



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1483

Name in full John Martin Sullivan Age 19

Address St George's

Married Single Height 5ft 4 Weight 135

Color fair Hair light brown Eyes grey

Other distinguishing marks _____

Nearest relative Mother Mary Hines Sullivan

Address St George's

Dependents None

Occupation motor man Present Wage 45 per mo

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment April 17/15

John Martin Sullivan, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I and 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.

I do
to have been
If enlist

John Martin Sullivan

Date _____
Place _____ on this _____ day

† The signature of _____
‡ Here insert the _____

* If so, the Recruit is to be asked the particulars of Character, which should be returned to him conspicuously re-enlisted in the (Regiment)

Montgomery East

C.R. 1433

John M. Sullivan was attested for General service
with the NEWFOUNDLAND REGIMENT on ..April.17th.1915
Regimental No 1433 was allotted to Pte. J.M.Sullivan

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Company 1411

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions:

For the duration of the present war, or until my
discharge.

Subject to the Army Act, the King's Regulations,
and to such ordinances as may apply or may
be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,
5 George V., Chapter IV.

Signed J. M. Sullivan

Witness George H.

Dated at Newton on Bay

May 10th 1916

C.R. 1433

Extract from Nominal Roll Embarked S.S. John's for Overseas, per
S.S. "Calgarian" "T". June, 1915.

1433 Pte. Sullivan J.M.

MEDICAL HISTORY

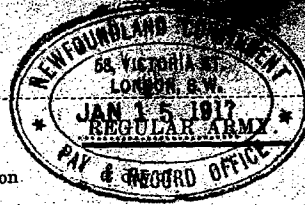
OF

Christian Name *John*

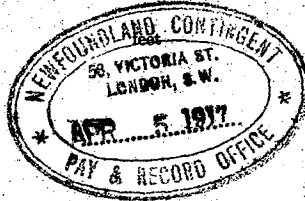
Table 1.—GENERAL TABLE.

Birthplace:—Parish *Newfoundland*

County



		SPECIAL RESERVE.			
Examined	on	19 day of <i>April</i>	1915	on	191
	at	<i>St Johns</i>		at	
Declared Age		19 years	days	years	days
Trade or Occupation		<i>Merchant</i>			
Height		5 feet	$\frac{1}{2}$ inches		inches
Weight			135 lbs.		lbs.
Chest Measurement	Girth when fully expanded		36 $\frac{1}{2}$ inches		inches
		Range of expansion	3 $\frac{1}{2}$ inches		inches
Physical Development					
Vaccination Marks	Arm				
	Number		2		
When Vaccinated		1912			
Vision	R.E.—V=	$\frac{6}{6}$		R.E.—V=	
	L.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)		<i>Fred W. Burden</i>			
(Rank)		<i>Lieut.</i>			
		Medical Officer.		Medical Officer.	
Enlisted	at	<i>St Johns</i>		at	
	on	17 day of <i>April</i>	1915	on	day of
		Corps.	Regtl. No.		Corps.
Joined on Enlistment		<i>1st Lt. R. Regt.</i>	1433		
Transferred to					
Became non-effective by					
	on	day of	191	on	day of
(Signature)					
(Rank)					



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 John M. Sullivan Address _____

Line Number	Recd	By	Sent	by	Check

Dated January 16, 1917.

To Mrs. Mary H. Sullivan,
St. George's.

Regret to inform you that Record Office,
London, officially reports No. 1433, Private
John M. Sullivan, has been admitted to Wandsworth
suffering from nephritis.

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

J. R. BENNETT,
Colonial Secretary.

FOR TYPEWRITER

C.R. 1433

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.

January 4th. 1917.

1433, Pte J. Sullivan. ✓

Adm. New Zealand Sty. Hos. Amiens 25, Dec. 16.

Reten Urine Severe.

C.R. 1433

Extract from Daily Orders part II, Winchester, by Lt. Col.,

B. J. Barton, Officer Commanding 2nd., Battalion of
the Newfoundland Regiment. 4-11-18

To be actg. Sergt. from 7-11-18.

#1433 Spl. J. Sullivan.

Army Form B. 179a.

