



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4127 Name Michael Walsh Corps R.B.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Michael Walsh</u> |
| 2. What is your full Address? | 2. <u>St. John's, Nfld.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>33</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

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

Michael Walsh SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

† 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 McLair 1001st
 Apparent age 27 years 1 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick McLair
Little Rock, Ark. 2nd St. | 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
 " " Pensions " _____ [" "] _____ " _____ "



FIRST NEWFOUNDLAND REGIMENT

4147

ATTESTATION OF

No. 4147 Name Michael Walsh Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Michael Walsh
- 2. What is your full Address? } 2. Little Bona Place Bay
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 27 Years 1 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? } II.

FOR THE DURATION OF THE WAR

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

Michael Walsh SIGNATURE OF RECRUIT.

R. H. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....

on this..... day of..... 1917

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..... 1917 } Approving Officer.

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 Michael Walsh
 Apparent age 23 years 1 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 31 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Walsh
Little Bonn Place Bay | Relationship Son

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 for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>21-11-17</u>									
Joined at <u>M. S. Sars</u> on <u>November 21-17</u>									

Enlisted. M. S. Sars. Nov 29/1918

Embarked M. S. Sars at Harval to Halifax 29-1-18

Admitted Hospital Devon Warrant Officers Messes 15-3-18 Dis to duty 29-3-18.

Admitted Hospital 14th Hospital Devon Warrant Officers Subed Camp. 1-5-18. Transferred to

Spencer Barracks Colford Kent. 17-6-18 Subscribed the rules of the fund for

to the regulations for discharge 16-10-18. Arrived at Colford 5-11-18

Discharged medically unfit. 26-11-18.

No Active Service.

Total Service forfeited as above.....

Total Service towards Engagement to 26-11-18 [date of discharge] 1 years 6 days
 " " Pensions " " " " " " " " " " " "

Little Bona
via Little Paradise
October 11th 1919

C.R. 4147

A E Hickman

Minister of Militia

Dear Sir

I hereby apply to you for the General
Service Ribbon which I think
I am entitled too having enlisted
1917 saw service in England was
fired down and sent back 1918
hoping you will have it forwarded
to me shortly I am yours truly

9141 Ex Pte Michael Walsh

4147

Little Bona

via Little Paradise

Placentia Bay

Richard [unclear]
Oct. 16/19

Reg. No. H147 Rank Plt Name Walsh M.
Attested 21-11-17 Address 10111 Bonia Place Bay.
Allotment 60¢ Allotee Pat Walsh Father
Date of Allotment 1-12-17 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Vac 23-11-17 Service 1st 26-11-17 2nd 29-11-17, 3rd Dec 30/12/17
H.S. 4-12-17 to 7-12-17, Arr. 19/12/17. No 220

WHEN REPLYING

QUOTE No 4147

C.R. 4147

June 21st 1919.

Mr. W. J. Walsh,

C i t y.

Dear Sir:

Referring to your letter, I beg to say that I have passed same over to the Board of Pension Commissioners who will reply to you direct. The person to whom you refer being a pensioner the particulars required are available from that Department.

Yours faithfully,

Minister of Militia.

C.R. 4147

Extract from Daily Orders, Part II, UNIT: Royal WFL. East.
dated Dec. 10th. 1918.

SECRET

4147 Pte. Michael Walsh

Having been found Mentally Unfit is Discharged from DS/11/18.

WINDFORD PRINTING

C.R. 4147

Extract from Daily Orders part 11, Depot. St. John,s
dated December 8th., 1918.

#4147 Pte. Ml. Walsh

Admitted to Jensen Camp. 5-12-18.

BIVMID C.R. 4147

Extract from Medical Board held on Friday Nov. 16th, 1918

4147 Pte. M. Walsh,

Recommended Discharge-Permanently Unfit and admission to
Jensen Camp.

MM.

C.R. 4147

Extract from Daily Orders part 11, Depot, St. John's
dated Feb. 16th., 1918.

The undesignated returned from Overseas and reported
at depot. 8/11/1918.

4147 Pte. M. Walsh.

DC.

C.R. 4147

Extract from Telegram to Military St. John's, dated Oct. 17th 1918.

Being sent home for Discharge:

4147 Walsh.

from Civil Hospital without Army Form B 179. No time to prepare.

C.R. 4147

Extract from Nominal Roll of repatriation Draft, Embarked for
Newfoundland 16/10-18.

FOR DISCHARGE UNDER A.F. B.179.

4147 Pte. Walsh M.

MM.

C.R. 4147

Extract from Telegram to Synoptical, London, dated October 15th., '18.

Advise condition of 4147 Walsh.

C.R. 4147

Extract from Casualties from Pay and Record Office, London,
dated October 15th. 1918.

