



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *1672*

Name *Michael Walsh* Corps *R.C.*

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <i>Michael Walsh</i> |
| 2. What is your full Address? | 2. <i>Constitution Street
White Bay</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>20</i> Years <i>1</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Labourer</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 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. <i>Yes</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 of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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 *16th* day of *June* 191*5*

Signature of Attesting Officer *C. D. Dicks Lieut*

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191*5*

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 20 years 0 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Walsh Cook
Mass Cove Whately 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 " _____ [" "] _____ " _____



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2612 Name Michael Walsh Corps R.C.

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>Coachman's Cove</u>
<u>White Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I 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.

Jas. W. Pittman 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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me as stated on this 7 day of June 1915.

Signature of Attesting Officer Col. Dicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.

Date 1915

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 5612.

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

Name Michael Walsh
 Apparent age 20 years months. Height ✓ feet 7¹/₄ inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Walsh Coach-
mans Cove White Bay 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 terminus from <u>7-6-18</u>									
Joined at <u>John's Mt.</u> on <u>June 7th 1918</u>									
<u>Discharged by Order Jan. 14/1919.</u>									
<u>Embarked Sydney S.S. Roscetta to Halifax No. 22 7/8</u>									
<u>Boarded at Sydney down Camp Ancheron Midway Station 5th 10/8.</u>									
<u>To file for discharge 10-10-18. Received file 8-11-18.</u>									
<u>Arrived Jensen Camp 3/2.1918</u>									
<u>Discharged Regularly Strength 14-1-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-1-1919 (date of discharge) years 222 days
 " " Pensions " " " " " " " " " " " "

C.R. 5612

Extract from Daily Orders part 11, Depot. St. John's
dated December 2th., 1918.

#5612 Pte. Ml. Walsh

Admitted to Jensen Camp. 3-13-18.

Medical Report on an Invalid.

Duplicate

Station Hazleydown Camp
Date 5-10-18

- | | | | |
|----------------------|--------------------------------|--|-----------------|
| 1. Unit | <u>Royal N.F.L.K.</u> | 7. Former Trade or Occupation | <u>Futurmar</u> |
| 2. Regimental No. | <u>5612.</u> | 7A. If with previous service in Army, state— | |
| 3. Rank | <u>Plt</u> | (a) Former Unit; | |
| 4. Name | <u>W. G. J. S. H. Michael.</u> | (b) Regimental No.; | |
| 5. Age last birthday | <u>20</u> | (c) Date of Discharge; | <u>{ 18</u> |
| 6. Enlisted { on | <u>7. June 1918</u> | (d) Cause of Discharge. | |
| at | <u>S. J. Johns of N.F.L.K.</u> | | |

8. Disability in respect of which invaliding is Proposed.

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

pulmonary stenosis

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.

?

Hazleydown Camp Winchester
he states shortly after arrival the man reported sick with pain in his chest of being easily fatigued and of dispirited a breacy was found over pulmonary region and he was sent to hospital for opinion which is attached not attributed to military service conditions constitution

N. d.

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 is pale and easily fatigued. Loud hoarseness over pulmonary area has been on very high days ever since arrival in this country unfit for active service.

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

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

N a

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

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

N a

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

N a

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

N a

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?

N a

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.

N a

20. Do you recommend—

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

Discharge as permanently unfit for military service

*10012
C. R. C.*

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

*Accompaniments both before, present & after war
full right acilla*

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

no

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

no

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

nil see

Aggravated 40% last months

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

yes

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station

Date

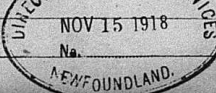
APPROVED FOR MEDICAL SERVICES

Station

Date

President.

Members.



Administrative Medical Officer.

22/7/18
 Draft No. 22
 Date of Enlistment
 7 June 18
 Age on Enlistment
 20
 Married (Yes or No)
 NO

NAME WALSH, Michael

2-12-55 *1874-M* Regl. No. 5612 *pa*

Next of kin WALSH, Joseph

NO FILE C. R. *91* DATE *8.12.55*
 Relationship Father

ADDRESS Coachman's Cove, White Bay, Nfld.

