



# FIRST NEWFOUNDLAND REGIMENT

4120

## ATTESTATION OF

No. 4120 Name Peter Sullivan Corps R.C.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Peter Sullivan
2. What is your full Address? ..... 2. 111 St. John's St. West
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 4 Months
5. What is your Trade or Calling? ..... 5. Postman
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 to be signed by you if you are accepted? ..... II. Yes

FOUR MONTHS 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 fulfil the engagements made.

Peter Sullivan SIGNATURE OF RECRUIT.  
Robert [unclear] Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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..... on this 11th day of July 1915

Signature of Attesting Officer [Signature]

### †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 11th July 1915 } Approving Officer.  
 Place [Signature]

† 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).....



C.R. 4120

Extract from Daily Orders Part II Unit The Royal Newfoundland  
Regiment, Depot St. John's, dated 12-7-19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 9-7-19.

4120, Pte. P. Sullivan.



C.R. 4120

Extract from Daily Orders Part 11 Unit Royal Wfld. Regt.  
St. John's, June 16, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from ~~24-6-19~~.

25-6-19

4120 Pte. P. Sullivan.



C.R. 4120

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, June 14th, 1919.

4120 Pte. P. Sullivan.

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed  
Liverpool 22-5-19.

C.R. 4170

Extract from War Office List No. H.A. 35861.

4120 Pte.P. Sullivan.

Admitted 6 Gen. H. Rouen 28th Apl. 1919.

N.Y.D. held

C.R. 4125

Nov. 13th 18.

Mr. John Baker,  
South Side,  
City.

Dear Sir:-

I beg to inform you that additional information, has to-day been received by this department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that your son No. 4125, Pte. Wm. Baker, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.



C.R. 4120

Extract of cablegram to Pay and Record Office London, Dated May 15th. 1918.

Pay to as follows:

4130 Sullivan

4 pounds.

C.R.

4120

Extract from Nominal Roll to B.R.F. embarked  
Folkestone. 2-7-18

#4120 Pte.P.Sullivan.

C.R. 4120

Extract from Nominal Roll Draft "H" Company Embarked  
S.S. Florazel Jan. 29th, 1918.

4120 Sullivan P.



C.R. 4120

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Nov. 16th, 1917.

4120 P. Sullivan.

Attested for General Service with the 1st Nfld. Regt.,  
with effect from Nov. 14/17.

S. Sullivan

C.R. 4120

4120

Medical Report on an Invalid.

Station Mazely Bourn

Date 25/19

1. Unit Royal Newfoundland  
 2. Regimental No. 4120  
 3. Rank 5<sup>th</sup> Lt  
 4. Name Sullivan Peter  
 5. Age last birthday 22  
 6. Enlisted { on Oct 15/19  
 at St Johns

7. Former Trade } Fisherman  
 or Occupation }  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.  
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
    - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
    - (b) constitutional or hereditary, and not aggravated by service during the present war.
    - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- } na



13. What is his present condition?

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

*He complains of no disability*

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

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

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

- If so—(a) When?
- (b) Where?
- (c) Opinion?

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

*na*

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

*na*

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

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation*

*W.E. Prosser*      *Capt Rame*  
\_\_\_\_\_  
Officer in medical charge of case.

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

Station *Hazeley Down*  
Date *7/5/19*

\_\_\_\_\_  
Officer in charge of Hospital.

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

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*1<sup>st</sup> Newfoundland*

Number of Sheet

*808*

Signature of O. C. Company

*[Signature]*

Regimental Number and Name		Enlistment		Trade
No.	<i>H/120 Sullivan Pte.</i>	Age on	21 years 4 months	<i>Sickerman</i>
Joined	Date	Place and Date of Enlistment	<i>St. John's 11-11-17</i>	Religion
Joined	Date			<i>R.C.</i>
Joined	Date	Period of	with Colours <i>23 8</i> years. with Reserve <i>36 5</i> years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

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>Demobilized St. John's, 9<sup>2</sup>/<sub>7</sub></i>					

To be carried over

No. 4120

Name Sullivan O.

