





C.R.

5353

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

The following men embarked for overseas on H.M.S.  
"Columbella" July 23, 1918.

#5353 Pte. William Walsh.



C.R. 5353

Extract from Daily Orders Part 11 Unit the Royal Nfld.  
Regt. St. John's, July 15-1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 26-7-19.

5353 Pte. Wm. Walsh.



St. John's, July 2nd, 1919.

C.R. 5353

Extract from Daily Orders Payroll Unit The Royal Nfld.  
Regt. St. John's, July 2nd, 1919.

Reported at Headquarters 2-10-19 on "Gonsouira" which sailed  
Glasgow 24th June, 1919.

5353 Pte. W. Walsh.

Reported at Headquarters 1-7-19 on "Gonsouira" which  
sailed Glasgow June 24th, 1919. It sailed for St. John's, Nfld.  
St. John's, July 2nd, 1919.

Extract from Daily Orders Payroll Unit The Royal Nfld.  
Regt. St. John's, July 1st, 1919.

C.R. 5353

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 9-8-19.

5353 Pte. Wm. Walsh.

C.R. 5353

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 28, 1918.

#5353 Pte. William Walsh.

Attested for General Service with the Royal Nfld. Regt.  
from 23.5.18



W. Webb.

C.R. 5353

1895



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Welch, Regl. No. 5353

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 <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz.:

Allotment begins August 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4463	Mother	Mrs John (Ellen) Welch	St Marys Placentia		60
Total Allotment, \$					60

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.) Watson Leunt  
 Officer Commanding  
E Company  
St John's  
July 2 1918

(Sig.) William Keats  
 (Rank) Pt

No. 21612/2499/P.&.A

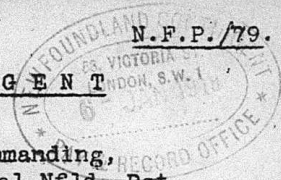
N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

Officer Commanding,  
2/Bn. Royal Nfld. Rgt.,  
Hazeley Down Camp,  
Winchester.



066470<sup>21012</sup>099

q30th December, 1918

2 - 1 - 1919

Subject: 5353 Pte. W. Walsh,

Receipt hereunder.

With reference to the following telegram (11298) from the Hon. Minister of Militia, received

*Clare*

LIEUT. COLONEL.

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
ROYAL NEWFOUNDLAND REGIMENT.

"Pay to 5353 Walsh, £4.0.0.

Received the sum of Four

Draft £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Pounds on account of cable remittance from Newfoundland.

*J.H. Marshall*  
Chief Paymaster & O. i/c Records.

pte W Walsh

No. 5353 Rank Pte

Witness A Macdonald

B



No. 20627/2338

065989

N.F.P./79.

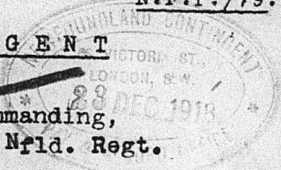
NEWFOUNDLAND CONTINGENT

From:

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

To:

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



14th December 1918

20-12-1918

Subject: 5353, Pte. W. Walsh, B

Receipt hereunder

With reference to the following telegram (10530) from the Hon. Minister of Militia, received

OFFICER COMMANDING 2ND BATT'N  
ROYAL NEWFOUNDLAND REGIMENT  
LIEUT. COLONEL

Pay to 5353 Walsh £4:0:0

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

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

for J. H. Marshall  
Chief Paymaster & O. i/c Records.

W. Walsh  
No. 5353 Rank pte.

Witness H. Maundel Sgt.

B Coy

P.D. 100196

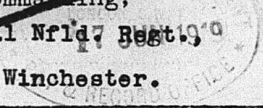
N.F.P. 179.

No. 8547/1814

From: NEWFOUNDLAND CONTINGENT

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

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



12th June 1919

14th June 1919.

5353, Pte. W. Walsh

With reference to the following telegram from the Minister of Militia / / 19 (230):

Receipt hereunder.  
*A. Seymour*

LIEUT. COLONEL,

COMMANDANT 2ND BR. ROYAL NEWFOUNDLAND REGT.

"Pay to-

*R.R.R.*

5353 Walsh £2:1:0

Received the sum of Two Pounds  
One Shilling  
Five Pence in respect of  
telegraphic remittance from the  
Minister of Militia.

Cheque £ 2:1:0 is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

*W Walsh*

No 5353 Rank Pte

Witness: W.H. Hodder

Chief Paymaster & O. i/c Records.

*A. Seymour*

No. 3956/603

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.A/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
5B, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
2nd Batt. Ryl. Nfld Regt.  
Winchester.

*P.P. 12/3/19*  
12th March 1919

5353. Pte. Walsh. W.

With reference to the following telegram from the Minister of Militia / / ( 75 )

"Pay to-5353 Walsh  
£2. 9. 0.

