



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1478

Name in full Heber Bishop Age 19

Address Mundy Road St. John's

~~Married~~
Single Height 5ft 9in Weight 143

Color dark Hair brun Eyes blue

Other distinguishing marks Scar on left wrist

Nearest relative Father, Elijah

Address Mundy Road

Dependents none

Occupation machinist Present Wage \$20 p. mo

Previous service

Decorations

General Remarks

Date of Enlistment April 27/15

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

Heber Bishop

Declared before me this 27 day
of April 1915

Montgomery Capt

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1 478

Name **Heber Bishop**

Apparent age **19** years _____ months. Height **5** feet **9** inches.

Chest measurement { Girth when fully expanded _____ inches.
 { Range of expansion _____ inches.

Distinctive marks **Colors Dark, Hair Brown, Eyes Blue.**

Other distinguishing marks: Scar on left wrist.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Elijah Bishop, Mandy Pond Rd., St. John's**

| 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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from Apr. 27/15									
Joined at St. John's on Apr. 27/15.									
<i>Repatriated Med. Unfit</i> 4/4/16									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1 478

Name **Heber Bishop**

Apparent age **19** years _____ months. Height **5** feet **9** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Color: Dark, Hair: Brown, Eyes: Blue.**

Other distinguishing marks: Scar on left wrist.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Elijah Bishop, Mundy Pond Rd., St. John's**

| 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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from Apr. 27/15									
Joined at St. John's on Apr. 27/15.									
<i>Discharged Medically Apr. 30/16</i>									
<i>Embarked at St. John's S.S. Battalion for U.K. 20/15</i>									
<i>Discharged at St. John's 1-11-15</i>									
<i>Arrived Newfoundland and returned to St. John's 18-4-16</i>									
<i>Imputation of 100 days credit 20/15</i>									
<i>Part of service until 15-4-16 to Newfoundland</i>									
<i>Discharged Medically 30-4-16</i>									
Total Service forfeited as above									
Total Service towards Engagement to 30-4-16 (date of discharge) 1 years 4 days									
" " " Pension " (") " " "									

C.R. 1478

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

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name</u>	<u>Date.</u>	<u>Reason.</u>
1478	Pte.	Heber Bishop	Apr. 30th. 1916.	Med. Unfit.

C.R. 1478

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

#1478 Pte. Heber Bishop discharged Apr. 30th 1916, Medically
unfit

C.R. 1478

The following Men Returning By Scandanavain Mar. 31, 1916.

1478 Pte. Bishop.

C.R. 1478

Extract from Nominal Roll Embarked St. John's for Overseas
per S.S. CALGARIAN June 10, 1915 "F"

#1478 Pte. E. Bishop .

C.R. 1478

Heber Bishop was attested for General Service
with the NEWFOUNDLAND REGIMENT on April 27th 1915.

Regimental No. 1478 was allotted to Pte HEBER BISHOP.

AUTHORITY:

Record Officer

Dept. of Militia,
March 25th, 1919.

H. Bishop.

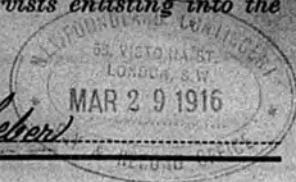
C.R.

1478

P.R.O.

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

COPY SENT TO
 Adjutant General
 St. John's
MEDICAL HISTORY
 Memorandum
 Dated MAR 3rd 1916
 Christian Name *Hebert*



Surname *Hebert* Christian Name *Hebert*

Table 1.—GENERAL TABLE.

