



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5530. Name Albert Bartles Mark

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Albert Bartles</u> |
| 2. What is your full Address? | 2. <u>South St. St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fisherman</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, Albert Bartles 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.

Signature of Recruit: Albert - Bartles

Signature of Witness: J. W. ...

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Bartles 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 31st day of May 1918.

Signature of Attesting Officer: R. 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 complied with. I accordingly approve, and appoint him to the

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

Date 1918

Place

Approving Officer:

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5520

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

Name Alfred Bartlett
 Apparent age 21 years _____ months. Height 5 feet 6 1/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alfred Bartlett
South West Ave. No. 1413 | 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>31-5-18</u> | | | | | | | | | |
| Joined at <u>St. Albans</u> on <u>Monday 31-12-18</u> | | | | | | | | | |
| <u>Discharged August 4/1919</u> | | | | | | | | | |
| <u>Embarked St. Albans St. Catherine's & Halifax N.S. 22-7-18</u> | | | | | | | | | |
| <u>Admitted Mass Hosp. Canada 22-10-18</u> | | | | | | | | | |
| <u>Left for demobilization 24-6-19</u> | | | | | | | | | |
| <u>Arrived Liverpool 1-7-1919</u> | | | | | | | | | |
| <u>Demobilization St. Albans 4-8-1919</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) | | | | | 1 | 66 | years days | | |
| " " Pensions " " " " " " " " " " " " | | | | | | | | | |

C.R. 5530

Extract from telegram from Syn., London to Military.
dated June 26th 1919.

Remittances received as follows have not been paid - soldier
re-atriated - you can ~~pay~~ adjust.

5530, Bartlett, £5. 3. 0.

C.R. 5530

Extract from Daily Orders Part II Unit the Royal 22nd.
Regt. St. John's, July 29th, 1919.

The discharge of the undersigned on Gasification has been
Approved by O.C. Discharge Depot, with effect from 29-7-19.

5530 Pte. A. Bartlett.

C.R. 5530

Extract from Daily orders Part II Royal Newfoundland
Regt. Depot St. John's dated Aug. 11th 1919.

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

5530, Pte. A. Bartlett.

C.R. 5530

Extract from Daily Orders Part II Unit The Royal Field Artillery
St. John's, July 3rd 1919.

5530 Pte. A. Bartlett.

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

C.R. 55 30

ADM. ALEXANDRA HOSPITAL, COSHAM, 22/10/18, from 2nd Bn., R. Nfld R.

5530 Pte Bartlett, A. 2/Bn. R. Nfld R. Tonsillitis.

Army Form W 3026 A

C.R. 5530

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated June 1st, 1918

~~1550~~ Pte. A. Bartlett
3136

Attested for General Service with the Royal Nfld. Regt.
from 31.5.18

C.R. 5530

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

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

#5530 Pte. Albert Bartlett.

A Bartlett.

C.R.

5530

~~1+10~~

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 N. F. Lbs*
2. Regtl. No. *5530* 3. Rank *Pvt*
4. Name *Barthel* *Albert*
(Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on at
in category (or grade)
7. Former Trade } *Fisherman*
or Occupation }
- 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 ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity
(if any)

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

Statement of Case.

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

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

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

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

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

to be considered 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?

refractive

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.

W. E. Proennier. Galt House

Medical Officer in charge of case.

Station *Haystack Linn*

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

735/129/P.&A. NEWFOUNDLAND CONTINGENT

66901

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

To: ~~Officer Commanding,
2nd Bn. R. Newfoundland Regt.
Hazeley Down Camp,
Winchester.~~

14th. January, 1919

Jan 16th 1919

Subject: 5530. Pte. A. Bartlett.

Receipt hereunder:
Chambers LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

Pay to 5530 - £4:2:0

Received the sum of Four Pounds
Two Shillings - on account of
cable remittance from Newfoundland.

Draft £4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. H. Ware
Chief Paymaster & O. 1/c Records.

A. Bartlett
No. 5530 Rank Pte
Witness M. Rockett

No. 21622/5/P&A.



N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Alexandria Hospital,
Ipswich, Essex.

30th December. 1918

1919

Subject: 5530, Pte. A. Bartlett,

ANSWER.

