



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1184

Name in full John Thomas Barnes Age 31

Address 1 Lookstown Road

Married Single Height 5'7 in Weight 141 lbs

Color Light Hair Light Brown Eyes Grey

Other distinguishing marks Tattoos on both arms

Nearest relative Wife (Alice M. Jackson)

Address Wife & 2 children, 1 Lookstown Road

Dependents Wife & 2 children

Occupation Seaman Present Wage \$4.00 per month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment 12/15

Recruited for duration of war

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

John Thomas Barnes
John Thomas Barnes

Declared before me this 16 day of March 1914

En Shore Capt

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1184

Name John Thomas Barnes
 Apparent age 31 years months. Height 5 feet 7 inches.
 Chest measurement { Girth when fully expanded inches.
 { Range of expansion inches.
 Distinctive marks Color: Light, Hair: Light Brown, Eyes: Grey
 Other distinguishing marks Tattooes on both arms

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Alice M. Jackman, Cookstown Road, St. John's
 | Relationship Wife
 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	Regt. or Depot	Promotions, 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>12/2/15</u>									<u>L Coopt 17-5-16</u>		
Joined at <u>St. John's</u> on <u>12th February '15</u> <u>Promoted to Sep 18/5/16</u>											
<u>Enlisted St John's Buffs 21/8/15</u>					<u>21/8/15</u>	<u>21/8/15</u>	<u>21/8/15</u>	<u>21/8/15</u>	<u>21/8/15</u>	<u>Disc. back pay and...</u>	
<u>enlisted for 31/8-15</u>					<u>31/8/15</u>	<u>31/8/15</u>	<u>31/8/15</u>	<u>31/8/15</u>	<u>31/8/15</u>		
<u>September 1915 evacuated and arrived Sep 15/16</u>					<u>15/16</u>	<u>15/16</u>	<u>15/16</u>	<u>15/16</u>	<u>15/16</u>	<u>Disc. back pay and...</u>	
<u>Port Sep 14-8-16</u>					<u>14-8-16</u>	<u>14-8-16</u>	<u>14-8-16</u>	<u>14-8-16</u>	<u>14-8-16</u>		
<u>Admitted to Her Majesty's 45th Regt</u>					<u>3-9-16</u>	<u>3-9-16</u>	<u>3-9-16</u>	<u>3-9-16</u>	<u>3-9-16</u>	<u>Disc. back pay and...</u>	
<u>Admitted to Her Majesty's 45th Regt</u>					<u>7-7-16</u>	<u>7-7-16</u>	<u>7-7-16</u>	<u>7-7-16</u>	<u>7-7-16</u>		
<u>Admitted to Her Majesty's 45th Regt</u>					<u>8-9-16</u>	<u>8-9-16</u>	<u>8-9-16</u>	<u>8-9-16</u>	<u>8-9-16</u>	<u>Disc. back pay and...</u>	
<u>Admitted to Her Majesty's 45th Regt</u>					<u>10-10-16</u>	<u>10-10-16</u>	<u>10-10-16</u>	<u>10-10-16</u>	<u>10-10-16</u>		
Total Service forfeited as above											
Total Service towards Engagement to <u>10-10-16</u> (date of discharge)					<u>1</u>	<u>24</u>	<u>1</u>	<u>24</u>	<u>1</u>	<u>24</u>	
" " " Pension											

Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

File No.

(1)

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

Royal Mfld. Regt.

Departmental Secretary. -

- (1) Service number *1184*
- (2) Surname *BARNES*
- (3) Christian names *John Thomas*
- (4) Date of Birth *24 Nov. 1884*
- (5) Religion *R.P.*
- (6) Unit of enlistment *Royal Mfld. Regt.*
- (6a) Highest corresp. rank *L1 Epl.*
- (7) Units overseas *Royal Mfld. Regt.*
- (7a) Highest corresp. ranks *L1 Epl.*
- (8) Rank on day of discharge *L1 Epl.*
- (8a) Corresp. unit _____
- (9) Military honours *Nil*

PUBLIC ARCHIVES RECORDS CENTRE

JUN 12 1983

OTTAWA, QNT., CANADA

(2)

Departmental Secretary,
OTTAWA.

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

Date

for Supervisor, War Service Records.



CANADA

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE
IN THE

IN YOUR REPLY REFER TO FILE NO.

DVA. 95-7-1. Vol. 1

WSR 7(b)

~~XXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

ROYAL NEWFOUNDLAND REGIMENT

Name: John Thomas BARNES

Service Number: 1184

1. Date of Birth: 24th November, 1884

2. Date & Place of Appointment, Enlistment or Enrolment: 12th February, 1915
St. John's, Newfoundland.

3. Unit on Appointment, Enlistment or Enrolment: 1st Newfoundland Regiment

4. Theatres of Service: Newfoundland--Middle East--France--England.

5. Date & Place of Retirement or Discharge: 10th October, 1916
Newfoundland.

6. Type of Termination of Service: Medically Unfit

7. Rank or Rating on Retirement or Discharge: Lance Corporal

NOTE: This record is to be held without the imprint of the official stamp of the Department.