Birthplace:—Parish *St. John's* County *N. F. L. D.*

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>26th</i> day of <i>April</i> 1915		on _____ day of _____ 191	
	at <i>St. John's</i>		at _____	
Declared Age	<i>19</i> years _____ days		_____ years _____ days	
Trade or Occupation	<i>Machinist</i>		_____	
Height	<i>5</i> feet <i>9</i> inches		_____ feet _____ inches	
Weight	<i>143</i> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <i>36</i> inches		_____ inches	
	Range of expansion... <i>5</i> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	<i>1</i>		
	Number			
When Vaccinated	<i>1905</i>		_____	
Vision	R. E.—V= <i>4/6</i>		R. E.—V= _____	
	L. E.—V= <i>4/6</i>		L. E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause Rejection	(b) _____		(b) _____	
Approved by (Signature)	<i>Geo W Burden</i>		_____	
(Rank)	<i>Lieut.</i>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St. John's</i>		at _____	
	on <i>27th</i> day of <i>April</i> 1915		on _____ day of _____ 191	
Joined on Enlistment	Corps.	<i>1st N. F. L. D.</i>	Corps.	_____
	Regtl. No.	<i>1478</i>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Que. County Hosp.</i>	<i>20</i>	<i>10</i>	<i>15</i>	<i>1</i>	<i>11</i>	<i>15</i>	<i>Paralysis of leg</i>	<i>11</i>	<i>Done for peroneus pain over to badly for and too</i>	<i>A. Campbell, Rouse</i>

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
May 20 th 1915	1 st Inoculation 500 Million
June 7 th 1915	2 nd 1000
" 25 th 1915	Vaccinated at Sea
15 th March 16.	Gastric bacteria unfit for foreign service Informed Capt R. H. C.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. Johns N.F.L.D.					

We hear he has been very seriously
wounded & only hope that is not
true.

Enclosure stamped P.C.

With apologies for troubling
you

I am
Yours truly

E. C. Fletcher.

THE N. WEST INDIA INFANTRY REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	3006
Rec'd.	OCT 13 1916
Ack'd.	OCT 13 1916
Arch'd.	
File No.	

Invalided to N.F.

VINE COTTAGE,
ST. ANDREWS.

W.A.B.
7

12.10.1916

Dear Sir,

I will be greatly obliged if you

will give me any information as

F. to the whereabouts of Pte H. Bishop

no 1478 1/N.F.L.D. I believe he was

in the machine gun section as

he was attending the School of

instruction here when he took ill

& I nursed him in Hospital.

No 1403



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Heber Bishop*, Regl. No. *1478*

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

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>7</i>	<i>Mother</i>	<i>Mrs Eliza Bishop</i>	<i>Mundy Pond</i>	<i>50</i>
<i>8</i>			<i>Rd.</i>	
<i>5</i>			<i>St Johns</i>	
		<i>Commencing the</i>		
		<i>June 12th</i>		
			Total Allotment, \$	<i>50</i>

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

(Sig.)

Officer Commanding
 Company

Graham

191

(Sig.)

(Rank)

H Bishop
pt

69

125



Army Form O. 1625.

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *21 Newfoundland Regt*
 No. *1478* Rank *Private* Name *Bishop #*
 Died (a) at on the of 191
 Deserted at on the of 191

I Certify to the correctness of above in every particular.

Chas. H. Aye Capt. { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 13 days at <i>100</i> from <i>18/3</i> to <i>30/3</i>	<i>2</i>	<i>13</i>	<i>5</i>
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>191</i>				days at from to			
	<i>March 24/16</i>	<i>150</i>		<i>15 0</i>	<i>2 1/2</i>			
	<i>March 31/16</i>			<i>17 0</i>	Messing allowance 13 days at <i>10^d</i>			
				<i>15 0</i>	from <i>18/3</i> to <i>30/3</i>	<i>5</i>	<i>4</i>	
				<i>1 12 0</i>	Clothing and kit allowance			
	<i>allotment 13 days at</i>			<i>1 6 9</i>	Amount produced by the sale of Necessaries			
	<i>Consolidated stoppage 50^d</i>				Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including			
					interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster				Balance due to the Paymaster			
		<i>£</i>	<i>2</i>	<i>18 9</i>		<i>£</i>	<i>2</i>	<i>18 9</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 2 18 9 is correctly chargeable against the Public^(b).