Cheque £2. 9. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*P.P. [Signature]*  
Chief Paymaster & O. i/c Records.

March 14th 1919

Receipt hereunder.

*[Signature]*  
**LIEUT. COLONEL.**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg.        Batt'n.

Received the sum of Five pounds  
five shilling in respect of telegraphic remittance from the Minister of militia.

W Walsh  
No. 5353 Rank Pte  
Witness [Signature]

10



Wahl, D<sup>ju</sup>

5353

Ray Sept.

August 14, 1919

#5353 Pte. William Walsh,  
St. Mary's.

Dear Sir:-

Please find enclosed Discharge Certificate #3674.

Yours truly,

Captain & Quynaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5353 Rank Pte Name Walsh Wm  
 Intended place of residence St Marys  
 2. Occupation Steel worker  
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of  
**DEMOBILIZATION**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S  
 Date JUL 12 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 12 1919  
 - William Walsh  
 Signature of soldier  
J. A. Howcroft  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 12 1919  
William Walsh  
 Signature of soldier  
W. J. Beaton  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23.5-18 No. of days on Military  
 Discharged from service JUL 26 1919 Plus 14 days Service 444

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, 14 days from date.  
 Place, ST. JOHN'S  
 Date JUL 26 1919  
N. R. Cooper Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place, ST. JOHN'S  
 Date August 9/1919  
M. Bowley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

W. J. Beaton  
2049/3694

9  
9  
30  
31  
0



# The Royal Newfoundland Regiment

Class for Demobilization:

*B.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 11/19*

Regimental No. *5353*

Name

*Walsh William*

Address

*St Mary's*

Present Medical Category

*A-1*

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

Members of Board {

O. C. Discharge Depot.

*J. Paterson*  
Senior Medical Officer

*J. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5353 Rank P/12 Name Walsh W<sup>m</sup>  
 Date of Enlistment 7.3.5.18 Address St Marys District Placentias  
 Occupation Med. unit Classification for Discharge H Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date July 14/19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am                      in a position to resume civilian occupation.

William Walsh

Particulars passed to Vocational Officer for information and action.

Date                     

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing ~~Supplied~~ [Signature]

Date 12-7-19 O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 12430 to his home  
 at St Marys and Release Certificate No. 3508 issued.

Date ..... J.A. Knowlton  
 Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 9-8-19

Date 12-7-19 ..... H.M. [unclear]  
 Depot Paymaster.

Discharge approved for 26-7-19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
F 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D,400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 12-7-19 ..... J.A. Knowlton  
 Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 26 1919 ..... H.R. Cooper Capt.  
 O. C. Discharge Depot.

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

Date .....



# Civil Re-establishment Committee



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

To resume former Occupation.

*William Walsh*

Signature of Man.

Reg. No. 535-3

*J. J. Knowlton*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

12-7-19

191



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

# MEDICAL HISTORY

OF

Surname McAlah

Christian Name McAlain

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Mary's County Mfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	23 <sup>rd</sup>	May	1918	191
	at	St. John's	at	
Declared Age	20	years		
Trade or Occupation	Steel worker			
Height	5	feet	11	inches
Weight	143	lbs.		
Chest Measurement	Girth when fully expanded	36 1/2	inches	inches
	Range of Expansion	3 1/2	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	1 Scar.		
When Vaccinated	3 years ago.			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	left.	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert Peterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	Medical Officer.
Enlisted	at	St. John's	at	
	on	23 <sup>rd</sup>	day of	May
			191	8
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	Royal Mfld.			
	Regiment.	5353		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				







## 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 *William Walsh*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5353*

Intended address *St. Marys*

Height on discharge *5* Feet *11*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *John*

Christian name of Mother *Helan*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. Marys 4-1 Age. 21-1898*

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)

*William Walsh*

(Rank) *Plt*

Station

*St. Johns*

Date

*July 5th 1919*

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.

Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

# Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *2313* 3. Rank *Pvt*
4. Name *Walsh* *W<sup>21</sup>*  
 (Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Steel Worker*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 is (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | ✓                   |                   |
| (ii.) Previous active service .. .. .                      | ✓                   |                   |
| (iii.) Climate in pre-war service .. .. .                  | ✓                   |                   |
| (iv.) Ordinary military service before the war .. .. .     | ✓                   |                   |
| (v.) Serious negligence or misconduct on the man's part. } | ✓                   |                   |

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

*Re Complaints of No Disability*

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

15. What is his present condition ?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

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

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

*Repatriation*

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

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

*W.S. Proemier. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazley Down* .. .. .

Date *3/4/19* .. .. .