The undermentioned ex Grosvenor Sanatorium 15/10/18, is
granted furlough to 8 a.m., 16/10/18, with orders to report
at the P.&R.O., on the latter date for disposal. To be
repatriated.

4147 Pte. M. Walsh.

Authority: Memo from Hospita.

C.R. 4147

Oct. 12th., 1918

Mr. Patrick Walsh

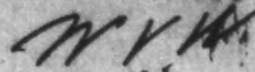
Paradise, P.B.

Dear Sir:-

I am directed to acknowledge receipt of your wire of Oct. 9th regarding your son, No. 4147, Private Michael Walsh; and in reply thereto I beg to state that Private Walsh was transferred from Military Hospital, Hazley Down Camp to Grosvenor Sanatorium, Ashford, Kent on 17th of June, 1918. We are despatching an enquiry to-day to the Authorities on the other side, as to his condition, and will inform you when reply comes to hand.

The reason why you were not notified of the above, was that it only came to us by mail about a week ago in a list of casualties.

Yours faithfully,



Lieut.

for Minister of Militia

C.R. 4147
Counter No.

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.

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's, Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 5th, 1918.**

To
**Mr. Patrick Walsh,
Paradise.**

Beg to inform you that your son, #4147 Pte. Michael Walsh, is now at Grosvener Sanatorium, Ashford, Kent. suffering from T.B. Lung.

**J.R. Bennett,
Minister of Militia.**

FOR TYPEWRITER

C.R. 414

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 103 Sent by Ad Paradise 5 16/1

Place from Paradise

To Min of militia, Dept
of militia



Please notify me of the whereabouts of my son #147 Pte Michael Walsh 'quick as possible.

Patrick Walsh
now at Grosvenor Sanatorium
Ashford Kent
suffering from T.B. Lung

C.R. 4147

~~XXXXXXXXXXXXXXXXXXXX~~

Extract from Casualties received from the Pay and record Office
London Dated 18th June 1918.

#4147 Pte. M. Walsh.

WAS TRANSFERRED FROM MILITARY HOSPITAL HAZELY DOWN CAMP WINCHESTER
TO GROSVENER SANATORIUM, ASHFORD, KENT ON 17/6/18 ~~XXXXXXXXXXXX~~
~~XXXXXXXX~~ SUFFERING FROM T. B. LUNG.

CR 4147

May 15th, 1918.

Pat Walsh Esq.,
Little Bonah,
Flaccatis Bay.

Sir:-

Notification has been received by mail, that your
son #4147 Etc. Michael Walsh, was admitted Haseley Down
Hospital, ^{13/3/18} suffering from Measles.

Yours faithfully,


Major,

Chief Staff Officer.

C.R. 4147

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

Mar. 22, 1918.

IN HAZELLY DOWN HOSPITAL.

4147 Pte. Walsh, M.

Measles Adm. 13-3-18.

C.R. 4147

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

7
4147 Pte. W. Murphy.

25-5-18.

C.R. 4147

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

4147 Pte. Walsh N.

C.R!

4147

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, Nov. 22nd, 1917.

4147 Pte. M. Walsh.

Attested for the 1st Nfld. Regt for General Service, posted to
"G" Co., with effect from Nov. 21st, 1917.

Originals

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4147</u>	Rank <u>Private</u>															
Name <u>Walsh Michael</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>ROYAL NEWFOUNDLAND REGIMENT</u>																
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>																
Date of discharge _____																
Place of discharge _____																
1. <u>Description at the time of discharge.</u>																
Age _____ years _____ months Height _____ feet _____ inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence { _____ (To be given as fully as practicable) _____	Descriptive marks. 															
<table border="1" style="float: right; border-collapse: collapse;"> <thead> <tr> <th colspan="3">COPIES SENT</th> </tr> <tr> <th>To</th> <th>No.</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>M. OF M.</td> <td><u>6608/68</u></td> <td><u>15 OCT 1918</u></td> </tr> <tr> <td>O.C. 1ST. BN.</td> <td></td> <td></td> </tr> <tr> <td>.. 2ND. BN.</td> <td></td> <td></td> </tr> </tbody> </table>		COPIES SENT			To	No.	DATE	M. OF M.	<u>6608/68</u>	<u>15 OCT 1918</u>	O.C. 1ST. BN.			.. 2ND. BN.		
COPIES SENT																
To	No.	DATE														
M. OF M.	<u>6608/68</u>	<u>15 OCT 1918</u>														
O.C. 1ST. BN.																
.. 2ND. BN.																
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)																
2. The above-named man is discharged in consequence of _____																
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)																
3. Military character:— _____																
4. Character awarded in accordance with King's Regulations:— _____																
_____ _____ _____ _____ _____ _____																
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.																
_____ Initials of Commanding Officer.																
Army Form B. 2088 has been issued to* _____																

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

[OVER.