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. *1437* 3. Rank. *Sgt.*.....
- 4. Name *SULLIVAN*.....
(Surname) (Christian Names)
- 5. Age last birthday.....
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade }
or Occupation }
- 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? (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. *acute Pleurisy 18-2-16 Nephritis 13-1-17*
- 12. Place of origin of disability. *Lyons France*
- 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. *Developed Nephritis in France 13-1-17 Taken to New Zealand Corps later Trans. to Rouen from there to 3rd Lond. Gen. Hosp. discharged 12-3-17 to depot*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service | <i>No</i> | |
| (iii.) Climate in pre-war service | <i>No</i> | |
| (iv.) Ordinary military service before the war | <i>No</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.A.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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? *General appearance good. complains 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— *Repatriation*

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Proctor M.D.
 ROYAL NEWFOUNDLAND INFANTRY

Station *Harley Down Camp*

Date *1.8.1919*

Medical Officer in charge of case.

* 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.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1433 Rank Sergt Name Sullivan J
 Intended place of residence St Georges
 2. Occupation Fisherman
 Classification of soldier 2 Medical Category AT
 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 MAR 27 1919
H. M. St.
 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
27-3-19
J. M. Sullivan
 Signature of soldier
J. H. Lawford
 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 and Date ST. JOHN'S
27-3-19
J. M. Sullivan
 Signature of soldier
W. J. Leonard
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-4-15 No of days on Military
 Discharged from service 29-3-19 Plus 14 days Service 1464

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
MAR 29 1919
R. H. Sail
 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 Reg
 Date April 13/1919
M. Howley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

W. J. 13 207911824

Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

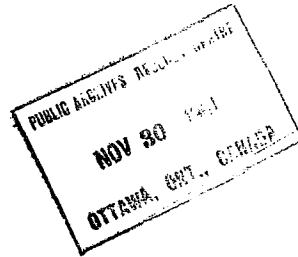
File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

Departmental Secretary.

- NFLD*
- (1) Service number *1433*
 - (2) Surname *SULLIVAN*
 - (3) Christian names *John. Martin*
 - (4) Date of Birth *Apr - 1896*
 - (5) Religion *R.C.*
 - (6) Unit of enlistment *RNR*
 - (6a) Highest corresp. rank *Sgt.*
 - (7) Units overseas *RNR*
 - (7a) Highest corresp. ranks *Sgt.*
 - (8) Rank on day of discharge *Sgt.*
 - (8a) Corresp. unit *—*
 - (9) Military honours *Nil.*



(2)

Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date

for Supervisor, War Service Records.

D. 1433
Demobilization Form 1

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1433 Rank Serjt Name Sullivan J
 Date of Enlistment 10-4-15 Address St Georges District St Georges
 Occupation Lickerman Classification for Discharge C Medical Category A4
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 26-3-19 _____
 _____ W.O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Sullivan

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$5.00
- (b) Clothing Supplied Y.P. Brown

Date 27-3-19 _____
 _____ O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 981 to his home at St. Louis and Release Certificate No. 1771 issued. Date 27-3-19 [Signature] 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 12-14-19 Date 27-3-19 [Signature] Depot Paymaster. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 27-3-19

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 27-3-19 [Signature] Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
 Officer in Charge Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date MAR 29 1919 [Signature]
 O. C. Discharge Depot.

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

Date Apr 11 1919 [Signature]

No. 10949/1064

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 Newfoundland Regt.,
Winchester.

5th, July 1918

Subject: 1433, L/C., J. M. Sullivan

With reference to the follow-
ing telegram (6063) from the Hon.
Minister of Militia, received

"Pay to 1433 Sullivan £4. 2. 0

Draft £4. 2. 0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Chief Paymaster & O. i/c Records.

July 10 - 1918

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt B
Royal Newfoundland Regiment

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

Sullivan J
No. 1433 Rank C.P.C.

Witness *W.P. Wilson*

FORM K

Nº 1107



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Martin Sullivan, Regl. No. 433
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 70 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	mother	Mrs. Dorothy Sullivan	St George	70
1				
8				
9				
Committed to June 12				
Total Allotment, \$				70

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.)

Officer Commanding
Company

St John
June 12 1915

(Sig.) J. M. Sullivan

(Rank) PT

C.R. 1433

Extract from Memorial Roll of the Royal Nfld. Regt
Embarked S.S. Gorwican. Jan. 30/19.

1433 Sgt. Sullivan.

C.R. 1433

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S DATED MARCH 31st/19.

The Discharge of the undernoted on Demobilization has
been APPROVED by O.C. Discharge Depot from noted date.

#1453 ~~Exc.~~ J. Sullivan.

29/3/19.