Dated at _____ day of _____ 191 . Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

69

PAY LIST. to **30th March** 191**6** . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **2/1st Newfoundland**
 No. **1478** Rank **Private** Name **H. Bishop**
 Died (a) at on the of 191
Embarked s.s. Scandinavian on the **4th** of **April** **1916**
 Deserted at 191

I Certify to the correctness of above in every particular.

_____) *Commanding Squadron, Troop,
Battalion or Company.*

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
191					Messing allowance days at from to			
"					Clothing and kit allowance			
"					Amount produced by the sale of Necessaries			
	Consolidated stoppage				Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Balance due by the Paymaster				Deferred Pay or Gratuity.....			
		£			Balance due to the Paymaster.....	£		

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

Dated at _____
 this _____ day of _____ 1916



_____) *Paymaster,
PAYMASTER & OFFICER/RECORDS*

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to *Mar 30* 191*6*. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *1478*

Rank *Private*

Name *R. Bishop*

Died ^(a)

Deserted at

at

on the

on the

Scandinavian of *April*

191

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....	.	.	.	Balance Cr. last month.....	.	.	.
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay			
	191				days at from to			
	"				Messing allowance days at			
	"				from to			
	"				Clothing and kit allowance			
	Consolidated stoppage				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
	Balance due by the Paymaster				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
		£			Deferred Pay or Gratuity.....			
					Balance due to the Paymaster.....			
						£		

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *is* correctly chargeable against the Public^(a)

Dated at this

day of *31* *AUG*

191

Paymaster.

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

Bishop H

L

1478

Ray Dept

STATEMENT OF ACCOUNT

No. 1478

Name Bishop Heber

Julio. 42

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
1916 March 31	By Pay Today @ 1 60/100			48 00	48 00
	Clothing			25 00	73 00
	Bonus			11 20	84 20
May 1	To Pay				36 20
1917 Feb 21	" "	126	48 00 36 20		36 20
	P. & Pay 91 days @ 1 1/2%			100 10	100 10
1918 Dec 20	Bonus To Pay		11 20		88 90
		7207	87 15		1 75
	W.S. Gratuity 1 mo @ 70 00/100			70 00	71 75
	P.D. Pay as above		98 35		2 40
			27 90	254 30	2660
			280 90	254 30	26 60
					to Balance

Signed Alvany S.S.M.

*2 30
10
1920*



1ST NEWFOUNDLAND REGIMENT

P. O. BOX No. 1242

TELEPHONE No. 351

CABLES AND TELEGRAMS TO
"PAYDEPT."
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE
ADDRESSED TO THE
PAYMASTER

PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND,

.....191.....

Account of Pte. Heber Bishop Regtl No. 1478

From March 31st. to April 30th. 1916

Pay 30 days at	1.10	33.00	
Subsistence Allowance @ 50		<u>15.00</u>	48.00

Received from the Paymaster the sum of forty eight dollars
(48.00- in full settlement of the balance due me by the
First Newfoundland Regiment.

St. John's, Nfld.
May 1st. 1916

A. Bishop

Witness

79/12



Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station Sophing
 Date Feb. 21 - 1917

- | | |
|----------------------------------|---|
| 1. Unit <u>1st. Newfoundland</u> | 5. Age last birthday. <u>20 yrs</u> |
| 2. Regimental No. <u>1478</u> | 6. Enlisted on |
| 3. Rank. <u>Pvt</u> | at <u>Sophing</u> |
| 4. Name. <u>Bishop Heber</u> | 7. Former trade or occupation <u>Engineer</u> |

8. Disability

*Kidney disease, rheumatic fever
 Pasture catarrh*

9. History *Went to Stots Camp & then on leave & spent 8 months in Hospital in Hampshire & Dept*

10. What is his present condition?

Condition fairly good

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

*Cannot eat solid food, as it causes stomach trouble.
 Lesion.
 Could not give me sample of urine.*

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

J. W. Borden

Rank or Qualification

Lieut.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

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

13. For pension purposes, the disability x *cannot* be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) Climate.
 - (c) Ordinary Military Service

Remarks if any:—

- Condition now fairly good but states cannot eat solid food & has not done so for weeks. Has been working on 1/2 apple until a month ago. Gain up on account of his stomach.*
14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:—

*Not applicable
less than 20%*

15. The refusal of operation sanatorium is:—

- (a) Reasonable.
- (b) Unreasonable.