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

MEDICAL HISTORY

OF

Surname

Walsh

Christian Name

Michael



Table I.—GENERAL TABLE.

Birthplace:—Parish *Little Bonia Place Bay* County *Wex*

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <i>27th</i> day of <i>Nov</i> 191 <i>7</i>	at <i>St. John's</i>	on	day of 191
Declared Age	<i>37</i> years	<i>1</i> <i>Mo</i> days	years	days
Trade or Occupation	<i>Listerman</i>			
Height	<i>5</i> feet	<i>10</i> inches		
Weight		<i>144</i> lbs.		
Chest Measurement	Girth when fully expanded	<i>36</i> inches		
	Range of Expansion	<i>4</i> inches		
Physical Development				

CORPUS SENT		
To	No	DATE
M. of M.	<i>1668/18</i>	<i>16 OCT 91</i>
O.C. 1st. Bn.		inches
" 2nd. Bn.		inches

	Right	Left	Right	Left
Vaccination Marks				
Arm				
Number				

When Vaccinated				
Vision	R.E.—V= <i>4/6</i> L.E.—V= <i>4/6</i>		R.E.—V= L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

Liam O'Brien

(Rank)

Major

Medical Officer.

Medical Officer.

Enlisted	at <i>St. John's</i>	at	
	on <i>27th</i> day of <i>Nov</i> 191 <i>7</i>	on	day of 191

Corps.	Regtl. No.	Corps.	Regtl. No.
--------	------------	--------	------------

Joined on Enlistment	<i>1st Wex Regt</i>		
Transferred to	<i>4147</i>		

Became non-effective by	ROYAL NEWFOUNDLAND REGIMENT		
	on	day of 191	on
		day of 191	

[Signature]

[Rank]

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazeley Down	13	3	18	29	MAR	1918	Heart	16	Recovered. Discharged to duty	H. Lawrence Capt RMC
Hazeley Down	1	5	18	17	6	18	Tuberculosis	47	Transferred to Ashford Sanatorium	G. S. A. Nixon Capt RMC

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
Vac.	22-11-17 SD
26-11-17	T.A.B SD
29-11-17	" SD
31-12-17	" ev.

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Telephone:
9 Kennington.

THE GROSVENOR SANATORIUM LTD.,
Kennington Nr. Ashford,
Kent.

Medical Report.

Name of Patient 4147, Pte Walsh, M.
Royal Newfoundland Regiment
Report.

The above named Soldier, 4147 Pte Walsh, M. of the Royal Newfoundland Regiment, has suffered from Pulmonary Tuberculosis. Under treatment the disease has become arrested, but in my opinion it is most desirable that he should ~~not~~ not resume Military Service

TO	No.	DATE
M. OF M.	<i>10/18/18</i>	15 OCT 1918
O.C. 1ST. BN.		
" 2ND. BN.		
	Signed <i>[Signature]</i>	

MEDICAL SUPERINTENDENT

Date _____ 191

COPY.

THE GROSVENOR SANATORIUM LTD.,

Kennington, nr Ashford,
Kent.

MEDICAL REPORT.

Name of Patient:

4147 Pte. Walsh, M.,
Royal Newfoundland Regiment.

REPORT.

The above-named Soldier, 4147 Pte. Walsh, M.,
of The Royal Newfoundland Regiment, *has* suffered
from Pulmonary Tuberculosis. Under treatment the
disease has become arrested, but in my opinion
it is most desirable that he should not resume
Military Service.

(Sgd) MALCOLM BARKER.

Medical Superintendent.

TO BE LEFT BLANK.

Outfit Number.....107

Result of the examination of the specimen of *Tubercin* taken from
Reg. No. 4147 Rank *Phi* Name *Walsh In*
Corps *2nd Batta Royal Newfoundland*
Result *Tubercle bacilli not found*

April 29th 1918.

R. A. Hyatt
Specialist Sanitary Officer.

FORM K

Nº 3852



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Michael Walsh*, Regl. No. *4147*

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

Allotment begins *December 1st 1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>8271</i>	<i>Father</i>	<i>Patrick Walsh</i>	<i>Letta Bonin</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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. H. [Signature]*
 Officer Commanding
9 Company
2000 24/12 1917

(Sig.) *Michael Walsh*
 (Rank) *Olc*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Walsh, Regl. No. 1147

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

Allotment begins December 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
5271	Father	Patrick Walsh	Lilla Bonin		6s
Total Allotment, £					6s

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. [Signature]
 Officer Commanding
9. Company
H. J. [Signature]
Nov 21st 1917

(S) [Signature]
 (Rank) O/C

copy

NATIONAL HEALTH INSURANCE.