DEPARTMENT OF
VETERANS AFFAIRS
WAR SERVICE RECORDS
OTTAWA - CANADA

Ottawa, 4Ont., Canada.

October 17th, 1951.

H.B.
for DIRECTOR,
WAR SERVICE RECORDS.

DEPARTMENT OF NATIONAL DEFENCE

STATUTORY DECLARATION

DOMINION OF CANADA
Province of

TO WIT:

Application for a Certificate of Service
to replace lost Discharge Parchment
Certificate, M.F.W. 39.

.....
 (Street Address) John T. Barnes
191 Church Street
 City of Toronto County of York

I do solemnly declare : : :

.....
 THAT on the day of Feb 1915, I enlisted under Regimental
 Number 1184 (Unit) 1st Newfoundland Regiment
 at (Place) St. Johns Newfoundland

.....
 THAT I served in Gallipoli and France
 (State whether Canada, England, France, etc.)

.....
 with the following units 29th Division 10/10/16

.....
 THAT I was discharged at (Place) St. Johns N.F. (Date) Oct. 1916

.....
 Reason for discharge Wounds

.....
 THAT I have been issued with the following War Service Badges.

.....
 Class "A" 14-15 Stars Class "B" Victory Class "C" Gen. Service

.....
 THAT my discharge certificate was lost on (date) March 1920

.....
 Particulars re loss and steps taken to recover same).....

being stolen with other papers
from my pocket at St. Lucia B.W.I.
Reported to Police but never recovered
them.

.....
 THAT I hereby solemnly declare that in the event of my parchment
 certificate being returned to me, I will return any Certificate of
 Service issued to me to replace my parchment certificate.

.....
 DECLARED before me at the) John T. Barnes
 City of Toronto,)
 Province of Ontario)
 this 16th day of Feb
 the Year of Our Lord 1931)

.....
 (Address in full)
191 Church St.
Toronto

.....
 Commissioner for Oaths, Notary Public,
 Justice of the Peace. Out

.....
 Certificate sent, "The Central Bureau, 75 Church Street, Toronto, (2)
 May 18th. 1932

Receipt for Army Book 64

No. 1184 Name Barnes J.

555

To Certify that I have received the AB 64 of the above
named soldier.

Name: A M Barnes

Date: Aug 7th / 1920

Place: West-End Post-office

AM

H.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

Supplementary a/c.,

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1184 Lt. Cpl. J. Barnes.
 Company. From _____ To _____ (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.

Embarked per S. S. Corsican

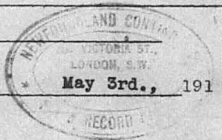
From Liverpool Date 27/9/16

DR. Classification (See procedure).

Draft No. _____ CR. _____

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d
	8	Forfeited Pay									1	Pay							
	0	Allotments									2	Field Allowances							
	10										3	Other Allowances							
11/12		Total Stoppages									4/5	Total @ 4.86 2/3							
	13	Fines									6a								
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	***** Error in former account.					4		9										
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period					1	0	0										
	28	" Due by Paymaster					1	4	9										

This account is in accordance with information received at the Pay & Record Office to 3/5/17 and is therefore subject to amendment if, and as may be found necessary.



CERTIFIED CORRECT.
 NEWFOUNDLAND CONTINGENT.
A. H. McNeill Maj.
 O.C. " " Company.
 PAYMASTER & OFFICER IN CHARGE RECORDS

COPY

Supplementary a/c.,

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1184 L/Cpl. J. Barnes.

Company. From To (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.

Embarked per S. S. Corsican

From Liverpool

Date 6/9/16

Draft No.

CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay					
	9	Allotments							2	Field Allowances					
	10								3	Other Allowances					
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3					
	13	Fines							6a						
	14	Clothing and Necessaries													
	15	Arms & Accoutrement													
	16	*****Er													
	17	Hospital Stoppages													
	17a	Miscellaneous Stop								Balance as per list of Supplementary amounts.					
	19	Casual Payments													
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last P													
	28	" Due by Paymaster								Balance Due to Paymaster					
					1	4	9								
															1 4 9



CHECKED.

CERTIFIED CORRECT.
 NEWFOUNDLAND CONTINGENT.

A. D. McNeill Maj.
 O.C. " " Company.
 PAYMASTER & OFFICER IN CHARGE RECORDS

STATEMENT OF ACCOUNT

No. 1184

Name Barnes J.

