



THE ROYAL NEWFOUNDLAND REGIMENT

No. 5-302 Name Soseph Bishop Corps & of &
Questions to be put to the Recruit before Enlistment.
I. What is your name? I. Selfih Sulhofo
2. What is your full Address?
3. Are you a British Subject? 3
4. What is your age?
5. What is your Trade or Calling? 5
6. Are you Married? 6.
7. Have you ever served in any Branch of His Ma) jesty's Forces, naval or military, if so,* which? } 7.
8. Are you willing to be vaccinated or re-vac-} 8.
9. Are you willing to be enlisted for General Service? 9.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as emb died in the roll of service to be signed by you if you are accepted to the signed by not to the above questions are true, and that I am willing to fulfil the engagements made. 2 4/5//8 Difficulty Allows Signature of Witness.
I
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
on this. 2 day of 191 Signature of Attesting Officer DISDucks Light.
Signature of Attosting Officer
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired 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. Man. 7, 7, 1918
Place
† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

5302. all ranks. To correspond with entries on the Merlical History Sheet. Name. feet 4 3/4 inches months. Apparent age 2 Height Girth when fully expanded 3 inches Chest Measurement Range of expansion inches Distinctive marks INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin 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) (6) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-Corps in Rgt. or which served Lepot Promotion, Reductions, Casualties, &c. fying correctness of entries Army Rank Dates 22-1918 Total Service forfeited as above...... Lyears 51 day [date of discharge]

DESCRIPTIVE REPORT ON ENLISTMENT

Extract from Daily Orders Part II noyal Newfoundland Regiment.

Dated 17-7-19. Depot St. John's.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from noted date 8-7-19.

5302, Pte. Jos Bishop.

Extract from Daily Orders Part 11 Unit The Royal Hild. Regt. June 28th, 1919.

The discharge of the undernoted on demobilization has been AFPROVED by O.C. Discharge Depot with effect from 27-6-19.

5302 Ptel J. Bishop.

Extract from Daily Orders Part 11 Depot, St. Johns, Date June 18th 1919.

5302, Pte. J. Bishop.

Reported at Headquarters 1/6/19. ex "Gorsican" which scaled Liverpool May 22/1919.

Extrast from Mondael Roll Erom 1st. Battalion Royal Newfoundland Regiment dated 20-4-19.

The undermentioned of the 1st.Battalion left Rause Carps \$2/4/19, embarked at Havre \$22/4/19, disembarked at Southaupten 25/4/19 and reached Hazeley Down Camp 25/4/19.

#5302 Pte. J. Bishop.

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.

#5302 Pte.Joseph Bishop.

Extract from Dealy Orders part 11.from Unit The Royal Rf14.Rogt.St.John's, dated May 25,1918.

#5302 Pte. Joseph Bishop.

Attested for Coneral Service with the Repal Mild Regtt from 29.5.18

Bishop 5302 ANO

Medical Report on an Invalid.

	Station Mozeley Lower
	Date/57/19
	Unit Royal Newfoundland 7. Former Trade or Occupation }
	Rank 7a. If with previous service in Army, state— (a) Former Unit.
ð.	(a) Former Unit;
4.	Name Beskop Jacoph (b) Regimental No.;
	Age last birthday (c) Date of Discharge;
6.	Enlisted on May 20/15 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil nil Ni

- Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



A8584) Wt. W6732/M2853 500,000 8/17 D. D. & L. Seh. 27 Form/B.179/38.

le complains à 13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it caused-(a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so-(a) When? (b) Where? (c) Opinion? Was an operation performed? If so, what? If not, was an operation advised and declined? In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present Repotriation 20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England? Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except † Stazeley bown Officer in charge of Hospital. *Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some

† Delete this word if no exceptions are to be made.

Nº 4704



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	Whether Wife, Child,	NAME (in full)		Address	AMOUNT (each person
347	mathen	min Henry		Port au grave	0
		Ellen Birto	4	G. Bay	
				/ '	
Ye. To					
		1.			
		, .			
American Company	Real York			Total Allotment, §	6
	ligned by the Office required payments of Curator	r Commanding Company ar	nmanding Cond handed to	Joseph Ri	teer, counter to make the

Nº 4704



1ST. NEWFOUNDLAND REGIMENT

_ (1.5		X	NAME (in full)	Whether Wife, Child, other Relative or Friend	Certificate No.
	-	Port an grave		Mrs (Herry	mother	347
1		G. Bay	h	Ellen Bish		
-						
						<i>Y</i>
_		•				
	-	<u></u>				
		Total Allotment S				
		Total Allotment, \$ (Company, signed by the Volunt	mmanding	completed by the Officer C	'his form must be	TE.—7