Sqn., Batty.,  
or Company

Royal Newfoundland

Date of  
enlistment

14-11-17

O.C.  
BadgesService or  
Proficiency PayDate of last entry in  
Company Conduct SheetNo. and date  
of last drunkPeriod not reckoning towards  
freedom from extra fine

Dress No.

Signature O.C.  
Company, etc.Character  
Good

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	Remarks
Romeo	29/3/19	P.C.		Def. of kit.	C. M. Watson	pay for same	1-4-19	May Bernard	Wm 44

P.T.O.



Reg. No. H120

Rank

Plt

Name

Lullivan P.

Attested

14-11-17

Address

B rmt 600 St. Barb.

Allotment

50¢

Allotee

Mrs John Lullivan Mother

Date of Allotment

1-12-17

Returned from Overseas

Embarked for Overseas

Cause

Invc 1st 16-11-17 2nd 21-11-17St. B. 25-11-17 to 2-12-17, Rtd. duty 3/12/17, Vac. 19/12/17

FORM K

No 3833<sup>A</sup>



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Peter Sullivan, Regl. No. 1170

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons concerned, viz.:

Allotment begins December 12 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3752	Father	Mr John	Brents Cove		50
		Sullivan	St Johns		
Total Allotment, \$					50

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

Sig.) W. J. ...  
 Officer Commanding  
St Johns Company  
700247  
 1917

Peter Sullivan  
 (Sig.) \_\_\_\_\_  
 (Rank) Pte





BRITISH  
MANUFACTURE

POST CARD

May 12 1918

3418 ✓

is

The Address to be written  
here

6 MAY 1918



Bank of England.—This picture shows the world-famous Bank of England, whose vaults may truly be said to contain the wealth of a nation. On the right of view is the Royal Exchange, which represents the commercial energy of the world's greatest city. During the business day the space shown is a spectacle of bewildering activity.

Valentine's Series

Please Sir when  
my money comes  
from home would  
you kindly send it  
to Mr. Ball-  
Winchester.

Pay Master 171 D  
7290/346  
Pay & Records office  
58 Victoria Street  
London, S.W.

4150 P. Sullivan

No. 7200/346

*099950*  
N.F.P. 719.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
*Dept*  
1st Bn Royal Newfoundland Regiment.  
Winchester.

12th May 1919

*May 18* 1919.

4220 Pte Sullivan P.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 (10.5.19

*W. Watson Lt Col*  
Officer Commandg. *4th* Batt'n.

"Pay to-4120 Sullivan  
£7:0:0:

Cheque £ 7:0:0: is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Seven pounds (£7-0-0) in respect of telegraphic remittance from the Minister of Militia.

*A. A. Munnell*  
Chief Paymaster & O. i/c Records.

No 4120 Rank P Sullivan

Witness: French W Sgt

7952/235

No. ~~4120~~

From:

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

*before*  
NEWFOUNDLAND CONTINGENT

To:

Officer Commanding,  
Royal Newfoundland Regt.  
B. E. F.



21st May 1918

Subject: 4120 Pte. P. Sullivan

With reference to the following telegram (4443) from the Hon the Minister of Militia, received

Pay to 4120 Sullivan £4:0:0

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

*A. A. Maxwell*  
Chief Paymaster & O. i/c Records.

May 31st 1918

ANSWER

✓ This Soldier is not with this unit please.

*J. J. Woodhouse* LIEUT. COL.  
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

8734/777  
14179 sent to G.C. 2/1 Bn.  
P.A. # 138951. *Chas.*



038951

No. 8734/777

NEWFOUNDLAND CONTINGENT

N.F.P./70.

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

To Officer Commanding,  
2/Bn Royal Nfld. Regt.,  
Winchester.

~~Subject~~ 4th June 1918

June 8<sup>th</sup> 1918

Subject: 4120, Pte. P. Sullivan

With reference to the following telegram (4443) from the Hon. Minister of Militia, received

Pay to 4120 Sullivan £4:0:0

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

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Cham*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
1st Newfoundland Regiment

Received the sum of Four  
Pounds on account of  
cable remittance from Newfoundland.

P. Sullivan  
No. 4120 Rank Private

No 2751/97

N.F.P./80.

