

First Newfoundland Regiment



ATTESTATION PAPER

Regimental No. 7 717

Name in full Michael Driscoll Age 30

Address 1075 Cove Hill

~~Married~~ Single Dark Height 5 ft 5 in Weight 131

Color Dark Hair Light Brown Eyes Blue

Other distinguishing marks Small cut on middle finger of L. hand.

Nearest relative John Driscoll (Father)

Address 1075 Cove Hill

Dependents _____

Occupation Fisherman Present Wage 250⁰⁰ year

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment 15th Dec.

I, Michael Driscoll, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Michael Driscoll

Declared before me this 15th day of Dec. 1914

Medical Report on an Invalid.

Station WASKLEY DOWN CAMP

Date NOVEMBER 20th., 1918

- | | |
|--|---|
| <p>1. Unit ROYAL NEWFOUNDLAND</p> <p>2. Regimental No. 747</p> <p>3. Rank PRIVATE</p> <p>4. Name C. BRISCOE MICHAEL</p> <p>5. Age last birthday</p> <p>6. Enlisted { on
at</p> | <p>7. Former Trade }
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit ;</p> <p>(b) Regimental No. ;</p> <p>(c) Date of Discharge ;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

8. Disability in respect of which invaliding is Proposed.

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

GUN SHOT WOUND THIGH. PERFORATING

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.
- CATARRAH AND JAUNDICE IN GALLIPOLI AND SLIGHT WOUND IN LEFT LEG JULY 1916. BARKED IN JUNE 1918. DUE TO INABILITY TO CARRY OUT ROUTE MARCH WITH BACK**
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.
- WOUNDED ON 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.

**THROUGH AND THROUGH WOUND RIGHT THIGH.
NO BONE OR NERVE INJURY**

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?

REPATRIATION (S)

(Sgd) J. STP. KNIGHT, CAPT. ROYAL Nfld. REGT.

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.

NOTES.—(i.) C as, in the event of th the most reliable info

(ii.) Expressio

(iii.) *The rate service in the present disease in pre-war as cause of a disability*

(iv.) In answer military conditions a

(v.) A disabili where there is a spec

1. (a.) State whether attributable

(i.) Servic

(ii.) Clima

(iii.) Ordin

(iv.) Want

man's

miscor

(v.) Wheth

heredi

(b.) If due to one causes, to w the Board at

22. Has the disability of the condition 21, and if so, wh

23. Is the disability 1

24. If not permanent recommend re-ex

25. What is the de which, in the B be assessed if present?

Degrees of di pressed in the 100, 80, 70, 60, 20, or nil.

26. If an operation w was the refusal t

27. Do the Board rec

(a) Discharge

(b) Change to

28. If discharge is be stated wheth ment (including desirable in a—

(a) Sanatoriur

(b) Hospital;

(c) Convalesce

(d) Asylum; (

(e) Other inst

patient

so the

mended.

29. With reference struction No. 14: appliance recom

30. Does the man req ance of another p

Sig

Station **ST.**

Date **JA**

Approved

Station **DIRECTOR**

Date **JA**

NEW

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 services 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.

1. (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.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

**WOUND IN RIGHT THIGH OCTOBER 1917
TWO SCARS HEALED. HAS FULL MOVEMENT
IN KNEE. WOUNDED BELOW KNEE (LEFT)
JULY 1st., 1916. FRACTURING BONE.
SOUNDLY HEALED WITH GOOD MOTION**

G. S. W.

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

LESS THAN 20%

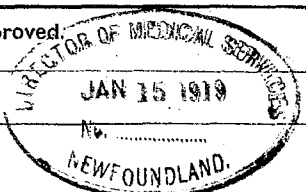
26. If an operation was advised and declined, was the refusal unreasonable?
27. Do the Board recommend—
 - (a) Discharge as permanently unfit, or
 - (b) Change to England?
28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable 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.
29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?
30. Does the man require the constant attendance of another person?

YES

Station ST. JOHN'S
Date JAN. 15th., 1919

(SGD) N. S. FRASER President.
F. S. TAIT
L. PATERSON. MAJOR Members.

Approved: _____
Station _____
Date _____



(SGD) CLUNY MACPHERSON. MAJOR
Administrative Medical Officer.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 717 Rank Pte Name Michael O'Driscoll
Intended place of residence 400 Cove St. John's

2. Occupation Frederman
Classification of soldier B Medical Category 1

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

ELIGIBLE FOR POST DISCHARGE PAY

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 JAN 22 1919
Signature [Signature] Capt.
Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St. John's 22-1-19
Signature of soldier [Signature] O'Driscoll
Signature of witness [Signature] Dricks Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date Jan 21 1919 St. John's
Signature of soldier [Signature] O'Driscoll
Signature of witness [Signature]

STATEMENT OF SERVICE

7. Enlisted for service 10. 13. 14 No of days on Military
Discharged from service 22. 1. 19 14 days Service 1519 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S 14
Signature [Signature] Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
Date JAN 22 1919

CONFIRMATION OF DISCHARGE

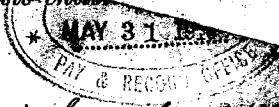
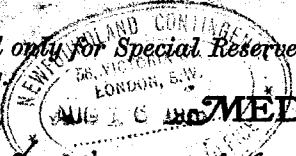
9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's Med.
Date February 5 1919
Signature [Signature] Capt.
Officer in Charge of Records
The Royal Newfoundland Regiment