APPLICATION FOR SANATORIUM BENEFIT ON DISCHARGE FROM THE ARMY, in accordance with the instructions laid down in War Office letter Eastern 7/303 (F. 2) 4-15. DSW

For use in the case of Insured Persons only, whether Officers or Men.

To the SECRETARY, NATIONAL HEALTH INSURANCE COMMISSION.

- * ENGLAND.
- SCOTLAND.
- IRELAND.
- WALES.

SIR,

The patient of whom particulars are given below will be discharged from the Army suffering from tuberculosis on 10/5/18. A medical report is furnished overleaf. I should be glad to be informed at an early date whether provision will be made for his receiving the treatment advised in that report upon his discharge, and in that event to be furnished with particulars to enable him to be instructed as to the steps he should take.

(1) Name in full { Surname Walsh
Christian Names Nicholl

(2) Number, Rank and Regiment H 147 Pls.
21. Royal Newfoundland Regt

(3) Is applicant an insured person? _____

(4) Is applicant a member of an Approved Society? _____

If so, state—

(a) Name and Number of Approved Society { Name _____
Number _____

(b) Name and Number of Branch (if any) { Name _____
Number _____

(c) Membership Number in Insurance Book _____

(5) Intended place of residence on discharge (address in full) { Little Bona
Byway of Paradise, Pleasant Bay

(6) Has applicant ever received a Medical Card? Newfoundland

If so, by what Insurance Committee was it issued? _____

Signature of Officer in charge of Military Hospital { (Signed) G. F. A. Morse, Capt. R.A.M.C.
Hazley Down Military, Winchester

* Soldiers of Newfoundland Contingent are not discharged till re-patriated etc.

Date † 5/5/18

TO BE SIGNED BY THE APPLICANT.

I hereby apply for Sanatorium Benefit upon my discharge, and I declare that the above particulars are correctly stated. I undertake to conform to the rules of any institution into which I am received for treatment.

Signature of Applicant W. Walsh

Date 5/5/18

* Cross out whichever are inapplicable. The form should be addressed and forwarded to the Commission for that part of the United Kingdom in which the applicant's intended place of residence is situated. [See (5) above.] The addresses of the four Commissions are respectively: - ENGLAND: Buckingham Gate, London, S.W.; SCOTLAND: Princes Street, Edinburgh; IRELAND: Pembroke House, Upper Mount Street, Dublin; WALES: City Hall, Cardiff. Postage need not be prepaid. N.B.—For the purposes of the Insurance Acts, Montserratshire is in Wales.

† This form should be completed and forwarded at least a week before the date of the applicant's discharge from the Army.

MEDICAL REPORT.

Age 22.

Period of Service. 5 months

Duration of illness since onset of first definite symptoms. Five months

Nature and duration of treatment hitherto given.

Isolation, out door life, Rest, diet, Tonic treatment

PRESENT CONDITION.

(1) General—

Temperature range. 99° - 97° Present weight. 127 lb

Cough.

Yes

Highest known weight, if ascertainable. 142 lb

Sputum, amount.

Nil

Height 5ft 9in

„ character.

-

Sweats.

Yes

Hæmoptysis.

Nil

Dyspnoea.

Able to get about, or confined to bed.

About, part of the time.

(2) Condition of organs affected by tuberculosis—

(a) Lungs.

Crepitant rales both lungs
More marked right apex behind.

(b) Other organs.

Normal

(3) Complications present.

Emaciation & Anæmia

(4) Other diseases present.

Nil

(5) Residential treatment is, in my opinion, essential.

Yes

Remarks.

Date 5/5/18

Signature

H.R. Lawson
Capt. Rame

OFFICE COPY.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 4147 Rank Private Name Walsh M Unit 2/1 Royal Newfoundland who was Repatriated to Newfoundland on 16/10/18 Authority Cause

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			s			d			CR.	
		£	s	d	£	s	d	£	s	d		
	Balance Dr. from									15	5	11
	Allotment 26 days @ 60	15	60	3	4	1						
	Cash Payments:											
	Other Debits:											
	Total Debits			3	4	1						
	Balance due by Paymaster			7	19	4						
				11	3	5						
	Balance Cr. from									15	5	11
	Pay 26 days @ \$ 100											
	Field Allow 26 days @ \$ 100	128	60	5	17	6						
	Other Allowances days @ \$											
	Other Credits:											
	Total Credits									11	3	5
	Balance due to Paymaster									11	3	5

PERIOD: From 21-9-18 To 16/10/18

CHECKED.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

4th camp (Place) Winchester (Date) Oct-25 1918

W. Long Capt O.C. "E" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 25/10/18. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer 1/c Records.

