



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4698 Name Arthur Barnes Corps C.P.

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Arthur Barnes
- 2. What is your full Address? 2. St Paul
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 23 Years Months
- 5. What is your Trade or Calling? 5. Farmer
- 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

Independent 6-5-18

I, Arthur Barnes 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.

Arthur Barnes SIGNATURE OF RECRUIT.
John W. Spottman Signature of Witness.

Q. 25-4-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arthur Barnes 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 St Paul on this 25th day of April 1918

Leslie Leary Signature of Attesting Officer

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1918

Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

C.R. 4698

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, June 30-6-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from 29-6-19.

4698 Pte. Arthur Barnes.

C.R. 4698

Extract from Daily Orders Part II Unit The Royal WFLC. Regt.
St. John's, June 19th, 1919

The discharge of the undersigned on demobilization has
been APPROVED by C.C. Discharge Depot with effect from 15-6-19.

4698 Pte. A. Barnes.

C.R. 4698

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4698, Pte. A. Barnes.

Reported at Headquarters 1/6/19. by "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4698

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4698 Pte. A. Barnes.

C.R. 4698

Extract from Daily Orders Part II Unit The Royal "Ald.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Battn. 3-11-18.

The following joined the Battn. 3-11-18.

4698 Pte. A. Barnes.

A Coy.

C.R. 4698

Extract from Casualties

List No. H.A. 33398.

4698 Pte. A. Barnes.

1st Mfld. R. Trans. to Terlinethum Detl Camp Fit ex 1 Con

Dep. Boulogne 21 Dec'18.

C.R. 4698

Extract from War Office List No. H. A. 33209.

Adm. 1 Com: Dep: Boulogne 16th. Dec. 1918.

SICK.

4698 Ete. A. Barnes.

C.R. 4698

Extract from Serial 1011 submitted re-inforcement Draft No. 55 from
2nd Batta, Royal Newfoundland Regiment, Hazeley Down Camp, Winchester,
to 1st Batta, Royal Newfoundland Regiment, B.S.F. Submarine Folkestone
26/10/18.

4698 Pte. Barnes, A.

C.R. 4698

Extract from Daily Orders Part 11. From Unit The Royal WFLA.
Regiment, St. John's, dated June 14th 1918.

4698 Pte. A. Barnes.

Embarked for Overseas with draft 11-6-18.

C.R.

4698

Extract from Daily Orders part 11, from Unit The Royal
Field Regt. St. John's, dated April 25th, 1918.

#4698 Pte. Arthur Barnes.

Attested for General Service with the Royal Field Regt.
from 25/4/18 to report 6/5/18

C.R. 4698

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

W.I.N.C.H.E.S.T.E.R. - RECORD OFFICE

No. H.A. 32301.

ADM. 40 STY. H. HARELBEUR 25 NOV'18.

R/39620	Pte. Maslin H.	18th. K.R.R.C.	Bronchitis.	Mild.
6464	Claridge L.	1st. Rfl. Bde.	Hernia. R. Ing.	"
5125	L/C. Mills A.	13th. do.	Influenza.	"
E/202117	Pte. Bennett G.	13th. do.	Diarrhoea.	"
44869	Spain G.	2/10th. Lond. Rgt.	Influenza.	"
532993	Josling W.	15th. do.	"	"
572607	L/C. White F.E.	2/17 do.	"	"

ADM. 32 STY. H. WIMEREUX 25 NOV'18.

58830	Pte. Buckland T.E.	18 K.R.R.C.	Debility.
R/41214	Reis C.	2/15 Londons.	Old. GSW. Thigh.
44932	George F.J.	17 "	Influenza.
2887	Wilson C.	8 "	Influenza.

2500

INFANTRY RECORD OFFICE - PERTH

No. H.A. 32301.

ADM. 32 STY. H. WIMEREUX 25 NOV'18.

