



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2786 Name Peter Sullivan Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Peter Sullivan</u> |
| 2. What is your full Address? | 2. <u>Bay-de-Verde</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>2</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 Bill of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

FOR THE DURATION OF THE WAR

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

26 May 23rd/16 Peter Sullivan SIGNATURE OF RECRUIT.
Chas. Aye Signature of Witness.

I, Peter 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 St. Johns on this 23rd day of May 1916.
Signature of Attesting Officer Chas. Aye Capt

† 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, 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 Peter Sullivan
 Apparent age 18 years 2 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion 3 37 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Sullivan, Bay de Verde.
 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	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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pension [] _____									

2786



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- 2. What is your full Address? 2. Bay-de-Verde
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years ✓ Months
- 5. What is your Trade or Calling? 5. fisherman
- 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
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its 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 } II. Yes
to be signed by you if you are accepted?

I, Peter 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.

26 May 23rd/16, Peter Sullivan SIGNATURE OF RECRUIT.
Chas. A. Aye Signature of Witness.

Peter 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.

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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 St. J. d. Plus on this 23rd day of May 1916.

Signature of Attesting Officer Chas. A. Aye Capt

†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, 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).....



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Peter Sullivan
aged 18 conducted at C L B
Date: May 23/16 Recruiting Officer:

NO OF TEST FINDING

1 no
2 no
3 no
4 no
5 no
6 no
7 yes
8 yes
9 no no

2786

10 F
11 F
12 F
13 F
14 F
15 F
16 F
17 F
18 F
19 6/6 Both
20 F
21 S
22 S
23 S
24 S
25 S
26 S
27 S
28 S
29 S
30 S
31 S
32 S

33 no
34 5-7
35 145
36 34/37
37 \$ 500 per year
38 Father was John Sullivan Bay De verd.
39 none

fat

Signature of Medical Examiner:

Geo. Berdoy
Leus

Sullivan, Peter.

2786

Pay Dept

April 3rd., 1919

#2786 Corpl. Peter Sullivan,
Bay de Verde.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1505."

yours truly,

Paymaster & Officer i/c Records
Captain,

The Royal Newfoundland Regiment

Class for Demobilization:—

4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 18-3-19.....

Regimental No. 2786.....

Name Sullivan Peter Corp.....

Address

Present Medical Category..... A.T.....

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~.....

Members of Board {

R.H. Lait Cap
O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

G.W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2786 Rank Capt Name Peter Sullivan
 Date of Enlistment 23-5-16 Address Bay St. Verde District Bay St. Verde
 Occupation Fisherman Classification for Discharge E Medical Category A F
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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
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 18-3-19.....

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Peter 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 18-3-19.....

J. A. Crawford
 O i.e. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at Keyport, Va and Release Certificate No. 1561 issued.

Date 18-3-19
Chadwick Cap
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 3-4-19

Date 18-3-19
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.
H. M. Evans
for Depot Paymaster.

Discharge approved for 20-3-19

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

Date 18-3-19
Chadwick Cap
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 MAR 20 1919
R. H. Sait
O. C. Discharge Depot.

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

Date

Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
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Name Sullivan Peter No. 2786 Rank Cope R. N. R. or Regiment.

Home Address Bay de Verde City Address

Age 20 Height 5 ft 8 ins Complexion Fair Eyes Grey Hair Black Character

Date of enlistment 28-5-16 Where enlisted St John Where seen service France

Ship returned by Corvair Date of return 17-2-19 How Long 2 1/2 yrs

Birthplace Bay de Verde Date of discharge 20-3-19 Religion R.C.

Name and address next of kin Father John Sullivan Bay de Verde

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Newfoundland Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Occupation prior to enlistment Fisherman

Regular trade or profession

Average earnings previous to enlistment \$ 700 or yr Any other income Self

Name and address of last employer

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

At what age left school? 16 yr What grade, standard, &c., was he in? Standard

Has he had any further education since leaving school, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

If unable to follow previous occupation, name preference

References W. Keaton

Witness W. Keaton I declare that the above statement is correct.

