



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4708 Name Joseph Bishop ~~Capt~~ Capt

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

- 1. What is your name? ..... 1. Joseph Bishop
- 2. What is your full Address? ..... 2. Long Pond  
Manuels
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 20 Years 0 Months
- 5. What is your Trade or Calling? ..... 5. Blacksmith
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Joseph Bishop 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.

Joseph Bishop SIGNATURE OF RECRUIT.  
Joseph Bushop  
Joseph Pittman Signature of Witness.

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

I, Joseph Bishop 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 fully explained as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Long Pond on this 15 day of April 1918  
Signature of Attesting Officer Geo. Liberty Major

### † 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) .....

referred 6-5-18





**C.R.** 4708

**Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, June 27th, 1919.**

**The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. Discharge Depot with effect from 25-6-19.**

4708 Pte. J. Bishop.

C.R. 4708

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

4708, Pte. J. Bishop.

Reported at Headquarters 1/6/19.

BY "Corsican"

which sailed Liverpool. May 22/1919.

C.R. 4708

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Reuen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4708 Pte. J. Bishop.

C.R. 4708

Extract from Daily Orders Part 11 <sup>Unit</sup> the Royal Mfld.  
Regt. by Lt. Col. T.G. Mathias, D.S.O. Commanding 1st  
Bn. 3-11-188

The following joined the Batta. 3-11-188

4708 Pte. J. Bishop.

A Coy.

C.R. 4708

Extract from Service Roll re-assignment Draft No. 65 Subscribed Folkestone  
26/10/18 from 2nd Batta. Royal Newfoundland Regiment Hazeley Down Camp,  
Winchester, to 1st Batta. Royal Newfoundland Regiment S.H.F.

4708 Pte. Bishop, J.

MF.



C.R. 4708

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

4708 Pte. J. Bishop.

Embarked for Overseas with draft 11-6-18.

C.R. 4708

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated April 26, 1918.

#4708 Pte. Joseph Bishop.

Attested for General Service with the Royal Nfld. Regt.  
from the 25/4/18 to report 6/5/18

J Bishop

C.R.

4708

1490

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 Newfoundland* } Former Trade or Occupation } *Blacksmith*  
 2. Regt. No. *4708* 3. Rank... *Pte* }  
 4. Name *P. Bishop* } (Surname) } (Christian Names)  
 5. Age last birthday... *21*  
 6. Posted for duty on *25.4.19* at *St. John's* }  
 in category (or grade)..... }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regt. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.  
 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 (d) Particulars of Pension or Gratuity (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

*He complains of no disabilities*

16. Was an operation performed? If so, when and what was its nature?

*na*

17. If not, was an operation advised and declined?

*na*

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?

*na*

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?

*na*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*Approved*

*Capt. Name*

Station

*Hazley Down*

Medical Officer in charge of case.

Date

*29-4-19*

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





No. 14907/1536.

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 Rgt.,  
Hazeley Down Camp,  
Winchester.

September 17th, 1918

Sept. 21st 1918

Subject: 4708, Pte. J. Bishop,

With reference to the following telegram (2045) from the Hon. Minister of Militia, received

"Pay to 4708, Pte. J. Bishop, £1:12:11.

Draft £1:12:11. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. K. Munnell*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*J. M. Barton* LIEUT. COLONEL.  
COMMANDING OFFICER ROYAL NEWFOUNDLAND DISTRICT  
Officer Commandg. Batt'n  
Royal Newfoundland Regiment

Received the sum of £1-12-11

one pound twelve shillings on account of  
Chubbings and clerks fees  
cable remittance from Newfoundland.

*Joseph Bishop*  
No. 4708 Rank Pte

*Witness*

*A. K. Munnell*



No. <sup>58</sup> 4525/188

From: NEW FOUNDLAND C O

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

N.F.F. /80.  
CHIEF PAYMASTER & OFFICER I/C RECORDS,  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
To: Officer Commanding,  
1/Bn. Royal Newfoundland Regt.,  
B.R.F. ENGLAND.

21st March 1919

4708 Pte. Bishop J.

With reference to the following telegram from the Minister of Militia, / / ( 86 )

"Pay to- 4708 Bishop,

£4. 0. 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.

Chief Paymaster & O. i/c Records

6-4-1919

4708 Pte Bishop J.

This man wishes this amount retained to credit of his account. please.

*Approved*

*A.A. Minnard Maj.*

TO, - The Chief Quartermaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4708	Pte	C Quirk J.	\$250	J. Bishop

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

J. Bishop

Date

July 1/18

Bishop. f.