Wahl, m

4147

Ray Sept.

COPY.

17944000

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4147</u>	Army Rank <u>Private</u>
Name <u>Walsh Michael</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depôt, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 29th 1918</u>	
Place of discharge <u>St. Johns. Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>23</u> years <u>1</u> months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>light</u> Trade <u>Fisherman</u> Intended place of residence { <u>Little Bona</u> (To be given as fully as practicable) <u>P.B.</u>	Descriptive marks.
<p>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</p>	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service.</u>	
<p>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</p>	
3. Military character:— <u>N.G.</u>	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

COPY.

1794400A

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4147</u>	Army Rank <u>Private</u>
Name <u>Walsh Michael</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 29th 1918</u>	
Place of discharge <u>St. Johns. Nfld.</u>	
1. Description at the time of discharge.	
Age <u>23</u> years <u>1</u> months	Descriptive marks.
Height <u>5</u> feet <u>9</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fair</u>	
Eyes <u>blue</u>	
Hair <u>light</u>	
Trade <u>Fisherman</u>	
Intended place of residence (To be given as fully as practicable) <u>Little Bona P.B.</u>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— <u>V.L.</u>	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer. _____	

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's _____ M. Walsh (Signature of Soldier.)

(Date) 5/12/18 _____ W. Newbery Coy (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations

M. Walsh

Witness W. Newby Colk

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 4147 Rank PL Name Walsh M.

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance

to the amount of \$ 60.00

Date Dec 5/18

S. Johns

M Walsh

Signature of Soldier

W Newbury Corp

Signature of Witness



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **St. John's**

Date **Nov. 13th '18.**

- | | |
|-----------------------------------|--|
| 1. Unit Royal Newfoundland | 5. Age last birthday 23 years |
| 2. Regimental No. 4147 | 6. Enlisted on Nov. 21st. '17. |
| 3. Rank Private | at St. John's |
| 4. Name WALSH, MICHAEL | 7. Former trade or occupation Fisherman |
| | 8. Disability |

PULMONARY TUBERCULOSIS

9. History **In March developed measles at Winchester, Eng., after convalescence from measles went back to military duties, and three weeks after, felt weak, lost appetite, and troubled with severe cough. Was placed in Hospital and diagnosed as Pulmonary Tuberculosis.**

(See attached report)

10. What is his present condition?

General appearance good. Face flushed.
Temp. 97.4. Pulse 94.

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Lymphatic System - Post cervical palpable. Otherwise negative.

Respiratory System - On inspiration (?) of left side of chest slightly diminished. Vocal fremitus about equal. Percussion: left chest note is rather hyper-resonant.

Auscultation - Breath sounds on left side harsh in character and expiration prolonged. No rales heard.

Circulatory System - Negative.

Other Systems - Negative.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes.

Signature J. B. O'REILLY, Capt.

Rank or Qualification R.A.M.C.

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **may** be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

**Pulse 112. Temp. normal. Weight 167.
Accompaniments left side at level of 3rd and 4th ribs.
Shallow breathing both sides.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

100%

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

Total while in Hospital.

Remarks if any:—

16. Is the disability permanent? **No**

17. Has the disability been aggravated by (a) Intemperance **No** (b) Misconduct **No**

18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. **Yes.**

20. We recommend discharge from the Army **Permanently Unfit.**
retention in

Remarks if any:—

..... **F. S. FRASER**
President

Signatures **J. SINCLAIR TAIT**

..... **L. PATERSON, Major.**

Place **St. John's**

Date **Nov. 15th 1918.**

APPROVED

Station

Date



(Sig) **CLUNY MAGPHERSON, Major.**
Administrative Medical Officer

COPY

THE GROSVENOR SANATORIUM LTD.,

Kennington, nr Ashford,
Kent.

MEDICAL REPORT

Name of Patient:

4147 Pte. Walsh, M.,
Royal Newfoundland Regiment.

REPORT

The above-named soldier, 4147 Pte. Walsh, M., of the Royal Newfoundland Regiment, has suffered from Pulmonary Tuberculosis. Under treatment the disease has become arrested, but in my opinion it is desirable that he should not resume Military Service.

(Sgd) MALCOLM BARKER.

Medical Superintendent.



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 *Walsh, Michael*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4147*
 Intended address *Little Bona, Placentia Bay.*
 Height on discharge *5* Feet *9"*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *Patrick*
 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. *Little Bona, Oct. 13, 1895*
 Nature and locality of civil employment required

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

(Soldier's signature in full)

Michael Walsh

(Rank)

Pte

Station

St Johns

Date

Nov 13 / 10.

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.

Spolier Cuff
 Medical Officer i/c Hospital,
 Unit, or Command Depot

Station

St. John's nfld.