17
31
5
53

0. B 20 7 9/8 25

To be used only for Special Reserve Recruits, and for Special Reservists
 Regular Army



MEDICAL HISTORY

Surname Driscoll

OF Christian Name Michael

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	18 th day of Decr 191	St. Johns	day of	191
Declared Age	30 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	5 inches	feet	inches
Weight		131 lbs.		lbs.
Chest Measurement	Girth when fully expanded...		26 inches	inches
	Range of expansion...		33 inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated	Never.			
Vision	R.E.—V	29/30	R.E.—V	
	L.E.—V	6/6	L.E.—V	
(a) Marks indicating congenital peculiarities or previous disease	N.		(a)	
(b) Slight defects but not sufficient to Cause Rejection			(b)	
Approved by (Signature)	Cluny Macpherson			
(Rank)	Capt			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	15 th day of Decr. 191	on	day of 191
		Corps.		Corps.
		Regtl. No.		Regtl. No.
Joined on Enlistment	15 th Decr. 191			
Transferred to	New Zealand			
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

[P.T.O.]

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 work as Fisherman.

H. Driscoll

Signature of Man.

Reg. No. *717*

C. B. D. Capt

Signature of the Vocational Officer or his Representative.

Place

St. John's

Date

21/1/19.

191

Casualty Form—Active Service.

Regiment or Corps Newfoundland
 Regimental No. 717 Rank Pte Name M Driscoll
 Enlisted (a) 15/12/14 Terms of Service (a) one year Service reckons from (a) _____
 Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
 present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged 15/8/15 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			NFLD.	3/2/15.	
				1/9/15.	
				13/9/15.	
13/11/15.	24 C.C.S.	Transferred	H.S. "Dover Castle"	12/11/15.	C 4724.
11/12/15.	"Dover Castle"	"	"Kildonan Castle"	12/11/15.	B 717
	"Kildonan Castle"	Invalidated to England & Admitted	Royal Victoria Hosp., Netley	27/11/15.	H 3530.

[Signature]
 Captain
 for Major,
 Officer i/c Records 11 & 12 Dists.,
 3rd. Echelon, Base, Egypt.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form—Active Service.

638

Regiment or Corps 1st Newfoundland
 Regimental No. 717 Rank Pte Name M. Ariscoll

Enlisted (a) 15-12-14 Terms of Service (a) Duration Service reckons from (a) 15-12-14

Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Emb'k'd Southampton		28.3.16	
		Disemb'k'd ROUEN		30.3.16	
	<i>07 Feb ad. Gswtkey</i>		<i>France</i>	<i>1.7.16</i>	<i>G.D. 11968</i>
	<i>24 Sept ad Gswtkey</i>		<i>Staples</i>	<i>2.7.16</i>	<i>R.A. 529</i>
	<i>Hospital Staff</i>	Transferred to England		<i>5.7.16</i>	<i>W 3082</i> <i>A. Clark</i> CAPTAIN. FOR THE INFANTRY RECORDS G.H.Q. 3RD ECHELON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Aug. 25 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Pte. Driscoll (Michael)

in respect of his service as No. **717** Rank **Pte.**

Name **Mcl. Driscoll** **Royal Nfld. Regt.**
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received *W. G. Driscoll*

Signature *W. G. Driscoll*

Date *Sept 20 1921*

Address *Tor. to ...*

[P.T.O.]

RECEIPT.

717

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919

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

NO. *717* NAME *Ab Driscoll*

DATE *11*

PLACE *Govs Cou*

RECEIPT.

C.R. 717

I hereby certify that I have received the 1914-1915

STAR.

No 717 Name Mr. Driscoll

Witness A. Driscoll

Date December 10th 19

Place Lois Coult

m. S.

C.R. 717

Extract from Nominal Roll of repatriation draft No. 79, per S.S. CORSICAN
which embarked at Tilbury Docks 12/12/18.
from the 2nd., Battalion of the Newfoundland Regiment.

717
~~1750~~ Pte. M. Driscoll.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated October 15, 1917.

To Mr. John O'Driscoll,
Tor's Cove.

Regret to inform you that Record Office
London, officially reports No. 717, Private
Michael O'Driscoll, is at Wandsworth suffering gunshot
wound in the thigh.

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

~~JOHN P. BENNETT~~, R.A. SQUIRES
Colonial Secretary.

FOR TYPEWRITER

C.R. 101

Extract of Casualties received from Pay & Record
Office, London. dated July 8, 1916.

#717 Pte. M. Driscoll. ✓

Gunshot wound left leg slight.

Admitted 24th General Hospital, Etaples, 2nd July, 1916.

C.R. 717

Extract from Nominal Roll Co. 1st. Bn. Nfld. Regt.

Embarked, at Devonport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,
Cairo, same date, Embarked ~~for~~ Alexandria for Gallipoli
15-9-15.

717 Pte. M. Driscoll.

717

Extract from Nominal Roll Embarked St. John's, Per S.S.
" Dominion" "C" Company Feb. 2, 1915.

717 Pte. Driscoll M.