J.A. Snow
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY/ACC therewith settled. He has received pay and allowances to *23-4-19*

Date *5-4-19*

H. M. H.
 Depot Paymaster.

Discharge approved for *9-9-19*

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		

Date *5-4-19*

J.A. Snow
 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 *APR 9 1919*

R.H. Sait

O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

86

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *5.11.19*

Regimental No. *1763*

Name *Michael Ed. Sullivan*

Address *King's Cove*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board {

R. J. Lait Capt
O.C. Discharge Depot.

J. P. Paterson
Senior Medical Officer

J. W. Gordon
~~M. O. Depot~~

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

MEDICAL HISTORY

Surname Sullivan OF Christian Name Michael

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County 12/11

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>6</u> day of <u>August</u> 191 <u>6</u>	on	day of _____ 191 <u>6</u>	on	day of _____ 191 <u>6</u>
	at <u>St Johns W'ld</u>	at	_____	at	_____
Declared Age	<u>19</u> years		_____ days		_____ days
Trade or Occupation	<u>Miner</u>				
Height	<u>5</u> feet <u>11 1/2</u> inches				
Weight	<u>154</u> lbs.				
Chest Measurement	Girth when fully expanded... <u>36 1/2</u> inches				
	Range of expansion... <u>3</u> inches				
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm				
	Number				
When Vaccinated	<u>120</u>				
Vision	R. E.—V= <u>6/6</u>			R. E.—V= <u>6/6</u>	
	L. E.—V= <u>6/6</u>			L. E.—V= <u>6/6</u>	
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)			(b)	
Approved by (Signature)	<u>Samuel Patterson</u>				
(Rank)	<u>Capt.</u>				
	Medical Officer.				
Enlisted	at <u>St Johns</u>	at	_____	at	_____
	on <u>6</u> day of <u>Aug</u> 191 <u>5</u>	on	_____ day of _____ 191 <u>5</u>	on	_____ day of _____ 191 <u>5</u>
	Corps. _____ Regtl. No. <u>1763</u>				
Joined on Enlistment	<u>14th W'ld Reg</u>				
Transferred to..					
Became non-effective by.					
	on _____ day of _____ 191 <u>5</u>	on	_____ day of _____ 191 <u>5</u>	on	_____ day of _____ 191 <u>5</u>
(Signature)					
(Rank)					



NEWFOUNDLAND CONTINGENT I.

Table II.—Only for admission 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 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				
3 rd LONDON GENERAL HOSPITAL WANDSWORTH.	9	3	17	3	5	17	G.S.W IX Leg curve	55	Wound received in France 10.3.17 F.B. removed, behind L popliteal space. No bone injury or paralytic. 22.4.17 Wound healed	G. C. Hall Capt Med.
	1	8	17	9	8	17	Scabies	8	2 Furunculosis healed by daily Lutho and sulphur ointments (B.P.)	Medicine Capt Kame
	27	"	17	5	1	18	G.S.W Thigh (R) IX		Healed, Discharged 27.5.18 (1)	P.P. Warner Capt. R. A. M. O. Registrar

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
15. 10. 15	1 st Inoculation
19. 11. 15	Vac. R.P. Graham Lt Col
9. 12. 15	TV # R.P. Graham Lt Col
28. 6. 16	Fit for Foreign Service N.F.W.
12. 6. 17. 22. 6. 17.	} T.A.B. 2
8-1-19	<p>Recommended. Repatriation Boston via Royal Newfoundland Regt.</p> <p><i>W. H. Russell</i> Capt. R.N.S.M.C.</p>

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			<p>It is hereby certified that <i>[Name]</i> has been before a Travelling Medical Board and has been classified as <u>6</u> for Discharge on Demobilization. Medical category <u>AT</u></p> <p><u>5. 14. 19</u> Date of T.M.B.</p> <p><i>[Signature]</i> Adjutant Discharge Depot—Newfoundland</p>		



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

Michael Sullivan

Regiment from which discharged

Royal Newfoundland

Regimental number

1763

Intended address

King's Cove, B.B.

Height on discharge

6 Feet *1*.

Color of hair on discharge

Black.

Complexion

Fair

Color of eyes

Grey.