8/1

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
1916 Oct. 10	By Pay Sept 7-23. 15			18 40	18 40
	" .. Sept 23 to Oct 15			27 05	45 45
	Bonus			11 55	57 00
	Clothing			25 00	82 00
	Nation Allowance L1.			11 86	86 86
Sept. 23	To Pay	8.	5 00		51 86
29	" "	14	15 00		66 86
30	" Allotment 23 day soda		15 40		82 26
Oct 5	To Pay	8.	10 00		4 86
10	" "	24	33 60		
	War Service Entitled 4 Mo @ 70%			400 00	404 86
	Bonus		11 55		393 31
Mar 1	To Pay	10424	70 00		323 31
	La.	2438	30 00		293 31
Apr.	To Pay	13396	70 00		223 31
	La.	2743	30 00		193 31
May 1	To Pay	17480	70 00		123 31
	La.	3081	30 00		93 31
			393 55	486 86	93 31

Signed A. J. Young, S.M.

STATEMENT OF ACCOUNT

No. 1184

Name Barnes J

Date	Particulars	Ch.No.	Dr.		Cr.		Bal.	
	Brought forward		393	55	486	86	93	31
June 1	To Pay	21225	56	70			36	61
	do.	3708	30	00			6	61
	to Allowance				10	00	16	61
July 15	To Pay		10	00			6	61
			490	25	496	86	16	61

Signed A. Looney Esq

7
1
1921

J. Barnes.

1184.

~~P. + P. U.~~

Casualty Form—Active Service.

Regiment or Corps

Regimental No. 1184

Rank

Name

Enlisted (a) 1812/15

Terms of Service (a)

Service reckons from (a)

Date of promotion

to present rank

Date of appointment

to lance rank

Numerical position on

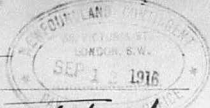
roll of N.C.Os.

Extended Discharge

Was

Re-engaged

Qualification (b)



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Emb. St Johns		20/3/15	
		Dis. En. Alexandria		1/9/15	
		Emb. Gallipoli		13/9/16	
		" Port Dug		14/3/16	
		Dis. En. Marseilles		22/3/16	
		6. G. H. Ino to England	P.H.S. "Mahero"	4/7/16	U 3083
					A. E. Clerk - Capt.
					for G. C. Inf. Dept.
					G. H. G. 3rd Ech

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g., Signaller, Shoehorn Smith, etc., etc., also special qualifications in technical Corps duties.

2920/1.

Repaid.

July 21st 1916 6

1184, Pte. J. Barnes,
2/1st. Newfoundland Regt. Newton-on-Ayr.

Herewith Postal Money Order
Fifteen shillings, (15/-), balance due on account of
pay to date. Please sign and return receipt form.

Capt.

Paymaster & O.I/c Records.

Conf. J. H. Marshall

6. / 12 / 16

F.M/W.F.

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



MEDICAL HISTORY

Surname Barnes OF Christian Name John J

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 11 th day of Feb. 1915	at St Johns	on _____ day of _____ 191	at _____
Declared Age	31 years	days	years	days
Trade or Occupation	Seaman			
Height	5 feet	7 inches	feet	inches
Weight		141 lbs.		lbs.
Chest Measurement	Girth when fully expanded	37 1/2 inches		inches
	Range of expansion	3 inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	1909.			
Vision	R. E.—V=	n	R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<i>A. D. Robertson</i>			
(Rank)	Capt			
	Medical Officer.			Medical Officer.
Enlisted	at St. Johns.		at _____	
	on 12 th day of Feb. 1915		on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st Med.	1184		
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	6	7	16	20	7	16	S.I.W. left arm & VIII l. digit	15	Re-performing S.I.W. left arm about elbow. Wounds healed. No disability	H. R. D. Kent. Capt. A. M. M. T.

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
23.8.16	Dental treatment completed <i>H.H.</i>

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
<i>St. John's</i>	<i>Feb. 17/15</i>				

Supplementary a/c.,

1184 L/Cpl. J. Barnes.

Liverpool
Corseican
8²/₉/18

***** Error in former
Account. 4 9

Balance as per list of Supplementary
amounts- 1 4 9

1 0 0

1 4 9

1 4 9

May 3rd., 7.

Medically Unfit

Army Form O. 1625.

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2/1 Newfoundland Regiment*

No. *1184* Rank *L/C.* Name *J Barnes.*

Died^(a) at on the of 191

Repatriciated *Sept.* on the *7* of *Sept.* 1916
Deserted at

I Certify to the correctness of above in every particular.

Marked per S. S. Corsican
Liverpool 8-9-16

Fred G. A. Reudel (Commanding Squadron, Troop,
7th Bn. *H Battery* or Company.

STATEMENT OF ACCOUNT.