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

5530 Pte A Bartlett

"Pay to 5530 Bartlett, £4.2.0.

*This man was discharged
Hospital on 11/1/1919*

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

J. H. Marshall
Chief Paymaster & O. 1/c Records.

ALEXANDRIA HOSPITAL IPSWICH
144-301.
10 JAN 1919
No. 6 GOV. P. M. COMP. C.
In charge Alexandria Hospital
H. A. Antin

No 8843/6

From:

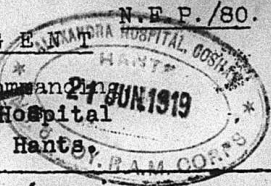
NEWFOUNDLAND CONTINGENT

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

Deposited

*From
G.W.*

Officer Commanding
Alexandra Hospital
Cosham Hants.



19th June 191

5530 Pte. A. Bartlett

With reference to the following telegram from the Minister of Militia, / / (223)

"Pay to- 5530 A. Bartlett
£5. 3. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

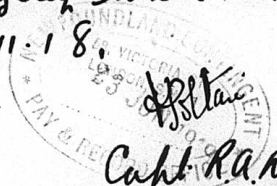
A. B. ...

Chief Paymaster & O. i/c Records

Alexandra Hospital 191

Cosham 21-6-19

My records show the man named in opposite minute to have been discharged to duty at Hazeley Down Winchester on 7. 11. 18.



Capt. R.A.M.C.

COLONEL, R.A.M.C.

ALEXANDRA HOSPITAL, COSHAM.

*Cosham
21.6.19*

No. 4163/624

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,
2/Bn. Royal Newfoundland Regt.
Winchester.

14th March 1919

March 15th 1919

5530 Pte Bartlett A.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (77)

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

"Pay to- 5530 Bartlett,
£5. 3. 0.

Cheque £ 5. 3. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

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

[Signature]
Chief Paymaster & O. i/c Records.

A. Bartlett
No. 5530 Rank Private

Witness *M. Rockett*

B

Bartlett, A

5530

Hay Dept.

August 4th 1919.

#5530, Pte. A. Bartlett,

S. West Arm. N. D. B.

Dear Sir:

Enclosed please find Discharge Certificate
3339.

Yours truly,

Capt. ^W Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5530 Rank. Plt. Name. Bartlett A.
 Intended place of residence. St West Arm
 2. Occupation. Fisherman
 Classification of soldier. E Medical Category. A1

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 7 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 JUL 7 1919

Albert Bartlett
 Signature of soldier
J. A. Howley Capt.
 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 7-7-19

Albert Bartlett
 Signature of soldier
W. J. Cooney
 Signature of witness

1
34
4
66

STATEMENT OF SERVICE

7. Enlisted for service. 31-5-18 No. of days on Military
 Discharged from service. 21-7-19 Plus 14 days Service. 431

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 21 1919

R. R. Cooney Capt.
 Officer in Charge 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 4/1919

J. A. Howley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

as B 2079 / 3339

The Royal Newfoundland Regiment

Class for Demobilization: 9.
6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 4. 7. 19.

Regimental No. 5530.

Name Bartlett A.

Address Rattling Brook

Present Medical Category A 7.

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

Members of Board {

R. H. Lait Major
.....
O.C. Discharge Depot.

L. Paterson
.....
Senior Medical Officer

J. W. Burdett
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5530 Rank Pvt Name Bartlett A

Date of Enlistment 31-5-18 Address St John's, Nfld District St John's

Occupation Fisherman Classification for Discharge 1 Medical Category Hi

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 4-7-19 O. C. Discharge Depot St John's

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Albert Bartlett

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 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2222 to his home
 at South West Omaha and Release Certificate No. 3274 issued.

Date 7-7-19 J.A. Snowcraft
 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 4-8-19

Date 7-7-19 J.A. Snowcraft
 Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|----------|--------|--------|------------|--------|
| N.F. P36 | 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

Date 7-7-19 J.A. Snowcraft
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 H.P. 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.

Albert Bantlett

Signature of Man.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 5530

Place

St Johns

Date

7-7-19.