Remarks if any:—

Asked if would consider entering Convalescent Home when started — said he would not. C.M.

16. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.

R. H. Sease President
J. P.
D. W.
pro Major Paterson

Place

Date

S. Johns
Feb 21 1917

APPROVED

Station

Date

Clay Knapperson
Administrative Medical Officer. *Major*



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

Received from the Dept. of Militia the sum of TWENTY DOLLARS
(\$20.00) on account of Clothing Allowance.

Sig. H Bishop

Dated February 4/'29

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

21 Newfoundland Regt

No.

1478

Rank

Private

Name

Bishops A

Died (a)

at

on the

of

191 .

Deserted at

on the

of

191 .

I Certify to the correctness of above in every particular.

Chas. A. Aye Capt.

(Commanding Squadron, Troop, Battery or Company.)

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 13 days at <u>100</u> from <u>18/3</u> to <u>30/3</u>	2	13	5
		£	s.	d.	Proficiency, Service or good conduct pay			
					days at from _____ to _____			
	191 March 25/16	15	0	0	<i>2 1/2</i> Messing allowance 13 days at 10 [¢]			
	March 31/16	17	0	0	from <u>18/3</u> to <u>30/3</u>			5 4
					Clothing and kit allowance			
		1	12	0	Amount produced by the sale of Necessaries			
	Allowment 13 days Consolidated stoppage	1	6	9	Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster				Balance due to the Paymaster			
		£	2	18 9		£	2	18 9

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at

this

day of

191 .

Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

69

PAY LIST.

to 30th March

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2/1st Newfoundland

No. 1478 Rank Private Name H. Bishop

Died (a) at on the of 191 .

Embarked s.s. Scandinavian on the 4th of April 1916

Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

_____ { Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay			
	191				days at from to			
	"				Messing allowance days at			
	"				from to			
	"				Clothing and kit allowance			
	Consolidated stoppage				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
	£				£			

I hereby Certify that the above account is correct in every particular, and that the debtor balance is correctly chargeable against the Public.

Dated at this day of 1916 F.H. Marshall 2nd Lt PAYMASTER & OFFICER IN CHARGE



(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815. (b) Words in Italics to be struck out when there is no debtor balance.

December 19th

6

Mr. Heber Bishop,

Mundy Pond Rd.

Dear Sir,

I will be obliged if you will call at my office, in Colonial Building, on or before Friday morning next.

Yours truly,

A handwritten signature in dark ink, appearing to be 'W. S. ...', written over a horizontal line.

Sec'y. Pensions & Disabilities Board.

October 2nd.1917.

Joseph Fitzgibbon Esq.,

City

Dear Joe:-

I am returning the cheque payable to Heber Bishop, for \$16.00, which you left with me some little time ago, after payment had been refused by the Bank of Montreal.

I have made enquiries regarding the cheque, and find that it is now quite in order.

I have, accordingly, requested the Bank of Montreal to pay it on presentation.

Yours truly,

Secretary

COPY

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

MEDICAL HISTORY

Surname Bishop. OF Christian Name Heber

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's. County N.F.L.D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on 26th day of April.	1915.	on	day of
	at St. John's.		at	
Declared age	19 years	days	years	days
Trade or occupation	Machinist.			
Height... ..	5 feet	9 inches	feet	inches
Weight	143 lbs.			lbs.
Chest Measurement	Girth when fully expanded	36 inches		inches
	Range of expansion ...	5 inches		inches
Physical development				
Vaccination marks	Right	Left	Right	Left
	Arm			
Number		1		
When vaccinated	1905			
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)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	Fred W. Burden,			
(Rank)	Lieut.			
	Medical Officer.			Medical Officer.
Enlisted	at St. John's.		at	
	on 27th day of April.	1915	on	day of
				191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	1st.N.F.L.D.	1478		
Transferred to				
Became non-effective by				
	on	day of	191	on
			day of	191
(Signature)				
(Rank)				

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field of Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief details, and signature
May 20th. 1915.	1st. Inoculation. 500 Million.
June 7th. "	2nd. " 1000 "
" 25th. "	Vaccination at Sea.
March 15th 1916	Gastric Catarrh Unfit for foreign service. M.J. Murray, Capt. R.A.M.C.