NEWFOUNDLAND CONTINGENT

From:

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

To: <sup>Officer Commanding</sup> CHIEF PAYMASTER & OFFICER I/C RECORDS,  
NEWFOUNDLAND CONTINGENT,  
1st Bn. Ryl. Nfld Regt.,  
58, VICTORIA STREET,  
LONDON, S.W. 1.

17th February 1919

4120. Pte Sullivan P.

With reference to the following telegram from the Minister of Militia, / / ( 24. )

"Pay to- 4120. Sullivan.

£3117.6.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A. S. Newman*  
Chief Paymaster & O. i/c Records



*4120 Pte Sullivan*

*This man wishes this amount forwarded for payment here please*

*A. S. Newman*  
*Capt. Ryl.*  
LIEUT. COL.  
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.



4173

From: C.P.&C. 1/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W.1

To: Officer Commanding,  
1st. Battn. R. Newfoundland Regt.  
B.E.F.

13th March, 1919.

Reference reverse:

Cheque for £3:17:6 has been forwarded to Credit  
Lyonnais for transmission to you for payment to Pte. Sullivan.  
Kindly obtain his receipt hereon, please.

*del 17*

*F. J. J. [Signature]*

Captain.  
Asst. Paymaster.  
Chief Paymaster & O 1/c Records.

WF/MN.  
CHIEF PAYMASTER & O 1/c RECORDS.  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
LONDON, S.W.1.  
ENGLAND.

*Herewith Pte Sullivan's receipt  
please.*

*F. W. Watkinson Li* ASST. ADJT.  
1ST BN ROYAL NEWFOUNDLAND REGIMENT,

*Received the sum of FRes. 102. <sup>50</sup>/<sub>XX</sub> The  
equivalent of £ 3-17-6 Pte Sullivan*



Sullivan, Peter

4120

Ray Sept.

July 11, 1919

#4120 Pte. Peter Sullivan,

Brents Cove,

St. Barbe D. St.

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

Raymaster & Co. i. c. records  
Captain,

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 *Peter* ..... 2. Surname *Sullivan* .....  
3. Rank *Pte* ..... 4. Regtl. No. *4120* .....  
5. Address in full to which future payments of gratuity are to be forwarded.....  
*Brents' Cove - District of St Barbe*  
6. Date of enlistment in the Regiment... *Nov. 5/17* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
.....  
8. Relationship of such dependents.....  
.....  
9. Address in full of such dependents.....  
.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....  
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas* .....  
.....  
12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *From Nov. 5/17 to June 11/19* ..... 1.1



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.

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 Rest? *No* If not give:- (a) date of discharge. *June 11/19* (b) Reason for discharge.

*Temporary*

*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.

*France, Belgium + Germany - July 1/18 to Oct 1919*

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:

*his*  
*Peter X Sullivan*

Place of Residence:

*Mark District of  
Great's Cove, St. Barbe  
St. John's, Nfld.*

Declared before me at:

This

*11th* day of *June* 19*19*....

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

*John W. McCarthy*  
*J.P.*

POST DISCHARGE PAY.

Date paid

Paid  
Soldier.

Paid  
Dependent.

War Service  
Gratuity.

Net amount  
due

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster

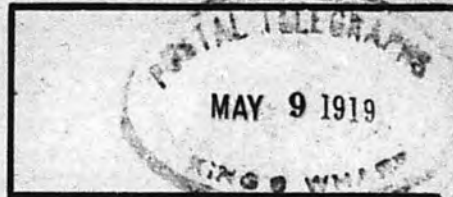
# NEWFOUNDLAND POSTAL TELEGRAPHS



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 51 Sent by [Signature] Rec'd by [Signature] Check 10p No. \_\_\_\_\_

Place from \_\_\_\_\_  
To Minister Militia



Cable #120 Sullivan  
Seven pounds from  
Father call post office  
3469.

Post Master

87



June 11th. 1919

The Postmaster,  
Tilt Cove.

Dear Sir:

With reference to your  
telegram of May 9th. I beg to advise you that  
I have cabled £7 to #4120, Sullivan.

Yours truly,

Lieut.  
For Paymaster.

July 9, 1919

#120 Pte. Peter Sullivan,

Brents Cove, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2845.

