



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5088 Name Wm Barnes Corps CofB

Questions to be put to the Recruit before Enlistment.

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

I, Wm 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.

William Barnes SIGNATURE OF RECRUIT.

J. B. Baynes Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm 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.....

on this... 16 day of... May 1918
Signature of Attesting Officer A. B. Dick's Lieut.

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date... May 18 1918
Place... A. B. Dick's } Approving Officer.

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

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

C.R. 5088

extract from daily orders Part II Royal Newfoundland Regt.
Sept. St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilisation has been
confirmed by officer i/c records from noted date

1-8-19.

5088, Pte. W. Barnes.

C.R. 5088

Extract from Daily Orders part II, unit the Royal Newfoundland
Regiment dated July 21st. 1919

The discharge of the undernoted on demobilisation has been
APPROVED by G. O. Discharge Depot on noted date.

5088 Ete. W. Barnes.

18-7-19.

C.R. 5088

Extract from Daily Orders Part III Unit The Royal Rifle Regt.
St. John's, July 3rd 1919.

5088 Pte. W. Barnes.

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

C.R. 5088

Extract from Daily Orders part 11, from Unit The Royal Nfld
Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on the H.M.S.
"Columbella" July 22, 1918.

#5088 Pte. William Barnes.

C.R. 5088

Extract from Daily Orders part 11, from UnitnThe Royal
Mfld.Regt.St.John's,dated May 17,1918

5086

#5084 Pte. W. Baines.

Attested for General Service with the Royal Mfld.Regt.
from 16.5.18 to report 10.6.18

W. Barnes

C.R. 5088

110

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 Artillery* } *Boiler maker*
 2. Regtl. No. *2058* 3. Rank. *Cpl* }
 4. Name *Barnes* }
 (Surname) (Christian Names)
 5. Age last birthday. *27*.....
 6. Posted for duty on at
 in category (or grade).....
 7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

To be confirmed by no
insurance

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

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.

Refatuated

W. E. Proctor, M.D.
Medical Officer in charge of case.

Station .. *Hampden House*
Date .. *1-11-19* ..

* 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

SIGNALLER'S RECORD SHEET.

Rgtl. No. 5088 Rank Pte Name & Initial Barnes W.S.
 Unit Royal Newfoundland Regt.

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all Standard Tests
Efficiency Capts

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	99%	99%	98%	100%	%	
Reading ...	99%	99%	97%	98%	%	

* R.A. Signallers only.

Classified as SI Class Signaller at Hagley Down Camps
 Date 9/12/18 Signature of Classifying Officer Efficiency Capts
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and vice versa.
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and vice versa.
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and vice versa.
11.	Take a bearing with a compass and measure it on a map with protractor.

SIGNAL TRAINING. STANDARD TESTS.

1.	Accept a message including counting and filling in preamble.
2.	Fill in Sent Column on message form.
3.	Fill in Signal Register.
4.	Fill in Received Column on message form.
5.	Send and receive a verbal message on the telephone.
6.	Call up with (a) flag, known and unknown station. (b) buzzer. (c) ringing 'phone.
7.	Put through a call on a 4 plus 3 switch unit.
8.	VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9.	" " " caller. " " "
10.	" " " writer. " " "
11.	" " " answerer. " " "
12.	" " " answer-reader. " " "
13.	" " " sender. " " "
14.	LUCAS LAMP. Set up and align.
15.	" " Replace cells.
16.	" " Connect up cells.
17.	" " Trace the electric circuit with a view to locating a fault.
18.	" " Change a bulb.
19.	" " Change nightshades.
20.	" " Test flexible cord.
21.	TELESCOPE. Set up on stand and align.
22.	" " Focus on a blue flag unreadable to the unaided eye and read a message.
23.	HELIOGRAPH. Set up and align with vane.
24.	" " Change to duplex and align.
25.	" " Regulate the beat.

ELECTRICAL INSTRUMENTS TESTS.

