



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4738 Name Geo Barnes Corps Meth.

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. George Barnes
- 2. What is your full Address? ..... 2. Freshwater Harbor
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 22 Years 5 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, Geo. F. 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.

A George F. Barnes SIGNATURE OF RECRUIT.

26.4.18 James H. Jones Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Geo. F. 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. John's on this 26 day of April 1918

Signature of Attesting Officer James H. Jones

### †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 8

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

Date April 26 1918  
Place St. John's } 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

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

Name George F. Barnes  
 Apparent age 22 years 4 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Barnes  
English Harbor | Relationship Father  
T. O. Bay 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>26-4-18</u>									
Joined at <u>St. John's</u> on <u>April 26-1918</u>									
<u>Discharged July 5-1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Transferred to Newfoundland for demobilization 22-5-1919</u>									
<u>Arrived to Newfoundland 1-6-1919</u>									
<u>Demobilization St. John's 5-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-7-1919 [date of discharge] 1 years 71 days  
 " " Pensions " " " " " " " " " " " "

C.R. 4738

Extract from Daily Orders part II, Unit the Royal Wfld.  
Regiment, dated July 9th .1919

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records, on noted date.

#4738 Pte. Geo. Barnes.

5-7-19.

C.R. 4738

Extract from Daily Orders Part 11 Unit The Royal Hfld.  
Regt. St. John's, June 11th, 1919.

The discharge of the Undernoted on demobilization has been  
APPROVED by G.O. Discharge Depot with ~~immediate~~ effect from  
21-6-19.

4738 Pte. Geo. Barnes.

C.R.

4738.

Extract from Daily Orders Part 11 Depot, St. John's,  
Date 10-6-19

4738 Pts. Geo. Barnes

Reported at Headquarters 1-6-19.  
which sailed Liverpool May 22/1919.

RE "Corsican"

C.R. 4738

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

4738 Pte. G. Barnes.

Embarked for Overseas with draft 11-6-18.



Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated April 29, 1918.

#4738 Pte. G. Barnes.

Attested for General Service with the Royal Wfld. Regt.  
11. from 26/4/18.

Barnes, L.

4738

Ray sept.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4738 Rank Pte Name Barues Geo.  
 Intended place of residence English Harbor

2. Occupation Fisherman  
 Classification of soldier ..... Medical Category .....

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 .....  
 Date ST. JOHN'S JUN 7 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S JUN 7 1919 .....  
 Signature of soldier George Barues  
 Signature of witness J. D. Snow Capt.

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

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

Place and Date ST. JOHN'S JUN 7 1919 .....  
 Signature of soldier George Barues  
 Signature of witness W. J. Beatony Dms

### STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 ..... No of days on Military  
 Discharged from service JUN 21 1919 Plus 14 days ..... Service 436

### 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 JUN 21 1919 .....  
 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 Nfld .....  
 Date July 5 1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

A.F.B. 2079/2627

# The Royal Newfoundland Regiment

Class for Demobilization: *6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *6.6.19* .....

Regimental No. .... *4.738* .....

Name ..... *Barnes George* ..... *Pte.* .....

Address ..... *English Hr. L B* .....

Present Medical Category ..... *A-1* .....

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

Members of Board {

*R H Jast Capt*

O.C. Discharge Depot.

*H Peterson*

Senior Medical Officer

*W Borden*

M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4750 Rank Private Name Barnes George  
 Date of Enlistment 26-11-18 Address Englehart District Trinity  
 Occupation Soldierman Classification for Discharge 1 Medical Category H.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	<u>2</u>	N.F. Med	D.F. 1	<u>1</u>
B 178	W 3494	B 122		Board 1st	" 2	<u>5</u>
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 6-6-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am [initials] in a position to resume civilian occupation.

George 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 \$6.00

(b) Clothing Supplied [Signature]

Date 7-6-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1581/9632* to his home at *English Hill* and Release Certificate No. *2430* issued.

Date *7-6-19* *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 *5-7-19*

Date *7-6-19* *J. H. M. Pr*  
Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	<i>2</i> N.F. Med.	D.F. 1	<i>1</i>
F 178	W 3494	B 122	Board 1st.	" 2.	<i>1</i>
B 178a	D 400A	B 1915	do 2nd.	" 3.	<i>2</i> 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.	
B 179c	B 120	M 93			

Date *7-6-19* *J.A. Snowball*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
Officer i/c Records.  
Board of Pension Commissioners.  
with following additional documents.