Date

Nov. 13

COPY.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Walsh Christian Name Michael

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Little Bonia Place County Uld

Examined ... (on 21st day of Nov 1917
at St John's)

Declared Age ... 22 years 1/10 days.
Trade or Occupation ... Fisherman

Height ... 5 feet, 10 inches.
Weight ... 144 lbs.
Chest Measurement { Girth when fully Expanded. 36 inches.
Range of Expansion 4 inches.

Physical Development ...
Vaccination Marks { Arm ... Right Left
Number / /

When Vaccinated ...
Vision ... { R.E.—V = 5/6
L.E.—V = 5/6

(a) Marks indicating congenital peculiarities or previous disease ...
(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) (Sgd) Lambert Paterson
(Rank) Major Medical Officer.

Enlisted ... (at St John's
on 21st day of Nov 1917)

Joined on Enlistment ...
Transferred to ...
Became non-effective by ...
on ... day of ... 191 ...

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	<u>4147</u>

(Signature) _____
(Rank) _____

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazely Down	13	3	18	29	3	18	Measles	16	Recovered Discharged to Duty	Genl A B Lawson Captaine
Hazely Down	15	18	18	17	6	18	Tubercle Lung	47	Transferred to Ashford Sanatorium Result of examination of specimen of Sputum taken from 4147 Pte M Walsh. R Wld Regt - Result - Tubercle bacilli not found 29-4-18 Genl R A Wynter Spec. Senty Officer	Genl C S A Viriam Captaine

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

Date	Brief details, and signature
22-11-17	Vac LP
26-11-17	TAB YP
29-11-17	" JP
31-12-17	" CBB

Table IV.—Service Table.

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

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 4147 Rank Private Name Walsh M Unit 2/1 Royal Newfoundland who was Repatriated
to Newfoundland on 16/10/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d			PARTICULARS	£ s d			CR.
		£	s	d		£	s	d	
PERIOD: From 21-9-18 to 16-10-18	Balance Dr. from				Balance Cr. from <u>RCy 27.9.18.</u>				
	Allotment 26 days @ 60.	15	60	2 4 1	Pay 26 days @ \$ 100			5 5 11	
	Cash Payments:				Field Allce 26 days @ \$ 100	128	60	5 17 6	
	Other Debits:				Other Allces days @ \$				
	Other Credits:				Other Credits:				
	Total Debits			13 4 1	Total Credits			11 3 5	
Balance due by Paymaster			7 19 4	Balance due to Paymaster					
			11 3 6				11 3 5		

CHECKED.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Hazelton Down Camp
Winchester Oct 25 1918
(Place) (Date)

W Long Capt
O.C. "D" Company.

Made up/checked in accordance with information received in the Pay & Record Office London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

A.A. Munnell Maj.
Chief Paymaster & Officer i/c Records.

OK WA

DUPLICATE ORIGINAL

DUPLICATE
MAIL COPY
N.F.P./94
Posted

LAST PAY CERTIFICATE

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 4147 Rank Private Name Walshe Jr Unit 2/1 Royal Newfoundland who was Repatriated
to Newfoundland on 16/10/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.			
		£	s	d	£	s	d	
PERIOD: From 24-9-16 To 16-10-18	Balance Dr. from				Balance Cr. from			
	Allotment 26 days @ 60	15	60	3 4 1	Pay 26 days @ \$1.00		15	5 11
	Cash Payments:				Field Allow 26 days @ \$10 ⁰⁰	28	60	5 17 6
	Other Debits:				Other Allowances days @ \$			
					Other Credits:			
	Total Debits			3 4 1	Total Credits		11	3 5
	Balance due by Paymaster			7 19 4	Balance due to Paymaster			
				11 3 5			11	3 5

CHECKED.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Walden Down Camp
CHECKED W. J. Webster (Place) Oct 25 1918 (Date)

W. J. Donohoe Capt
O.C. "10" Company.

Made up/checked in accordance with information received in the Pay & Record Office, London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

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... *Michael* 2. Surname... *Walsh*

3. Rank... *Pvt* 4. Regt. No... *4th*

5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded.....

..... *Jensen Leant*

6. Date of enlistment in the Regiment... *Nov. 21/17*

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*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *Served from Nov 21st 1917*

...to... *Nov 22nd 1918* (*Overseas*)

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

..... *Had one enlistment under Reg. No. 4147*

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.....

..... *Have recd. \$33.00 of Post Discharge Pay*

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

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?..... *not applicable*

19. Are you now serving in the Regt.? .. *No.* ... If not give:- (a) Date of discharge... *Nov. 22nd 1918*

..... (b) Reason for discharge..... *Being no longer physically fit for War service*

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.....