Descriptive Marks

—

Figure on discharge

Sall.

Christian name of Father

James

Christian name of Mother

Mary.

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

King's Cove, B.B. 1st February, 1897

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)

*Michael Sullivan**Sgt.*

(Rank)

Station

St John's

Date

5-4-19

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.

Station

Date

Medical Officer of Hospital,
Unit, or Command Depot. DEPOT



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 }
 2. Regtl. No. *1763* 3. Rank... *Sgt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *SULLIVAN* *Michael* (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday... *22*.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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*
G.S.W. left leg 10-3-17 G.S.W. right thigh 20 Nov '17
 12. Place of origin of disability. *Comblis* *Lumbrai*
 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. *G.S.W. leg received at Comblis 10-3-17 now healed no disability. G.S.W. thigh 20 Nov '17 healed, no disability*

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

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? Scars both legs perfectly healed 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? Yes. on G.S.W. leg left
17. If not, was an operation advised and declined? N. C.
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? N. C.
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? N. C.

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.
- W. H. ...*
ROYAL NEWFOUNDLAND REG.

Station *Harley Down Camp*

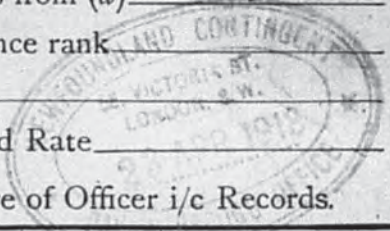
Date *8-1-19*

Medical Officer in charge of case.

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

Casualty Form—Active Service.

Rank *Lance Cpl* Regiment or Corps *1st New Brunswick*
 Surname *Sullivan* Christian Name *M.E.* *1766*
 Religion *R.C.* Age on Enlistment *19* years *6* months.
 Enlisted (a) *5-8-15* Terms of Service (a) *Duration of War* Service reckons from (a) *5-8-15*
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 Signature of Officer i/c Records.



Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 218, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Embarked Southampton	3 OCT 1916	
		Disembarked	Disembarked ROUEN	4 OCT 1916	
		Joined Battalion	19 OCT 1916		
	<i>14 C/S</i>	<i>Admitted P.C. 3 feet.</i>	<i>France</i>	<i>3/12/16.</i>	<i>ED 7477</i>
	<i>14 C/S.</i>	<i>Discharged to Duty</i>	<i>France</i>	<i>10/2/16</i>	<i>ED 7757</i>
<i>17/2/17</i>	<i>O.C. Unit</i>	<i>Promoted Corporal</i>	<i>France</i>	<i>9/2/17</i>	<i>B213.</i>
<i>5/3/17.</i>	<i>O.C. Unit</i>	<i>Wounded in Action</i>	<i>France</i>	<i>9/3/17</i>	<i>B213</i>
	<i>60-F.A.</i>	<i>Trans. S. S.W. Knee 72 London L.S.D.</i>		<i>3.3.17</i>	<i>E.A. 881</i>
	<i>"Formosa"</i>	<i>Invalided to England</i>		<i>9.3.17</i>	<i>W. 3083</i>
		<i>in S. & West, Dover</i>			
			<i>Mr Burchell</i>		CAPTAIN.

[Handwritten signature]

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

Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank ... *Cpl* Surname ... *Sullivan* Christian Name ... *Michael*
 Religion ... *Roman Catholic* Age on Enlistment ... *19* years ... *6* months
 Enlisted (a) ... *St. Johns* Terms of Service (a) ... *Quarters* Service reckons from (a) ... *8/8/15*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation ... *Miner* *Fred K. G. A. Keudell* for Signature of Officer.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	<i>Leut.</i>	Date of Casualty	Remarks. Taken from Army Form B.213, Army Form A.36, or other official documents.
			Place of Casualty.		
<i>2/3/18</i>	<i>St. John's</i>	<i>Transferred to England Classified "B"</i>	<i>Embarked ... 19-2-18 Disembarked... 21-2-18 Rouen</i>	<i>1/10 Rail</i>	<i>Auth. D.O.G. 1054/292 d-24-7-16</i>
			<i>A.T. Royal</i>		<i>Industry Section G.H.Q. 3rd Echelon</i>



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

Casualty Form—Active Service.