Eligible for War Service Gratuity

JUN 21 1919

Date ..... *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former occupation

George Barnes

Signature of Man.

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Reg. No.

4738

Place

St. Johns

Date

JUN 7 1919

191



July 16, 1919

#4738 Pte. George Barnes,

English Harbor, T.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

Captain & Paymaster.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

- Christian name..... *George* ..... 2. Surname..... *Barnes* .....
3. Rank..... *Rte* ..... 4. Regtl. No. *4738* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Cullish St. S.B.* .....
6. Date of enlistment in the Regiment..... *Apr 26/18* .....
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..... *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?..... *No* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months* .....
- ..... 1.3 .....

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.....

*Rs 77.09. Clothing etc*

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?..... *no*

19. Are you now serving in the Regt.?..... *no* If not give (a) date of discharge..... *June 27/15*

*(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....

*Cupland*

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.

*George Burns*

Signature of Applicant:

Place of Residence:

*Cullash St. I.B.*

Declared before me at:

*St John's Hill*

This

*7<sup>th</sup>*

day of

*June*

19..13....

*John McCarthy*

Signature of Berrister of the  
Supreme Court, Stipendiary Magis-  
trate, 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

July 5, 1919

#4738 Pte. George Barnes,

English Harbor, T.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2627.

Yours truly

Captain,  
Paymaster & C. i/ c Records.

SEPARATION ALLOWANCE.

Claimant *Mary Barnes* Mother  
On account of *John Barnes* *Co. 4738* Rank *Pte.*

Decision *Refused*  
*husband not totally incapacitated*

*Reconsidered  
Not-Approved*

*W. R. Rendell  
M. Bowley*

*W. R. Rendell Lieut. Col.  
M. Bowley, Major*

Date *April 23/1920*

Instructions.....  
.....  
.....

Allotment of *70<sup>th</sup>* per day payable to *John Barnes*.  
his *father* from *16/6/18* to *5/2/19*.  
Discontinued on account of *being discharged*.

*R. Leammey*



ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Registrar of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster  
Separation Allowance Branch  
St. John's, Nfld.

- (1) Name in full of soldier George Frances Barnes Rank Pte. Reg't or Unit Transp. Co. 4738. Reg't No. 4738.
- (2) Age of soldier 24 ~~Married~~ single
- (3) Name in full of mother Mary Age. 63. Occupation — Permanent Address English Harbour N.B.
- (4) Given name of your husband John Age. 68. Occupation Fisherman Where employed —
- (5) If your husband is not supporting you give the reason. Disabled
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). Trammatia My wrist
- (7) If you are a widow, state date and place of death of your husband —
- (8) Have you married again since death of above mentioned husband? —
- (9) Names of your other children. Address in full. Age. Occupation. Married or single.
- |                       |                        |            |                |
|-----------------------|------------------------|------------|----------------|
| <u>Arabella</u>       | <u>English Harbour</u> | <u>39.</u> | <u>married</u> |
| <u>William John</u>   | "                      | <u>37.</u> | <u>Single</u>  |
| <u>Stephen</u>        | "                      | <u>35.</u> | <u>married</u> |
| <u>Robert</u>         | "                      | <u>33.</u> | <u>"</u>       |
| <u>Genevieve</u>      | <u>Chapman</u>         | <u>26.</u> | <u>"</u>       |
| <u>George Frances</u> | <u>English Harbour</u> | <u>24.</u> | <u>Single</u>  |
- (10) State amount earned by (a) Yourself —  
(b) Your husband 130.00,
- (11) State amount and source of any other income — Tax sales.