4708

Ray Dept

July 9, 1919

#4708 Pte. Joseph Bishop,

Manuels, G.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2874

Yours truly

Captain  
Symastc & O.i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4.70.8 Rank Pvt. Name Bishop J  
 Intended place of residence St. John's 44 Main
2. Occupation Blacksmith  
 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 J. Bishop  
 Date JUN 24 1919 J. A. Inubapt  
 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 and date ST. JOHN'S J. Bishop  
JUN 24 1919 J. A. Inubapt  
 Signature of soldier  
 Signature of witness

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

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

Place and Date ST. JOHN'S J. Bishop  
JUN 24 1919 James O'regan  
 Signature of soldier  
 Signature of witness ST.

### STATEMENT OF SERVICE

7. Enlisted for service 25-4-18 No of days on Military  
 Discharged from service 25-6-19 PLUS 14 DAYS Service 441

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lait Major  
JUN 25 1919 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place St. John's J. M. Bowley Capt  
 Date July 9 1919 Officer i/c Records  
 The Royal Newfoundland Regiment

A/B 2019/2574

# 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 24-6-19

Regimental No 4708

Name Bishop, Joseph

Rank Pte

Address Marine Is

Present Medical Category A1

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

Members of Board

*R. H. Paterson*  
O.C. Discharge Depot.  
(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 441 days

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4705 Rank Pfc Name Bishop J  
 Date of Enlistment 25.11.18 Address Marine District Harbour  
 Occupation Blacksmith Classification for Discharge C Medical Category AI  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1815	do 2nd	" 3
B 178	D 400B	Form L	do 3rd	" 4
B 178a	D 400C	Form K	do 4th	" 5
B 178b	B 103	ME 2		" 6
B 178c	B 120	M 83		

Date 24.1.19 \_\_\_\_\_  
 \_\_\_\_\_ O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 AMB Co. 10/11/18

Date \_\_\_\_\_ O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R1910 to his home at Mawab, H. Main and Release Certificate No. 2996 issued.

Date 24-6-19 *J.A. Snowball*  
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 9-7-19

Date 24-6-19 *J.A. Snowball*  
Depot Paymaster.

Discharged approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122	/	Board Ist	" 2	/
B 178a	D 400A	B 1915	/	do 2nd	" 3	3 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B179c	B 120	M 93				

Date 24-6-19 *J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-  
Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 25 1919 *R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date .....



# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

To *Pension's Board:*

Please receive documents as indicated below

No. *4708* RANK AND NAME *Plt. Bishop J.*

No.	RANK AND NAME	N. F. F. 386	Non-effective account.	Medical history sheet.	Nfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards				Attestation paper	Identity certifi- cate	Allotment papers	Headquarters Travelling Board	Proceedings on discharge	
		B. 178	B. 178a	B. 170	B. 268	W. 3494	D. 400A	B. 103	B. 120	R. 121	B. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	A. P. W. 3463	D. F. 2	D. F. 1	

Received above noted documents,

Dated *19*

Signature of Officer forwarding documents:

Date *4.7* 19*19*

# 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 *24-6-19*

Regimental No. *4705*

Name *Penick Joseph* Rank *Pte*

Address *Francis*

Present Medical Category *A-1*

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

Members of Board

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

*W. Stinson*  
Senior Medical Officer

*Rev. Curdson*  
M. O. Depot

## 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.

*J. Bishop*

Signature of Man.

*J. H. Snowball* No. 4708  
Signature of the Vocational Officer or his Representative.

ST JOHN'S

Place

Date

24-6-19

191

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

## MEDICAL HISTORY

OF

Surname Bishop Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Longford, Manuels County Infla

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined . . . . .	on <u>25</u> day of <u>April</u> 191 <u>8</u>	on . . . . . day of . . . . . 191 . . . . .	at <u>St John's Infla</u>	at . . . . .
Declared Age . . . . .	<u>20</u> years . . . . . days	years . . . . . days		
Trade or Occupation . . . . .	<u>Blacksmith</u>			
Height . . . . .	<u>5</u> feet <u>8½</u> inches	<u>1</u> feet <u>6</u> inches		
Weight . . . . .	<u>130</u> lbs.			
Chest Measurement {	Girth when fully expanded . . . . .	<u>37</u> inches		
	Range of Expansion . . . . .	<u>5</u> inches		
Physical Development . . . . .				
Vaccination Marks {	Right	Left	Right	Left
	Arm . . . . .			
Number . . . . .				
When Vaccinated . . . . .				
Vision . . . . .	R.E.—V= <u>6/6</u>	R.E.—V=		
	L.E.—V= <u>6/6</u>	L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to cause rejection	(b)	(b)		
Approved by (Signature)	<u>Liam O'Sullivan</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted . . . . .	at <u>St John's Infla</u>	at . . . . .		
	on <u>25</u> day of <u>April</u> 191 <u>8</u>	on . . . . . day of . . . . . 191 . . . . .		
Joined on Enlistment . . . . .	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Infla Regt,</u>	<u>4708</u>		
Transferred to . . . . .				
Became non-effective by . . . . .	on . . . . . day of . . . . . 191 . . . . .	on . . . . . day of . . . . . 191 . . . . .		
(Signature)				
(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