[FORM I.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 6 days at <i>11-6/8</i> from <i>2/16</i> to <i>7/9/16</i>	<i>18</i>	<i>5</i>	
		£ s. d.			Proficiency, Service or good conduct pay	<i>4</i>	<i>9</i>	
	<i>Sept 7 1916</i>	<i>8</i>			days at _____ from _____ to _____			
	"				Messing allowance _____ days at _____			
	"			<i>8 8</i>	from _____ to _____			
	"				Clothing and kit allowance			
	<i>Allotment</i>			<i>19 9</i>	Amount produced by the sale of Necessaries			
	Consolidated stoppage.....				Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster			<i>4 9</i>	Balance due to the Paymaster.....			
		£		<i>1 8 5</i>		£		<i>1 8 5</i>
				<i>1 13 2</i>				<i>1 13 2</i>

I hereby Certify that the above account is correct in every particular and that the debtor balance of £ *1 8 5* is correctly chargeable against the Public Account of the *NEWFOUNDLAND CONTINENT*

Dated at

this

day of *11/9/16*

191

PAYMASTER & OFFICE Paymaster

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

Admitted to Hospital

6.7.16.

Army Form W. 3016.

No. _____

Date July 20th 1916.

(1) To the Officer i/c Records,

58 Victoria St. S.W.

(Station).

(2) The Officer Commanding,

Newfoundland Contingent

Ayr

(Station).

(3) The Paymaster,

58 Victoria St. S.W.

(Station).

Regimental No. 1184.

Rank and Name Sq. Barnes J.

Regiment or Corps 1st Newfoundland Contingent

has been granted a furlough from July 20th to July 29th

His address while on leave will be:—

58 Victoria St. S.W.

This man has been furnished with a warrant to Victoria and given an advance of £1 (one pound)

I consider he is fit for* Duty.

Norace Fagan Capt. R.A.M.C.(F)

Officer in charge 3rd London General Hospital,
WANDSWORTH, S. W.
(Station).

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

Supplementary a/c.,

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1184 L/Cpl. J. Barnes.
 Company. From _____ To _____ (Dates inclusive)

Substituting A.F.O.-1625) N.F.P/36.
 Embarked per S. S. Corsican
 From Liverpool Date 8/2/16
 Draft No. _____

DR. Classification (See procedure)

Date	Pay Book Col	Particulars	Rate	Dys	¢	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	¢	¢	£	s	d
	8	Forfeited Pay									1	Pay							
	0	Allotments									2	Field Allowances							
	10										3	Other Allowances							
	11/12	Total Stoppages									4/5	Total @ 4.86 2/3							
	13	Fines									6a								
	14	Clothing and Necessaries																	
	15	xxxxxxxxxxxxxxxx Error in former account.					4	9											
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period					1	0	0										
	28	" Due by Paymaster					1	4	9		27	Balance Due to Paymaster							
																			1 4 9

This account is in accordance with information received at the Pay & Record Office to 3/5/17 and is therefore subject to amendment if, and as may be found necessary.

CERTIFIED CORRECT.

May 3rd., 1917.

O.C. " " Company.



Supplementary a/c.,

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. **1184 L/Cpl. J. Barnes.**

Substituting A.F.O. 1625) N.F.P/36.

Embarked per S. S. **Corsican**

Company. From _____ To _____ (Dates inclusive)

From **Liverpool**Date **8/2/16**

DR. Classification (See procedure)

Draft No.

GR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay					
	9	Allotments							2	Field Allowances					
	10								3	Other Allowances					
	11/12	Total Stoppages							4/5	Total @ 4.88 2/3					
	13	Fines							6a						
	14	Clothing and Necessaries													
	15	xxxxxxxxxxxx Error in former account.			4		9								
	16	Barrack Damages													
	17	Hospital St													
	17a	Miscellaneous													
	19	Casual Paym													
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Deb													
	28	" Due							27	Balance Due to Paymaster					
					1	4	9								

Balance as per list of Supplementary amounts.

1 4 9

CERTIFIED CORRECT.

May 3rd., 1917.

O.C. " " Company.

CHECKED

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 3780/367

From
PAY & RECORD OFFICE,
56, VICTORIA STREET,
LONDON, S.W.
191

To
O. O.,
2/1st. Newfoundland Regt.
Newton-on-Ayr.

H.A.A.
 W.R.F.

SUBJECT:
 MEDICAL HISTORY.
 1184, L/C. J. BARNES.

Reference Nos.

REPLY

Dated Sept. 12th **1916**

Please return **ORIGINAL** and retain **DUPLICATE.**

Will you send the Medical History of this man, please.

H.A.A. deum

For Paymaster & O i/c Records.

This was sent to you 8/8.16.

Herewith Medical History Sheet of L/C. J. Barnes.

P. Kern Copy

LT. COL.
 COMMANDING, 2nd/1st N.F.L.D. REGT.
 NEWTON-ON-AYR

FILE NO.	
DATE	
BY	
REMARKS	

NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE	
REF. No.	3383
DATE	14-9-16
BY	
REMARKS	

Barnes, John

1184

Ray, Joseph

Medially Unfit

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *211 Newfoundland Regiment*
 No. *1184* Rank *Lance Corporal* Name *Barnes*
 Djed^(a) at on the of 191
Rehabeated *Apr.* on the of 191
 Deserted at on the of 191

I Certify to the correctness of above in every particular.