Date 18-3-19 Signature Peter Sullivan

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class..... Amount per month, \$..... Period granted for..... Dating from.....

First Payment date.....

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

MEDICAL HISTORY

OF

Surname Sullivan

Christian Name Peter

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>23rd</u> day of <u>May</u> 191 <u>6</u>		on _____ day of _____ 191	
	at <u>St Johns</u>		at _____	
Declared Age	<u>18</u> years <u>2</u> <u>mo</u> days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5'</u> feet <u>7</u> inches		_____ feet _____ inches	
Weight	<u>145</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>37</u> inches		_____ inches	
	Range of expansion... <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	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)	<u>Liam Paterson</u>		_____	
(Rank)	<u>Major</u>		_____	
Enlisted	at <u>St Johns</u>		at _____	
	on <u>25</u> day of <u>May</u> 191 <u>6</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	<u>1st Newfoundland</u>	Corps.	_____
	Regtl. No.	<u>2786</u>	Regtl. No.	_____
Transferred to	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	

Table II.—Only for admission to hospital or to the

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of
	Day	Month	Year	Day	Month	Year			
3rd London Genl Hosp Wandsworth	1	10	18	7	11	18	Sto R ^l Shoulder	37	

Check list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of
ions and re-admissions to hospital will be shown. The subsequent progress, including particulars
reatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

*F + T Wd Rt Shoulder and arm. No apparent
injury to Bone No loose Lesion.*

So Simpson Capt Rowe

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
Fishing

Peter Sullivan
Signature of Man.

Reg. No.

2786

W. B. Dickson
Signature of the Vocational Officer or his Representative.

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

18-3-19

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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 *Peter Sullivan*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2786*

Intended address *Bay De Verde*

Height on discharge *5 Feet 8"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *John*

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 *Bay De Verde 1899 July 20th*

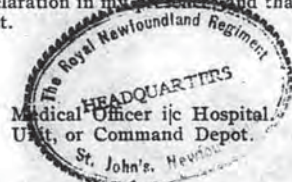
Nature and locality of civil employment required _____

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) *Peter Sullivan* (Rank) *Corporal*

Station *St John's* Date *18-3-19*

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 _____

Casualty Form—Active Service.

Regimental Number 2786

Rank Pte Surname Sullivan Christian Name Peter 2207

Regiment or Corps 2/1 Newfoundland Regt

Religion R.C. Age on Enlistment 18 years 2 months.

Enlisted (a) St John's Terms of Service (a) Duration Service reckons from (a) 24/3/16

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. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 38, or other official documents
Date	From whom received				
		Embarked ^{Embarked} S'hampton		30 NOV 1916	
		Disembarked ^{Disembarked} Rouen		1- DEC 1916	
	<i>Unit</i>	Joined Battalion	<i>France</i>	<i>12/12/16</i>	<i>B213</i>
			WITH BATT. 25. I. 17		
<i>27/10/17</i>	<i>of unit</i>	Wounded in Action	<i>9 OCT 1917</i>	<i>B213</i>	<i>12 OCT 1917</i>
	<i>12th CCS</i>	<i>Ad. G. P. Neck</i>		<i>9/10/17</i>	<i>B213</i>
<i>7/10/17</i>	<i>7th Cav Dep.</i>	<i>Ad. P. W. Neck</i>		<i>13/10/17</i>	<i>W 3034</i>
<i>9/11/17</i>	<i>29th I.B.D.</i>	<i>Joined Base Depot</i>	<i>Rouen</i>	<i>8/11/17</i>	<i>New Roll</i>
		WITH .Bn. 30-12-17.			
<i>12-18</i>	<i>of unit</i>	<i>Received 21 days 4/10/18</i>	<i>France</i>	<i>12/18</i>	<i>B2069</i>
		<i>Quentin's Pass</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, Sholing-Smith, &c.