..... *No*

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? .. *Yes* ... *Yes & co*

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

Signature of Applicant: *Michael Walsh*

Place of Residence: *Jensen Camp*

Declared before me at: *S^t Johns*

This *12th* day of *March* 19*19*

Chas. O'Neil Curry
Signature of Barrister of the *Not Pub*
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.00</i>	<i>280.00</i>
.....
.....
Certified Correct.			Paymaster.	

REVENUE OF
ST. JOHN'S

FORM K

No 3852



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Walsh, Regl. No. 4147

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

Allotment begins December 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
5271	Father	Patrick Walsh	Letta Bonina	60
			Total Allotment, \$	60

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

Sig.) W. J. S. [Signature]
Officer Commanding
Company 9th
[Signature]
Nov 24th 1917

(Sig.) Michael Walsh
(Rank) Pl

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 33 ⁰⁰/₁₀₀

January 7 1919

Received from the First Newfoundland Regiment
the sum of Thirty Three ⁰⁰/₁₀₀ Dollars.
on account of Pay. P.O. Michael Walsh

Ch. No. 7980	Initials. EW
Pay Ledger 399	Initials. AWL
Gen. Ledger	Initials.

Regtl. No. Rank

Frederick A. [unclear]

No. 4147

Rank

PC

Name

Walsh-M



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. Johns*

Date *Nov 13/15*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *4147*
- 3. Rank *Private*
- 4. Name *Walsh, Michael*
- 5. Age last birthday *23 years*
- 6. Enlisted on *21st Nov/1917*
- at *St. Johns*
- 7. Former trade or occupation *Fisherman*

8. Disability

Pulmonary Tuberculosis.

9. History

*In March developed measles, at Conception
England. After convalescence from measles,
went back to military duties & in three weeks
after with some cough and placed in hospital
with some cough and diagnosed as Pulmonary Tuberculosis.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General appearance good.
face flushed, Temp. 97.4.
Pulse 94
Pork Cervical palpable. otherwise
negative
Respiratory System on inspiration, expansion of left side
of chest slightly diminished, vocal fremitus about equal.
left chest note is rather hyper resonant.
Circulatory System. Percussion counts on left side harsh in
character & expansion prolonged. No
rales heard.
Other Systems → negative
negative

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit?

Yes.

Signature

Robert C. Caff

Rank or Qualification

Colonel

Remarks if any by Officer in Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by due to

- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Palce 112. Temp normal. Weight 167
Accompaniments left side at level of 3rd & 4th ribs.
Shallow breathing both sides.*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 100%

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

Total while in Hosp.

Remarks if any:—

16. Is the disability permanent? no

17. Has the disability been aggravated by (a) Intemperence no (b) Misconduct no

18. The refusal of operation in sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital, Naval and Military Convalescent Hospital, Jensen Tuberculosis Camp. yes

20. We recommend discharge from the Army permanently unfit

Remarks if any:—

Signatures [Signature] President
[Signature]
[Signature]

Place S. Johns

Date Nov 15 1918

APPROVED

Station DIRECTOR OF MEDICAL SERVICES

Date NOV 15 1918



[Signature]
Administrative Medical Officer

29/1/18
 Draft No. 18
 Date of Enlistment
 21 Nov. 17
 Age on Enlistment
 22 1/12
 Married (Yes or No)
 NO

1874 M

23-1-56

Regl. No 4147

NAME WALSH, Michael
 Next of kin WALSH, Patrick Relationship Father *pn*
 ADDRESS Little Bonia, P.B., Nfld.

CASUALTIES

PROMOTIONS, REDUCTIONS, etc.

Date Rec'd	Auth- ority.	Dated	Nature of	Whereabouts	Ref. No.	Authority	Date	Rank, etc.		
22/3/18	2nd Bn.	13/3/18	Measles	Adm. Hazeley Down H. Win.	515A					
18/6/18	Med. History	29/3/18	Recovered.	Discharged to duty 2nd Bn.	A.F.B. 178A					
"	"	1/5/18	Tubercle Lung	Ad. Mil. Hosp. Hazeley Down Winchester	"					
18/6/18	Hosp.	17/6/18	Transferred to Grosvenor Sanatorium	Ashford, Kent	1327	Service in the Field				
15/10/18	A.F.B. 179	15/10/18	Ex Grosvenor Sanatorium for repatriation as permanently unfit is granted furlough to 8 a.m. 16/10/18 to report at P & R.O. for disposal		1962	Bn.	Draft No.	Date of embarkation	Expedition ar/ force	Remarks
19/10/18	O i/c Reds.	16/10/18	To Newfoundland for discharge per S/S Corsican from Tilbury		2007					
14/11/18	DO's Hq.	8/11/18	Attached to Strength			Honours, Awards, etc.				
						Authority	Date	Action	Distinction	
						DISCHARGE				
						Authority	Date	Where	Cause	
						D.O. Hqrs. 10/12/18	26/11/18	St. John's Nfld.	Medically Unfit	

COPY.