Embarked per *S. S. Corsican*

Liverpool *8-9-16*

Fred G. A. Rendell Commanding Squadron, Troop,
7th Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month		10		Balance Cr. last month			1
	Cash issues (Date of each issue to be stated)				Pay <i>6</i> days at <i>15</i> from <i>24/16</i> to <i>7/17/16</i> <i>8/9/16 = 1 day</i>			<i>185</i>
		£	s.	d.	Proficiency, Service or good conduct pay			<i>49</i>
	191				days at from to			
	"				Messing allowance days at			
	<i>Sept 7</i>	<i>88</i>		<i>88</i>	from to			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
	Consolidated stoppage.....				Personal Clothing and Effects from Form 2...			
	<i>Allocation of 1/9/16</i>		<i>19</i>	<i>9</i>	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster		<i>49</i>		Balance due to the Paymaster.....			
		£	<i>185</i>					
			<i>132</i>					
						£	<i>1132</i>	



I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *1132* is correctly chargeable against the *NEWFOUNDLAND CONTINENT* Public.

Dated at this



191

F. H. Marshall 211
 PAYMASTER & OFFICER Paymaster.

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1915.
 (b) Words in Italics to be struck out when there is no debtor balance.



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 *Barnes John*

Regiment from which discharged *Vol. Newfoundland*

Regimental number *1184*

Intended address *Shaw St.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Brk*

Complexion *Fair*

Color of eyes *Grey*

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Annastasia*

Wife's maiden name in full *Alice Jackson*

Date and place of marriage *Jan 1909 - St. John's Nf.*

Christian names of children *Margaret*

Place and date of soldier's birth *St. John's Nf. 24 November 1884*

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)

John Barnes

Station

St. John's

Date

Feb 20th 1917

(Rank)

Sep

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.

Geo. Borden Lewis

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

Station

St. John's Nf.

Date

Feb 20th 1917



STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and
No. 1184.

All communications should be addressed to
the Secretary, MAJOR CLUNY MACPHERSON,
St. John's, Newfoundland.

St. John's, Newfoundland
February 28th., 1917.

Officer i/o Records,
City.

Dear Sir:-

Ref. 1184, L/Cpl. Barnes, John. Please note the
finding of the Medical Board in case of this man is "We cannot
see any reason why this man should be discharged."

Yours faithfully,

CLUNY MACPHERSON,

Major - Secty

Per *A. W. B.*

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

MEDICAL HISTORY

Surname Barnes

OF
 Christian Name John



Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on	11 th day of Feb 1915	on	day of 191
	at	St Johns	at	
Declared age		31 years		years
Trade or occupation		Seaman		
Height		5 feet 7 inches		feet inches
Weight		141 lbs.		lbs.
Chest Measurement {	Girth when fully expanded	37½ inches		inches
	Range of expansion	3 inches		inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number				
When vaccinated		1909		
Vision	R.E.—V =	N	R.E.—V =	
	L.E.—V =	N	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. Paterson			
(Rank)	Capt			
		Medical Officer.		Medical Officer.
Enlisted	at	St Johns	at	
	on	12 day of Feb 1915	on	day of 191
Joined on enlistment	Corps		Corps	
	Regtl. No.		Regtl. No.	
Transferred to		1st Xfld 1184		
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the case, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 rd Reg Hosp Mandowah	6	7	16	20	17	16	G.S.W. left arm & VIII 1. Slight	15	Perforating G.S.W left arm above elbow Wound healed. No disability	J. Wellens Capt R.A.M.C.

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
23. 8. 16	<i>Dental treatment complete N.F.W.</i>

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
<i>St Johns</i>	<i>Feb 12/15</i>				



Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

H. J. Jones M.D.
Feb. 28/17

- | | |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>33.</i> |
| 2. Regimental No. <i>1184</i> | 6. Enlisted on <i>12 Feb. 1915.</i> |
| 3. Rank. <i>Lance Corp.</i> | at <i>H. J. Jones.</i> |
| 4. Name. <i>Bornes John</i> | 7. Former trade or occupation <i>Seaman</i> |
| 8. Disability | |

Glsw. kept arm

9. History

Active Service July 1, 1916

10. What is his present condition?

Wound healed
Movement not limited in
Any direction

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit?

