

4560



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4560 Name Reed Barnes ~~and~~ Weth

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Reed Barnes</u>                        |
| 2. What is your full Address? .....  | 2. <u>Bellef Island</u><br><u>St. John's</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                                |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>0</u> Months           |
| 5. What is your Trade or Calling? .....  | 5. <u>mechanic</u>                           |
| 6. Are you Married? .....  | 6. <u>no</u>                                 |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? }                                 | 7. <u>no</u>                                 |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                                |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                                |
| 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. <u>yes</u>                               |

I, Reed 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.

Reed Barnes SIGNATURE OF RECRUIT.  
James P. Weth Signature of Witness.

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

I, Reed 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 22 day of April 1915  
 Signature of Attesting Officer James P. Weth

### †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.....

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

Date.....1915 } Approving Officer.  
 Place.....

† 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 Hester, Barnes  
 Apparent age..... years..... months. Height ✓ feet 54 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Edward Barnes  
Belle Island Ck | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
		Service towards limited engagement reckons from <u>22. 4 - 18</u>							
		Joined at <u>St. Pauls</u> on <u>April 22 - 1918</u>							
		<u>Discharged July 1 / 19</u>							
		<u>Cowhatche St. Pauls train to Halifax 1-6-18</u>							
		<u>to Newfoundland for demobilization 22/5-1919</u>							
		<u>Arrived Halifax aboard 1-6-1919</u>							
		<u>Demobilization St. Pauls 1-7-1919</u>							
Total Service forfeited as above.....									

Total Service towards Engagement to 1-7-1919 (date of discharge) 1 years 71 days  
 " " Pensions " " " " " " " " " " " "

C.R. 4560

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 20th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 17-6-19.

4560 Pte. L. Barnes.

C.R. 4560

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 18th 1919.

4560, Pte. L. Barnes.

Reported at Headquarters 1/6/19. ex "Gorstican"  
which sailed Liverpool May 22/1919.

**NEWFOUNDLAND****C.R. 4560**  
**POSTAL TELEGRAPHS.**

Counter No. \_\_\_\_\_

**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_

Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated

May 28th 1919

To

Mrs. Edward Barnesy Bell Island.

Your son on Corsican possibly due this afternoon.

W.F. Rendell,

Lieut. Col.

for Minister of Militia

**FOR TYPEWRITER**

C.R. 4560



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 28

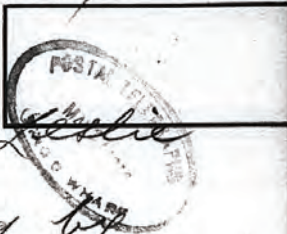
Sent by us

Rec'd by 101

Check 27

Place from Bell Island

To Her Majesty



Is 4560 pbe  
Barnes coming by  
Corsican as promised

Mrs Edward Barnes

*no draft.*

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_

Address **ST. JOHN'S**

Line Number	Rcd	By	Sent	by	Check
Dated <u>MAY 28th 1919</u>					
To <u>MRS. EDWARD BARNES, BELL ISLAND.</u>					

YOUR SON ON CORSICAN POSSIBLY DUE THIS AFTERNOON

W. E. RENDALL

Lieut. Colonel,  
for Minister of Militia.

CHG. TO DEPT. OF MILITIA

C.R. 4560

May 6th, 1919.

Mrs. Edward Barnes.

Bell Island.

Dear Madam,

I am directed to acknowledge receipt of your letter of the 5th inst., requesting that your son be brought home at an early date. I beg to advise you that we have telegraphed the authorities on the other side requesting that #4560 Pte. Lester Barnes be attached to the next draft for repatriation and it is quite probable that he will be home by the last of this month or the first week in June.

Yours faithfully,

C.C.B.

Captain.  
Military Secretary.



Bell Island  
May 5<sup>th</sup> /19

Hon. J. W. Bennett  
Minister of Militia

Dear Sir—

I have a boy across seas  
\$5.00 Lester Barnes, I  
would like you to get  
him home for me.

His Father was killed  
here in the mines last  
Oct<sup>r</sup> I have been trying  
to do without him,  
but I find I need him  
badly. You will do me  
a great favour by getting  
him over with the next  
Draft leaving for home.  
You will oblige  
Mrs Ed. Barnes

C.R. 4560

Extract from telegram from Synoptical dated Feb 3rd. 1919.