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
St. John's.N.F.L.D..					



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 *Bishop Heber*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1478*
 Intended address *Mundy Pond Rd.*

Height on discharge Feet
 Color of hair on discharge *Dark*
 Complexion *fair*
 Color of eyes *Grey*
 Figure on discharge *medium*
 Christian name of Father *Elija*
 Christian name of Mother *Christina*
 Wife's maiden name in full ✓
 Date and place of marriage ✓
 Christian names of children ✓

Place and date of soldier's birth. *St John's, Feb 15, 1897*
 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)

Heber. Bishop

(Rank) *1st Lt*

Station

St John's

Date

Feb 21/17

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

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

Station

St. John's

Date

Feb 21/17

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[6-6] W5017/2124 1000m 6/15ss 23 58

Forms
B. 121.
39.

Number of Sheet 1

Regiment of 1st Newfoundland

Signature of O. C. Company S.C. Norris, 2/Lt.

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	Bishop, Heber.	Age on	19 years - months	Machinist			
Joined _____ Date _____		Place and Date of Enlistment) <u>St. John's</u>		Religion			
Joined _____ Date _____		27/4/15		Church of England.			
Joined _____ Date _____		Period of { with Colours years. with Reserve years.		Place of Birth			
Joined _____ Date _____				St. John's			

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


 To be carried over

October 2nd.1917

The Manager,
Bank of Montreal,
City

Dear Sir:-

Some time ago,I requested you to stop payment of our
cheque No.1568,payable to Heber Bishop,for \$16.00. .

It will now be in order to pay the amount of this cheque
when presented,and I have to request that the stoppage be cancelled
and the cheque paid on presentation.

Yours truly,

Secretary

FORM P/D

PAY DEPT



No.

1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with # 1478 Pte.H.Bishop Voucher No. 28340.

Cheque No. 28340.

Reg'l A/c No. Name C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount.
Feb. 21	316		Bonus 1 week @ \$1.60	\$11 20
			Clothing.	25
				\$36 20

CERTIFICATION

Dissect Sheet No.
Recap. Sheet No. 316.

G. Bowley
PAYMASTER

Checked by

RECEIPT

February 21st, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Thirty Six Dollars
and Twenty Cents in Payment as above stated.
February 22nd 1917.

\$ 36.20 [Sig.] *H.Bishop*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
(533) W13971/604 400m 2/15-1 53 58

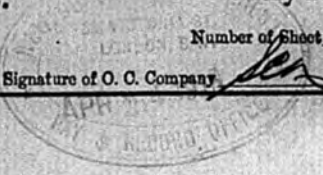
Forms
B. 121.
29.

Regiment of 1st Newfoundland

Number of Sheet 1

Signature of O. C. Company [Signature]

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. <u>1478</u> <u>Bishop Heber</u>	Age on <u>19</u> years <u>0</u> months	<u>Machinist</u>	
Joined _____ Date _____	Place and Date of Enlistment <u>St John's April 27th 1915</u>	Religion <u>Church of England</u>	
Joined _____ Date _____	Period of { with Colours <u>4</u> years. { with Reserve <u>1 3/4</u> years.	Place of Birth <u>St John's</u>	
Joined _____ Date _____			



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
				Medically unfit	St John's	30			4 7/16

To be carried over

COPY SENT TO
Adj. Gen.
 Letter No. _____
 Memorandum No. _____
 Dated APR 5 - 1916

Army Form B. 121.