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. *Real Newfoundland* 7. Former Trade or Occupation }
 2. Regtl. No. *2725* 3. Rank. *Cpl* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *SULLIVAN* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
 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 (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. *9th Oct '17* *29th Sept '18*
 12. Place of origin of disability. *Ypres* *Ypres*
 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. *L.S.W. right shoulder and arm on 29th Sept '18 taken to 2nd Canadian Hosp. Team. 3rd G.H. discharged 7-11-18 Wd. 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? *Small scar on internal surface upper arm no pain on pressure. Scar on anterior surface of arm about level head of humerus no pain on pressure wds 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. Bullet removed.*
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— *Repatriation*
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. J. ...
 ROYAL NEWFOUNDLAND REG.

Station *Mayley Down Camp.*

Date *2-1-19.*

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

April 10th., 1919

#2786 Cpl. Peter Sullivan,

Bay de Verde.

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 & O.i/c Records Captain

14282

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Peter* 2. Surname *Sullivan*

3. Rank *Corporal* 4. Regtl. No. *2786*

5. Address in full to which future payments of gratuity are to be forwarded *Bay de Verde CB*

6. Date of enlistment in the Regiment *May 16th 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*

8. Relationship of such dependents *Not applicable*

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

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

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *No Overseas*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas *2 years 10 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?.....

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.....

Not applicable

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?.....

Not applicable

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

No
March 8/19
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.....

Home by April 1917 *Officer Aug 16-19*
Oct 9-17 *Stenbake* *Cambray* *Nov 20-17*
Armentieres 1918 *Officer* *April 14-18* *Officer* *Sept '18*

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

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

No

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

Signature of Applicant: *J. Peter Sullivan*
 Place of Residence: *Bay de Verde C.B.*
 Declared before me at: *St. John's Newfoundland*
 This *19th* day of *March* 19*19*

J. M. [Signature] Barrister at Law,
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits. *Notary in.*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5 mos.</i>	<i>350.00</i>
.....
.....

Certified Correct.

Paymaster.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 35 Sent by [Signature] Paid by [Signature] Check 12/6 No. _____

Place from Bay de Verde 16

To Mrs. of militia



Did not get money for
Corporal Sullivan 2786 what is
wrong reply.

John Sullivan
Cancelled by allister
Oct 31/18 LP

December 30, 1918.

John Sullivan,
Bay de Verde.

Dear Sir:

With reference to your telegram of Dec.16th. I beg to state that Corporal Sullivan No.2786, cancelled his allotment, therefore the last cheque which you would have received, would be on or about Nov.7th. in payment for the month of October.

Yours truly,

Lieut.
For Paymaster.

No. 2781

Rank *Op*

Name *Sullivan P*

ST. JOHN'S, Mar 18th /19

Royal Newfoundland Regiment.

Billeting Account,

To Cpl - P. Sullivan

Billeting Soldiers as undermentioned

from Feb 8th /19 to Mar 20th /19

2786. Cpl - P. Sullivan 42 60

ACCOUNT	
NO.	<u>12954</u>
NAME	<u>ST. JOHN'S</u>
REGIMENT	<u>R.N.R.</u>
CITY	<u>ST. JOHN'S</u>

Certified correct for \$ 42. 60

J. A. Crawford
A. J. Peter Sullivan
Billeting Officer.

P. Sulliman .

C.R. 2786

P.R.O.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at Bayona base and Release Certificate No. 1561 issued.

Date 18-3-19
C. B. Dicks Capt.
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 3-4-19

Date 18-3-19
R. H. Sait Capt.
 Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACT.

Discharge approved for 20.3.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
E 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 18.3.19
C. B. Dicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date MAR 20 1919
R. H. Sait Capt.
 O. C. Discharge Depot.