Date of last entry in Company Conduct S	heet S		of las	nd date }	Period not reckening towards freedom from extra fine	4.0	Company, etc.	11/1	Capt	
Place	Date of offence	Rank	Cases of Drunken- ness	New York Control of the Control of t	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
In the Field	6-2-19	C/E		unshaven	on Guard	csm andy	e pays CB		Call Welliamson	
	8/4/19	/		deficient of agap	Mufe + Agugard af 1	vanis jues	Tay for come	8/4/19	Major Derway	<u>v</u>
	4.			·						
						-			4	
										240
									1	

Bishop, J

5302

Hay Loeph.

July 12,1919

#5302 Pte. Joseph Bishop.

Port de Grave.

Dear Sir:-

Referring to your application I enclose chaque for Seventy dollars (\$70.00%, being amount of first paymen due you on account of the war Service Gratuity.

Yours truly

Paymaster & O.i/c Records

DEPARTMENT OF MILLIPIA. WAR SERVICE GRATULTY.

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 most be given to every question in this Declaration There must be no blanks on a no debhas. If ony questions are not applicable, the words "NOT APPELIABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S. 3. Ronk ... / 5. Address in full to which future payments, of gratuity are to be vocah Biskok 6. Date of enlistment in the Regiment. May 7. Name of dependent, if eny, to wher Separation Allowages is being issued, or was being issped, immediately paler to your discharge..... allen Hestrop 8. Rolationship of such dependents 9. Address in full of such dependents. Eller Bushok 10. Is said dependent, now, or was said dependent at any time in receipt of Someration Alleumae on ecount of another subject, NO 11. Were you on active service only in Hild, II so, give lates and particulars, of such service. Tugland, augus: 18 is give total length of time which you served on active service, whether in Hild. or Or roces. May 21 Mul

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
19
······
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
$\mathcal{U}_{\mathcal{I}}$
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the Imperial Dorces.
17. Are you entitled to receive, or have you received may Greatuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state amount received, or to which you are entitled
18. Did you revert Overseas to a rank lower than the substantive
renk held by you on your arrival in England?
(b) If so, was such reversion in consequence of Misconduct or
inefficiency? Us applicable
19. Are you now serving in the Rest.? If not give?- (:) date
of discharge .20 full (a.(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
not in any action
21.(a) Are you receiving treatment from the Wivil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
that Committee
And I take this solemn decleration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Cortified correct.

Signature of Applicant: Joseph Bishop

Place of Residence: Int. at Grace

Declared before ne at: Affiliant

This 26 M. full May of full May 1919...

Signature of Berrister of the
Supreme Court, Stipendiary Registrate Hetery Public, Assiste of the
Peace, or Commissioner of affidavits.

Post Descaped PAN.

Date para Maid Poid Var Service Not amount
Schaler Dependent Gravery. due

orrect. Paymester

July 11,1919

#5302 Pte. Joseph Bishop,

Port de Grave.

Dear Sir:-

Flease find enclosed Discharge Certificate #2944.
Yours truly

Captain, raymaster & 0.1/c Records.

The Kopal Mild. Regiment

DEMOBILIZATION

No. 530 Y Rank

Name Bishop

Warned for demobilization on

JUN 2 1919

The Royal Newfoundland Regiment

Wife Attorne Seemen	ounouno zegunene
PROCEEDINGS	ON DISCHARGE
I. No. 5 3 6 2 Rank 15 1 OC.	Name Bishop, J.
2. Occupation Arabornan Classification of soldier.	Medical Category.
	LIZATION R. War Service Gratulty
4. His accounts are correctly balanced and I have impa accordance with Regulations. Place, ST. JOHN'S Date JUN. 26.1919	Commanding Discharge Depot The Royal Newfoundand Regiment
CERTIFICATE TO BE SIGNED	BY SOLDIER ON DISCHARGE
5. I hereby acknowledge that I have received all my p just demands up to the present date, and hereby release of all financial responsibility in my connection. Place, ST. JOHN'S JUN 2 1919 Date	pay and allowances (including clothing allowance) and all se the Discharge Depot, Royal Newfoundland Regiment, Signature of witness
CIVILIAN RE-ESTABLISHMENT CER 6. I hereby certify that I am in a position to resume civ Place, ST. JOHN'S JUN 2 61919 Date	rilian occupation immediately on discharge Foseingh Lishon. Signature of soldier Signature of witness
7. Enlisted for service 22-5-18 Discharged from service 2.7-6-19	OF No. of days on Military Plus 14 days Service.
APPROVAL C	of DISCHARGE .
8. The discharge of the above mentioned soldier is here. The Royal Newfoundland Regiment, twenty-eight despects of the Royal Newfoundland Regiment, the Royal Regiment Regime	eby approved to be confirmed by the Officer ilc Records, ays from date. Officer Commanding Discharge Depot The Royal Newfoundland Regiment
9. The discharge of above mentioned soldier is hereby of Place, ST. 10HN'S Date Date Date 11/1919	onfirmed JOOCO Ceyleaft Officer ijc Records The Royal Newfoundland Regiment