Yes. (because already discharged) _{Sept 1918.}

Signature

W. Borden

Rank or Qualification

Lieut.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *May* be considered as ~~aggravated by~~ due to
- (a) Service during this war.
 - (b) ~~Climate.~~
 - (c) ~~Ordinary Military Service~~

Remarks if any:— *Wound healed & has not weakened
Army in any respect.
Wound examined with negative result.*

14. At present his capacity for earning a full livelihood in the general labor market is lessened by—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

15. Is the disability permanent? ✓
16. Has the disability been aggravated by
- (a) Intemperance. ✓
 - (b) Misconduct.

17. The refusal of operation sanatorium is:—
- (a) Reasonable. ✓
 - (b) Unreasonable.

Remarks if any:—

18. We recommend discharge from the Army
retention in

*We cannot see any reason
why this man should be
discharged.*

Remarks if any:— Discharged October 10th. 1916

Signatures.

Robt. H. Hesse President
W. B. Ryderson
Pro Major Paterson

Place *St. Johns'*

Date *Feb. 21 - 1917*

APPROVED

Station

Date

Clay Macpherson,
Administrative Medical Officer. *Major*

May 30, 1919

Mrs. Alice M. Barnes,
Shaw Street,
City.

Dear Madam:-

Referring to your application I
enclose cheque for Three hundred and sixty-
six dollars and sixty seven cents (\$366.67).
in payment of retroactive Separation
Allowance, together with Marriage Certificate.

Yours truly

Paymaster & U. i/c Records
Captain.

Royal Newfoundland Regiment
(Separation Allowance Branch)
(Information for Board of Review)

Notice.

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 Barrister of the Supreme Court, Stipendiary Magistrate or Justice of the Peace and returned to:

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

1. Name in full of soldier. Rank.	Reg't. or Unit.	Reg't. No.
John Barnes Lieut. Col.	Royal Nfld.	1884.
2. Age of soldier.	Married or single.	
36	Married	
3. Name in full of wife.	Alice M. Barnes	
4. Address in full.	Shaw Street.	
5. Date of marriage.	November 4, 1909.	
6. Place of marriage.	St. John's	
7. Did marriage take place since soldier's enlistment.	No.	
8. Was Commanding Officer's permission obtained? If not, why?	Not applicable	
9. If not married, how long have you been dependent on the soldier for your maintenance and supported regularly by him on a bona fide permanent domestic basis.	Not applicable	
10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated.	Yes.	
11. Is separation a legal one?	Not applicable	
12. If legal, are you in receipt of alimony, if so, state amount.	do.	
13. If not legal, how long since your husband contributed to your support? Explain fully.	do.	

14. State amount of allotment received by you from soldier monthly.

#24.00

15. From what date have you received allotment

June 7, 1915

16. Names of children. Age last Birthday Names of children Age last Birthday.

Margaret 4 years
Ethel 8 months

17. Are you already in receipt of Separation Allowance from any source? If so, state amount.

No

18. Are you in receipt of payment from any Patriotic Fund? If so how much?

Not now

19. Have you made a previous claim for Separation Allowance, if not, why? Give particulars.

No

20. Was your husband at the time of his enlistment an employee of the U.S. Government?

No

21. In what capacity and in what place?

Not applicable

22. Is he in receipt of a salary as such while serving in the U.S. Regiment. If so, how much?

No

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

SIGNATURE OF APPLICANT..... Alice M. Burns

Place of residence..... Shaw Street

Declared and subscribed before me at..... this..... day of.....

Signature of Barrister of Supreme Court, Esquire, Magistrate, Notary Public or Justice of the Peace.....

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Bund Committee, certifying that to the best of their knowledge and belief, after careful enquiry, the above statements are correct.

Signature of Clergyman..... *J. J. Sheehan*

Signature of member of
Patriotic Bund Committee..... *Chas. O'Neill* *Coury*

N.B. Marriage Certificate must accompany this application, and will be returned after perusal. If marriage is after enlistment, Commanding Officer's permission in writing must be forwarded.

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..... *John J.* 2. Surname..... *Barnes*
3. Rank..... *Private corporal* 4. Regtl. No..... *1184*
5. Address in full to which future payments of gratuity are to be forwarded..... *Shaw Street*
..... *St. John's*
6. Date of enlistment in the Regiment..... *12 July 1915*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *Separation allowance issued after discharge to Mrs. Alice M. Barnes*
8. Relationship of such dependents..... *wife*
9. Address in full of such dependents..... *Shaw Street*
..... *St. John's*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *no. I went overseas in*
..... *April 1915*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *one year ten months*
..... *12*

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

..... *no*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *no*

15. Have you been issued with a War Service Badge? *Yes*

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 R.A.F.? *no* If not give: (a) Date of discharge *Dec. 5th 1916* (b) Reason for discharge *wounds*

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. *Galipoli + France*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *not applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *John H. Barnes*
 Place of Residence: *Shaw Street, St. John's*
 Declared before me at: *St. John's*
 This *15th* day of *July* 19...*19*....

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due	
.....	<i>4 mos.</i>	<i>2.80</i>	<i>00</i>
.....
.....
Certified correct.				Registrar	<i>W.</i>

April 26th.

7.