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

Date Mar 21/1919
[Signature]
 Depot Paymaster.

Reg. No. 2786 Rank Cpl Name Sullivan Peter W. M.

Attested Address Bay de Verde.

Allotment Allottee

Date of Allotment Returned from Overseas 2-19

Returned on S.S. Cause Discharge

MAR 18 1919

PASSED TO DEMOBILIZATION OFFICE

20. 3. 19.

DISCHARGE APPROVED ON DEMOBILISATION.

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

2786 Cpl. Sullivan, P.

Credit Bal. 9/-

This is transferred to Pay Office from 2603019

C.R. 2786

Peter Sullivan was attested for General Service
with the NEWFOUNDLAND REGIMENT on
Regimental No. 2786 was allotted to Pte P. Sullivan.
May 23rd 1916

AUTHORITY:

Record 108872

Dept. of Militia,
March 25th, 1919.

C.R. 2786

Extract from Daily Orders part II, Depot St. John's
dated March 20th., 1919.

The discharge of the undernoted on demobilization has
been APPROVED by O. C. Discharge Depot on 20-3-19.

#2786 Cpl. Peter Sullivan.

C.R. 2786

Extract from National Roll of Mfld. Regt. Draft No 127
from 2nd En. Depot, to 1st En. B.M.F. Embarked South-
ampton, 30-11-16.

2786 Pte. P.Sullivan.

C.R. 2786

Extract from Daily Orders Part 11 Unitr The Royal
Nfld. Regt. April 4th, 1919.

The discharge of the underhojed on demobilization
has been CONFIRMED by Officer i/c Records from 2- 4-19.

2786 Cpl. Peter Sullivan

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 [666] W:017/2124 10000 6/15ss 93 56

Forms
B. 121.
39.

Regiment of

Newfoundland

Number of Sheet

First

Signature of O. C. Company

Pleadingham
Capt.

Regimental Number and Name <i>2748 Sullivan P.</i>		Enlistment Age on <i>18</i> years <i>2</i> months	Trade <i>Fisher</i>	Good Conduct Badges, Service Pay or Proficiency Pay
Joined <i>Depot</i> Date <i>5/9/16</i>	Place and Date of Enlistment <i>St John's 27/5/16</i>	Religion <i>R.C.</i>		
Joined _____ Date _____	Period of { with Colours <i>2 3/4</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth <i>Bay de Verde</i>		
Joined _____ Date _____				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dismissing with trial	By whom awarded	REMARKS
<i>Key to Park School</i>	<i>25/1/16</i>	<i>Pte.</i>	<i>1</i>	<i>Drunk and creating disturbance in Barracks 90m. St. John's</i>	<i>Pl. Braithwaite</i>	<i>Admonished</i>	<i>27/1/16</i>	<i>Lt. Col. Bl. Whitaker</i>	<i>SR</i>
				<i>Demobilized St John's 2/4/19.</i>					

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2786 Rank Capt. Name Peter Sullivan
 Intended place of residence Bay de Verde
 2. Occupation Dishman
 Classification of soldier E Medical Category AI

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

Eligible for War Service Gratuity

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

Place
 Date MAR 18 1919
H. Mews
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
18-3-19
Peter Sullivan
 Signature of soldier
Joseph A. Knowlton
 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
18-3-16
Peter Sullivan
 Signature of soldier
W. Beaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-5-16 No of days on Military
 Discharged from service 20-3-19 Plus 14 days Service 1046

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
MAR 20 1919
R. H. Sait
 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 5th 1919
M. Howley
 Officer in Charge of Records
 The Royal Newfoundland Regiment

H. B. 2079/1805

65
179
83
365
83
312

C.R. 2786

Extract from Daily Orders East II Unit The Royal Rifles.
Regt. St. John's, 18-19.

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

Remounted on A.P. 1879.

2786 Cpl. Peter Sullivan.

C.R!