With reference to your telegram Dec. 22nd. Allotment of  
4560 Barnes to be paid to Mrs. Edward Barnes Bell Is.  
C.B. from date of last payment.

C.R. 4560

Extract from Daily Orders by Major K. L. Gallivan,  
Commanding New Zealand Forestry Companies, 6-18-18.

The Undermentioned having reported for duty from  
the Sd Col. Royal Nfld. Regt. is attached to the Strength  
for actions, from this date and posted to Companies  
"A"

4560 Pte. L. Barnes.

C.R. 4560

Extract from Orders by Lt. Col., B.J. BARTON, Commanding 2nd.,  
Battalion of the Newfoundland Regiment, dated 31-10-18.

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#4560 Pte. L. Barnes.

THE ABOVEMENTIONED HAVING REPORTED BACK FROM THE 1st., BATTALION  
IS TAKEN ON THE STRENGTH AND POSTED TO "E". CO.,

BC.

C.R. 4560

Extract from Telegram to Synoptical London, Dec. 22nd,  
1918.

Ascertain wishes 4560 Barnes re allotment allottee  
deceased.

C.R. 4560

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

4560 Pte L. Barnes

Embarked for Overseas with draft 11-6-18.

C.R. 4560

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regt. St. John's, dated April 23, 1918.

#4560 Pte. Lester Barnes.

Attested for General Service with the Royal Wfld. Regt.  
from 22/4/18 to ~~22/4/18~~ 26/4/18

Barnes, L.

C.R. 4560

P.R.O.





TC, - The Chief Paymaster,  
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 1st July 1918.

Regtl. No.	Rank;	Name	Amount	Signature.
4560	Pte.	Barnes C/L	£250	C. L. Barnes

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

Date July 1/18

C. L. Barnes

No. 3761/584 / 3 *to*

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/ R. Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

10th. March 1919

March 17<sup>th</sup> 1919

4560 Pte. Barnes, L.

With reference to the following telegram from the Minister of Militia / / ( 71 )

"Pay to- 4560 Barnes,  
£2. 0. 0.

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

*W. H. ...*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*W. H. ...*  
LIEUT. COLONEL,  
COMMANDING THE BRITISH ROYAL NEWFOUNDLAND REGT.

Received the sum of £ 2. 0. 0

Two Pounds in respect of telegraphic remittance from the Minister of Militia.

Lester Barnes  
No 4560 Rank Pts

Witness W. H. ...

17/3/19

No. 454/940

M.F.F. / 100.

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 Batt. Ryl. Nfld. Regiment  
Winchester

29th April 1919

May 22d 1919

4560 Pte L. Barnes

With reference to the following telegram from the Minister of Militia / / ( 155 )

"Pay to-4560 L. Barnes

£3-0-0

Cheque £3-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder:  
*Leyman*  
OFFICER COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

Received the sum of Three pounds in respect of

telegraphic remittance from the Minister of Militia.

L. Barnes

Chief Paymaster & O. i/c Records.

No 4560 Rank Pte

Witness Geo. Perry

93 60  
915  
PW  
94

c

**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 Engineers* 7. Former Trade or Occupation } *Mechanic*
2. Regt. *North* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Barnes* *Keaton*  
(Surname) (Christian Names)
5. Age last birthday. *20*
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 n (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? }

*The complaint of no disability*

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.)*

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 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?

*Repatriation*

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

*W. L. Proemier. Col R.A.M.C.*

Station ..... *Hazley Down* .....

Medical Officer in charge of case.

Date ..... *6/4/19* .....

\* 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

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM full text/~~extract~~ from MINISTER OF MILITIA,

No. \_\_\_\_\_ Dated 7/ 5/ 19(175 ), received 8/ 5/ 19

Decoded by J.S. Checked by R.A.P.

Branch Records Acted upon (Initial) \_\_\_\_\_

Acknowledged per No. \_\_\_\_\_ Dated / / \_\_\_\_\_

Requested that-4720 Walsh-4560 Barnes-should be  
included in-next draft-fullstop-

*M*  
*Writing list*  
*107 & 108.*

Barnes, L

4560

Ray Sept.



July 2, 1919

#4560 Pte. Lester Barnes,  
Bell Island, 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

Captain,  
Paymaster & Officer i/c Records.