Regiment or Corps Newfoundland
 Rank Cpl Surname Sullivan Christian Name M. E.
 Religion Age on Enlistment years months.
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Signature of Officer



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents, The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Refer to Army Form B. 213, Army Form A. 38, or other official documents.
Date	From whom received				
			Embarked <u>Hampton</u> <u>7-9-17</u>		
			Disembarked <u>Rouen</u> <u>9-9-17</u>		
			<u>Stat. Hosp. Ad. V.D.S.</u>		
			<u>Joined Battalion</u>		
<u>26 NOV 1917</u>	<u>C.C.</u>	<u>WOUNDED IN ACTION</u>		<u>20 NOV 1917</u>	<u>A.F.B. 213.</u>
<u>21/1/17</u>	<u>37 FA</u>	<u>ad G. Swarthead</u>	<u>21 CES.</u>	<u>21/1/17</u>	<u>803027</u>
		<u>Transferred to England</u>		<u>25/1/17</u>	<u>W 30083</u>
			<u>J. Healey</u>		
			<u>O. I/c No. 1</u>		
			<u>Infantry</u>		
			<u>G.H.Q. 3rd Echelon</u>		



(a) In the case of a soldier who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) See also Section 1, &c.

[P.T.O.]

April 26, 1919

#1763 Sgt. Michael Sullivan,

King's Cove, N.B.

Dear Sir:-

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

Yours truly

Paymaster & U.i/c Captain,
Records

17361

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.. *Michael* 2. Surname.. *Sullivan*

3. Rank.. *Sergeant* 4. Regtl. No. *1763*

5. Address in full to which future payments of gratuity are to be forwarded.. *Stung's Cove Bonaville Bay*

6. Date of enlistment in the Regiment.. *Aug 5th 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.. *No.*

8. Relationship of such dependents.. *None*

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?.. *No.*

11. Were you on active service only in Hfld. If so, give dates and particulars of such service.. *In France eleven months*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas.. *Three years & eight months*

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

Enlist only once

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.

None

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

No

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

No

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

No

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

No

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

19. Are you now serving in the Reserves? *No* If not give:- (a) Date of discharge.

March 9, 1919. (b) Reason for discharge.

Demobilization

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

In France from October 1916 until March 1917.

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

No

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

Signature of Applicant: *Michael Sullivan*
 Place of Residence: *Kings Cove Bonavista Bay*
 Declared before me at: *St. John's, Nfld*
 This *5th* day of *April* 19*19*

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

John McCarthy
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>6 mes.</i>	<i>\$420.00</i>
.....				
.....				

Certified Correct.

Paymaster.
J.P.





1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Edward Sullivan, Regl. No. 1763

hereby agree, until further notification by me, and in similar official form to make an Allotment of Fifty Dollars and 00 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 October 30th 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1539	Mother	Mary Joseph Sullivan	Kings Cove Bonaventure Bay	50
Total Allotment, \$				

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

(Sig.) [Signature]
 Officer Commanding
 Company
[Signature]
 Oct 27th 1915

(Sig.) [Signature]
 (Rank) Private

ST. JOHN'S, April 5th /19

Royal Newfoundland Regiment.

Billeting Account,

To Sgt. M. Sullivan

Billeting Soldiers as undermentioned

from Feb 8th /19 to April 9th /19

[Handwritten signature/initials]

1763 - Sgt. M. Sullivan 63 10
B8m

REPORT	
NO. NO	15313
INITIALS	CW
IND. LEAD	
PAY LEAD	
GER. LEAD	

Certified correct for \$ 63.

[Handwritten signature]
Billeting Officer.

[Handwritten signature]
Michael Sullivan

Kings Cove
Bonavista Bay
Aug 30th 1919

To officer I.C. Records

Dear Sir

I was discharged
from the Royal N.F.L.D. Regt
on April 23rd 1919 and up to the
present time I haven't received
a Discharge Badge. would
you kindly see to the matter

I remain
Yours respectfully
M. E. Sullivan

(1763 Seryt M. E. Sullivan)

Done
② 1844

Reg. No. 1763 Rank Sgt Name Sullivan M.