2786

Extract from Review; Roll of the Royal W.M. Regt.
Marched S.S. Garrison, Jan. 30th, 1919.

2786 Cpl. Sullivan.

2786

C.R.

Extract from Daily Orders By Lt. Col. B.J. Barton, D.S.O.
Commanding 2nd Battalion Royal Nfld. Regt. 8-11-18.

The following having reported back from 1st Battn. ~~is post~~
~~is~~ taken on the Strength and posted to "H" Company.

2786 Epl. P. Sullivan.

from 7-11-18.

C.R. 2786

Extract from Casualties received from Pay & Record
office, London, Nov. 7th, 1918.

The undermentioned, ex 3rd L.G.H. 7-11-18, is ordered
to report to O.C., 2nd Bn., Winchester, same date
Considered fit for 1 Duty.

2786 Cpl. P. Sullivan.

C.R. 2786

Oct. 16th, 1918

Mr. John Sullivan
Bay de Verde

Dear Sir:-

I beg to inform you that additional information concerning No. 2786, Corpl. Peter Sullivan, has just been received, through the Visiting Committee of the Newfoundland War Contingent, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 2786
Journal No. 86

NEWFOUNDLAND POSTAL TELEGRAPHS.



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.

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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 Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 4th, 1918
To John Sullivan, Bay de Verde

Regret to inform you that Record Office, London, officially reports No.2786, Corpl. Peter Sullivan at 3rd London General Hospital, Wandsworth suffering from G.S.W. should r, right.

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

J.R. Bennett
Minister of Militia.

FOR TYPEWRITER

C.R. 2786

Extract from Casualties received from Pay & Record office,
London. 3 Oct. 1918.

Admitted 3rd London General Hospital, 1-10-18.

2786 Cpl. P. Sullivan.

G.S.W. R. Shoulder

MM.

C.R. 2786

Extract from Casualties List No. H.A. 29633.

2786 Cpl. P. Sullivan.

Adm. 2 Can. Sty. Hos. Outstation 30 Sept. 1918.

GSW GShoulder R.

M.M.

C.R. 2786

RECORD COPY FOR OFFICE LIST. No. G. 2786 (2786) 1-10-10.

#2786 Cpl. P. Sullivan.

RECORDED 10-2-10.

BC.

HC.

C.R. 2786

Extract from DAILY ORDERS, UNIT, in the field, dated ³¹~~21~~/7/18.

#2786 ~~x2786~~ L/C P. SULLIVAN.

PROMOTED CORPORAL 24/7/18.

C.R. 2786

Extract of Telegram to Military St. John's dated June 25th. 1918,

1st. Battalion paraded June 23rd. under the Command of Major Bernard, M.C in magnificent form when Minister of Militia decorated the following:

L/Cpl. 2786 Sullivan.

and addressed troops in the presence of several General Headquarters Staff and others. Speech excellent and much appreciated by all concerned, Minister of Militia being enthusiastically cheered by all ranks.

C.R. 2786

June 6th 1918.

Mr. John Sullivan,
Bay-de-Verde.

Dear Mr. Sullivan,

It gives me great pleasure to inform you that your son, #2786 L/Cpl. Peter Sullivan, has been awarded the Military Medal.

It is through the gallantry and bravery of such men as L/Cpl. Sullivan, that the Royal Newfoundland Regiment has earned such splendid reputation as a fighting force.

Please accept the congratulations of the Department of Militia, as well as my own, on the proud distinction earned by your son.

Yours faithfully,

Lieut. Colonel,
Chief Staff Officer,
for Minister of Militia.

C.R. 2786

Extract from Telegram received from London, dated
June 5th, 1918.

The following decoration has been awarded Military
Medal:-

#2786 L/Cpl. Peter Sullivan.

CR. 2786

Extract from Daily Orders part 11, from Unit The Royal
B314 Regt. in the field. dated May 27, 1918.

#2786 Pte. P. Sullivan.