CASUALTIES

PROMOTIONS, REDUCTIONS, etc.

Date Rec'd	Auth- ority.	Dated	Nature of	Whereabouts	Ref. No.	Authority	Date	Rank, etc.		
15/10/18	A.F.B. 179	5/10/18	"Pulmonary Sterosis" Boarded at Hazeley Down Camp, Winchester 5/10/18 and found permanently unfit							
"	O i/c Reds.	16/10/18	Sent to Newfoundland for discharge per S/S Corsican from Tilbury		2007					
14/11/18	DO's Hq.	8/11/18	Attached to Strength							
9/12/18	"	3/12/18	Admitted Jensen Camp	<i>1874-M</i>						
						Service in the Field				
						Bn.	Draft No.	Date of embarkation	Expedition or force	Remarks
						Honours, Awards, etc.				
						Authority	Date	Action	Distinction	
						DISCHARGE				
						Authority	Date	Where	Cause	
						D.O. Hq. 30/1/19	14/1/19	St. John's Nfld.	Medically Unfit	

Reg. No. 5612 Rank *Pvt.* Name *Walsh, M.* *F.P.O.*

Attested *7-6-18* Address *Coachman's Cove N.S.*

Allotment *50* Allottee *Joseph Walsh (Father)*

Date of Allotment *1-9-18* Returned from Overseas

Embarked for Overseas *JUL 22 1918* Cause

8¹/₈ Acc

H.L. 15¹/₈ - 24⁶/₈ P.L. 30-7-18

C.R. 5612

Extract from daily Orders part 11, Depot.st. John's
dated Nov. 14th., 1918.

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

#5612 Pte. M. Walsh.

BC.

C.R. 5612

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

5612 Pte. M. Walsh.

Recommended discharge-permanently Unfit. and admission to
Jensen Camp.

ML.

C.R. 5612

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

DISCHARGED UNDER A.F. B.179.

5612 Pte. Wa;sh M.

MM.

C.R. 5612 L

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

Being sent home for discharge:

5612 Walsh.

C.R.

5612

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's. dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5612 Pte. Michael Walsh.

C.R. 5612

Extract from Daily Orders Part 2, from Unit, The Royal WFLD.,
Regiment, St. John's, dated 8th June 1918.

5612, Pte. M. Walsh.

Attested for General Service with The Royal WFLD.,
Regiment from 7/6/18.

C.R. 5612

Extract from Daily Orders Post 11 Unit The Royal WFLA.
Regt. St. John's, Jan. 30th, 1919.

Having been found medically unfit is discharged from
Jan. 14th, 1919.

5612 Pte. M. Walsh.

Walsh, R. C.

C.R. 5612

P. & R. O.

Originals

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. 5612 Army Rank Private

Name Walsh Michael
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(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.)

Date of discharge _____

Place of discharge _____

1. *Description at the time of discharge.*

Age 20 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.

COPIES SENT

To	No.	DATE
M. OF M.	<u>16608</u>	<u>15 OCT 1918</u>
D.C. 1st Div.		
" 2nd Div.		

(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 :— _____

To be filled in on the soldier quitting the Colours.

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. 2083 has been issued to*

* Strike out if not applicable.

Medical Report on an Invalid.

Station Hazelton Ck.
 Date 5. 20. 18

1. Unit 2^d Royal Field Coy.
 2. Regimental No. 5612
 3. Rank Pte.
 4. Name W. WEST initial
 5. Age last birthday 20yrs.
 6. Enlisted { on 7 June 1818.
 at 8th London.

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. 10).

Pulmonary Stenosis

COPIES SENT		DATE
To	No.	15 OCT 1918
M. of M.	10/08/18	
1 st Lt.		
2 nd Lt.		

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.