*Joseph Bishop*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4708*

Intended address

*Manuels*

Height on discharge

*5'* Feet *8*

Color of hair on discharge

*Light*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

*Medium*

Figure on discharge

Christian name of Father

*Nathaniel*

Christian name of Mother

*Mary*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

Place and date of soldier's birth

*Manuels, 23<sup>rd</sup> August, 1899*

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)

Station

*S. Johns*

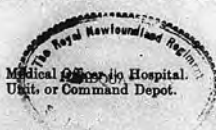
*Joseph Bishop*

Date

*24/1/19*

*96-*  
(Rank)

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



Station

Date

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 Newfoundland Regiment* 7. Former Trade or Occupation } *Blacksmith*
2. Regtl. No. *1708* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bishop, J.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *21*
6. Posted for duty on *21. 4. 18* at *St. John's* 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. 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.
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*  
*nil*  
*nil*  
*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? } *na*

In all cases such as facial injuries, eye, ear, nose and throat, dislocation, 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 complain of my disability!*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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. D. Brewer Capt RMC*  
 Medical Officer in charge of case.

Station *Harlescott Camp*  
 Date *24. 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





July 11, 1919

#4708 Pte. Joseph Bishop,

Long Pond,

Manuels, C.B.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of the War Service Gratuity.

Yours truly

Captain  
Paymaster & O.i/c Records.

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 Bishop

3. Rank Pte 4. Regt. No. H. 708

5. Address in full to which future payments of gratuity are to be forwarded Loaf Row, Manuels, C.B.

6. Date of enlistment in the Regiment ap. 20/18

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 H.M.I. If so, give dates and particulars of such service. Overseas

12. Give total length of time which you served on active service, whether in H.M.I. or Overseas. Fifteen months

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

..... *no* .....

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

..... *no* .....

15. Have you been issued with a War Service Badge?..... *no*

16. Have you, during the present war, served in the Imperial Forces?..... *no*

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

..... *no* .....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *no*

19. Are you now serving in the Regt.?..... *no* If not give:- (a) date of discharge... *1st 12/19* (b) Reason for discharge.....

..... *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....

..... *France Belgium and Germany* .....

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

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

Signature of Applicant: *Joseph Bishop*  
 Place of Residence: *Louis Paud, Monroeville, PA*  
 Declared before me at: *in Johnstown*  
 This *3* day of *July* 19*19*....

*John W. C. [Signature]*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	to	Paid	Wear Service	Net amount
	Soldier.	Dependent.	allowance.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

SEPARATION ALLOWANCE.

Claimant. *Nathaniel Bishop* ..... *Father*  
On account of *Joseph Bishop* ..... No. *4708* Rank *Pte*

Decision. *Refused*  
*not totally incapacitated*

Date *May 6/1920*

*W. R. Reed, Adjutant Genl.*  
*M. D. Bowley, Major*

Instructions.....  
.....  
.....

Allotment of *60* per day payable to *Nathaniel Bishop*  
his *father* from *1/6/18* to *9/7/19*  
Discontinued on account of *being discharged*.

*R. J. Hennumey*

## ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch.)

## NOTICE

FATHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace:

The Paymaster

Separation Allowance Branch  
St. John's, Nfld.

(1) Name in full of soldier Joseph Bishop Rank Pte Reg't or Unit M.L. Reg't No H708

(2) Age of soldier 20 Married or Single Single

(3) Name in full of father of soldier Nathanill Bishop Age 40<sup>years</sup> Occupation Lumber Permanent Address Long Pond, Lunenburg

(4) If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue). Chronic invalid

(5) Names of your other children in full Address Occupation Married or single

Joseph Bishop Blacksburg single

Samuel Bishop Long Pond Lumber married

George Bishop Halifax Blacksburg single

Harry Bishop St John's South Side 24 Married

(6) State amount earned by yourself per month one dollar month ~~two months~~

(7) State date and place of death of your wife. Wife alive

(8) State amount and source of any other income No other income

(9) What is the value of your real property. \$200<sup>00</sup>

(10) State actual amount contributed by soldier during year prior to enlistment. \$7<sup>00</sup> p. week

(11) Was this amount contributed weekly or Monthly? weekly

(12) Did this amount include payment of son's board, etc? *no*

(13) State your son's trade or occupation prior to enlistment. *Blacksmith*

(14) State amount of his wages per week. *\$14.<sup>00</sup>*

(15) State name and address of his last employer.