Attested Address King's Cove B.B.

Allotment Allottee

Date of Allotment Returned from Overseas 7.2.19.

Returned on S.S. .. Cause

5.4.19.
9.4.19.

PASSED TO DEPARTMENTALIZATION OFFICER

DISCHARGE APPROVED ON REMOBILISATION

RECEIPT.

C.R. 1763

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British Victory Medal-1914-1919.

NO. 1763.....NAME..... McSullivan

DATE. 13-1-20

PLACE. Kings Cove

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL-1914-1919.

C.R. 1763

I certify that I have received a issue of 2 inches
of Riband of British War Medal-1914-1919

Name *M. E. Sullivan*.....

(Date) *Nov 23rd 1919*.....

(Place) *Kings Cove*.....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (6-6) W9017/2124 1000m 6/15es 93 56

Forms
B. 121.
29.

Number of Sheet 2121

Regiment of 1st Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>M. E. Sullivan</u>	Age on	<u>19 years 6 months</u>	<u>Miner</u>	<u>Promoted Sgt 2-9-18</u>	
Joined	Date	Place and Date of Enlistment		Religion		
Joined	Date	Period of	{with Colours <u>3 2/3 years.</u> {with Reserve <u>2 2/3 years.</u>	Place of Birth		
Joined	Date			<u>R. C.</u>		

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
<u>Kauruan</u>	<u>1/6/17</u>	<u>Cpx.</u>		<u>Sailing to company with an order.</u>	<u>C.S.M. Melville</u>	<u>reprimanded</u>	<u>4/6/17</u>	<u>Major Rendell</u>	<u>[Signature]</u>
<u>"</u>	<u>14.7.17</u>	<u>"</u>		<u>Missed train from Saksu until arrested by Sgt. Police about 1.30 pm. 21-7-17.</u>	<u>Cpl Gandy, Cpl. Hodge, CSM Burns</u>	<u>Severely reprimanded</u>	<u>16.7.17</u>	<u>Major March</u>	<u>10 days pay</u>
<u>Berry Camp</u>	<u>25/8/17</u>	<u>"</u>		<u>Absent from 8 AM Parade</u>	<u>C.S.M. Burns</u>	<u>Severely Reprimanded</u>	<u>25/8/17</u>	<u>Major Rendell</u>	<u>[Signature]</u>
<u>Highley Down</u>	<u>2/2/18</u>	<u>"</u>		<u>Absent from camp from 1.30 pm to 10.15 p.m. while on duty as orderly sergeant</u>	<u>C.O.M. Burns</u>	<u>Reprimanded</u>	<u>2/2/18</u>	<u>Lt Col. Borrows</u>	<u>Forfeits 1 days pay</u>
<u>Highley Down</u>	<u>14.2.18</u>	<u>"</u>		<u>Overstaying bars from 11.15 to midnight to 1.15 4/18 4 p.m.</u>	<u>C.O.M. Burns</u>	<u>Reprimanded</u>	<u>16.2.18</u>	<u>Capt. Kern</u>	<u>14 d.R.</u>
<u>Hopley Down</u>	<u>2-6-18</u>	<u>"</u>		<u>Gambling in Barracks</u>	<u>C.S.M. Duffin</u>	<u>Reprimanded</u>	<u>3/6/18</u>	<u>Captain Kern</u>	<u>J.E.T.F.</u>
<u>H.S. Camp</u>	<u>19/9/18</u>	<u>Sgt</u>		<u>Absent without leave from 10.15 to 1.15 19/9/18 until 3 pm</u>	<u>Cpl Duffin</u>	<u>Severely Reprimanded</u>	<u>1/10</u>	<u>Lt Col A. S. Barton</u>	<u>Forfeits 1 days pay</u>
				<u>20-9-18 Demobilized</u>			<u>23/19</u>		

Army Form B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

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

Number of Sheet 421

Regiment of 1st Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>1763 M.E. Sullivan</u>	Age on	<u>19 years 6 months</u>	<u>Miner</u>	<u>Promoted Sgt 7-9-18</u>		
Joined	Date	Place and Date of Enlistment	<u>St John's Aug 5 1915</u>	Religion			<u>R. C.</u>
Joined	Date	Period of	<u>with Colours 3 2/3 years.</u> <u>with Reserve 5 1/2 years.</u>	Place of Birth			<u>Kings Cove</u>
Joined	Date						