Appointed Lance Corporal March 16, 1918.

NEWFOUNDLAND POSTAL TELEGRAPHS.



C.R. 2786

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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 Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated May 25th, 1918

To John Sullivan, Bay de Verde,

~~Request~~
Beg to inform you that Record Office, London,
officially reports No. 2786, Private Peter
Sullivan previously reported wounded now reported
with unit.

Upon receipt of further information I shall immediately wire you.

W.F. Rendall, Lieut. Col.

C.S.O

for Minister of Militia.

FOR TYPEWRITER

C.R. 2786

Extract from Telegram received from London, dated
May 24, 1918.

Previously reported Wounded now reported with Unit
#2786 Sullivan.

C.R. 2786
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **March 22, 1918.**

To **John Sullivan, Bay De Verde.**

Regret to inform you that Record Office, London, officially reports **No. 2786, Private Peter Sullivan** ~~is~~ **wounded March 10th.**

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

J.R. Bennett

Actg. Minister of Militia.

FOR TYPEWRITER

C.R. 2786

Extract from Casualties received from Pay & Record
Office, London, dated March 21, 1918.

#2786 Pte. P. Sullivan.

Wounded March 10, 1918.

C.R. 4092

2786 Pte. Peter Sullivan.

Ext. of Casualty list received Oct 20, 1917.
Shell, Wound Neck mild. 3rd Canadian General
Hospital, Boulogne, Oct 12. ✓

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

October 20, 1917.

To

Mr. John Sullivan,

Bay de Verde.

Regret to inform you that Record Office
 London, officially reports No. 2786, Private
 Peter Sullivan, was at Third Canadian General Hospital,
 Boulogne, October twelfth, suffering from mild shell
 wound in neck.
 Upon receipt of further information I shall immedi-
 ately wire you and trust that next report will be
 of his convalescence.

JOHN ~~R. BENNETT~~ R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 2786

Extract from Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Southampton.

2786 Pte. P. Sullivan.

30-11-16.

C.R.

2786

Extract from Nominal Roll Embarked St. John's for Overseas,
18/8-16.

2786 Pte. P. Sullivan .

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. *2786* 3. Rank. *Cpl* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *SULLIVAN* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
 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 (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."
nil
 11. Date of origin of disability. *Oct 9/17* *Sept 29/18*
 12. Place of origin of disability. *Ypres* *Ypres*
 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.
L. S. W. rt. shoulder & arm an sept 29/18 taken to 2nd Canadian Hqs. Trans. 3rd L. G. H. Disch. 7-11-18. no disability

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | ..... |
| (ii.) Previous active service.. .. | <i>No</i> | ..... |
| (iii.) Climate in pre-war service | <i>No</i> | ..... |
| (iv.) Ordinary military service before the war | <i>No</i> | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | ..... |
- 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? *Small scar on internal surface upper arm. no pain on pressure. scar on anterior surface of arm about level head of humerus. no pain on pressure. not 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?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

Proctor, M.O.
 ROYAL NEWFOUNDLAND REG.

Station *Hazelton Barracks Camp*
 Date *2-1-19*

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.

2786

~~2788~~ L/C. P. SULLIVAN.M.M.

This A.C.O. was in charge of a patrol and entered a village occupied by the Enemy. He brought back very valuable information. He also kept touch with the unit on the right at a critical time, under very heavy Machine Gun fire.

No. 115 *d*

Pay

ANGLO-AMERICAN



WESTERN UNION DIRECT UNITED STATES CABLEGRAM

Prefix _____ Code _____		SENT		FOR STAMPS	
WORDS <i>///</i>	CHARGE	At _____	To _____	By _____	
		VIA ANGLO.		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	

15/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To JOHN SULLIVAN
BAYDEVERDE (Newfoundland)

CABLE TWENTY POUNDS THROUGH MINISTER MILITIA

PETER SULLIVAN

*Charge of
2786 Cpt Sullivan*

///

Chgd by W.R. 18/11/18

CHARGED
PAY BOOK
Date 18/11/18 by MR

CHECKED
[Signature]

Authorized.

