



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5866 Name Herbert Bailey Corps Mith

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Herbert Bailey
- 2. What is your full Address? 2. Flat Island P.B.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 21 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 6. Are you Married? 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Herbert Bailey 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.

Herbert Bailey SIGNATURE OF RECRUIT.

Pl. A. Mouton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert Bailey 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 Flat Island on this 29 day of July 1918

Signature of Attesting Officer Ch. 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 1st
If enlisted by special authority such will be attached to the original attestation.

Date July 30 1918
Place Flat Island } 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

5866

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

Name Hershey Bailey
 Apparent age 21 years months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Bailey
Flat Island P.B. | 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 <u>29-7-18</u>									
Joined at <u>St. Asis</u> on <u>July 29-1918</u>									
<u>Discharged August 4/1919</u>									
<u>Embarked St. Asis train to Halifax N.S. 22-9-18.</u>									
<u>To Newfoundland for demobilization 24-6-1919</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization St. Asis 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 7 days
 " " Pensions " " " " " " " " " " " "

Reg. No. 5866 Rank Pk Name Bailey Herbert
Attested 29-7-18 Address Flat Islds P B
Allotment 50 Allottee Miss Lillian Bailey (Sister)
Date of Allotment 1-9-18 Returned from Overseas
Embarked for Overseas 22-9-18 Cause

Vacc 9-9-18, 1st Ins 2-9-18. 2nd Ins 14-9-18 3rd 31-9-18.
G.L. 13-8-18. Do 25-8-18. Reto 10-9-18.

C.R. 5866

extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date ⁴8-8-19.

5866, Pte. H. Bailey.

C.R. 5866

Extract from Daily Orders Part II Unit The Royal Rifles
Regt. St. John's, July 10th, 1919.

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

5866 Pte. H. Bailey.

C.R. 5866

Extract from Daily Orders Battalion Unit The Royal Field.
Regt. St. John's, July 3rd, 1919.

5866 Pte. H. Bailey.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5866

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

19/11/18.

The undermentioned having arrived back from the 2nd Batta.
Royal Newfoundland Regiment is attached to the strength
and posted to the following Company.

#5866 Pte. H. Bailey.

"B" Company.

C.R. 5866

Extract from Orders by Lt. Col. B. J. BANTON, commanding Ltde.
Battalion of the Newfoundland Regiment dated 16th November 1918.

THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORENSIC
CORPS, ON MONDAY the 18th November on Probation.

#5866 Pte² H. Babley.

BC.

C.R. 5866

Extract From Nominal Roll Retained At St. John's for Overseas
Sept. 23, 1918. "B2"

5866 Bailey Herbert.

C.R. 5866

Extract from ~~Selected~~ Daily Orders part 11, from Unit
The Royal Nfld. Regt. St. John's, dated July 30, 1918

#5866 Pte. Herbert Bailey.

Attested for General Service with the Royal Nfld.
Regt. from 29-7-18

H Bailey.

C.R. 5866

~~1190~~

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 Regt.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5866* 3. Rank *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Baily* *Henry* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
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
 (b) Where (if any)
 (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. *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? }

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.)

No complaints of no 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. B. Proemier *Capt* *Home*

 Medical Officer in charge of case.

Station *Hazeley Down*

Date *9/14/19*

* 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

NO. 105/10/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.

105 10
~~To: Officer Commanding,
Newfoundland Forestry Corps,
Kennerly Bay, N.B.~~
11 JAN 1918
PAY & RECORD OFFICE

2nd. January, 1918

Subject: 5866. Pte. H. Bailey.

With reference to the following telegram (19&20) from the Hon. Minister of Militia, received

Pay to 5866 Bailey - £4:2:0

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

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

9/1/1919

Receipt hereunder.

H. H. A. Ross Capt. R.N.F.C.
Officer Commanding
Royal Newfoundland Regiment

Received the sum of Four pounds 00 on account of cable remittance from Newfoundland.