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
<u>Raucourne</u>	<u>1/6/17</u>	<u>Cpte.</u>		<u>Failing to comply with an order.</u>	<u>C.S.M. McNeill</u>	<u>reprimanded</u>	<u>4/6/17</u>	<u>Major Rendell</u>	
<u>"</u>	<u>14.7.17</u>	<u>--</u>		<u>Missed train from Salsou until arrested by Sgt. Police about 1.30 pm. 21-7-17.</u>	<u>Cpl. Gandy, Cpl. May, R.P. Cpl. Hodge</u>	<u>Severely reprimanded</u>	<u>16.7.17</u>	<u>Major March</u>	<u>forfeit 8 days pay.</u>
<u>Derry Camp</u>	<u>25/8/17</u>	<u>"</u>		<u>Absent from 8 AM Parade</u>	<u>C.S.M. Burns</u>	<u>Severely Reprimanded</u>	<u>25/8/17</u>	<u>Major Rendell</u>	<u>for</u>
<u>Hazelton Down</u>	<u>8/2/18</u>	<u>"</u>		<u>Absent from camp from 1.30 pm to 10.15 p.m. while on duty as orderly sergeant</u>	<u>C.O.M. Burns</u>	<u>Reprimanded</u>	<u>2/2/18</u>	<u>Lt Col. Bonness</u>	<u>forfeit 1 days pay</u>
<u>Hazelton Down</u>	<u>14.2.18</u>	<u>"</u>		<u>Overstaying pass from 12.15 to midnight to 1.15 1/8 14 p.m.</u>	<u>C.O.M. Burns</u>	<u>Reprimanded</u>	<u>16.2.18</u>	<u>Capt. Kern</u>	<u>forfeit 1 days pay</u>
<u>Hazelton Down</u>	<u>2-6-18</u>	<u>"</u>		<u>Gambling in Barracks</u>	<u>C.S.M. Duffin</u>	<u>Reprimanded</u>	<u>3/6/18</u>	<u>Captain Kern</u>	<u>J.E.P.F.</u>
<u>H.S. Camp</u>	<u>19/9/19</u>	<u>Sgt</u>		<u>Absent without leave from 12.15 to 1.15 1/8 19 p.m.</u>	<u>Cpl. Duffin</u>	<u>Severely Reprimanded</u>	<u>1/19</u>	<u>Lt Col. A. I. Barton</u>	<u>forfeit 1 days pay</u>
				<u>20-9-19 Demobilized</u>			<u>23/19</u>		

Army Form B. 121.

Hazley
Down camp 25/11/18 Supt.

About with out lease
from 0001. 25/11/18 water left. white
1500. 25/11/18

Severly Reprimanded 26/11/18

Maj. J. H. Maud. M.C.

~~Dr. G. G. ...~~ Prof. J. H. Maud. M.C.
H. R. 10

Hazley
Down camp

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1763 Rank Serjt Name Sullivan, Michael
 Date of Enlistment 6-8-17 Address Kingsline District St. John's
 Occupation Misses Classification for Discharge St Medical Category H
 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.....
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 5-4-19 W.O. C. Discharge Depot. H. Mans St.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am.....in a position to resume civilian occupation. Michael 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.....
 (b) Clothing Supplied.....

Date 5-4-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 11979. 444* to his home at *Kings Cove B. Bay* and Release Certificate No. *1993* issued.

Date *5-4-19* *J.A. Snow*
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 *23-4-19* SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT

Date *5-4-19* *J.A. Snow*
Depot Paymaster.

Discharge approved for *9-4-19*

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
F 178.....	W 3494.....	B 122.....	3	Board 1st.....	" 2.....	1
R 178a.....	D 400A.....	B 1915.....	1	do 2nd.....	" 3.....	2 <i>form B</i>
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	3	do 4th.....	" 5.....	7
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....				

Date *5-4-19* *J.A. Snow*
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 *APR 9 1919* *R.H. Sait Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date *April 12 1919* *Janelhat*
for O.C. Records