NOT TO BE TELEGRAPHED.

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

58 Victoria St. S.W. 1.

Signature _____ Address _____

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



Officer in Charge Pay & Record.
58 Victoria Street.

Please pay on demand

2786 Corp. Sullivan, P.
Royal Newfoundland Regiment.
The sum of one pound
and no pence. I owe his
account.

3rd London General Hosp.
9/10/18.

Approved
W. W. W. W.

Capt. Ramey
Registrar, R.A.M.C.I.

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

Dr £ 2-0-0
9-10-18
Receipt no.
9073





O.K.
£ 1.0.0.
16/10/18 J.R.

Receipt No. 919

3rd London Gen. Hospital
16 - 10 - 18.

To

The Pay to Record Office.

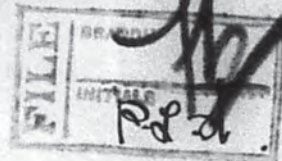
Please pay on demand
to

2786 Cpl. Sullivan P.

the sum of £1. and deduct
same from account.

Approved
[Signature]

Registrar, R.A.M.C.
3rd London General Hospital
WANDSWORTH, S.W.



Officer of pay & Record

Office
58 Victoria St

Please pay on account
No 2786 of P. Sullivan
The sum of one pound
and sixpence from his
account

3 London Gen Hosp

OK £1-0-0
Receipt 9454.
1/11/18 C.H.

1/11/18

AE
W. J. G. M. D. J.

Registrar, R.A.M.C.T.
3rd London General Hospital,
WANDSWORTH, S.W.



Office of Pay & Record Office
68 Victoria St.

Please Pay on account
No 2786 Gpl J. P. Sullivan
the sum of 2 Pounds
and deduct from his
account

3rd London Genl Hosp
6/11/18

AC

Approved
Wagon
myself

3RD LONDON GENERAL HOSPITAL
No. _____
6-NOV1918
WORTH, S.W. 18.

OK F 2-0-0
Receipt
6/11/18
9548

P.L.D.

Officer in Charge Pay & Records office
57 Victoria St.

Please pay on demand
2786. Corp Sullivan. P.
the sum of one Pound
and deduct from his
account.

3rd London General Hosp.
Oct. 21/18.

Approved

S. Hall, M.D.
Capt. R.M.S.

Registrar, R.A.M.C.I.
3rd London General Hospital,
WANDSWORTH, S. W.



W.M.

O.K.

£1-0-0 21/10/18

Receipt No

9270

P.L.V.

No. 4419

NEWFOUNDLAND CONTINGENT

N.F.P./55.

To: Officer Commanding
1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

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

June 12th 1918.

B.E.F. France

Herewith 29th Divisional Card No 1515 in favour of 2786
Lt Col P. Sullivan M.M. sent to this office in error, please.

Please acknowledge receipt hereon.

(Sig.) A. Kelly Capt. & Adjt.

1st Bn
(Date) ROYAL NEWFOUNDLAND REGIMENT.

A. R. [Signature]
Chief Paymaster & Officer i/c Records.

17/6/18.

and justified.

As a matter of fact, the man doing ~~duty~~ police duty here is a Private, and further these two men were sent up from the 3rd L.G.H. in charge of an R.A.M.C. Sergt without any warning, and at present there is no place of detention here, so that under the circumstances there appeared to be very little else to do.

A. C. Quinn
Major,

Chief Paymaster & O.i/c Records.

HT/NV

WILL. 701

Name Sullivan Peter

Regtl. No. 27th Rank Plt

Regiment Newfoundland

Date of: May 15/17

Receipt ...

Transfer ...

Final disposal and
to whom sent ...

18090/1963/R.&.C.

C.P. & C. i/c Records,
Newfoundland Contingent.