a 4132079/2944

The Royal Pewfoundland Regiment

s for Demobil- ization:—
-1

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

Discharge Depot: Headquarters The Royal Ne	wfoundland Regiment
	Date 25-6-19
Regimental No 5302	
Name Bishop Joseph	Rank Pla
Address Port - De . 5	Rank Pt
Present Medical Category 47	
Recommended for :—	(a) Immediate discharge (b) Standard Medical Board
	O.C. Discharge Depot.
Members of Board	Senior Medical Officer
	Suborden

The Koyal Pewfoundland Kegiment

DEMOBILIZATION OF							
Reg. No. 3302 Rank Mrs. Name Beshols A.							
Date of Enlistment 23-5-18 Address Jost & Grape District PSG							
Occupation Fishermon Classification for Discharge							
Recommendation S.M.B. Disability Rating							
Passed to Demobilization Officer with following documents:—							
N.F. P 36							
B 178 W 3494 B 122							
B 178a D 400A B 1915 do 2nd " 3 3							
B 179							
B 179a D 400C Form K de 4th 5 B 179b B 103 ME 2							
B 179e							
- All W. H.							
Date O. C. Discharge Depot.							
PARTICULARS FOR DEMOBILIZATION							
1. Civil Re-Establishment.							
I amin a position to resume civilian occupation.							
State of the state							
for such Birton							
Particulars passed to Vocational Officer for information and action.							
Particulars passed to Vocational Officer for information and action. Date							
Particulars passed to Vocational Officer for information and action.							
Particulars passed to Vocational Officer for information and action. Date							
Particulars passed to Vocational Officer for information and action. Date							
Particulars passed to Vocational Officer for information and action. Date 2. Clothing. Certified that Clothing Regulations have being complied with:—							

The above named has been provided with Travelling	71976
at. hint and Release Certificate No.	Warrants No to his hon
port of the and helease certificate No.	A lissued.
Date	f murball
	Demobilization Officer
A. Pay and Allowances.	
The herein named soldier's accounts have been correct	tly balanced and all matters in con
nection therewith settled. He has received pay and allo	wances to
Date	
	Depot Paymaster.
Discharged approved for	19
Forwarded with following documents to O.O. Discharge	Depot.
I.F. P 36	D.F. 1
150 W 250	" 2 6
178a D 400A B 1915 do 2nd	" 3 de Jorm B
179	" 4
179a D 400C Form K do 4th 179b B 103 ME 2	" 5
B179c B 120 M 93	" 6
2/ / /2	0 11
Date 26-6-19	now boff-
	O. C. Discharge Depot.
PPROVED.	
Documents as above forwarded to:—	
Officer i c Records. Board of Pension Commissioners.	
with following additional documents	6
Eligible for Wa	r Service Gratuity
Date JUN 27 1919	MAJOR MAJOR
Date JUN 27 1919	O. C. Discharge Depot.
	O. C. Discharge Depot.
Date JUN 27 1919 Received the above noted documents from O. C. Discharge Dep	O. C. Discharge 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.

Loseph 15 is horo
Signature of Man.