Hazelton Ck. Wicket.
 Shortly after arrival the man reported with pain in the chest, of a benign nature, and of dyspnoea. On examination was found to have pulmonary stenosis, which was not to be mistaken for pericarditis; which is attached.

Not attributable to military service conditions.

Constitutional

n.s.

*He is pale, indented forehead.
 Lost weight in following year: has
 been on very light duty ever since
 arrived in this country. Major
 for active service.*

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

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

*Discharge as permanently unfit
 for military service.*

M.K.
 Officer in medical charge of case.

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

Station _____
 Date _____

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.

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

MEDICAL HISTORY

OF

Surname

H. A. A. H.

Christian Name

Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish

Boothmans Cove

County

Newfoundland

Examined on

at *7th day of June* 191*8*

on day of 191

Declared Age

20 years days

years days

Trade or Occupation

Fisherman

REGULAR ARMY

Height

5 feet *7 1/4* inches

COPIES SENT

To	DATE
M. O. M.	15 OCT 1918
D. C. 1st Lt.	
2nd Lt.	

Weight

129 lbs.

Chest Measurement { Girth when fully expanded
Range of Expansion

34
3

Physical Development

Right	Left	Right	Left
-------	------	-------	------

Vaccination Marks { Arm
Number

/	/
---	---

When Vaccinated

Vision

R.E.—V=
L.E.—V=
6/6 6/6

R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(a)

(a)

(b) Slight defects but not sufficient to cause rejection

(b)

(b)

Approved by (Signature)

L. Munro Peterson

(Rank)

Major

Medical Officer.

Medical Officer.

Enlisted at

at *St. John's*

at

on day of 191

on *9th* day of *June* 191*8*

on day of 191

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

Joined on Enlistment

Royal Nfld. Regiment

5612

Transferred to

Became non-effective by

on day of 191 on day of 191

(Signature)

(Rank)

No 6617



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Walsh, Regl. No. 5612 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz :

Allotment begins August 1st 1912

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Includes entry for Joseph Walsh, Coastal Range Co. White Bay, with amount 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.) [Signature] Officer Commanding Company 1912

(Sig.) Michael Walsh (Rank) Private

FORM K

No. 6617



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Walsh, Regl. No. 5612
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Fifty 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 August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
0617	Father	Joseph Walsh	Crackman Cove White Bay	50
Total Allotment, \$				50

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

(Sig.) [Signature]
 Officer Commanding
 Company
[Signature]
 1918

(Sig.) [Signature: Michael Walsh]
 (Rank) Private

LAST PAY CERTIFICATE

OFFICE COPY 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.

Regt No. 562 Rank Pte Name Walsh M Unit ROYAL NEWFOUNDLAND REGT. who was transferred
to Newfoundland on 16/10/18 Authority D. O. Cause Repatriation

DR.

STATEMENT OF ACCOUNT

CR.

	PARTICULARS					PARTICULARS				
	£	¢	£	s	d	£	¢	£	s	d
PERIOD: From 25/9/18 To 15/10/18	Balance Dr. from 25/9/18 to 16/10/18					Balance Cr. from				
	Allotment days @ 504					Pay 18 days @ \$1.00				
	Cash Payments: 5/10/18					Field Allowance 18 days @ \$0.10				
	12/10/18					Other Allowances days @ \$				
	Other Debits: Barrack Damages					Other Credits:				
	Laundry & Staffage									
	Roofs & Barber									
	Total Debits					Total Credits				
	Balance due by Paymaster					Balance due to Paymaster				

COPIES SENT	
TO	DATE
M. OF M.	30-10-18
O.C. 1st. Div.	16554/558/P4-a
" 2ND. Div.	

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

B. Coy
Period 25/9/18 to 25/10/18 1918
(FIGS) 16554/558 (Date) 16/10/18
W. P. Piper Captain
O.C. 1st Company.

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

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W(T), P., or P(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c General Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts E. and C. completed by that Officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. (Soldier's Name) Walsh Michael (Surname) (Christian names in full)

Unit from which discharged 2nd Bn R. New Found Land Regt.