Officer Commanding,
2nd Bn.,
R. Newfoundland Regt.,
Winchester.

Pay & Record Office.

7th November, 8

2786 CPL. P. SULLIVAN.
1299 PTE. E. DOYLE.

The above named men, under escort from the 3rd London Gen. Hospital, are being sent to you to-day. Charge Sheets and necessary documents are enclosed, also A.F's.B.121 for both men, who are stated to be fit for No.1 Duty.

As on a former occasion when it appeared justifiable to send the men down without an escort, this expedient has been adopted. The Corporal has a Military Medal and three wound stripes, and he has been told that on condition that he promised faithfully to report to you without delay, he would be allowed to proceed without escort, and at the same time has been warned that should he fail to do so the consequences will be very serious for him. I hope this will be approved

and justified.

As a matter of fact, the man doing ~~duty~~ ~~as~~ police duty here is a Private, and further these two men were sent up from the 3rd L.G.H. in charge of an R.A.M.C. Sergt without any warning, and at present there is no place of detention here, so that under the circumstances there appeared to be very little else to do.

Major,

Chief Paymaster & O.i/c Records.

HT/NV

ORIGINAL.

NEWFOUNDLAND CONTINGENT

ENTERED.			
PAY LEDGERS	<i>MR</i>		
NUM. ROLL	<i>P 2786</i>		
ALLOT. INDEX			
" REGISTER	<i>MR</i>		
EXAMINED			<i>12</i>

CANCELLATION OF ALLOTMENT

1. I, (No) 2786 (Rank) Corp. (Name) P. Sullivan
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 2441 dated September 1st 16 in favour of
John Sullivan Bay de Verde.
 for \$ - cts 50 per diem.

Such cancellation to take effect on the Thirty first day of
October 1918

2. I agree to accept all risks and consequences of this appli-
 cation failing to reach Headquarters, St. John's, in time to become
 operative at above-nominated cancelling date, and that in the event
 of such non-delivery, and thereby the Allotment continuing to be
 paid to the Allottee, I also agree to such further stoppage in the
 Pay Books as may be necessary, or otherwise to refund such overpaid
 amount or amounts.

Dated at London
Oct-15 1918

P. Sullivan
 mark Allotter.

witness C. Heslie

NEWFOUNDLAND CONTINGENT,

L. J. H. Marshall
 CHIEF PAYMASTER & OFFICER IN CHARGE OF RECORDS.
 O.C. " " Company.

COPIES SENT		
TO	No.	DATE
M. OF M.	<u>16867/170</u>	<u>22/10/18</u>
O.C. 1st. Bn.		
" 2ND. Bn.		

N.B. - To be made out TRIPLICATE and delivered to the Pay & Record
 Office not later than the date of cancellation, in accordance
 with P. & R.O. C.L./10, 9/12/16.

NEWFOUNDLAND CONTINGENT

No. _____
From:

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

To: Officer Commanding,

Oct 15 1918

191

ALLOTMENT

No. 2786 Corp. P. Sullivan

With reference to the enclosed application for cancellation of Allotment of the above-named, / / (), kindly ascertain and advise:-

1. Whether the Allotment is payable to a dependent as a sole or contributory means of support?
2. Whether Separation Allowance (in addition to Allotment) is being paid to any person in Newfoundland or elsewhere on his behalf, and if so, to whom?
3. The reason for cancellation.

Should the Soldier's reply to "2" be in the affirmative he should be informed that Allotment may not be cancelled without reference to the Minister of Militia in Newfoundland, to whom reason for cancellation will require to be submitted.

J. H. Marshall
Major,

Chief Paymaster & O. i/c Records.

No

No

Need Funds for personal use.

his P. X Sullivan mark

Witness: C. Leslie

COPIES SENT		
TO	NO.	DATE
M. of M.		
O.C. 1st. Bn.		
.. 2nd. Bn.		