Herbert Bailey
No. 5866 Rank Pte.

Bailey, H

5866

Hay sept.

August 11th 1919.

Mr. H. Bailey,
Flat Isld. P. B.,

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,

Capt. &
Paymaster.

RS/.

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..... *Herbert* 2. Surname..... *Barby*
3. Rank..... *Pte* 4. Regtl. No..... *5866*
5. Address in full to which future payments of gratuity are to be forwarded..... *Hat Island P. B.*
6. Date of enlistment in the Regiment..... *Jan. 28/18*
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..... *no*
9. Address in full of such dependents..... *no*
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..... *Twelve 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.

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 Regt.?
no If not give- (a) date of discharge. July 18/19 (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: *H. Bailey*

Place of Residence: *Flat Island. P. B.*

Declared before me at: *To John*

This *7* day of *July* 19*19*...
John McCarthy

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
Certified correct.				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..... *Herbert* 2. Surname..... *Barber*

3. Rank..... *Pte* 4. Regtl. No..... *5866*

5. Address in full to which future payments of gratuity are to be forwarded..... *Flat Island P.B.*

6. Date of enlistment in the Regiment..... *Jan. 28/18*

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..... *no*

9. Address in full of such dependents..... *no*

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..... *Twelve 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.

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 Regt.? If not give? - (a) Date of discharge.

no
July 18/19

(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: *H. Bailey*

Place of Residence: *Flat Island. P. B.*

Declared before me at: *St John*

This *7* day of *July* 19*19*
John McCarthy

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
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.....
.....

Certified correct.

Paymaster

August 4th 1919.

#5866, Pte. H. Bailey.
Flat Island. Durin.

Dear Sir:

Enclosed please find Discharge Certificate # 3375.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5866 Rank Pfc Name Bailey H
 Intended place of residence Flat Island Buri
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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 7 1919

[Signature]
 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 7 1919

H. Bailey
 Signature of soldier
[Signature]
 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 7 1919

H. Bailey
 Signature of soldier
James Blawie
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 29-7-18 No. of days on Military
 Discharged from service... 21-7-19 Plus 14 days Service... 373

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

14 for [Signature]
 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 4/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

ORD B2079/557A

The Royal Newfoundland Regiment

Class for Demobilization:—

L.O.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

4.7.19

Regimental No. *5866* ..

Name

Bailey Herbert

Address

Flat Islands P. N.

Present Medical Category

A7

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. Last Major
O.C. Discharge Depot.

Platorum
Senior Medical Officer

Geo Burden
M. O. Depot

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2186 to his home at Flat 212 and Release Certificate No. 3222 issued.

Date

7-7-19

J.A. Snowball
Demobilization Officer

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 4-8-19.

Date

7-7-19

H. M. ...
Depot Paymaster.

Depot Paymaster.

Discharged approved for

21-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st.	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	2 Form B
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	
B179c	B 120	M 93.				

Date

7-7-19

J.A. Snowball
O. C. Discharge Depot.

O. C. Discharge Depot.

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 21 1919

H.R. Cooper Capt
for O. C. Discharge Depot.

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.

H. Bailey

Signature of Man.

Reg. No. *3822*

J. H. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

7-7-15

191

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

MEDICAL HISTORY

OF

Surname

Bailey

Christian Name

Herbert

Table I.—GENERAL TABLE

Birthplace :—Parish

Flat 504 1/2 County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>29</i> day of <i>July</i> 191 <i>0</i>	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>21</i> years	days	years	days
Trade or Occupation	<i>Yachtman</i>			
Height	<i>5</i> feet <i>4</i> inches	feet	inches	
Weight	<i>146</i> lbs.			
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>3 1/2</i> inches		inches

Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			

When Vaccinated				
Vision	R.E.—V=	<i>6/10</i>	R.E.—V=	
	L.E.—V=	<i>16/60</i>	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. Munnell Paterson*
 (Rank) *Major* Medical Officer Medical Officer