254111	Pte. Lees J.	1/5 A. & S.H.	ICT. Knee. R.
25874	McDonald A.	8 R. High.	Tonsillitis.
24471	Wardrope W.	1/5 A. & S.H.	Bronchitis.
40312	Eadie D.	1/5 do.	Tonsillitis.
20716	Dickson W.	1/5 do.	Seminal Emissions.
44028	Gillespie J.	9 Roy. High.	Impetigo.



NEWFOUNDLAND - EXPEDITIONARY FORCE

No. H.A. 32301.

ADM. 32 STY. H. WIMEREUX 25 NOV'18.

35.	X	4698	Pte. Barnes A.	1 New'd. Rgt.	ICT. Foot. R.
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S. Barnes

C.R. 4698

~~P. 10~~

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 Land* 7. Former Trade or Occupation } *Trainer*
2. Regtl. No. *4692* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *J. Barnes* (Surname) *J.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *24*
6. Posted for duty on *28. 4. 14* at *St. John* 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 a (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.)

He complains 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.

Repatiation
W. P. Howard
W. P. Howard
 Medical Officer in charge of case.

Station *Heazley D. Camp*

Date *29. 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

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.1

Sir;-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.
Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
1698	Pts.	Barney A.	\$250	A. Barnes

I have the honour to be, Sir,
~~on the Committee,~~
Your obedient servant.

Date July 1/18

A Barnes

Barnes, A

4698

Ray Dept.

June 29, 1919

#4698 Pts. Arthur Barnes,
Topsail, C.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 the "War
Service Gratuity. "

Yours truly

Paymaster & Officer i/c Captain,
Records.

25261

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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.. *Arthur* 2. Surname.. *Barnes*
3. Rank... *Private* 4. Regtl. No. *4.698*
5. Address in full to which future payments of gratuity are to be forwarded... *Lapsack*
-
6. Date of enlistment in the Regiment... *April 26. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable
8. Relationship of such dependents... *not applicable*
9. Address in full of such dependents... *not applicable*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
11. Were you on active service only in Mfld. If so, give dates and particulars of such service... *not applicable*
-
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *One year one month*
- and 18 days* 13.

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

not applicable

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 Res? If not give - (a) date of discharge

no

Jan. 13, 1919

(b) Reason for discharge
Demobilized

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.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

A. no - 'B' no

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.

Arthur Barnes

Signature of Applicant:

Place of Residence:

Zossai

Declared before me at:

St John

This

13th

day of

June

19*.18*....

Robert also

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

POST DISCHARGE PAY.

Date paid

to

Said

War Service

Net amount

Beneficiary. Dependents

Classify.

due

4 mos.

200

Certified correct.

Registrar

le

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 37 Sent by KD

Rec'd by

Check 10

No. _____

Place from St. John'sTo A. M. MaddickLieut for paymaster

Please Cable Twenty
 Five Dollars 4698
 Barnes Hazelrigg Camp
 Remitting
 Operator

June 29, 1919

#4698 Pte. Arthur Barnes,

Topsail, C.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2496.

Yours truly

Captain,
Quartermaster & Officer i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4698 Rank Plc Name Barnes A
 Intended place of residence Topshill

2. Occupation Farmhouse
 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 JUN 13 1919
ST. JOHN'S
 Date ST. JOHN'S St. John's
 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 and date JUN 13 1919
ST. JOHN'S
A. Barnes
 Signature of soldier
J. A. Moore Capt.
 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 JUN 13 1919
ST. JOHN'S
A. Barnes
 Signature of soldier
James O'Neilman
 Signature of witness SP.

STATEMENT OF SERVICE

7. Enlisted for service 25-4-18 No of days on Military
 Discharged from service 15-6-19 plus 14 days Service 431

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, twenty-eight days from date.

Place ST. JOHN'S
R. H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's
June 29 1919
 Date June 29 1919
J. A. Moore Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

ATB 2079/246

The Royal Newfoundland Regiment

Class for Demobilization: *R.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12.6.19

Regimental No. 4698

Name Boone

CA

Rank .