Regimental Number 5612 Rank on discharge Private Age on discharge 20

Married, widower with children, or single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life

Nature and locality of employment desired

Full postal address to which proceeding on discharge } Walsh Michael

Name of Approved Society (if any) Cochmans Cove White Boy Regd.

PART B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
Disallowed				India		
Service towards pension				South Africa		

PART C. Number of G.C. badges medals

Wounds and actions in which received

PART D. Where born (parish, town and county), and date

Colour of hair on discharge Colour of eyes Complexion

Christian name of father

Christian name of mother

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
(b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvI.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Walsh Michael
(Surname) (Christian names in full)

A. Unit from which discharged 2nd Bn R. Newfoundland Regt.
Regimental Number 5612 Rank on discharge Private Age on discharge 22
Married, widower with children, or single
Occupation before enlistment Fisherman
Special qualifications (if any) for }
employment in civil life }
Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge }
Name of Approved Society (if any) _____

PART B. Nature of medical unfitness Ulnaromy Stenosis

Service with Colours _____ years _____ days, of which _____ years
_____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge 5. 10. 1918.

Station Angely Barr Camp. _____

Date 5. 10. 18 _____ Officer i/c Records _____

To be completed by the Officer
i/c Records.

NOTE 1.—Part B of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvI.a), King's Regulations.

Do not write on this page

Date

Position

Re 5612 Pte Welsh

Commanding Officer

Probably congenital heart (Pulmonary stenosis). Does not require hospital treatment, but should advise v. light duty pending discharge.

C. S. M. W. I. a.
Capt. R. A. M. C.

Signature

Rank

Regiment

Service

Notes

Printed name

Signature of the commanding officer

Signature of the medical officer

Commanding Officer

Date

Walsh, M

5612

Hay Sept. L

COPY.

4009

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>5612</u>	Army Rank	<u>Private</u>
Name	<u>Walsh Michael</u>		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
ROYAL NEWFOUNDLAND REGIMENT.			
Corps _____			
Battalion, Battery, Company, Depot, &c. _____			
(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.)			
Date of discharge	<u>January 14/1919.</u>		
Place of discharge	<u>St. John's, Nfld.</u>		
1. Description at the time of discharge.			
Age	<u>20</u> years	<u>6</u> months	Descriptive marks.
Height	<u>5</u> feet	<u>6</u> inches	
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	<u>fair</u>		
Eyes	<u>blue</u>		
Hair	<u>dark</u>		
Trade	_____		
Intended place of residence	<u>boachman's Cove</u>		
(To be given as fully as practicable)	<u>N.B.</u>		
(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 <u>being no longer physically fit for war service</u>			
(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*			

A.F.B. - 2079/509

24
27
27
30
31
30
27
14
522

To be filled in on the soldier quitting the Colours.

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 _____ Dctn. _____ 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 Nfld _____ (Signature of Soldier.)

(Date) 14/1/19 _____ (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
to the AX Walsh
march
E. Walsh.

The Royal Newfoundland Regiment

DEMobilIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 5612 Rank Pte Name Michael Walsh

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 14/1/19

Pte M. Walsh
his
Signature of Soldier

Signature of Soldier

E. Walsh
Signature of Witness

Medical Report on an Invalid.Station Hazeley Down CampDate 5/10/18

1. Unit **Royal Nfld.**
2. Regimental No. **5612**
3. Rank **Private**
4. Name **WALSH, MICHAEL**
5. Age last birthday **20**
6. Enlisted $\left\{ \begin{array}{l} \text{on } \mathbf{June\ 7th.,\ 1918} \\ \text{at } \mathbf{St.\ John's,\ Nfld.} \end{array} \right.$
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).***PULMONARY STENOSIS**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. **Hazeley Down Camp, Winchester**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states shortly after arrival this man reported sick with pain in his chest, of being easily fatigued and of dyspnoea. A brevey (?) was found over pulmonary section and he was sent to Hospital for opinion, which is attached

(Report not attached)

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.