191

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

MEDICAL HISTORY

OF

Surname Battlett

Christian Name Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish Southwestern N.S. County Newfoundland

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|-------------|--------------|--------|
| | on | day of | on | day of |
| Examined | 31 | May | | 191 |
| | at | St. John's | at | |
| Declared Age | 21 | years | | days |
| Trade or Occupation | Fisherman | | | |
| Height | 5 | feet 6 1/2 | | inches |
| Weight | | 139 | | lbs. |
| Chest Measurement | Girth when fully expanded | 36 | | inches |
| | Range of Expansion | 4 | | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | | Right | |
| | Left | | Left | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | 6/6 | R.E.—V= | |
| | L.E.—V= | 6/6 | L.E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>James Baker</u> | | | |
| (Rank) | Major | | | |
| Enlisted | at | St. John's | at | |
| | on | | on | |
| Joined on Enlistment | Corps | Royal Nfld. | Corps | |
| | Regtl. No. | 12130 | Regtl. No. | |
| Transferred to | Regiment | | | |
| Became non-effective by | | | | |
| (Signature) | on | day of | on | day of |
| (Rank) | | | | |

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Artillery*
2. Regt. No. *553* 3. Rank. *Pte*
4. Name *Barklett* *Albert*
(Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisher*
- 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) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (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 general 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. *u*
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, &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.)

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 ?

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

Repatriation

W. P. Peculier Capt R.A.M.C.
Medical Officer in charge of case.

Station *Hazleydown*

Date *28-3-19*

* 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 *Albert Bentley*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5530*

Intended address *Rattling Brook R.D. No*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Albert*

Christian name of Mother *Ridley*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Rt Cove, 12 June, 1895*

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) *Albert Bentley*

Pl
(Rank)

Station *Sago's*

Date *4-7-19*

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

August 11th 1919.

Mr. A. Bartlett,
Rattling Brook, N.D.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 service
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, Albert..... 2. Surname..... Bartlett
3. Rank..... Fte..... 4. Regtl. No..... 5530.....
5. Address in full to which future payments of gratuity are to be forwarded..... Railling Brook
J. P. Bay
6. Date of enlistment in the Regiment..... May 31/18.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... No
.....
8. Relationship of such dependents..... No.....
9. Address in full of such dependents..... No.....
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... No.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... No England only
.....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... 1 1/2 year + 1 month
..... 1. 3.....

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

..... *No*

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

..... *No*

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

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?

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

19. Are you now serving in the Regt.? .. *No*.. If not give (a) date of discharge

(b) Reason for discharge. *Demob*
July 7/19
AMP

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 England only*

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.

Signature of Applicant: *Albert Bartlett*
 Place of Residence: *Rattling Brook, N D Bay*
 Declared before me at: *St Johns*
 This *7th* day of *July* 19.*49*...

John M. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

CERTIFY.

C.R. 5530

FOR ISSUE OF BRITISH WAR METAL-1914-1919.

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

NAME. *Albert B. Bartlett*

DATE. *Nov. 21st 1919*

PLACE. *Prattling Brook*

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5530. Rank. *Plt.* Name *Barthlett, G.*
 Date of Enlistment. *21-5-18*. Address *St. John's, Nfld.* District *St. John's*
 Occupation *Customs*. Classification for Discharge. *1.* Medical Category *1.*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | |
|----------------|--------------|--------------|-----------------|--------------|
| N.F. F36. | 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. *4-7-19* O. C. Discharge Depot. *M. H.*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Albert Barthlett

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. *Albert Barthlett*

Date. *7-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2222 to his home at South West Am and Release Certificate No. 32214 issued.

Date 7-7-19

J.A. Sawloff
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 4-5-19

Date 7-7-19

H. M. ...
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|--------|--------|------------|--------|
| N.F. P136 | 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 | | |

Date 7-7-19

J.A. Sawloff
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

A.R. Cooper Capt
for O. C. Discharge Depot.

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

Date July 21, 1919

[Signature]

Reg. No. *5330* Rank *1st Lt* Name *Bartlett J*

Attested Address *Twillingate*

Allotment Allottee

Date of Allotment Returned from Overseas

Returned on S.S. Cause

4 7 19

~~DISCHARGE APPROVED ON DEMOBILISATION~~

21 7 19

DISCHARGE APPROVED ON DEMOBILISATION.