Address Sydney

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

Malson
Senior Medical Officer

DeWarden
M. O. Depot

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

A. Barnes

Signature of Man.

J. D. Snowlett

Signature of the Vocational Officer or his Representative.

Reg. No. *4698*

Place *St Johns*

Date *13-6-19*

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4698 Rank Pvt Name Barnes Arthur
 Date of Enlistment 25-4-18 Address Trapani District St John's
 Occupation Farmer Classification for Discharge 1 Medical Category A
 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 108	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. Barnes

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 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 13-6-19 to his home at 13-6-19 and Release Certificate No. 2730 issued.

Date 13-6-19

J.A. Brown left
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 13-6-19

Date 13-6-19

H. H. Sait
Depot Paymaster.

Discharged approved for 13-6-19

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

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
B179c	B 120	M 93		

2 Form B

Date 13-6-19

J.A. Brown left
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

Date JUN 15 1919

R.H. Sait
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname Barnes OF Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>Topsail, Co B</u> County <u>Wfled.</u>		<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
Examined	on <u>25</u> day of <u>April</u> 191 <u>8</u>	on	day of		191
	at <u>St John's, Wfled.</u>	at			
Declared Age	<u>23</u> years — days		years		days
Trade or Occupation	<u>Farmer</u>				
Height	<u>5</u> feet <u>6$\frac{3}{4}$</u> inches		feet		inches
Weight	<u>133</u> lbs.				lbs.
Chest Measurement	Girth when fully expanded... <u>35</u> inches				inches
	Range of Expansion... <u>4</u> inches				inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	/	/			
When Vaccinated					
Vision	R. E.—V= <u>6/6</u>	R. E.—V=			
	L. E.—V= <u>6/6</u>	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>Laminus Paderger</u>				
(Rank)	<u>Major</u>				
	Medical Officer.				Medical Officer.
Enlisted	at <u>St John's, Wfled.</u>	at			
	on <u>25</u> day of <u>April</u> 191 <u>8</u>	on	day of		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.	
	<u>The Royal Wfled Regt.</u>	<u>4698</u>			
Transferred to					
Became non-effective by	on	day of	191	on	day of
[Signature]					
[Rank]					

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
12/5/18	Vacc. <i>LD</i>
16-6-18	T.A.B. <i>Qdy</i>
10-7-14	TAB <i>DP</i>
20-7-18	TAB <i>DP</i> 3

It is hereby certified that this soldier has been before a Tribunal of Medical Board and has been classified as fit for mobilisation. Medical Officer J. H. Smith Captain

12.6.19 Date of T.M.B. *J. H. Smith* Captain

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 *Arthur Barnes*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4698*

Intended address *Topsail C.B. Nfld*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Albert*

Christian name of Mother *Margaret*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Topsail 26th Dec. 1894*

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

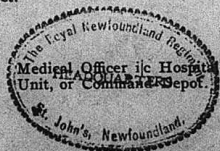
(Soldier's signature in full) *A. Barnes*

pte
(Rank)

Station **ST. JOHN'S.**

Date *11/6/19*

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.



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* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *4, 6, 98* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Barnes R.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *24*
6. Posted for duty on. *28-4-18* at *St. John's* 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? } *na*

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

Recomplain of no disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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.

Repatration

W.S. Preece Capt RMC

Station *Hazley, Devon*

Medical Officer in charge of case.