Yours truly,

Captain  
Paymaster & O.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4120 Rank Pte Name Sullivan P  
 Intended place of residence Bent Cove  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A1

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 JUN 11 1919  
 Date ST. JOHN'S  
 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 JUN 11 1919  
ST. JOHN'S  
 Signature of soldier Peter X Sullivan  
 Signature of witness Arthur Buxton

### 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  
JUN 11 1919  
 Signature of soldier Peter X Sullivan  
 Signature of witness James O'Sullivan

### STATEMENT OF SERVICE

7. Enlisted for service 14-11-17 No of days on Military  
 Discharged from service JUN 25 1919 14 days Service 603

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 25 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St. John's, Nfld.  
 Date July 9/1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

A/B 2079/2845



# The Royal Newfoundland Regiment

Class for Demobilization:—

*A*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*10.6.19*

Regimental No *4120*

Name *Sullivan Peter*

Rank *Pte*

Address *Brents Cove*

*N.D.B*

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge  
(b) ~~Standard medical Board~~

Members of Board

*R.J. Cant Capt*  
O.C. Discharge Depot.

*Hobson*  
Senior Medical Officer

*D.W. Burden*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4120 Rank Pvt Name Sullivan P  
 Date of Enlistment 14-11-17 Address Brentford District St Bernards  
 Occupation Fisherman Classification for Discharge E Medical Category H1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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
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 10-6-19 H. M. [Signature]  
 for O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Px Sullivan  
mark  
fisherman

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing Supplied~~ Amblouster

Date 11-6-19 O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1727 to his home at Brents Cove and Release Certificate No. 2618 issued.

Date 11-6-19 *J.A. Snow 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 9-7-19

Date 11-6-19 *J.A. Snow Capt.*  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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
B179c	B 120	M 93		

*2 Form B*

Date 11-6-19 *J.A. Snow Capt.*  
O.C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 25 1919 *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....



# Civil Re-establishment Committee



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

To resume former occupation

Sullivan J.  
Signature of Man.

J. P. Snowless  
Signature of the Vocational Officer or his Representative.

Reg. No. 4170

Place ST. JOHN'S.

Date 11-6-19 191

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 Brans Cove St. Barth County St. John

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12th</u> day of <u>Nov</u> 191 <u>7</u>	at <u>St. John</u>	on _____ day of _____ 191 <u>1</u>	at _____
Declared Age	<u>20</u> years <u>4</u> days		years _____ days _____	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches		feet _____ inches _____	
Weight	<u>131</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded...	<u>37</u> inches	inches _____	
	Range of Expansion...	<u>4</u> inches	inches _____	
Physical Development				
Vaccination Marks	Arm	/		
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6</u> / <u>20</u>		R.E.—V=	
	L.E.—V= <u>6</u> / <u>30</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>Lammont Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John</u>	on <u>14th</u> day of <u>Nov</u> 191 <u>7</u>	at _____	on _____ day of _____ 191 <u>1</u>
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st</u> <u>Regt</u>	<u>4120</u>		
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
[Signature]				
[Rank]				





The Royal Wld. Regiment

DEMOBILIZATION

No. 4120 Rank

Name Sullivan P

Warned for demobilization on

JUN 11 1919

Medical Report on an Invalid.

Station Mazely Barron

Date 7/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 4120
- 3. Rank Pte
- 4. Name Sullivan Peter
- 5. Age last birthday 22
- 6. Enlisted } on Oct 15/17  
at St Johns
- 7. Former Trade or Occupation Fisherman
- 7A. If with previous service in Army, state—
  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil  
nil  
nil  
nil

na.

13. What is his present condition?

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

*He complains of no disability.*

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

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

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

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

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

*na.*

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

*na.*

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

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

*Repatriation*

20. Do you recommend—

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

*W.S. Procmier. Capt R.R.M.C.*

Officer in medical charge of case.

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

Station Hazeley Down

Date 2/5/14

Officer in charge of Hospital.