435

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..... *Lesker* ..... 2. Surname..... *Barnes* .....

3. Rank..... *Pvt* ..... 4. Regt. No..... *4560* .....

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

6. Date of enlistment in the Regiment..... *April 22/18* .....

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..... *Do* .....

9. Address in full of such dependents..... *Do* .....

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 field, if so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in field, or Overseas..... *Fourteen*  
*Months and Eleven days* .....

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.

*£86.36 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 *Jan. 1/19* (b) Reason for discharge

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

21. (a) Are you receiving treatment from the Warial 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.



July 1, 1919

#4560 Pte. Leslie Barnes,

Bell Island, W.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2578.

Yours truly

Captain,  
Paymaster & O.I. Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4560 Rank Pte Name Barnes L  
 Intended place of residence Bell Island  
 2. Occupation Machanic  
 Classification of soldier P Medical Category AI

3. The above named man is discharged in consequence of

**DEMOBILIZATION**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN 17 1919

[Signature]  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUN 17 1919

[Signature]  
 Signature of soldier

[Signature]  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUN 17 1919

[Signature]  
 Signature of soldier

[Signature]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22-4-18 No. of days on Military  
 Discharged from service 17-6-19 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 i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUN 17 1919

[Signature]  
 Officer i/c Records  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date July 11 1919

[Signature]  
 Officer i/c Records  
 The Royal Newfoundland Regiment

af 12079/2078

## 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.

*Lester Barnes*

Signature of Man.

Reg. No. 4560

*J. A. Snowlett*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

17-6-19

191

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4560 Rank Plt Name Barnes L  
 Date of Enlistment 22-11-18 Address Bell's Rd District St. John's  
 Occupation Mechanic Classification for Discharge E7 Medical Category A.1.  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 208	B 121	1	N. F. Med	D. F. 1	1
B 178	W 340A	B 122		Board 1st	" 2	
B 178a	1 D 400A	B 1915		do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 16-6-19 O. C. Discharge Depot. H. H. [Signature]

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

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 AMC [Signature]

Date 17-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 3779718 to his home  
 at Bell Island and Release Certificate No. 2873 issued.

Date 17-6-19

*J.A. Crowley*  
 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 17-6-19

Date 17-6-19

*J.H. Hinks*  
 Depot Paymaster.

Discharged approved for 17-6-19

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

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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		

*6 Form B*

Date 17-6-19

*J.A. Crowley*  
 O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN-17 1919

*R.H. Sait Capt.*

O. C. Discharge Depot.

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

Date.....

# The Royal Newfoundland Regiment

Class for Demobilization: *7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *16.6.19*

Regimental No. *4560*

Name *Bames L.* Rank *Pte.*

Address *Bell Island*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge  
(b) Standard Medical Board

Members of Board

*R. H. Lact Major*  
O.C. Discharge Depot.

*H. Peterson*  
Senior Medical Officer

*G. W. Borden*  
M. O. Depot

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

## MEDICAL HISTORY

Surname BarnesChristian Name Lester

Table I.—GENERAL TABLE.

Birthplace:—Parish Belle Isle County Nfld.

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	on	at	on	at
Examined	27	day of Apr. 1918	day of	191
Declared Age	19	years	years	days
Trade or Occupation	<u>mechanic</u>			
Height	5	feet 5 1/4	feet	inches
Weight		115		lbs.
Chest Measurement	34	inches	inches	inches
	4	inches	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		<u>7 marks</u>		<u>12 marks</u>
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>Lester Barnes</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>John</u>	at	
	on	27	on	day of
		day of Apr. 1918		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal</u>	<u>H 560</u>		
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick I

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
Hazeley Down	8	3	19	17	3	19	g. Measles	9	

st in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of  
and re-admissions to hospital will be shown. The subsequent progress, including particulars  
ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

to duty.