Date *27/1/19*

* 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

Casualty Form—Active Service.Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.Rank Lt. Surname Barnes Christian Name ArthurReligion C.F. Age on Enlistment 23 years monthsEnlisted (a) 25/4/18 Terms of Service (a) DURATION Service reckons from (a) 4/5/18

Date of promotion to present rank Date of appointment to lance rank

Extended (.....) Re-engaged (.....) Qualification (b)

Occupation Sawyer 1st Lt. Edward Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.215, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.215, Army Form A. 38, or other official documents.
Date	From whom received				
		Embarked	<u>26 OCT 1918</u>		
		Disembarked	<u>3 NOV 1918</u>		
		Joined Battalion	<u>277 A</u>		
<u>7.1.19</u>	<u>3 Reg. C.C.S.</u> <u>32. 21st Coy</u> <u>600</u> <u>2nd G.B.D.</u>	<u>Ad. Recpt. fast (C)</u> <u>Adm. 1. C.S.</u> <u>Arrived</u> <u>Arrived in UK</u>	<u>Weymouth</u> <u>Portsmouth</u> <u>Rowen</u>	<u>21/10/18</u> <u>25/11/18</u> <u>16/12/18</u> <u>23/12/18</u>	<u>809638</u> <u>Ad 32301</u> <u>Ad 33209</u> <u>Race</u>
		Joined Batt.	<u>5</u>	<u>JAN 1919</u>	<u>82/14/19</u>

(c) In the case of a man who has re-engaged for, or enlisted into Section D, Army 1918, particulars of such re-engagement or enlistment will be entered in Signalers, Shipping, South, &c.

W. 1918—M2733 20001 9.17 (43614) G. & S. Ltd., Form B. 103, 6/1907.

P. T. O.

Next of Kin Sister Albert Barnes, Agent, Clary, Newfoundland.

May 9, 1919

Miss Florence Miller,
Operator,
TOPSAIL, C.B.

Dear Madam:

I beg to acknowledge receipt
of your letter of May 5th. enclosing \$25.50, and
as requested I have cabled 4698, Barnes 25.08
being the equivalent of \$25.00

Yours truly,

Lieut.
For Paymaster.

The Royal Nfld. Regiment

DEMOBILIZATION

No. *4698* Rank

Name *Barnes A*

Warned for demobilization on

JUN 13 1919

ST. JOHN'S, JUN 13 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. A. Barnes

Billeting Soldiers as undermentioned

from June 1st /19 to June 15th /19

J. C. S.

4698. W. A. Barnes 15 50

Certified correct for \$ 15

ACCOUNT	<u>B. & M.</u>
CH. NO.	<u>23465</u>
IND. LEDGER	<u>INITIALS</u>
PAY LEDGER	<u>INITIALS</u>
NEW LEDGER	<u>INITIALS</u>

J. A. [Signature]
Billeting Officer.

W. A. Barnes

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

SEP 12 1921

1921.

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

is/are forwarded herewith to

Arthur Barnes

in respect of his service as No. 4698 Rank Pte.

Name A. Barnes Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received ^{Medal} British War & Victory Medal.

Signature By Miss Lillian Barnes.

Date September 14th

Address Lopsail.

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4698 Rank Pvt. Name Barnes Arthur
 Date of Enlistment 25-11-18 Address Topsail District St. John's
 Occupation Farmer Classification for Discharge V Medical Category A
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 1'36	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 12-6-19 O. C. Discharge Depot. H. Barnes

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. Barnes

Particulars passed to Vocational Officer for information and action.

Date 12-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60.00
- (b) Clothing Supplied None

Date 13-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1939 to his home at 1939 and Release Certificate No. 2730 issued.

Date 13-6-19

J.A. Howlett
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 29-6-19

Date 13-6-19

J.A. Howlett
Depot Paymaster.

Discharge approved for 13-6-19

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

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
B179c	B 120	M 93		

2 Form B

Date 13-6-19

J.A. Howlett
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

Date JUN 15 1919

R.H. Sutt
O. C. Discharge Depot.

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

Date June 24/19

R.H. Sutt
for Records

Reg. No. *1698* Rank *1st Lt* Name *Barnes, A.*

Attested Address *Wpsail*

Allotment Allottee

Date of Allotment Returned from Overseas *29. 5. 19.*

Returned on S.S. *Lozuan* Cause *Discharge*

12. 6. 19.
15. 6. 19.

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION