



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5090 Name Joseph Barnett Corps CofC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>Joseph Barnett</u> |
| 2. What is your full Address? | 2. <u>Spanand Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Generalman</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, Joseph Barnett 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 by me to the above questions and to the conditions of my service.

Joseph Barnett SIGNATURE OF RECRUIT.

J. R. James SIGNATURE OF WITNESS.

16/5/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Barnett 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 Spanand Bay on this 16 day of May 1918.

Signature of Attesting Officer A. Dicks 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 16 May 1918

Place Spanand Bay

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)

C.R. 5090

extract from Daily Orders Part II Royal Newfoundland
Regiment. Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date
4-8-19.

5090, Pte. J. Barrett.

C.R. 5090

extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by O.C. Discharge Depot with effect from
the following date 21-7-19.

5090, Pte. J. Barrett.

C.R. 5090

Extract from Daily Orders Battalion The Royal Wfld.
Regt. St. John's, July 3rd, 1919.

5090 Pte. J.Barrett.

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

C.R.

5090

Extract from Daily Ord re part 11, from Unit The Royal
Militia, Regt. St. John's, dated July 25, 1918

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

#5090 Pte. Jos. Barrett.

C.R. 5090

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 17, 1918

#5090 Pte. J. Barrett

Attested for General Service with the Royal Nfld. Regt.
from 16.5.18

J. Barrett

C.R. 5090

~~1110~~

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5090 Rank Pvt Name Barrett J
 Intended place of residence Sharnard Bay
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMobilIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 19 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

JUL 19 1919

Date

[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

JUL 19 1919

Date

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 16-5-18 No. of days on Military
 Discharged from service... 21-7-19 Plus 14 days Service. 446

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

JUL 21 1919

Date

[Signature]
 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

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

A.F.B. 2079/3504

16
20
24
81

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 Art. F. 5th*
2. Regt. No. *5090* 3. Rank *Pte*
4. Name *Barrett* *Joseph*
(Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fishman*
- 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 (b) Where (c) Opinion of Court
 (d) Date of Discharge ;
 (e) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

No complaint of no feasibility

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.

Refusal

W. Proctor, Capt RMC

Medical Officer in charge of case.

Station

Date

* 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

No. 3188/479.

N.F.P./79.

FROM: NEW FOUNDLAND CONTINGENT

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

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

25th February 1919

March 3rd 1919

5090. Pte Barrett, J.

With reference to the following
telegram from the Minister of
Militia / / (44)

Receipt hereunder.

"Pay to- 5090. Barrett.

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

£2.18.0.

Cheque £ 2.18.0 is enclosed,
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of Two

James Arthur Shelley
in respect of
telegraphic remittance from the
Minister of Militia.

J.P. Hunt

Chief Paymaster & O. i/c Records.

J. Barrett
No. 5090 Rank Sgt

Witness *M. K...*

B

No. 2555/350.

FROM: NEWFOUNDLAND CONTINGENT



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

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

14th February 1919

5090. Pte Barrett, J.

With reference to the following telegram from the Minister of Militia / / (21)

"Pay to- 5090. Barrett.

£4.2.0.

Cheque £4.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

February 19th 1919

Receipt hereunder.

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

Received the sum of Four Pounds
two Shillings in respect of telegraphic remittance from the Minister of Militia.

No. 5090 Rank Pvt

Witness M. Rocketts

Handwritten notes: P.D., 067425, 15/2/19, 10/19

Handwritten signature: A. S. Minns

Handwritten signatures: J. Barrett, M. Rocketts

Barrett, J.

5090

Aug & Sept.

August 4th 1919.

#5090, Pte. J. Barrett,
Spaniard's Bay.

Dear Sir:

Enclosed please find Discharge Certificate
3504.

Yours truly,

Capt. W. Paymaster.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization:

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No. *5090*

Name

Barnett J.

Address

Spaniards Bay.

Present Medical Category

A1

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

J. Paterson
Senior Medical Officer

J.W. Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5190 Rank. Pl Name Barnett
 Date of Enlistment 16.5.18 Address St. John's District St. John's
 Occupation Fireman Classification for Discharge 1 Medical Category A.1
 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 18.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J. Barnett
Fireman
St. John's

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied

Amelob...

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192489 to his home
 at Spaniards Bay and Release Certificate No. 3728 issued [Signature]

Date 19-7-19
 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 4
[Signature]

Date 19-7-19
 Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P 36 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| F 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 | | |

2 Form B
[Signature]

Date 19-7-19
 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 21 1919
L. R. COOPER, CAPT.
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Barrett J.
Signature of Man.