Not attributable to military service conditions.**H. A.**

He is pale and easily fatigued. Loud ? over pulmonary area. Has been on very light duty ever since arrival in this country. Unfit for active service

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.

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?

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

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?

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.

20. Do you recommend—

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

Discharge as Permanently Unfit for Military Service

(Sgd) J. StP. Knight, Capt. R. A. M. C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to **enable him to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

**Accompaniments both apices.
Pulse 100. Dull right ascilla.**

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

No

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

No

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Nil

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

-----Yes

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

N. S. FRASER

President.

Signatures:—

St. John's,

J. S. TAIT.

Station _____

L. PATERSON, Major.

Members.

Date _____

Nov. 15th '18.

Approved.

(Sig) CLUNY MACPHERSON, Major.

Station _____

Administrative Medical Officer.

Date _____





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. & 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 *Wald, Michael*

Regiment from which discharged *1st. Newfoundland*

Regimental number *5612*

Intended address *Coachman's Cove, White Bay.*

Height on discharge *5* Feet *6"*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Joseph*

Christian name of Mother *Bridget*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Coachman's Cove, July 1898.*

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 ^{his} Wald _{mark}*

(Rank) *Pte.*

Station *St. John's, Nfld.* Date *Nov. 13, 1918.*

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.

Robert Caff
Medical Officer in Hospital,
Unit, or Command Depot.

Station *St. John's, Nfld.* Date *Nov. 13/18.*

Robert

COPY.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^a 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 Crackmen Cove County Newfoundland

Examined ... { on 7th day of June 1918
at St Johns

Declared Age ... 20 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 7 1/2 inches.

Weight ... 129 lbs.

Chest Measurement { Girth when fully Expanded. 34 inches.

{ Range of Expansion 3 inches.

Physical Development ...

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

When Vaccinated ...

Vision ... { R.E.—V=4/6
L.E.—V=4/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Spd Lamont Peterson
(Rank) Major Medical Officer.

Enlisted ... { at St Johns
on 7th day of June 1918

Joined on Enlistment ...

Transferred to ...

Became non-effective by

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	5612

Became non-effective by

on ... day of ... 1918

(Signature) _____
(Rank) _____

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
8-6-18	Face LP
20-6-18	TABS LP
5-10-18	<p>Boarded Hazelby Down Camp Marked E Category Pulmonary Stenosis. (Arthur May M letter) Sgd/ J St P Knight Capt. Labrec</p>

Table IV.—Service Table.

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

Jensen Camp.

St Johns

February 22nd 19.

Capt. J. M. Howley.

Dear Sir,

I am writing to ask
you if you will please let me know if
my discharge Badge have been sent
home or if it is still at the Office,
please send to Mr. Welsh 5612.
please get number on address of envelope
when you send Badge as there are
two other men Welsh here and he have not
got his.

I am

Your Obedient Servant
M. Welsh.

application
put through

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

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. 5612 Rank Pte Name Walsh M. Unit ROYAL NEWFOUNDLAND REGT. who was Transferred
to Newfoundland on 16/10/18 Authority "60" Cause Reparation

DR.

STATEMENT OF ACCOUNT

CR.

PERIOD: From 25.9.18 to 15.10.18.

PARTICULARS		£	s	d	PARTICULARS		£	s	d
Balance Dr. From 25/9/18 - 26/10/18					Balance Cr. from				
Allotment 18 days @ -50¢	19 00	1	16	11	Pay 18 days @ \$ 100	115 00			
Cash Payments: 5/10/18			15	0	Field Allow 18 days @ \$ 10	1 50	14	1	4
12/10/18			15	0	Other Allowances days @ \$				
Other Debits: Barrack Damages				6	Other Credits:				
Laundry Supplies			2	5					
Book Barber									
Total Debits	9 00	3	9	10	Total Credits	19 50	14	1	4
Balance due by Paymaster			11	6	Balance due to Paymaster				
			4	1	4				

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

B. Coy
Signed 25/10/18 - 25/10/18 (Date) 1918
(Place) DOWN CAMP

W. P. Jones Capt
O.C. Company.

Made up/checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

22 OCT 1918 191

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.