1433

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 1433 NAME Ex. Sgt. J. Sullivan

DATE Jan. 7th. 1920

PLACE St. Georges Hill

St Georges
May 24
1914.
C.R. 1433

Your Excellency Governor,
I wish to ask you if you could do one thing in this world for me, and that is to get my son home from Scotland so that I will see him I die "Your Honour" he was my youngest child, and it was a heart-breaking thing to me when he enlisted for war. In fact it was almost impossible to me that he would ever see war, because he was a child that was weak and could not stand

anything, he was awful nervous. I am broken hearted over him, I did not try to stop him because I thought with the help of God that the war would be over long before this, he was just two years left me in April, and it is the longest two years I have ever spent since I came to the world. If I was a strong-hearted woman that could stand anything, I would not mind it, but "Your Honour" I am sixty three years of age, and if you saw me to day, "Your Honour" you would say I was seventy

the was my youngest son and I will break my heart for God to take me without seeing him again for he was as good a son to a mother as could be. I have another son "Your Honour" who went to St Johns also to enlist but was turned back unfit for service. He was crazy to get with his youngest brother, and now he is going to Canada he says he is going to join the Canadians. He is out of his time with me he says that before a

months time he will be
with his brother.
So I am left alone with
no one to look after me
in my old age. I have
to walk about half a
mile to go to another house
to sleep at night fearing
that anything would
happen to me during
the night. When my
husband died I was
left in care of the
youngest child he was
taken from the trenches
the 16th of January and
put in hospital and
as far as I know he is
there yet. So now I
put myself in your hands

April 15, 1919

#1433 Sergt. John M. Sullivan,

St. George's.

Dear Sir,

Please find enclosed "Discharge Certificate

No. 1824."

Yours truly

Captain
Paymaster & V.I. Records

April 19, 1919

#1433 Sergt. John Sullivan,

St. George'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 the "War Service Gratuity."

Yours truly

Master & C. i / c Records Captain,

1506

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 26th, 1919.

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

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

Christian name..... *John* 2. Surname..... *Sweeney*

3. Rank..... *Sergeant* 4. Regt. No. *1433*

5. Address in full to which future payments of gratuity are to ~~be~~ be forwarded..... *St. George's*

6. Date of enlistment in the Regiment..... *Apr. 10th 1915*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Mrs. Mary Sweeney*

8. Relationship of such dependents..... *mother*

9. Address in full of such dependent..... *St. George's*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *no. I went overseas in June 1915*

..... *and returned Feb. 8th 1919*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *3 years 11 months*

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?.....

no

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

no

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

no

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

no

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

not applicable

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge.....

March 27th 1919.

no

Demobilization

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

France 1916-

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.....

not applicable

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: *M. Sullivan*
 Place of Residence: *St. George's*
 Declared before me at: *St. John's*
 This *27th* day of *March* 19*19*

Signature of Barrister of the *Chas. B. Hunt*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *Notary Public*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>6 mes.</i>	<i>420⁰⁰</i>
.....
.....

Certified Correct. Paymaster. *[Signature]*

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 (Photo printing)

J. M. Sullivan

Signature of Man.

Reg. No. 1433

C. H. Dicks Capt

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

27-3-19



Paymaster
Preparation
Remittance
George's
May 4th 18
Honorable J. K. Bennett
Minister of Militia

467

Hon Sir:

I am a widow, my son Private John Sullivan - No 1433 has been at the front going on four years. It is on him I have to depend for my support. I have another son who has offered for the Regiment but was not accepted, because of heart trouble; he is therefore unable to do any heavy work. Therefore it is on my soldier son that I have to depend for my present support and future maintenance.

Up to the present I have not obtained the separation allowance which the law allows; but I assure you Honorable Sir that I am in deep need of it, as I do not know at what moment my son who is with me may be ill on my hands. Will you please send me the necessary papers that I may fill them in and return to you.

Yours Respectfully,

Mrs Timothy Sullivan

June, 6th. 1918.

Mrs. Timothy Sullivan,
St. Georges.

Dear Madam:-

Referring to your letter of
May, 4th., I enclose Application for separation
allowance which kindly have completed in the
presence of your Magistrate, and return to me at
your earliest convenience and oblige.

Yours faithfully,

Capt. R. Reynolds.

MEDICAL CERTIFICATE.

For information of the Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } *1st Mfd Regt No 1433*
2. Name and age of said soldier } *John Sullivan
22*
3. Is said *Mr. Sullivan* a chronic invalid and totally incapacitated } *No. only partially so*
4. Of what nature is disability } *Weak back ~~and~~
Knee trouble, + Headache*
5. From what date has this ~~total~~ incapacity been existent? } *10 years*
6. How long is total incapacity likely to continue and what will be the effect on earning power? } *Likely to get worse
being over 60 years
of age*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date } *About 80%
for last 10 years*
8. Are you the regular attending physician? } *Yes*
9. Relationship of soldier of applicant } *Mother*

I certify that the above statements are correct.