Reg. No. 530 2.

nature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date JUN 2 6 1919

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

MEDICAL HISTORY

Surname

Bishop

Christian Name

Joseph H

· - P	Table I.—GENERAL TABLE	ALL.
Birthplace:—Parish) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	SPECIAL RESERVE	REGULAR ARMY
Examined	on 2 May of Way 1915	on day of 191
Examined	at Highur	at
Declared Age	years days	years days
Trade or Occupation	& Sherman	
Height	5 feet 33/4 tuches	feet inches
Weight	133 lbs.	lbs.
Chest (Girth when fully expanded	35 inches	inches
Measure- ment (Range of Expansion	inches	inches
Physical Development		
(Arm	Right Left	Right Left
Vaccination Marks Number		
When Vaccinated	1	
Vision	RE	R.E.—V= 1.E.—V=
	1	
	(a)	(a)
(a) Marks indicating congenital peculi- arities or previous disease		
andes of pressure		
	(b)	(6)
(b) Slight defects but not sufficient to cause rejection		
	· · · · · · · · · · · · · · · · · · ·	
Approved by (Signature)	Lamme Paseron	
(Rank)	man	
	Medical Officer.	Medical Officer.
	at segonis The	at
Enlisted	on day of May 1918.	on day of 191
	Corps. Regtl. No.	Corps Regtl. No.
Joined on Enlistment	Loyal 1 th Jef 5302	
		()
Transferred to		
Became non-effective by		
(Signature	on day of 191	on day of 191
(Rank)		700000
	T	P.T.O.

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.

Brief Details, and Signatures

		Section who desired to Configurate the first of the Configuration of the
23-578	Vace go	
13-6-18	TABY 1	
20-6-18	TAB. S 40	
27-6-18	TABJ 10	
•	i i	
		It is hereby cerbified that this soldier
		has been before a Travelling M dious.
		Board and has been classified as
		for Dischurge on Demob lisa-
		tion. Medical category

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
				1	
					-
	•				
				-	
			7		
	100				

Medical Report on an Invalid.

Station Hazeley Lown Date //5/19 7. Former Trade or Occupation 7a. If with previous service in Army, state-(a) Former Unit; (b) Regimental No.; (c) Date of Discharge; (d) Cause of Discharge.

Unit Koyal Heroformolond

- 2. Regimental No. 5'30 2
- 3. Rank
- Beshop Joseph
- 5. Age last birthday 20
 6. Enlisted on may roll 8
 at Ol Who
 - 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

rul

10. Place of origin of disability.

Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

- Give your opinion as to the causation of the disability, stating whether in your opinion it is-
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

- 14. If the disability is an injury, was it caused—
 - (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?
 - If so-(a) When?
 - (b) Where?
 - (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present

He complain of no desobility

Reportriotion

Do you recommend— (a) Discharge as permanently unfit, or (b) Change to England?

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Hazeley bown

Officer in charge of Hospital.

Date_

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



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 occuring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full Regiment from which discharged Royal Dewfoundland 302 Regimental number Intended address Height on discharge Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth 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)

Date 24-6-19

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.

(Rank)

Station

		Casualty Form -Active	Senvice.		
1	Regi	ment of Corps U. Lufour	dland	1	
Rank J	16 Surname	7	stian Name	700	
Religion	6,7.6	Age on En	listment. 22 (years	month
Enlisted (a)	775418 T	erms of Service (a) Duration	Service recko	ns from (a) 22/5/18
Date of pro	motion to present	rank Date of a	pointment to la	nce rank.	
() 5	(Qualificat	ion (b)		
Extended	Re-				11
Occupation.	Tisher	man TV)	1/1/-		nature of Office
-	Report .	Record of promotions reductions, transfers, casualties, &c., during active service, as reported on Army Form	Place of Casualty	Date of	Remarks Taken from Army Form
Date	From whom received	&c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents, The authority to be quoted in each case.	Place of Casualty	Casualty	B.213, Army Form A.36, or other official documents
		Embarked			
		Disembarked	28 NOV 19	18	
		Joined Bath	5	JANES	119
		\cap			
		brived in WK	er alltyrigh	23/+/19	
- A					
11			A. A.		
Ma. //.					
THU	Z				
A Comment					
			7 7		

Nº 4704

concerned, viz.:



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

hereby agree, until further notification by me, and in similar official form to make an Allotment of

Dollars and

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 Persons

, Regl. No. 530 2

Foreph Bishop

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	Address	AMOUNT (each person
347	mother	mrs Henry	Port au grave	0
	ECOLUMN :	Ellen Birton	G. Bay	
				11
		1 m		
			Total Allotment, \$	6
01	Cuate	ompleted by the Officer Commanding Company and handen application. Luck George Company (Sig. Company (Ran) Joseph Big	to make the
<u>v</u>	John			

No. 4 -802 TRAVELLIN	NG WARRANT
Dat 26-19 The Royal Between	foundland Regiment \$ 2.00 \$
No. 5302 Rank TE 1	s Passage and Meals for Name Bishon 9
From ST. JOHN'S To Rlanks Beach.	Tou De Lucie. The Rayal Remandand Regiment
PLEASE QUOTE THIS WARRANT NUMBER ON STATEMENT AND MEAL CHECKS	Described of Issuing Officer. Described of Officer. Described of Officer.