THE GROSVENOR SANATORIUM LTD.,

Kennington, nr Ashford,
Kent.

MEDICAL REPORT.

Name of Patient:

4147 Pte. Walsh, M.,
Royal Newfoundland Regiment.

REPORT.

The above-named Soldier, 4147 Pte. Walsh, M.,
of The Royal Newfoundland Regiment, *has* suffered
from Pulmonary Tuberculosis. Under treatment the
disease has become arrested, but in my opinion
it is most desirable that he should not resume
Military Service.

(Sgd) MALCOLM BARKER.

Medical Superintendent.

C.R.

4147

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

I certify that I have received an issue of 3 inches
of Riband of British War Medal-1914-1919.

NAME..... Michael Walsh.....

(Date)..... October 24.....

(Place)..... Little Bona.....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland.

Signature of O. C. Company

Number of Sheet *One.*
[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4147 Walsh M.</i>	Age on	<i>22 years 1 month</i>	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St Johns 21-11-17</i>	Religion	
Joined	Date	Period of	with Colours <i>1 1/2</i> years.	Place of Birth	
Joined	Date				with Reserve <i>1 3/4</i> years.

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>Discharged Medically Unfit St. John's, 26th /18</i>					

COPIES SENT
 TO
 M. O. M.
 O.C. 1st BN.
 2nd BN.
 NO. *1608/168*
 DATE *15 OCT 1918*

To be carried over



4147

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

4147

ST. JOHN'S, NEWFOUNDLAND,

December 5th., 1918

From:- D. M. S.

To:- O. C. Depot.

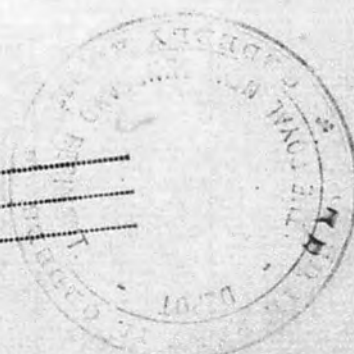
4147, Pte. Walsh, Michael

Please note that the marginally noted man entered Jensen Camp December 5th., 1918.

Cluny Macpherson
Major, D. M. S.

Copy to B. of P. Commissioners for Nfld.

To be Noted { Part II. Orders
Card Index
Nominal Roll



Reg. No. 4147 Rank Pte Name Walsh M

Attested Address.....

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

Date of Allotment..... Returned from Overseas 8-11-18

Embarked for Overseas Cause Discharge

15-11-18	Recommended discharge permanently unfit & admission to Jensen Camp
17-11-18	Admitted to Jensen Camp
26-11-18	DISCHARGED - MEDICALLY UNFIT

November 16th, 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/c Records,
Militi. Dept.

4147. Pte. H. Walsh
4202. " S. Wollen
5865. " C. Langdon
4200. " J. Strickland
5612. " H. Walsh

The marginally noted men were recommended for discharge as permanently unfit, and admission to Jansen Camp, by Medical Board, held on Friday, November 15th. I am sending them herewith for your attention, and necessary action please, and have given them verbal instructions to report to the D. M. S. for his attention, after they have finished their business with you.

Copy for D. M. S.

WED

COPY

St John's, Nfld.

December 5th, 1918

From D.M.S., Militia Det

To O.C. Depot

4147 Pte. Ml. Walsh

Please note that the marginally noted
man entered Jensen Camp December 3rd, 1917.

(sgnd) GEORGE MACPHERSON

Major D.M.S.

Copy to Bd. of Pension Commissioners for Nfld.

Little Bona
Via Little Paradise
Placentia Bay

9/1/20

C.R. 4141

Minister of Militia

Dear Sir

I 4141 Ex Private Michael Walsh
Hereby make an application for
the Victory Ribbon
hoping you will have it
forwarded to me shortly

I am yours truly

Michael Walsh

Receipts
Is it due? R

No! Did not serve
an Active Service. P.

4147
~~4147~~
C.D.
January 14th 1920.

Mr. Walsh Esq.,
Little Bona,
via Little Paradise. P.B.

Dear Sir:

In reply to your letter of January 9th in which you make application for an issue of the "Victory Riband", I would state for your information that this riband is issued only to Officers and Other Ranks who have served on approved Military duty in an actual theatre of war. In your case as you did not have the good fortune to proceed on Active Service, I regret that this riband is not issuable to you.

Yours faithfully,

Lt.Col.
Chief Staff Officer.