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

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







Lusat  
April 17<sup>th</sup> 1918

243

Mr. Howley Esq.  
Capt. & Paymaster  
1<sup>st</sup> Regt. Regiment

Dear Sir. Since my last  
letter I have made further enquiry regarding  
the circumstances of Prot. Peter Sullivan's  
family & find that the information I gave  
you in reply to your letter of the 15<sup>th</sup> Feb. last  
was correct and that James Sullivan  
residing at Grand Falls can owing to  
weak health give no assistance towards  
helping the family also the boy Thomas at  
home is @ consumption & had to give up pick-  
ing last summer Peter's Mother and the aid of  
consumption from which she suffered for  
years. I think in Feb. his father is @  
consumption invalid & the family are in  
very bad circumstances I informed me  
that they only get \$15.00 + \$15.50 per month  
and the past half months pay has not been  
received. This family needs all the separation  
allowance that is possible if not I give to  
the who ever need it since this boy Peter  
was their only support and in the sick

condition that three of the family are  
it is impossible for them to quit and  
the miserable amount of money

Yours truly  
J. P. Weygan  
J.P.





*Case*  
March 12 1918

Mr Howley Esq.  
Capt. & Paymaster  
5th. of Militia  
Dublin

Dear Sir - In reply to your letter by last mail re. Statutory declaration of Mrs. E. Sullivan mother of Capt. Peter Sullivan for separation allowance. With regard to her son James, his health is bad and I think it is as much as he can do to support himself. He was turned down for the army about two years ago and I can't see how he can do a great deal of help to his people, more likely in the near future he may be home with them on a regular and a day or two. His father has been an invalid for years there is two girls & one small boy who is very delicate at home Mrs. Sullivan died a few days ago, <sup>Peter's father</sup> and the father and three I speak of are in poor circumstances. I think the separation allowance should be given them this boy Peter was their only dependent James once was at

much for him in the way of ~~the~~ ~~business~~  
his working around ground & ~~was~~  
at light work ~~times~~ to ~~earn~~  
sustain the fishery business  
The father John Sullivan was  
given a certificate by Dr. Diastine  
of Feb 6 or 7 stating that he was  
unable to perform any ~~light~~ work  
and was in bed years ago I obtained  
admittance for him at the Hospital  
in St. Louis where he was treated  
for some time with few results

They live some miles from here  
but I will likely see them and if  
any further information obtained  
will let you know

Yours faithfully  
J. P. O'Connell  
J. P.

Brent Com.  
Mr J M Howley  
Oct 17/18

Dep. all  
form sent  
to  
the  
Culivian  
How  
decrease  
collected 50¢ per  
from Dec 1/17

Dear Sir

Just a word to say that I received my two months pay all right but only 50 cents per day whereas others are receiving 60 cents - I did not receive the first half months pay either will you please let us know the course of same

I did not get the separation allowance yet - Hoping that you will soon send it along My Wife died last week with consumption and my other children affected with the same I cannot do any work my self so I am in need that separation allowance badly Hoping that you will send it along to me I remain your truly  
John Sullivan  
Brent Com





PRIME MINISTER'S OFFICE,  
ST. JOHN'S. NEWFOUNDLAND  
5 March, 1918.

FOR ATTENTION

Dear Sir,

Enclosed please find letter from Mr. J. A. Sullivan of Brent's Cove, in reference to No. 2120, Pte. Peter Sullivan, regarding Separation Allowance for his father.

I would be glad if you would enquire into the case referred to, with a view to having the grievance remedied.

Yours faithfully,

*W. S. Lloyd*

Prime Minister.

J. R. Bennett, Esq.,

Acting Minister of Militia.

21 - m of mal

Brents Cove

Hon Dow Lloyd

Feb 17/18

Dear Sir

Private Peter Sullivan Reg No 4120 of Brents Cove applied for a separation allowance for his Friends The papers were sent filled out and returned back with a certificate of his Father condition from the Doctor certifying that he could not do any active work

The allowance is not forthcoming yet Would you be kind enough to interest yourself in his case and ask the Government to send it on to him His wife died last week in consumption and the other two children are afflicted with the same Disease The Father cannot do any work and done nothing the last few years When the enlisting Committee come here and put up the notice saying that the Government would give a separation allowance to them that enlisted every man here advised them Boys to enlist saying that the Government would give the money to their Parents at home

and if that money is not forth-  
coming it look like a breach of Faith  
on the Government side

I myself with a dozen of other  
was witness to Mr. Pike and Mr. Ford  
-you telling them that the Government  
would faithfully pay them that money  
And Peter's Sullivan Friends at home  
needs that money as much as any  
one that is joined the Army

Hoping that you will kindly do your  
best and help their Poor Family  
and you will ever oblige

Jeremiah A Sullivan

Brents Cove



Brent's Cove, Nfld.