*Musate Rind & Co. for 3 mos - On base solo for 5 mos - Fami. Natl F.*

(16) State amount of support monthly from son since enlistment. *\$18.<sup>00</sup>*

(17) State amount of "Assigned Pay" received by you from son monthly *\$18.<sup>00</sup>*

(18) From what date have you received "Assigned Pay"? *May 25<sup>th</sup> 1918*

(19) Actual amount contributed by other children 

Weekly	Monthly
--------	---------

*Nothing*

(20) Is not receiving support from other children, state cause. Answer fully.

*Two married and one away in Halifax. All depend on me for what I get as help.*

(21) Are any of these children in your employ? *None*

(22) Have you made a previous claim for Separation Allowance? If so, why. Give particulars. *no*

(23) What is the value of your personal property? \_\_\_\_\_

(24) With whom do you reside at present? *In my own home*

(25) Are you already in receipt of Separation Allowance from any source. If so, how much? *no*



(26) Are you in receipt of assistance from any Patriotic Fund. If so, how much? *No*

(27) Was the soldier at the time of enlistment an employee of the Newfoundland Government? *No*

(28) In what capacity and in what place. *Resident with [unclear]*

(29) Is he in receipt of a salary as such while serving in the 1st Nfld. Regt. If so, how much? *No*

I herewith make this solemn declaration conscientiously believing the same to be true; and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of applicant *Nathaniel B. Bishop*

Place of Residence *Long Pond, Ser. Bay*

Declared and subscribed before me at *Kelleys*

this *20<sup>th</sup>* day of *March* 1920

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *J. H. W. [unclear] Justice of the Peace*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the soldier first mentioned above is the sole support of the applicant

Signature of Clergyman *Wm. W. [unclear] B.A., L.H. Clerk in Holy Orders, Kelleys*

Signature of member of Patriotic Fund Committee *Chas. R. Bendall*

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed )
2. Name and age of <sup>of relative</sup> said soldier ) *Kathernal Bishop - 70 yrs  
The father*
3. Is said <sup>father</sup> a chronic invalid and totally incapacitated. ) *yes -*
4. Of what nature is disability ? ) *Bright disease*
5. From what date has this total incapacity been existent ? ) *1917*
6. How long is total incapacity likely to continue and what will be the effect on earning power. ) *never get well*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. ) *about one dollar per month*
8. Are you the regular attending physician ? ) *yes*
9. Relationship to soldier of applicant ? ) *Father*

I certify that the above statements are correct.

..... *Long Beach* ..... Place,

..... *Mar 28 1920* ..... Date.

..... *M. A. Christopher* .....  
Physician.

apr 11 24, 1920

Mr. Nathaniel Bishop,  
Long Pond, C.B.

Dear Sir:-

Referring to your application for Separation allowance, I have been directed to request that you kindly have your Doctor furnish me with the following information concerning your son George:

1. What is the nature of his incapacity?
2. Was his incapacity such as to debar him from Military Service?
3. From what date can it be considered to have been existent?
4. By what per-cent is his earning power reduced thereby?

Yours truly

Major

Quartermaster.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Apr 11 24, 1920

Mr. Nathaniel Bishop,  
Long Pond, C.B.

Dear Sir:-

Referring to your application for Separation Allowance, I have been directed to request that you kindly have your Doctor furnish me with the following information concerning your son George:

1. What is the nature of his incapacity?
2. Was his incapacity such as to debar him from Military Service?
3. From what date can it be considered to have been existent?
4. By what per-cent is his earning power reduced thereby?

Yours truly

*W. H. Howley*  
Major

Paymaster.

*Dear Sir:-*  
*The son George is*  
*away to Holyday therefore*  
*don't know how about time*  
*I cannot furnish with any*  
*information. I mean*  
*attends him professionally*  
*your truly*  
*A. A. Christensen*

10642

N. M. Hooley Esq  
New York

Dear Sir

I return you the  
Paper signed by the  
Doctor and your George  
have been to Califor  
for 5 years & I get very  
little help from him.  
I hope you will  
give this matter your  
consideration.