Mr. J. Barnes,

Shaw Street,

City.

Dear Sir,-

I beg to enclose cheque for \$4.86, being amount of Ration Money due you whilst on Hospital Furlough in England.

Yours truly,

1184
Lieut.
D/Paymaster

September 7th.1917.

Mrs John Barnes,
Shaw Street.

Dear Madam:-

I enclose herewith cheque for \$4.86, payable to
your husband.

Kindly return this until he returns to St. John's
and give it to him.

Yours truly,

Lieut.
Deputy Paymaster.

1184

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10⁰⁰

July 15 1919

Received from the First Newfoundland Regiment
the sum of ten Dollars.

on account of Pay. Clothing John G. Barnes

Ch. No. <u>3096</u>	Initials <u>KB</u>
Pay Ledger.....	Initials.....
Gen. Ledger.....	Initials.....

Regtl. No. Rank

J. C. B.

St John's, Nfld
Decr 15 1877

Lieut J. Howley
Militia Dept

Sir:- I would be much
obliged if you would forward
me my "discharged Soldier's Badge".

As the greater
portion of my time is spent at
sea, I would be grateful if you
could forward it as quickly as
possible. I only arrived
last night and will be in port
for a few days yet.

Yours very truly

161184, L. Capt John Barnes

Address
Capt. John Barnes
Barrq. J. Howley
7. Harvey St. Ltd
City

No. _____



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with L/Cpl. J. Barnes

Voucher No. 25696

1st. Nfld. Regiment

Cheque No. 25696

Reg'l Ac No. _____ Name _____ C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amount
Sept 29		I	en-a/c. Pay	15
				\$ 15

CERTIFICATION

Dissect Sheet No. _____

Recap. Sheet No. 177

Checked by _____

M. Bowley
PAYMASTER

RECEIPT

28th September 1916

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Fifteen Dollars
 and Cents in Payment as above stated.

28th Sept. 1916

\$ 15.00

[Sig.] *J. Barnes*

No. _____



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with L/Cpl. J. Barnes, Voucher No. 25791.

1st. Nfld. Regiment. Cheque No. 25791.

Reg'l Ac No. _____ Name _____ C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amou
Oct. 10,	188-		Bonus	\$11 55
			Clothing	25
				<u>36 55</u>
			Less debit balance	2 95
				<u>33 60</u>

\$ 33 60

CERTIFICATION

M. Howley
PAYMASTER

Dissect^{ed} Sheet No. _____

Recap. Sheet No. 188.

Checked by _____

RECEIPT

October 10th., 1916

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Thirty Three ----- Dollars

and Sixty ----- Cents in Payment as above stated.

October 10 1916.

\$ 33.60

[Sig.]

A. C. J. Barnes

C.R. 1184

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1184 Name John Barnes

Witness Wandy

Date 4/12/19

Place St Johns

C.R. 1184

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

ISSUED BY.....

John Barnes

DATE.....

PLACE.....

15/7/19

St. John

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. I. Rendell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli & France* from *Feb. 12th* 1915 to *Dec 5th* 1916.
(Date).....(NO) *1184*.....(Rank) *Lt.*.....(Name) *John T. Barnes*
(Place) *Shaw St. St. John's*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

C.R. 1184

Extract from list of discharged men of the Royal Newfoundland
Regiment of various dates.

#1184 John Barnes, discharged, Oct. 10th 1916, Medically unfit

C.R. 1184

Extract of Roll of Officers, N.C.Os. and Men Discharged from
The Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
1184	Pte. <i>4/4pl</i>	John Barnes	Oct. 10th 1916,	Med. Unfit.

C.R. 1184

Extract of a casualty report received from Pay & Record Office,
London, dated July 31, 1916.

(Extract from Army Form B 213, from O.C. 1st. Wfld. Regt.
dated 11/7/16.)

#1184 L/Cpl. J. Barnes. ✓

Wounded in Action 1/7/16.

C.R.

1184

Extract of Casualty List received from P.&LR.O.
July 21st. 1916.

1184, L/Cpl. J. Barnes.

Discharged from Hospital and granted furlough from 20/7/16.
to 29/7/16. Fit for Duty.

C.R. 1184

Extract of Casualties received from Pay & Record Office,
London, dated July 12, 1916.

#1184 L/Cpl. J. Barnes. ✓

Gunshot wound.

Admitted 6th General Hospital, Rouen, 3rd July 1916.

C.R. 1184

Extract of Casualties received from Pay & Record Office,
London, dated July 6th, 1916.

#1184 L/Cpl. J.F. Barnes. ✓

Gunshot wound Left Arm.

Admitted 3rd London General Hospital, Wandsworth, S.W.,
July 6th, 1916.

C.R.

1184

PROMOTION.

The following promotion is approved as undernoted-1st Batt.

NO.1184 Pte.J.Barnes.