St George'splace.
18th June 1918Date.

D. J. Bethune M.D.
.....
Physician.

Approved 9/9/18
[Signature]
[Signature]
[Signature]

10th July

5

Richard MacDonnell Esq, J.P.

St. Georges.

Sir,-

Replying to your letter of the 6th inst, re.
John Sullivan. I beg to state that this man has made an
allotment of 70 cents per day to his mother, commencing
on June 12th.


Cheque for \$13.30, payment to June 30th was for-
warded to Mrs Sullivan on July 6th.

I have the honour to be,

Sir,

Your Obedient Servant,

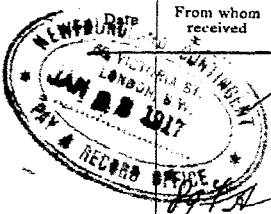
J.M.H/B.M.W.


Deputy Paymaster.

Casualty Form—Active Service.

1262

Regiment or Corps Newfoundland
 C.R.I. Regt No. 1433 Rank Rte Name Sullivan, M. J.
 Enlisted (a) 17.4.16 Terms of Service (a) Wdt. Service reckons from (a) _____
 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.
	Reposted to Capt		25.6.16	
	As Recruit		26.6.16	
	Joined Battalion		12 JUL 1916	
	Ad I.C.I. fac transp	France	15.7.16	80229
	Ad. Retention of War	298. R. A.	17.12.16	E.X. 7669
	Ad. do New Zealand	1st. 35.12.16		H.A. 5410.
		M., Amiens		
	H.S. Andrew "Invalided to England"		11/1/17	W3083

An Burchell CAPTAIN.
 for Officer i/c No. 1 Regular Infantry Section
 General Headquarters, 2nd Div

(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.)

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 *Sullivan John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *14 33*

Intended address *St George's*

Height on discharge *5* Feet *7"*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *1 Scar. Back.*

Figure on discharge *medium*

Christian name of Father *Timothy*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. John's April 14th 1897*

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) *J. Sullivan* (Rank) *Sergt.*

Station **ST. JOHN'S.** Date *20. 3. 19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 [553] W12871/601 400m 3/15w-1 53 56

Number of Sheet 1

Regiment of 1st Newfoundland

Signature of O. C. Company Sergent Sh.

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. <u>1433</u>	<u>Sullivan John Martin</u>	Age on <u>19</u> years - months	<u>Motor man</u>	Roma head C.M. 10-11-16 do Sgt 11-11-16
Joined Date		Place and Date of Enlistment <u>St. John's April 17th 16</u>	Religion <u>Roman Catholic</u>	
Joined Date		Period of { with Colours <u>3 3/4</u> years. with Reserve <u>2 1/4</u> years.	Place of Birth <u>St. John's Nfld.</u>	
Joined Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Head Quarters</u>	<u>Jan 18/16</u>	<u>Pvt</u>		<u>Absent from Tattoo to 11.15 P.M.</u>	<u>Capt D Collins</u>	<u>1 day C.B.</u>	<u>19.1.16</u>	<u>Capt E. D. Ayre</u>	<u>Rt. Sen</u>
<u>do</u>	<u>Apr 20. 16</u>	<u>"</u>		<u>Absent from Tattoo to 10.15</u>	<u>Sgt. P. Bennett</u>	<u>2 days C.B.</u>	<u>21.4.16</u>	<u>Sergent Sh.</u>	<u>Sen</u>
<u>Head Quarters</u>	<u>16.5.16</u>	<u>"</u>		<u>Absent from 9.30 pm Parade</u>	<u>Sgt. Linnemond</u>	<u>2 days C.B.</u>	<u>17.5.16</u>	<u>Sergent Sh.</u>	<u>Sen</u>
<u>Head Quarters</u>	<u>12/6/16</u>	<u>"</u>		<u>Overstaying pass from 4 am pass 12/6 to 2.30 P.M. 13/6</u>	<u>Capt Lynch</u>	<u>2 days C.B.</u>	<u>14/6/16</u>	<u>Lt. Col. Wittaker</u>	<u>Infantry Sgt</u>
<u>Barracks</u>	<u>7.8.17</u>	<u>"</u>		<u>Dirty tent</u>	<u>Sgt. H. Kent</u>	<u>2 days C.B.</u>	<u>8.8.17</u>	<u>S. Johnson</u>	<u>Infantry Sgt</u>
				<u>Demobilized</u>	<u>W. H. H. 13/17</u>				

To be carried over

Army Form B. 121.