Yours truly  
Nathaniel Bishop  
Long Beach  
of 29-70

May 12, 1920

Mr. Nathaniel Bishop,  
Long Pond,  
Conception Bay.

Dear Sir:-

Referring to your application for Separation Allowance, I have been directed to state that same has been refused, because you are not totally incapacitated, and cannot be considered to be totally dependent upon your son Joseph.

I return, herewith Marriage Certificates of your sons Henry and Samuel.

Yours truly

Major

Quaymaster.



April 5<sup>th</sup> 1922  
Manuels-

Dear Sir-

I saw by the  
Paper a few days ago some  
Badges returned &

Received one but I had  
a misfortune in losing  
it I thought I will  
write and ask you if  
you had a spare one  
to send me.

I Remain  
yours truly

~~Exp~~ H708

~~Exp~~ Joseph Bishop  
Long Pond

Manuels ~~Exp~~



April 11th. 1922

Mr. Joseph Bishop,

Manuels,

Dear Sir:-

Referring to your letter of April 5th., I regret that I am unable to issue another badge to you.

I may be able to do so at a later date.

Yours truly,

Major  
Paymaster

ST. JOHN'S, 6161 72 NCR

# Royal Newfoundland Regiment.

Billeting Account,

To Pt. J Bishop

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

4768 Pt. J Bishop 25.00

ACCOUNT	<u>Bt m</u>
CH NO	<u>24853</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 25.00

M. B. ...  
Billeting Officer.

J. Bishop

Ch. ...

Receipt for Army Book 64

No. .... *4708* Name ..... *Bishop* .....

To Certify that I have received the AB 64 of the above  
named soldier.

Date *July 16, 1920* .....

Name ..... *Joseph Bishop* .....

Place *No. 4. South Side St. Johns* .....

H.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"



Reply Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

**ST. JOHN'S. Nfld.**

---

Reply Here

' SEP 14 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

**Joseph Bishop**

in respect of his service as No. 4708 Rank Pte.

Name J. Bishop

Royal Nfld. Regt.

~~Nfld. Forestry Coy.~~

Receipt of the same should be acknowledged hereon.

Received

Meddell's. sept 20 1921

Signature

Joseph Bishop Victory

Date

Sept 20 1921

Address

Joseph Bishop Ferry Point, St. John's

[P.T.O.]

# The Royal Newfoundland Regiment

D 4708  
2161

## DEMOBILIZATION OF

Reg. No. 4708 Rank PIE Name Bishop J  
 Date of Enlistment 25.11.18 Address Marine District Home  
 Occupation Blacksmith Classification for Discharge ..... Medical Category A I  
 Recommendation S. M. B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	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 190	M 03		

Date 24.6.19 .....  
 O. C. Discharge Depot. J. Bishop

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*J. Bishop*

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 AMC lowest

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

# The Royal Newfoundland Regiment

D 4708

## DEMobilIZATION OF

Reg. No. 4708 Rank Pvt Name Bishop J  
 Date of Enlistment 25.4.18 Address Manuels District Roman  
 Occupation Blacksmith Classification for Discharge ..... Medical Category A1  
 Recommendation S. M. B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 24.6.19 O. C. Discharge Depot. J. Bishop

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment.**

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

*J. Bishop*

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 None

*W. E. ...*

Date ..... O. C. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R.1910 to his home at Myerwalds, N. Spain and Release Certificate No. 2996 issued.

Date 24-6-19 J.H. Newbott  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-7-19

Date 24-6-19 J.H. Newbott  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board Ist.	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
B 178b	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 24-6-19 J.H. Newbott  
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUN 25 1919 J.H. Newbott  
O. C. Discharge Depot.

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

Date July 18/19

J.H. Newbott  
for records



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B1910 to his home at Marionville, Mo. and Release Certificate No. 2996 issued.

Date 24-6-19 H. Lumbert  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-11-19

Date 24-6-19 H. Lumbert  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	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	Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 24-6-19 H. Lumbert  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records,  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date JUN 25 1919 MAJOR  
O. C. Discharge Depot.

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

Date July 19/19 James G. ...

Reg. No. *4708* Rank *1st Lt* Name *W. J. ...*

Attested ..... Address *Long Beach*

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

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *AFRAN* Cause *Discharge*

*24.6.19* PASSED TO DEMOBILIZATION OFFICER  
*25.6.19* DISCHARGE APPROVED ON DEMOBILIZATION