Regt No. 5612 Rank Pte Name Wahk m Unit ROYAL NEWFOUNDLAND REGT who was transferred
to Newfoundland on 16/10/18 Authority 50 Cause Reparation

STATEMENT OF ACCOUNT

DR.	PARTICULARS						PARTICULARS	CR.					
		\$	¢	£	s	d		\$	¢	£	s	d	
PERIOD: From 28/9/18 To 5/10/18	Balance Dr. from 28/9/18 - 16/10/16						Balance Cr. from 29/9/18 - 16/10/16	18	00				
	Allotment 18 days @ 50	19	00	11	16	11	Pay 18 days @ \$ - 1.00						
	Cash Payments: 5/10/18 16/10/18				15	0	Field Allowance 18 days @ \$ 10/4	11	80				
					15	0	Other Allowances days @ \$			14	1	4	
	Other Debits: <i>Boarding Charges Laundry, Stoppages Post Banker</i>					6	Other Credits:						
					2	5							
Total Debits	9	00	12	9	10	Total Credits	19	80	14	1	4		
Balance due by Paymaster			1	11	6	Balance due to Paymaster							
			14	1	4				14	1	4		

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

T. S. Coy

From 28/9/18 - 25/10/18
(Place in TELETYPE CAMP)

(Date) 16/10/18 191

W. P. ... Capt
O.C. 11th Coy Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

H. O. ... Maj
Chief Paymaster & Officer i/c Records.

2/3
0/3

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name... *Michael* 2. Surname... *Walsh*
3. Rank... *Pte* 4. Regtl. No. *5. 6. 12*
5. Address in full to which future payments of gratuity are to be forwarded.....
- *Jensen Camp*
6. Date of enlistment in the Regiment... *June 7th* 1918.....
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 dependents..... *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 June 7th 1918*
to January 14th 1919 (Overseas)

19 days

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 R. 15 No. 5612

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

No.

15. Have you been issued with a War Service Badge? *No.*

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

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 R.C.A.F.? *No.* If not give: (a) Date of discharge. *Jan 14th 1927* (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. *(a) & (b) Yes*

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: *St Louis*
 This *18th* day of *April* 19*19*.....

Signature of Barrister of the *[Signature]*
 Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of affidavits. *[Signature]*

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent	Gratuity.	due
.....	<i>3 mos</i>	<i>\$ 210.00</i>

Certified correct.

Registrar

[Handwritten mark]

WWB/ME

August 21. 1919.

Captain Howley,

O. I. C. Pay and Records.

Michael Walsh 5612
R. A. Walsh 5162

ACCOUNT	<i>W. Walsh</i>		
CH. NO.	<i>8165</i>	INITIALS	<i>W. W.</i>
IND. LEDGER	---	INITIALS	---
PAY LEDGER	---	INITIALS	---
GEN. LEDGER	---	INITIALS	---

Kindly pay to the man named in the margin the sum of fifteen dollars and seventy-five cents on account of transportation and charge the same to the Civil Re-establishment Committee.

\$15.75

W. Walsh
Vocational Officer?

Michael Walsh

WWB/ME

August 22. 1919.

Captain Howley,
O. I. C. Pay and Records.

Michael Walsh 5612 44 Livingstone Street

Please pay to Miss Elizabeth Walsh, of Coachman's Cove
the sum of twelve dollars
in payment of tuition to the man named in the margin
and charge the same to Civil Re-establishment.

\$12.00

ACCOUNT	<i>SEP 10</i>	INITIALS	<i>W. C. J.</i>
CH. NO.	<i>8396</i>	INITIALS	<i>W. C. J.</i>
IND. LEDGER	---	INITIALS	---
PAY LEDGER	---	INITIALS	---
GEN. LEDGER	---	INITIALS	---

W. C. J.
W. C. J.
Vocational Officer.

Received cheque
Margaret Edens.