Enlisted at *St John's* on *29* day of *July* 191*8*

Joined on Enlistment	Corps	Regt. No.	Corps	Regtl. No.
	<i>Royal</i>	<i>5866</i>		

Transferred to *1st Regt*

Became non-effective by on day of 191 on day of 191
 (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 *Herbert Bailey*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5866*

Intended address *Flat Bldg Y.B.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Lerina*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Flat Bldg 17th January 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) *Herbert Bailey*

Plk
(Rank)

Station *Lozhar's*

Date *4-7-19*

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.

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

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* } Former Trade or Occupation } *Yeoman*
2. Regtl. No. *5766* 3. Rank... *plr* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bailey* } *Michael* }
 (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. *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? }

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.)

The complainant of no 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

G. J. Procunier, Cap. R.A.M.C.

Medical Officer in charge of case.

Station *Hazely Grove*

Date *9/4/19*

* 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

Duplicate
5866

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *Headquarters* on *July 29* 191*8*

1. Name *Herbert Bailey* Age (a) Declared *21*
(b) Apparent

2. Do you know of anything wrong with you? *No*

What severe illnesses have you had? *None*

eyes Blue
Comp Light
Scar on left knee

3. Height *5ft 4"* Weight *144*
4. Eyesight (a) Left *6/6* (b) Right *6/6*
5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs
Measurement (a) Expiration *32 1/2* (b) Inspiration *36*

7. Examination of Heart

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? *no*

11. Name and address of next of kin *Father John Flat Island RFB.*

REMARKS—

A 11

Sgt. Archibald Laith
F. W. Burden

1901

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

1901

March 13th 1922 1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

John Bailey, (Father)

in respect of his service as No. 5866 Rank Pvt.

Name Herbert Bailey,

Royal Nfld. Regt.

████████████████

Receipt of the same should be acknowledged hereon.

Received We received Medal

Signature John Bailey

Date April 9th 1922

Address Trilob Islands Placentia Bay

[P.T.O.]

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

C. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
<i>5866</i>	<i>Herbert Bailey</i>		<i>21</i>	<i>Footman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<i>St John's</i>		<i>5866</i>	
Joined	Date	Period of	with Colours <i>1 1/2</i> years.	Place of Birth	
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
				<i>Demobilized</i>	<i>St John's</i>	<i>4 1/2</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5866 Rank ptw Name Bailey A
 Date of Enlistment 29-7-18 Address Flat 105 District Burns
 Occupation Fisherman Classification for Discharge E1 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	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4-7-19

H. M. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

H. Bailey

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable A 60.00

(b) ~~Clothing Supplied~~

W. Colbourn

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2186 to his home at Heat 2nd and Release Certificate No. 3222 issued.

Date

7-7-19

J.A. Snowball
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 4-5-19

Date

7-7-19

H. M. [unclear]
Depot Paymaster.

Discharge approved for

21-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	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
B179c	B 120	M 93		

2 Form B

Date

7-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 21 1919

Date

N.P. Cooper Capt.
for O. C. Discharge Depot.

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

Date

July 21/19

J.A.

Fhat Islands
February 18¹⁹/₂₂

CR. 5866

Department of Militia

I saw in the papers you wanted to know about the Herbert Bailey or his whereabouts he have been to Lunenburg this last twelve months fishing & coasting from that port. but sad to say he is lost with all hands on the Schooner Viccola from Lunenburg Nova Scotia she left Sydney the 22nd November last coal laden for St Johns Nfld. You might have seen report of her in the papers in December. He was my dear son and the only one I ever had. I am left alone to mourn our sad loss. his mother is living also his sister Lillian, she was getting his allotment when he was in the army over in England. his No 5866

From John Bailey

Fhat Islands

Placentia Bay
Nfld.

John Bailey