CELLS.	MISCELLANEOUS.
1. Render active.	14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.
2. Connect in series and parallel.	15. 4 plus 3 Buzzer Unit. Connect up.
TELEPHONE D. III.	
3. Connect and insert cells and cell connections.	
4. Test instrument.	
5. Localise and remedy the following faults:—	LINEMAN'S DUTIES.
(a) Adjustment of buzzer.	16. Identify lines by labels.
(b) Dirty key contact.	17. Draw and explain a simple circuit diagram.
(c) Dirty Pressed switch contact.	18. Draw and explain a simple route diagram.
(d) Receiver discs and washers.	19. Make a reef knot, barrel hitch and clove hitch.
(e) Microphone capsule.	20. Joint and insulate (a) D. II. } Single or (b) D. III. } Twisted. (c) D. V. (d) D. twin Mk. III.
6. Connect up earth return, metallic return, and use of condenser terminal.	21. Make simple joint in enamelled wire or single wire.
FULLERPHONE.	22. Lay cable (a) in open country. (b) in trenches.
7. Connect and insert cells and cell connections.	23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.
8. Test instrument.	24. Test with Q. and I. detector— (a) cells; (b) a circuit, for disconnection earth and contact; (c) in order to pick up wires in a rope.
9. Localise and remedy the following faults:—	
(a) Adjust No. 1 or (A) contact of armature.	
(b) Adjust No. 2 or (B) contact of armature.	
(c) Dirty contacts.	
VIBRATOR, R.A.	
*10. Connect up hand set and cell connections.	
*11. Test instrument.	
*12. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressed switch contact.	
(d) Receiver disc and washers.	
(e) Microphone capsule.	
13. Connect up earth and metallic return.	

* R.A. only.

This space to be pasted in A.B. 64.

No. 3748/578

Obert
NEWFOUNDLAND CONTINGENT
LONDON, S.W. 1. N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

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

March 10th. 1919

March 12th 1919

5088 Pte. Barnes W.

With reference to the following telegram from the Minister of Militia / / (69)

"Pay to- 5088 Barnes,
£8. 0. 0.

Cheque £8. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

8

Receipt hereunder

[Signature]
LIEUT. COLONEL.
COMMANDING 2ND BATT. NEWFOUNDLAND REGT,
Officer Commanding. Batt'n.

Received the sum of Eight
pounds in respect of

telegraphic remittance from the Minister of Militia.

W. Barnes

No. 5088 Rank Pte.

Witness W. Rockett

Barnes, W

5088

Ray sept.

August 1st 1919.

#5009, Pte. W. Barnes,

Topsa ILC.B.

Dear Sir:

Enclosed please find Discharge Certificate
#3461.

Yours truly,

Capt. W. Raymaster.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization: —

F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

18.7.19

Regimental No.

5088

Name

Barnes, W.

Address

Sopocail

Present Medical Category

A1

Recommended for: —

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

W. R. Cooper Capt.
O. C. Discharge Depot.

W. B. Brown
Senior Medical Officer

Lee Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5022 Rank. Plt Name Barnes W
 Date of Enlistment 16.5.18 Address St. John's District St. John's
 Occupation Boatmaker Classification for Discharge 6 Medical Category ME
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date July 1919

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Barnes

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) Clothing Supplied

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2448 to his home
at Popsail and Release Certificate No. 3689 issued.

Date 18-7-19

[Signature]
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 1-8-19

Date 18-7-19

1-8-19
[Signature]
Depot Paymaster.

Discharge approved for 18-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 288	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 18-7-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 18 1919

L. R. COOPER, CAPT.

Date

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

W. Barnes

Signature of Man.