To be L/Cpl.18/5/16. ✓

Government House,
St. John's, Nfld.
19 April, 1915.

Madam,

In reply to your letter of the 14th inst. I am directed by His Excellency the Governor to state that Pte. John Barnes is entitled to proceed on active service if he wishes to do so; and he may be permitted to do so.

He has allocated 80 cents per day of his pay to his wife: and there is some pay due to him of which he will pay his wife $\frac{4}{5}$ ths.

Yours faithfully,

Capt. A. E. C.

Mrs. Alice M. Barnes,

St. John's.

Feb. 12 to Mar. 26 68-80

Capt E. Ayre for report

W. S. D

15. 4. 15

St. John
April 14 # 115-

To His Excellency the Governor

My husband John Barnes is a volunteer in the 47th regment and I am trying to have him dismissed as I have two small children and I am in a delicate state of health I have no one to depend on but him I have my mother living with me an invalid and my father is in the insane asylum if he was in good health I would not mind give my husband to the Empire as my father could help me I do not know what I am going to do on the small pay I will receive after he is gone he left his vessel and went up and was enlisted I did not know that I could have him stopped or else I would have him stopped long ago

I have only to trust
to your Honor now

I remain your
Humble and obedient
servant
Alice M Barnes

Repts. p. 4 / John Barnes is entitled to proceed
on active service; he wishes to do so; & he may
be permitted to do so. -

He has allocated £5.00 per day of his
pay to his wife: & there is some
pay due to him of which he will
pay his wife 4/5th. -

W. S. S.
19. 4. 15

C.R. 1184

Extract from Medical History of "D" Co. 1st Bn. Royal WFLD.
Regt I embarked at Devonport 22-8-15.

Machine Gun Section.

1184 Pte. J. Barnes.

Disembarked at Alexandria 21-8-15 proceeded to Abbassia,
Cairo, same date embarked at Alexandria for Gallipoli
15-9-15.

C.R. 1184

Extract from Nominal Roll Embarked St. John's, for Overseas,
per S.S. "Stephano" April 22, 1915.

1184 Pte. Barnes John.

C.R. 1184

John Thos. Barnes was attested for General Service
with the NEWFOUNDLAND REGIMENT on **February 12th 1915**
Regimental No. **1184** was allotted to Pte **J.T. Barnes**

AUTHORITY:

Record Officer

Dept. of Militia,

March 20th. 1919.

Casualty Form—Active Service.

Regiment or Corps Newfoundland 25
 Regiments C.R. 1184 Rank Rt Name Barney
 Enlisted (a) Feb 1/16 Terms of Service (a) 1 year Service reckons from (a) Sub 1/16
 Date of promotion to _____ Date of appointment _____ Numerical position on _____
 present rank _____ to lance rank _____ roll of N.C.Os. _____
 Extended Discharged Re-engaged Aug 1/16 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embark'd St. John's, Nfld.		20/3/15	
		Disembark'd Alexandria		1/9/15	
		Embark'd Port Said		13/9/15	
		Embark'd Port Suez		14/3/16	
		Disembark'd MARSEILLES		27/3/16	
		6 Months Iwo to England.		4.7.16	W 3083
					All Clerk Capt.
					for O.C. Infy Sec. G.H.Q. 5th Div.

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[523] W18871/2004 4000 2/15-1 53 50Forms
B. 121.
23.Regiment of *1st Newfoundland.*

Signature of O. C. Company

Number of *100*
100

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>1154</i>	Age on	<i>21</i> years months	<i>Seaman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i> <i>12.2.15</i>	Religion	
Joined	Date	Period of (with Colours / with Reserve)	<i>2 1/2</i> years. <i>3 1/2</i> years.	Place of Birth	
Joined	Date			<i>St John's</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>Stob Camp</i>	<i>26/6/15</i>	<i>Ho</i>	<i>1</i>	<i>Causing disturbance in</i> <i>Harwick about 10/15 PM</i>	<i>Blk Sharp</i> <i>Ch. Aitch</i>	<i>5 days bb</i>	<i>22/6/15</i>	<i>Capt O'Brien</i>	
<i>do</i>	<i>23/7/15</i>		<i>1</i>	<i>Drunk</i> <i>When on active service</i>	<i>Flanagan</i> <i>Capt Fayon</i>	<i>2 days bb</i>	<i>24/7/15</i>	<i>Capt O'Brien</i>	
	<i>12/7/15</i>		<i>2</i>	<i>drunk in Harwick 8:50 PM</i> <i>absent from guard post. music 8 pm 13th 15</i>	<i>Ch. White</i> <i>Cpt</i> <i>Murrell.</i>	<i>3 days cc.</i>	<i>15th 15</i>	<i>Capt Quinlan</i>	<i>Forfeit 20c</i> <i>pay JMK</i>
				<i>Medically unfit.</i>	<i>St John's</i>	<i>10</i> <i>76</i>			

To be carried over