*R. A. M. C.*

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
23-4-18	Vacc. 100
3-5-18	I.C.B. 100
16-6-18	do. 100
10-7-18	TAB. 100

It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as 100 for discharge on demobilisation. Medical category 100

16.6.19  
Date of T.M.B.

*[Signature]*  
Medical Officer

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

Nº 4313



1ST. NEWFOUNDLAND REGIMENT

I, Lester Barnes, **ALLOTMENTS**, Regl. No. 4560

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> of Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

*Allotment begins* 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<del>4313</del> 4080	Father	Edward Barnes	Bell Island C. B.	
			Total Allotment, £	<u>60<sup>9</sup></u>

**NOTE.**—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]  
Officer Commanding  
B Company  
St John's  
May 29th 1918

(Sig.) [Signature]  
(Rank) Pte

**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 New Brunswick*
2. Regt. No. *4860* 3. Rank. *Cpl*
4. Name *Lesley Bennet* *Lesley*  
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Mechanic*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
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, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

*No Complaints of his 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. Proctor* *Capt. Raine*

Station *Angely B. 1000*

Date *8.11.19*

Medical Officer in charge of case.

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



## 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 *Lester Barnes*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4560*

Intended address *Bell Island*

Height on discharge *5* Feet *6*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father \_\_\_\_\_

Christian name of Mother *Blana Belle*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *West Hs. Jan 17<sup>th</sup> 1900*

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) *Lester Barnes*

*Pte*  
(Rank)

Station **ST. JOHN'S.**

Date *19-6-19*

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



The Royal Nfld. Regiment

DEMOBILIZATION

No. 4566 Rank \_\_\_\_\_

Name Bame \_\_\_\_\_

Warned for demobilization on

**JUN 17 19**

HAMMERMILL  
BOND

ST. JOHN'S, June 17 /19

# Royal Newfoundland Regiment.

Billeting Account,

To Pte L. Barnes

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 17<sup>th</sup> /19

4560. Pte. L. Barnes 17 70

ACCOUNT	<u>7097</u>	INITIALS	<u>GB</u>
SH. NO.	<u>22829</u>	INITIALS	
INV. LEDGER		INITIALS	
DRY LEDGER	<u>70</u>	INITIALS	
GEN. LEDGER		INITIALS	

Certified correct for \$

J. A. Snowball  
Billeting Officer.

Lester 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

OCT 15

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

Lester Barnes

in respect of his service as No. 4560 Rank Pt.a.

Name L. Barnes

Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

Lester Barnes

Date

Oct 21. 1921

Address

Bell Island Bay

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
59.

Number of Sheet 571

Regiment of Royal Newfoundland

Signature of O. C. Company J. James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4560 Barnes Sexton</u>	Age on	<u>19</u> years <u>1</u> months	<u>Machanic</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns 22.4.18</u>	Religion	
Joined	Date	Period of	} with Colours <u>7</u> years. with Reserve <u>36</u> years.	<u>Method</u>	
Joined	Date			Place of Birth	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 1/79</u>					

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4560 Rank Plt Name Barnes L  
 Date of Enlistment 32-11-18 Address Bell's Pt District St. John's  
 Occupation Mechanic Classification for Discharge F Medical Category A1  
 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 3404	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 16-6-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation.

[Signature]  
 Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable A6000
- (b) Clothing Supplied [Signature]

Date 17-6-19

O i/c. Re-clothing



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4560 Rank Plt Name Barnes L  
 Date of Enlistment 22-11-18 Address Bell's Rd District St. John's  
 Occupation Mechanic Classification for Discharge F Medical Category A1  
 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 3404	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 16-6-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation.

[Signature]  
 Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable A60.00
- (b) Clothing Supplied [Signature]

Date 17-6-19 O. C. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 57073718 to his home at 1211 78th St and Release Certificate No. 184878 issued.

Date 17-6-19 *J.A. Knowlton*  
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 17-1-19

Date 17-1-19 *H. M. ...*  
Depot Paymaster.

Discharge approved for 17-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. 1 <sup>st</sup> 36	B 288	B 121	N.F. Med	D.F. 1	<i>2 Form B</i>
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 83			

Date 17-6-19 *J.A. Knowlton*  
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 17 1919 *R.H. ...*  
O. C. Discharge Depot.

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

Date June 26/19 *J. M. ...*  
*Gen'l Records*

Reg. No. *45160* Rank *A/c* Name *Burns. L.*

Attested ..... Address *2111 Island.*

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

Date of Allotment ..... Returned from Overseas *1.6.19.*

Returned on S.S. *Caroline* Cause *Discharge*

*16-6-19*

PASSED TO DEMOBILIZATION OFFICER

*17-6-19*

DISCHARGE APPROVED ON DEMOBILISATION.