Dec. 29<sup>th</sup> 117.

This is to certify that I have examined  
John Sullivan aged 62 and find that he is  
not fit for active work due to valvular disease.  
He also suffers from rheumatism and has  
had Beri-Beri for which he states he was  
treated in St. John's Hospital.

A. J. Davidson,

Physician.

H 4120 50 d  
allowance per day to  
John Sullivan

S. }

A. }

## SEPARATION ALLOWANCE.

A.

1st NEWFOUNDLAND REGIMENT.

1. Name of Soldier in Full (Surname first) *Sullivan Peter*
2. Rank and Regimental Number *Pvt No 4120*
3. Date of Enlistment *20th 1917*
4. Full Name of Wife *Widowed Mother Mrs Elizabeth Sullivan* or
- Children's Guardian *—* or
5. Address *Brent's base St Barbe*
6. State ages of Children: Girls under 17 *—* Boys under 16 *—*
7. With whom do your Children reside? *—*
8. Amount of Allotment *50%* 9. Name of Allottee *Mrs Elizabeth Sullivan*
10. Address *Brent's base St Barbe*

*This man's father is being incapacitated.*

*Connect  
Brent's 50% per day  
allotment to  
father's  
M.M.*

11. From what date is Allotment effective? Dec 1<sup>st</sup> 1917
12. Date of Marriage .....
13. Date Marriage Certificate examined by Paymaster .....
14. Date Birth Certificates (in case of guardian) examined by Paymaster.....
15. If soldier is sole support, does Statutory Declaration accompany this application?.....
16. Have you made a previous claim for Separation Allowance? Give particulars..... No  
..... No
17. Is Separation Allowance being paid on your account to any person?.....
18. Were you at the time of enlistment an employee of the Newfoundland Government? No In what capacity, and in what place?.....
19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?.....
20. Name of Corps prior to enlistment in the Nfld. Regt.....

I hereby certify that the above is a true statement.

Arthur Sullivan Name of Soldier:  
Signature of Officer forwarding this application.

Unit Newfoundland 1st O.C. 9 COY.  
Date 23-11-17 1st NEWFOUNDLAND REGIMENT,  
ST. JOHN'S, NFLD.



(Separation Allowance Branch.)

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply, must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to

THE PAYMASTER  
Separation Allowance Branch,  
St. John's Nfld.

1. Name in full of Soldier. Rank Reg't. or Unit Reg't. No.

*Petter Sullivan*

*#120*

2. Age of Soldier 21 years Married or Single.

*Single*

3. Name in full of Mother Age Occupation Permanent Address.

*Elizabeth Sullivan*

*Brents Cove*

4. Give name of your husband. Age Occupation Where employed.

*John Sullivan*

*22 years*

*"*

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

*Does nothing this temp years owing to sickness*

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long it is likely to continue)

*First a heavy attack of Brights disease and then Bert Beri he had to be sent to the hospital and now I suffer not earn a dollar this 2 years*

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

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

9. Names of your other Children Address in Full. Age. Occupation Married or Single.

<i>Jeremiah Sullivan</i>	<i>dont no</i>	<i>29</i>	<i>dont no</i>	<i>dont no</i>
<i>James Sullivan</i>	<i>Grand Falls</i>	<i>26</i>	<i>Fishing</i>	<i>Single</i>
<i>Caroline Sullivan</i>	<i>Brents Cove</i>	<i>24</i>	<i>Keeping house</i>	<i>Single</i>
<i>Thomas Sullivan</i>	<i>Brents Cove</i>	<i>19</i>	<i>Fishing</i>	<i>enough to do so</i>