Herbert Vorskop fort de Grave Conception Bay. 4. 7 E. D.

The sum of Two Dellars \$ 2.00 is due Mr Herbert Bishop Pert-De- Grave for driving 5302 Pte J. Bishop this Home

The Royal Newfoundland Regiment

Dr.

Te5302 Pte. Jeseph Bishop.

(BPAttached)

ACCOUNT FOR CENTRAL PAY LEDGER LIGHT LD CENTRAL LEDGER LD CENTRAL LD CEN

ERTIFIED CORRECT, Capt

Joseph Dishop Al

JUN 26 1919

REID-NEWF NDLAND COMPANY.

Form 463

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from Dollars	Think fricents, bein	g the amount of	Cluss Fa
Received from Dollars Dollars	- Sine	a to be	· luis
have issued him Ticket No	3260	Form No.	at

This form to be used when requested to give receipt for amount paid for tickets.

ST. JOHN'S, 26/19

Royal Newfoundland Regiment.

Rilletina	Account.

To Ph J. Bishop

Billeting Soldiers as undermentioned	•	
from Jue 1/19 to Jul 23/19		
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5302 Ph & Bishops	23	80
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ON HIS MAJESTY'S SERVICE

The accompany of the field and of the War Notes

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

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The accompanying Votage Pritish War Medal
is/are forwarded herewith to
Joseph H. Bishop
in respect of his service as No. 5302 Rank Pte.
Name J.H. Bishop Royal Mid. Regt. Nide Regester Corps.
Receipt of the same should be acknowledged hereon.
Received from Porgal N. J. L. Regs:
Received from Royal N. J. Kishopo Signature Joseph A. Kishopo Date October 22 **
Date October 22 #
Address Port DE Grave

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms Number of Sheet Ove B 121. 39. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay months Religion Place and Date Joined. of Enlistment Toined Date Toined Date Toined Date of award or of order Date of Place Rank Name of OFFENCE Punishment awarded Offence By whom awarded Witnesses REMARKS dispensing with trial Demobilized Siphinis 11-19 To be carried over.

15302

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The Royal Pewfoundland Regiment

DEMOBILIZATION OF
Reg. No 5302 Rank His Name Bushofas A
Date of Enlistment 23-5-18 Address Jan & De Grape District & DG
Occupation Tislermon Classification for Discharge T Medical Category 4
Recommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P[36
B 178 W 3494 B 122 / Board 1st " 2 B 178a / D 400A Z. B 1915 / do 2nd " 3 3
B 178a
B 179a D 400C Form K de 4th " 5
B 179b B 103 /. ME 2
B 179c B 120 M 93
The state of the s
Date. 3.5-6.19 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
Line Line Line Line Line Line Line Line
1. Civil Re-Establishment:
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Dooming a section of a conjugation of the conjugati
\$ 0.000 Rishon
Particulars passed to Vocational Officer for information and action.
Date
100 15 100
2. Clothing. Certified that Clothing Regulations have/been complied with:—
(a) Clothing Allowance payable # 00.00
(b) Clothing Supplied
Date 26 — 6 — 14 Oilc. Re-clothing

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrants No
as and release Certificate No. issued.
Date Q Q = Q NOITAXILIBON & Thumball
Demobilization Officer
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and all matters in con-
nection therewith settled. He has received pay and allowances to
Date
Depot Paymaster.
Discharge approved for 27-6-19
Forwarded with following documents to O.C. Discharge Depot.
THE RESERVE THE PARTY OF THE PA
N.F. P 36 B 268 B 21 F. Med D.F. 1 B 178 W 3494 B 122 Coard let " 2
B 178a D 400A 191915 /do 2nd " 3
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B 179a 6 400C Form K do 4th 5 B 179b B 103
B179e B 120
0/ / SANDER SANDER SANDER
Date 16.0 1
O. C. Discharge Depot.
APPROVED.
Documents as above forwarded to:—
Officer i c Records. Board of Pension Commissioners.
with following additional documents. Eligible for War Service Gratuity
of that scryice Gratifity
JUN 27 1919 Rest Sait March
Date
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depoy.
umereath 1/9
Date Muly 9/19 Set Tresears

Attested	Address Post de levans
Date of Allotme	nt
24 6 19	PASSED TO DEMOBILIZATION OF FREE DESCRIPTION OF THE DESCRIPTION OF T