M. Blonstein

Reg. No. 5088

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

81

Date

18-7-19

191

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

MEDICAL HISTORY

Surname Marnes

OF

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish LopswailCounty Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May		191
Declared Age...	at	Graphus	at	
Trade or Occupation	27	years		days
Height		feet 6 1/2		inches
Weight		160		lbs
Chest (Girth when fully expanded)		35		inches
Measure-ment (Range of Expansion)		1/2		inches
Physical Development				
Vaccination Marks (Arm Number)	Right	Left	Right	Left
		1 Scar		
When Vaccinated	3 wks ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/10	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>Lammobalson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St John's</u>	at	
	on	16 day of May 1908	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	<u>The Royal</u>	<u>5088</u>		
Transferred to	<u>Nfld Regt</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) or (vii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *5078* 3. Rank..... *Pte*
4. Name *Barnes, William*
(Surname) (Christian Names)
5. Age last birthday.. *22*.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Boiler Maker*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
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.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

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

The 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. Proemier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *1-4-19*

* 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



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 *William Barnes*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5088*

Intended address *Topsoil.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Emma*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns, May 30th, 1896.*

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) *William Barnes.*

Pte
(Rank)

Station *St Johns*

Date *17. 7. 19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

Station

Date



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... *William* 2. Surname... *Barnes*

3. Rank... *A Co* 4. Regtl. No. *5088*

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

6. Date of enlistment in the Regiment... *May 16/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents... *no*

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Fourteen months*

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

No

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

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

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.?
If not give:- (a) Date of discharge
(b) Reason for discharge

No
July 31/19
Demob

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

England

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

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

Signature of Applicant: - *William Barnes.*

Place of Residence: *Lapsais, C.B.*

Declared before me at: *St Johns*

This *19* day of *July* 19*.19...*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John M. G. G. J.P.*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.	
.....
.....
.....
Certified correct.			Registrar	

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

Pt. A. Burne

Billeting Soldiers as undermentioned

from July 1/19 to July 18/19

5088 Pt. A Burne 18 80

ACCOUNT	3334
CH. NO.	
IND. LEDGER	
PAY LEDGER	
GEN LEDGER	

Certified correct for \$

W. Barnes

Billeting Officer.

W. Barnes

W. Barnes

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39

Number of Sheet 1210

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name	
No.	<u>Burnes Wm</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<u>21</u> years / <u>1</u> months
Place and Date of Enlistment	<u>St John's 16.5.18</u>
Period of	with Colours <u>1 1/2</u> years.
	with Reserve <u>3 1/2</u> years.

Trade	<u>Boiler maker</u>
Religion	<u>C of E</u>
Place of Birth	<u>Israel C B</u>

Good Conduct Badges, Service pay or proficiency pay

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>Hazelton D Camp</u>	<u>24-4-19</u>	<u>Pte</u>		<u>Overstaying Pass form 23 59. 24/4. 19 To 1300 25/4. 19 (13 hours)</u>	<u>H/c Lawrence</u>	<u>Admonished</u>	<u>26.4.19</u>	<u>Lt Col S. L. Barber</u>	<u>10 Forfeit 1 days Pass</u>
				<u>Demobilized 1/19</u>					

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5088 Rank. Pte Name. Barnes W.
 Intended place of residence. Dopsail
2. Occupation Boilermaker
 Classification of soldier 2 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 JUL 18 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 18 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 17 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 16-5-18 No. of days on Military
 Discharged from service. JUL 18 1919 Plus 14 days Service. 443

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 18 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 11/1919
 Officer in Charge
 The Royal Newfoundland Regiment

16
30
31
78

OAR 2079/3461

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5011 Rank A/C Name Barnes W
 Date of Enlistment 16.5.18 Address Lopside District H. Myers
 Occupation Bandmaster Classification for Discharge 6 Medical Category VI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date July 17/19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Barnes

Particulars passed to Vocational Officer for information and action.

Date

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #60.00
 (b) Clothing Supplied

Date 18-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2448 to his home at Poppsville and Release Certificate No. 3689 issued

Date 18-7-19 Amblowitz
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 17/11/1919

Date 18-7-19 Amblowitz
Depot Paymaster.

Discharge approved for 18-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	A.P. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	L. Form B
R 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 18-7-19 Amblowitz
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 18 1919 L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 11 1919 [Signature]

Reg. No. *1084* Rank *PL* Name *Barnes. W.*
Attested Address *Peppail*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Archange*

189 19
189 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.