- (12) State value of real property belonging to you and your husband \$2000<sup>00</sup>
- (13) State value of personal property belonging to you and your husband \_\_\_\_\_
- (14) If husband is dead state value of real and personal property left by him \_\_\_\_\_
- (15) Actual amount contributed by soldier during the year prior to his enlistment \$70<sup>00</sup>
- (16) Was this amount contributed weekly or monthly periodically
- (17) Did this amount include payment of son's board, etc? no.
- (18) State your son's trade or occupation prior to enlistment Fishing
- (19) State amount of his wages per week 140<sup>00</sup> for season
- (20) State name and address of his last employer \_\_\_\_\_
- (21) State amount of monthly support from son since enlistment ~~\$20~~ \$21<sup>70</sup>
- (22) State amount of allotment received by you from son since enlistment: \_\_\_\_\_
- (23) State from what date did you receive Allotment? \_\_\_\_\_
- (24) Actual amount contributed by other children
- |                 |                                       |         |
|-----------------|---------------------------------------|---------|
|                 | Weekly                                | Monthly |
| <u>Stephen.</u> | <u>\$25<sup>00</sup> during year.</u> |         |
- (25) Are any of these children in the employ of you or your husband? \_\_\_\_\_
- (26) If not receiving support from other children, state cause. Explain fully. married.
- (27) With whom are you residing at present? husband



TRINITY  
NEWFOUNDLAND

30. 3. 23.

This is to certify that John Barran  
injured the muscles of his back  
in the early spring of 1918, and  
that since that time he has  
been totally incapacitated from  
any hard work: in my opinion, the  
disability is permanent.

B. R. Barber. overseer

May 3, 1920

Mrs. Mary Barnes,  
English Hr., T.B.

Dear madam:-

Referring to your application for separation allowance, I have been directed to state that same cannot be granted to you, because during the period of your son's service, your husband was not totally incapacitated, and you cannot be considered to have been totally dependent upon said son.

Yours truly

Major

Paymaster.

TRINITY  
NEWFOUNDLAND

May 31. 1923

This is to certify that John Barnes  
injured his back in an accident  
in the winter of 1916 and  
that he has been totally incapacitated  
from work ever since in my  
opinion he will be unable to  
work again

W. P. Barlow Physician



MEDICAL CERTIFICATE

For information of the separation allowance department

1. Name and regimental number of soldier in respect of whom separation allowance is claimed. )

Geo F. Barnes  
No. 4738

2. Name and age of relative of said soldier. )

*father*

John Barnes

3. Is said *father* a chronic invalid and totally incapacitated? )

Yes.

4. Of what nature is <sup>his</sup> disability? )

Fracture Myositis of back

5. From what date has this total incapacity been existent? )

January 1917

6. How long is total incapacity likely to continue and what will be the effect on ear hearing power? )

For life.  
Totally inoperable from injury

7. If not totally incapacitated by what per-cent in your opinion is capacity for work reduced and from what date? )

—

8. Are you the regular attending physician? )

Yes.

9. Relationship to soldier of applicant? )

Son.

I certify that the above statements are correct.

*Twenty* *h/ld*

Place

*Jan 25* *1920*

Date

*W. R. Barber*

Physician.





H. Barnes

C.R. 4738

~~LRD~~

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 consider 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 Newfound Land* } Former Trade } *Lishman*  
or Occupation }  
2. Regtl. No. *4738* 3. Rank. *Plc* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.  
4. Name *Baines* } *Geo*  
(Surname) } (Christian Names)  
5. Age last birthday... *23*.....  
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  
(b) Where  
(c) Opinion of Court  
(d) Particulars of Pension or Gratuity  
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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.)*

*No Complaint 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 invalidated at Foreign Stations.*

*Repatriation*

*W. E. Procmies*                      *Capt. name*

Medical Officer in charge of case.

Station *Stokeley Town*

Date *8.1.41*

\* 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









HM Treasury & A

NEW FOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. R. Newfoundland Regt.  
Hazeley Down Camp,  
Winchester. Hants.

15th. January, 1919

Subject: 4738. See G.F. Barnes.

With reference to the follow-  
ing telegram ( 464 ) from the Hon.  
Minister of Militia, received

Pay to 4738 Barnes - £3:2:0

Draft £3:2:0 is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon

*A. C. Munnell*  
Chief Paymaster & O. 1/c Records.

*Jan 26* 1919

Received hereunder.

*Okam* LIEUT. COLONEL,  
COMMANDING 2ND. BN. ROYAL NEWFOUNDLAND REGT.

Officer Comdg. 2<sup>nd</sup> Batt'n,  
Royal Newfoundland Regiment.

Received the sum of £ 3. 2. 0

Three Pounds Two Shillings on account of  
cable remittance from Newfoundland.