WWB/ME

August 25. 1919.

Captain Howley,
O.I. C. Pay and Records.

A.C.R.

Kindly pay to Michael Walsh 6512
the sum of seven dollars
in payment of Board
and charge the same to the Civil Re-establishment

\$7.00

ACCOUNT	
CH. NO.	8420
INITIALS	Kyle
IND. LEDGER	_____
PAY LEDGER	_____
GEN. LEDGER	_____

60 Stuchell,
Vocational Officer.

Michael Walsh.

March 18th 1920

Major Howley
O. I. C. Records

Please pay to M. Walsh, 5612
the sum of two dollars and eighty three cents
in payment of arrears to Jan 17th 1920
and charge same to Civil Re-establishment Committee

\$2.83

Pension

\$15.00

ACCOUNT	32435	INITIALS	Ed
CHK NO.		INITIALS	
INL LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

C.P.H.
for Vocational Officer
M. Walsh.

April 28th 1920

Major Howley
O. I. C. Records

Please pay to M. Walsh, 5612
the sum of eight dollars
in payment of arrears of allowance for 24 days to Apr 24th
and charge same to Civil Re-establishment Committee

\$8.00

Pension \$5.00

A.C.A.

W. B. Keckell

AMOUNT	
CHEQ NO.	36356
DATE	
PAY LEDGER	INITIALS
DATE LEDGER	INITIALS

How Vocational Officer

M Walsh

May 29th 1920

Major Howley
O. I. C. Records

Please pay to M. Walsh, 5612
the sum of twelve dollars and eighty three cents
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$12.83

Pension

\$5.00

A.C.P.
W. W. Marshall

ACCOUNT	38632	INITIALS	<i>W</i>
CHEQ NO		INITIALS	
TRK. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Vocational Officer

M Walsh

May 3rd 1920

Major Howley
O. I. C. Records

Please pay to M. Walsh, 5612
the sum of two dollars and thirty three cents
in payment of arrears of allowance for week ended May 1st
and charge same to Civil Re-establishment Committee

\$2.33

Pension \$5.00

A. C. R.

W. M. McCall

ACCOUNT	366 39
DATE	
PAY TO THE ORDER OF	
AMOUNT	
GENERAL LEDGER	

Howley

[Signature]

Vocational Officer

M Walsh

May 3rd 1920

Major Howley
O. I. C. Records

Please pay to M. Walsh. 5612
the sum of fifty five dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$55.00

Pension \$5.00

W. J. McNeill

Vocational Officer

ACCOUNT	38528	<i>EW</i>
NO. LEADER		
INITIALS		
DATE		

J. C. A. Walsh

May 27th 1920

Major Howley
O. I. C. Records

Please pay to M. Walsh, 5612
the sum of twenty five dollars and sixty six cents
in payment of allowance for two weeks ended May 22nd 1920
and charge same to Civil Re-establishment Committee

\$25.66

Pension \$5.00

A.C.S.

W. B. Schell

Vocational Officer

AMOUNT	38379	INITIALS	<i>EW</i>
PAID TO		INITIALS	
BY LEDGER		INITIALS	
PAY LEDGER		INITIALS	
OWN LEDGER		INITIALS	

M Walsh

May 15th 1920

Major Howley
O. I. C. Records

Please pay to M. Walsh ~~3228~~ 5612
the sum of twelve dollars and eighty three cents
in payment of allowance for week ended May 8th 1920
and charge same to Civil Re-establishment Committee

\$12.83

Pension

\$5.00

J. C. A. Low McCall.

Vocational Officer

ACCOUNT	
CHK. NO. <u>37550</u>	INITIALS <u>Rto.</u>
ISS. LOANED	
PAY. L.	
	<u>[Signature]</u>

Chas. M. Grah

Department of Militia
~~BOARD OF PENSION COMMISSIONERS~~

November 30th., 1918

To
5612 Pte. M. Walsh

Fare from Coachmans Cove to St. John's \$ 10.50

*Duplicate
OK Am.*



204

ACCOUNT	<i>Trans.</i>	INITIALS	<i>E</i>
CH NO	<i>9441</i>	INITIALS	<i>EW</i>
IND LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

*Received payment
Pte. M. Walsh
mark*

Wit E. Walsh



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPT. OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

B. B. Lething

Ch. 8282 5612 Pte. M. Walsh

60⁰⁰

UNIT	_____
CH. NO.	_____ INITIALS _____
IND. LEDGER	_____ INITIALS _____
PAY LEDGER	_____ INITIALS _____
GEN. LEDGER	_____ INITIALS _____

Frederick J. Jones

1855

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Signature

Date

Address

[P.T.O.]

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Michael Walsh

in respect of his service as No. 5612 Rank Pte.

Name M. Walsh

Royal Nfld. Regt.

~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

Michael Walsh

Date

Oct 26th

Address

Leachman's leave

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

W. Dicks

Regimental Number and Name		Enlistment		Grade
No.	<i>5617 Wash Michael</i>	Age on	<i>70</i> years <i>0</i> months	<i>Fisherman</i>
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion
Joined	Date		<i>7 6 18</i>	<i>R.C.</i>
Joined	Date	Period of	with Colours <i>222</i> years.	Place of Birth
Joined	Date		with Reserve <i>365</i> years.	<i>Coast main Com</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
-------	-----------------	------	----------------------	---------	-------------------	--------------------	---	-----------------	---------

Medically unfit St John's 14/19



To be carried over.

Army Form B. 121.

5612

November 14th, 1919

From Assistant Adjutant
Depot.

To Inspector & Officer i/c Records.
Militi. Dept.

- 4147, Pte. M. Walsh
- 4208, " G. Dillon
- 5555, " C. Bengion
- 4300, " S. Strickland
- 5035, " H. Walsh

The abovesaidly noted men were recommended for discharge as permanently unfit, and admission to Jervis Barracks, by Medical Board, held on Friday, November 14th. I am sending them herewith for your attention, and necessary action please, and have given them verbal instructions to report to the D. M. O. for his attention, after they have finished their business with you.

Sent for D. M. O.

1919

COPY

January 27th, 1919

Officer Commanding,
Royal Hfld. Regt.

SIR:

The undermentioned men have been discharged
on the dates given, as medically unfit.

Kindly note and post in D.O. Pt.II.

I have etc.

(sgnd) J. M. Howley, Capt. etc.

4391	Pte.	H. Phillips	Nov. 5/18
3173	"	A. Miller	Nov. 26/18
5612	"	M. Walsh	Jan. 14/19
8418	"	A. G. Hillier	Jan. 14/19
5712	"	F. Adams	Dec. 19/18
8064	"	S. Ivany	Dec. 31/18
3208	"	M.F.Martret	Jan. 11/19
8160	"	D.Powell	Dec. 27/18
2530	"	E.Courtney	Jan. 10/19
3690	"	J.Little	Jan. 22/19
2429	"	A. Oxford	Jan. 28/19
2106	"	B. Young	Jan. 28/19
5232	"	H. Vail	Dec. 20/18



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

5612

ST. JOHN'S, NEWFOUNDLAND.

December 5th., 1918

From:- D. M. S.
To:- O. C. Depot.

5612, Pte. Walsh, Michael

Please note that the marginally noted
man entered Jensen Camp December 3rd., 1918.

Cluny Macpherson
Major, D. M. S.

Copy to Board of Pension Commissioners for Nfld.

To be Noted

{ Part II Orders
Card Index
Nominal Roll



Reg. No. 5612 Rank Pte Name Walsh N

Attested Address.....

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

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

Embarked for Overseas Cause Discharge

15-11-18. Rejected permanently unfit and admission to
Jensen Camp.
3-12-18 Admitted to Jensen Camp.

14-1-19

DISCHARGED - MEDICALLY UNFIT