M. M. M. M.
Reg. No. 6090
Signature of the Vocational Officer or his Representative.

Place *ST. LOUIS, MO.*

Date *19-7-18.* 191

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

MEDICAL HISTORY

OF

Surname Barnett

Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Spanish Bay County Nfld

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|----------------------|--------------|------------------|
| | on | day of | on | day of |
| Examined | 16 | May | | 191 |
| | at | <u>St. John's</u> | at | |
| Declared Age | 19 | years | | days |
| Trade or Occupation | <u>Fisherman</u> | | | |
| Height | 5 | feet | | inches |
| | | <u>3 1/4</u> | | |
| Weight | | lbs. | | lbs. |
| | | <u>130</u> | | |
| Chest Measure-ment | Girth when fully expanded | inches | | inches |
| | Range of Expansion | inches | | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | Arm | | | |
| Number | | | | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | | R.E.—V= | |
| | L.E.—V= | | L.E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>Samuel Babson</u> | | | |
| (Rank) | <u>Major</u> | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at | <u>St. John's</u> | at | |
| | on | 16 day of <u>May</u> | on | day of 191 |
| | Corps. | Regtl. No. | Corps | Regtl. No. |
| Joined on Enlistment | <u>The Royal</u> | <u>5090</u> | | |
| | <u>Nfld Regt</u> | | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| (Signature) | on | day of 191 | on | day of 191 |
| (Rank) | | | | |



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 *Barrett, Joseph*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5090*

Intended address *Spaniard Bay H. Har*

Height on discharge *5 feet 3/4*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Thomas*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Spaniard Bay 5-8-1898*

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) *Joseph X Barrett* *H*

(Rank)

Station *ST. JOHN'S.*

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

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 Inf* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5090* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Barrett Joseph* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *28*
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 (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

The complainant of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W. B. Goerner, Capt RSMC
 Medical Officer in charge of case.

Station

Date

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

August 11th 1919.

Mr. J. Barrett
Spaniard's Bay. 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 War Ser-
vice Gratuity.

Yours truly,

Capt. &
Paymaster.

RS/

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 *Joseph* 2. Surname *Barnett*

3. Rank *Private* 4. Regtl. No. *5090*

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

6. Date of enlistment in the Regiment *May 1/18*

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.....

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 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. *From May 1/18 to*

July 19/19..... 1. 2.

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?

No No

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.

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?

19. Are you now serving in the R.A.F.? If not give:- (a) date of discharge (b) Reason for discharge

July 1918 Temporary

No Demobilization

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

No

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.

No

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

his
Joseph X Barrett

Signature of Applicant:

Place of Residence:

Declared before me at:

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

Spainard's Bay, C.B.
St. John's, Nfld.
John M. McCarthy

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

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

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~~ British War Medal
is/are forwarded herewith to

Joseph Barrett

in respect of his service as No. 5090 Rank Pte.

Name J. Barrett Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Received. Medal.

Signature _____

Date 22.

Address Mr Joseph Barrett, Spid Bay
Spencer Bay [P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forma
B 121.
39.

Number of Sheet one

Regiment of Royal New Brunswick

Signature of O. C. Company [Signature]

| | | | | | | |
|----------------------------|--------|------------|---------------------------------------|--|---|--|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | |
| No. | | | | <u>fisherman</u> Religion <u>Catholic</u> Place of Birth <u>Spanaway's Bay</u> | | |
| <u>5090 Barnett J. S.</u> | Age on | years | months | | | |
| Joined | Date | | Place and Date of Enlistment | | | |
| Joined | Date | | Period of | | | |
| Joined | Date | | with Colours | with Reserve | | |
| Joined | Date | | 18 ¹ / ₂ years. | 3 ¹ / ₂ years. | | |

| 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 |
|-------|-----------------|------|-----------------------|--|--------------------|--------------------|---|-----------------|---------|
| | | | | <p style="font-size: 2em; font-family: cursive;">Demobilized 4th 8/19</p> | | | | | |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3090 Rank Private Name Barnett
 Date of Enlistment 11-5-18 Address Monmouth St. St. John's District St. John's
 Occupation Houseman Classification for Discharge 19 Medical Category A1
 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 349A | B 122 | Board 1st | " 2 |
| B 178a | D 400A | B 1915 | do 2nd | " 3 |
| B 178 | D 400B | Form L | do 3rd | " 4 |
| B 178a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | | " 6 |
| B 179c | B 120 | M 93 | | |

Date 18-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

[Signature]
hit [Signature]

Particulars passed to Vocational Officer for information and action.

Date 18-7-19

2. Clothing. L R COOPER CAPT.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
 (b) Clothing Supplied [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2489 to his home
at Sparks Bay and Release Certificate No. 3728 issued.

Date 19-7-19
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 4-11-19

Date 4-7-19
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|---------|---------|------------|---------|
| N.F. P.36 | B 268. | B 121. | N.F. Med. | D.F. 1. |
| F 178. | W 3494 | B 122. | Board 1st. | " 2. |
| F 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 19-7-19
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 21 1919

Date
L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 11/19

Reg. No. *5090* Rank *PL* Name *Parikh, J.*
Attested Address *Spaniards Bay.*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1910*
Returned on S S *Cassandra* Cause *Discharge*

1911 *19* **PASSED TO DEMOBILIZATION OFFICER**

1911 *19* **DISCHARGE APPROVED ON DEMOBILISATION.**