George Barnes  
No. 4738 Rank Pte.

Witness W. R. Mercer

No. 2753/361.

*867445*  
*SC*

N.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

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

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

17th February 1919

Feb 22<sup>nd</sup> 1919

4738. Pte Barnes G.F.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 24 )

*J. J. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,  
Officer Commanding

"Pay to-4738. Barnes. G.F.

£5.3.0.

Received the sum of £5-3-0

Cheque £5.3.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*Five pounds Three Shillings* in respect of telegraphic remittance from the Minister of Militia.

*A. Munnell*  
Chief Paymaster & O. i/c Records.

*George F. Barnes*  
No. 4738 Rank Pvt

Witness *Ph Munnell*

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

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 the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4738	Pte	Barrie G.	\$530	George Barrie

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

Date

July 1/18.

G. Barrie

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

# MEDICAL HISTORY

Surname Burnes OF Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish English Is County Afla

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	26 <sup>th</sup> day of Apr 1918	S. Johns		
Declared Age	22 years			
Trade or Occupation	Fisherman			
Height	5 feet 8 inches			
Weight	141 lbs.			
Chest Measurement	Girth when fully expanded...	36 inches		
	Range of Expansion...	3 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	Lammie Paterson			
(Rank)	Majr		Medical Officer.	
Enlisted	at	S. Johns	at	
	on	26 day of Apr 1918	on	day of 191
Joined on Enlistment	Corps	The Royal Afla Regt	Corps	Regtl. No.
		4738		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				





**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 } *None*
2. Regtl. No. *4738* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Barnes George* } (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *23*.....
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 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, 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.)*

*No Complaint 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. E. Prosser* *Capt Rame*

Station ... *Hazeley Burn* .....

Medical Officer in charge of case.

Date ... *8/14/19* .....

\* 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

The Royal Mtd. Regiment

DEMOBILIZATION

No. 4738 Rank

Name Barnes G

Warned for demobilization on

JUN 8, 1919  
....



## 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 *George Barnes*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4738*

Intended address *English H. F.A.*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Sell*

Christian name of Father *John*

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 *English H. Nov. 24<sup>th</sup> 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) *George Barnes*

*Plt.*  
(Rank)

Station **ST. JOHN'S.**

Date *5-6-19*

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

C.R. 4738

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name. *George Beames.*

Date. *24.8.20*

Place *Grand Bank.*





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheet 152

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

*W. M. Churchill*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Barrington</i>	Age on	22 years months	<i>Soldier</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 21.11.14</i>	Religion	
Joined	Date	Period of	} with Colours 1 1/2 years. } with Reserve 3 1/2 years.	Method	
Joined	Date			Place of Birth	<i>English Harbour NB</i>

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
				<i>Demobilized St John's</i>		<i>5 7/19</i>			

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

D 4936

**DEMOBILIZATION OR**

Reg. No. 4738 Rank Plt Name Barnes George  
 Date of Enlistment 26-4-18 Address Englehart District Trinity  
 Occupation Soldierman Classification for Discharge F Medical Category F.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	<input checked="" type="checkbox"/>	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board Ist.	" 2	
B 178a	D 400A	B 1915		do 2nd.	" 3	cu
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 6-6-19 O. C. Discharge Depot Mr. [Signature]

## PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am  in a position to resume civilian occupation.

George 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 \$6.00

(b) Clothing Supplied None

Date 7-6-19 O i/c. Re-clothing .....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K 1581.902* to his home at *English Hill* and Release Certificate No. *2430* issued.

Date *7-6-19*

*J.A. Shawcraft*  
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 *7-1-19*

Date *7-1-19*

*H.M. [Signature]*  
Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *7-6-19*

*J.A. Shawcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 01 1919

Date .....

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

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

Date *June 16/19*

*James [Signature]*  
i/c Records

Reg. No. *4734* Rank *1st* Name *Harold Lee*

Attested ..... Address *English Fr.*

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

Date of Allotment ..... Returned from Overseas *29.5.19.*

Returned on S.S. *Consicau* Cause *Discharge*

*6-6-19*

**PASSED TO DEMOBILIZATION OFFICER**

*21-6-19*

**DISCHARGE APPROVED ON DEMOBILIZATION**

*61*