\* 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

August 1919

Mr. William Walsh,  
St. Mary, S.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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..... *William* ..... 2. Surname..... *Walsh* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5353* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *St. Mary's* .....
6. Date of enlistment in the Regiment..... *May 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*no* .....
8. Relationship of such dependents..... */* .....
9. Address in full of such dependents..... */* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....  
*Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....  
*fourteen months* .....
- ..... 1.2 .....



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

*no*

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

*no*

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

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

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.

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

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

19. Are you now serving in the Rest?            If not give? - (a) Date of discharge July 26/19

*(b) Reason for discharge Demobilization*

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

*England*

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.

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: *William Walsh*

Place of Residence: *St Mary's,*

Declared before me at: *St John's.*

This *17* day of *July* 19*19*.....

Signature of Barrister of the *John McCarthy*  
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster



FORM K

N<sup>o</sup> 6143



THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, William Welch ..... , Regl. No. 5353  
 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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz. :

Allotment begins August 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4463	Mother	Mr John (Ellen) Welch	St Marys Place	60
			Total Allotment, \$	60

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.) Watson Leung  
 Officer Commanding  
E Company  
St John  
July 2<sup>nd</sup> 1918

(Sig.) William Keish  
 (Rank) Pvt



PM

5353 Walsh

Please make one pay. W. S. G.

14/7/19

W.S.G.

J.C.S.

*Receipt*  
*1974 Sep 29*  
**THE ROYAL NEWFOUNDLAND REGIMENT**

To 5353 PTE. WM. WALSH

DR.

June 28th

To Bab Fare from St Mary's to

Holyrood -

12.00

Cab Fare from Holyrood to

St Mary's -

8.00

4.60

12.60

(While on Home Leave)

\$ 24.60

ACCOUNT	<i>Trans</i>
CH. NO.	<i>8375</i>
IND. LEDGER	<i>71</i>
PAY LEDGER	<i>71</i>
GEN. LEDG.	<i>Trans</i>

B/P Attached



*OK*  
*Blouin*  
 Ass't Adjutant  
 Depot The Royal Newfoundland Regiment  
 St. John's, Nfld.

4-7-18

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 14 1919

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. to Bk.  
balance

W Walshy

Ch. No. 2940	Initials EW
Pay Ledger 272	Initials WR
Gen. Ledger	Initials

Regtl. No. Bank

J. C. S.



No. 5353

Rank

pt

Name

Walsh - W.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Number of Sheets one

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	5353	Walshe Wm	Age on <u>20</u> years <u>5</u> months	Steelworker		
Joined _____	Date _____	Place and Date of Enlistment	<u>St John's</u>	Religion	<u>R.C.</u>	
Joined _____	Date _____	Period of	with Colours <u>1</u> <sup><u>79</u></sup> years.	Place of Birth	<u>St Marys</u>	
Joined _____	Date _____					

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
				Demobilized	St John's	9 <sup>5</sup> / <sub>19</sub>			

To be carried over.

# The Royal Newfoundland Regiment

5353

## DEMobilIZATION OF

Reg. No. 5353 Rank PLC Name Walsh W<sup>m</sup>  
 Date of Enlistment 23.5.18 Address St. Marys District Placentia  
 Occupation Steel worker Classification for Discharge 3 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	E 103	ME 2		" 6
B 179c	B 120	M 93		

Date July 14/19 O. C. Discharge Depot St. Marys Pt.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied Am. Co. Cash

Date 12-7-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>R2430</sup> 3508 to his home at St. Marys and Release Certificate No. 3508 issued.

Date ..... J. H. Snowcroft Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-8-19

Date 12-7-19 ..... J. H. Snowcroft Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 12-7-19 ..... J. H. Snowcroft Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 26 1919 ..... D. R. Coobee Capt. O. C. Discharge Depot.

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

Date Aug 7/19 .....

Reg. No. 5353 Rank Pvt. Name Walsh Wm

Attested ..... Address St Mary's

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

Date of Allotment ..... Returned from Overseas JULY 1919

Returned on S.S. Cassandra Cause Discharge

12.7.19 PASSED TO DEMOBILIZATION  
26.7.19

DISCHARGE APPROVED ON DEMOBILISATION.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *shut worker*
2. Regtl. No. *5353* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Walsh* *Wm* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *21*.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*nil*  
*nil*  
*nil*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | ✓                   | .....             |
| (ii.) Previous active service. . . . .                             | ✓                   | .....             |
| (iii.) Climate in pre-war service .. .. .                          |                     | .....             |
| (iv.) Ordinary military service before the war .. .. .             | ✓                   | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . |                     | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition ?

*The Complainant of no Disability*

(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?  
(b) Change to United Kingdom?

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

*Repatriation*

*W.S. Proenner. Capt Reserve*

Station *Kazee Khan* .. .. .

Medical Officer in charge of case.

Date *3/1/19* .. .. .

\* 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.