10. State amount earned by (a) yourself (b) Your husband (a) nothing (b) nothing

11. State amount and source of any other income. 11 "

12. State value of Real Property belonging to you and your husband. House and Land I support about Four Hundred Dollars

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

14. If husband is dead state value of Real and personal Property left by him.

15. Actual amount contributed by soldier during the year prior to enlistment. Four Hundred Dollars

16. Was this amount contributed weekly or monthly. during the Fishing Season

17. Did this amount include payment of son's Board etc. yes during the Fishing Season Only

18. State your son's trade or occupation prior to enlistment. Fishing in summer and in the Lumber Camp Winter

19. State amount of his wages per week.

20. State name and address of his last employer. I think it was the A. N. D. Co

21. State amount of support monthly from son since enlistment. none ? 50 per day

22. State amount of Allotment received by you from son monthly. none as yet

23. From what date did you receive Allotment? " "

24. Actual amount contributed by other children } about Weekly Monthly. Eighty Dollars the weekly Boy made this summer

25. Are any of these children in the employ of you or husband? One, the youngest and very sickly in Consumption

26. If not receiving support from other children state cause, Explain fully. As each advanced to twenty four started for them selves and left the younger members to look to their Mother and Father which is the way of the world I think.

27. With whom are you residing at present. in my own home

28. Have you made a previous claim for Separation Allowance? If not, Why? Give particulars. No I have not I left that to my Soldier Son to do as I always left my support in his hands

29. Are you already in receipt of Separation Allowance from any source? If so, how much? No none, whatever



- 30. Are you in receipt of any payment from any Patriotic Fund? If so, How much. *no*
- 31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government. *no*
- 32. In what capacity and in what place. *none*
- 33. Is he in receipt of a salary as much while serving in the 1st. Mfld. Regt. If so, how much?. *none*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... *Elizabeth Sullivan*.....

Place of Residence ..... *Brents Cove*.....

Declared and subscribed before me at..... *Lason* *no fee*.....

this *28<sup>th</sup>* day of..... *December*.....191*7*

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

*J. P. Duggan*  
*Stip. Magp.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above Soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman ...X... *P. J. Aearn*.....

Signature of Member of Patriotic Fund Committee. .... *J. P. Duggan*.....

*Approved 28/3/18.*

*Particulars of son at Grand Falls?*  
*W. P. A.*  
*[Signature]*



C.R. 4120

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

4120 Pte Peter Sullivan  
Name.....

Date December 12, 1919  
Place Parents Cove.....

C.R. 4120

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE. *June 1 1920*  
PLACE. *Belmont Ave*

NO. *4120* . . . . . NAME. *Patric Sullivan*

4120

Receipt for Army Book 64

No. ....

~~4025~~

Name .....

P. Sullivan

To Certify that I have received the AB 64 of the above  
named soldier.

Name .....

P. Sullivan

Date .....

July 30

Place .....

Parents Cove

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

W 2 11 20







## 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 *4120*

Intended address *Brents Cove St. Berbes*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Medium*

Figure on discharge *John*

Christian name of Father \_\_\_\_\_

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Brents Cove, 29 June 1897*

Nature and locality of civil employment required \_\_\_\_\_

Sullivan

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* *Ho*  
(Rank)

*Witness* \_\_\_\_\_ Date *10-6-19*

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.

# The Royal Newfoundland Regiment 4170

## DEMOBILIZATION OF

Reg. No. 4120 Rank Private Name Sullivan P  
 Date of Enlistment 14-11-17 Address Brentford District St. John's  
 Occupation Fisherman Classification for Discharge E1 Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P136	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 10-6-19 for P. Sullivan O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*P. Sullivan*  
*mark*  
*fisherman*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied \_\_\_\_\_

*A. H. Clouston*

Date 11-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1727 to his home at Brents Cove and Release Certificate No. 2618 issued.

Date 11-6-19 J.A. Snow 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 7-19

Date 11-6-19 J.A. Snow Capt.  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 8494	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
B179c	B 120	M 93		

Date 11-6-19 J.A. Snow Capt.  
O. C. Discharge Depot.

**APPROVED.**

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

with following additional documents.

Eligible for War Service Gratuity

JUN 25 1919

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

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

Date June 20 1919 R.H. Sait Capt.

Reg. No. *4120* Rank *PLC* Name *Fullivan P.*

Attested ..... Address *French Cove.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Consian* Cause *Discharge*

*10-6-19*  
*25-6-19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**