



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4670 - Name Hans Borne Corps 6th

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Hans Borne
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years 4 Months
5. What is your Trade or Calling? 5. None
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.
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

Hans Borne 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.

Hans Borne SIGNATURE OF RECRUIT.
24-4-18 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hans Borne do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 24 day of April 1918

Signature of Attesting Officer [Signature]

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.....191.....
 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).....

Rept. 26.4.18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harry Deane
 Apparent age 18 years 5 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Deane, 100 St. John's Road, Bonanza Bay | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Lieut	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service is Re-serve not allowed to reckon towards P. & Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4670 Name Harry Bourne Corps Co of 6

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Harry Bourne</u> |
| 2. What is your full Address? | 2. <u>Pinchabas Island</u>
<u>Bonaville Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Teacher</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Harry Bourne 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.

A
24-4-18

Harry Bourne SIGNATURE OF RECRUIT.
James A. Skelie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harry Bourne do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 24 day of April 1918

Signature of Attesting Officer W. J. James

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:
vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

Report 26-4-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harry Bourne
 Apparent age 18 years 5 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Bourne Inhabitant Islanda
Bonavista Bay | Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing their rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>24-4-18</u>									
Joined at <u>St. John's</u> on <u>April 24-1918</u>									
		<u>Report for duty</u>		<u>29-4-18</u>					
		<u>Admitted to D. Hospital</u>		<u>Headquarters</u>			<u>18-5-18</u>		
		<u>Discharged</u>		<u>do</u>			<u>14-6-18</u>		
		<u>Special duty Home defense</u>		<u>St. John's</u>			<u>30-9-18</u>		
		<u>Returned to Headquarters</u>		<u>11-10-1918</u>					
		<u>Demobilization</u>		<u>St. John's</u>			<u>30-12-1918</u>		
Total Service forfeited as above.....									
Total Service towards Engagement to <u>30-12-1918</u> (date of discharge)									
Pensions									

Report SR-4-18

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

MEDICAL HISTORY

OR

Surname Bourne Christian Name Harry

Table I.—GENERAL TABLE.

Birthplace:—Parish Pinchas Island County Nflda

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>24th</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Nflda.</u>		on	day of
Declared Age	<u>18 1/2</u> years — days		years	days
Trade or Occupation	<u>Teacher</u>			
Height	<u>5</u> feet	<u>5 1/2</u> inches	feet	inches
Weight	<u>115</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>33</u> inches			inches
	Range of Expansion... <u>4</u> inches			inches
Physical Development				
Vaccination Marks	Arms			
	Number			
When Vaccinated				
Vision	R. E.—V = <u>6/12</u>		R. E.—V =	
	L. E.—V = <u>6/12</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>L. M. Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, Nflda.</u>		at	
	on <u>24th</u> day of <u>April</u> 191 <u>8</u>		on	day of
Joined on Engagement	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt.</u>	<u>4670</u>		
Transferred to	<u>6</u>			
Because non-effective by				
	on	day of	191	on
(Signature)				day of
(Rank)				191

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treat
	Day	Month	Year	Day	Month	Year			
M. J. D. Hospital	17	5	18	14	6	18	Measles	28	

ist in case of Warrant Officers treated in quarters.

in the cause, nature or treatment of the case likely to be of interest or of future use. In case of
and re-admissions to hospital will be shown. The subsequent progress, including particulars
ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

W. B. Borden



D.F. 1

The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date _____ 19____

Regimental No. 1670.

Name Baume H.

Address _____

Disease or Disability Phlemy.

Finding of last Standing Medical Board, _____

held on _____ 19____

Present Condition _____

Recommendation Standby Medical Board.

Category E.

Members
of
Board

R.H. Sait Capt.

O. C. Depot

D. D. M. S.

W. O. Hilly Capt.
Ramb.

M. O. Depot

C.R.

4670

Extract of Daily Orders Part II, Depot, St. John's, dated
Jan. 2nd 1919.

DEMOBILIZATION.

The undernoted man has been discharged, confirmed by Officer
i/c Records on noted dates.

4670 L/C Harry Bourne

Discharged 301-22-18

C.R. ⁴⁶⁷⁰
~~4760~~

Edgarot from Daily Orders part 11, Depot St. John's
dated Dec. 5th., 1918.

The undernoted discharge on demobilization have been approved
by O. C. Discharge Depot from noted date. He is removed from
depot strength and transferred to discharge depot, pending
confirmation by Officer i/o. records.

4760 L/C. H. Bourne.

4/12/18

C.R. 4670

Extract from Medical Board held Saturday Nov. 23rd, 1918.

4670 L/C. Bourne, H.

Recommended Discharge from Army as Permanently Unfit.

MM.

C.R. 4670

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.,
St. John's Oct.12/18.

The Undernoted N.C.O. returned from Special Duty At Petty
Br. 11-10-18.

4670 B/Cpl. Bourne.

C.R. 4670

Extract from Daily Orders part 11 Depot St. John's dated September 30/1918

6

#4670 L/C. H. Bourne

The above mentioned soldier proceeded on Special Duty to
Petty Harbor. 30-9-18

C.R. 4670

Extract from Daily Orders Part II Unit The Royal Nfld Regt.
St. John's, dated August 14th. 1916.

4670 Pte. H. Bourne,

To be L/Cpl. from 14-8-16.

C.R. 4670

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated April 25, 1918.

#4670 Pte. Harry Bourne.

Attested for General Service with the Royal Wfld. Regt.
from 24/4/18 to report 29/4/18

Bourne, Harry

4670

Harry Sept.

Dec. 30th. 18

No. 4670 Pte. Harry Bourne,
Pinchard's Island, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 34."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc' 1 l.

Dec. 30th. 18

No. 4670 Pte. Harry Bourne,
Pinchard's Island, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 34."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc' 1 l.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4670 Rank Plt. Bn. Name Bourne Harry
 Intended place of residence Parabank Salf. BB

2. Occupation Teacher
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of Semiohelization

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place St. John's
 Date 7/12/18
 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
Dec 2nd 1918
 Signature of soldier Bourne H.C.
 Signature of witness C.B. Dicko Lieut.

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
Dec 3rd 1918
 Signature of soldier Bourne H.C.
 Signature of witness Haynes Sgt.

STATEMENT OF SERVICE

7. Enlisted for service 24. 4. 18 No of days on Military
 Discharged from service Dec 4th 1918 plus 28 days Service 253 250 days

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
 Date DEC. 4 1918
 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, Nfld.
 Date January 1st 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4170 Rank Platoon Leader Name Bourne - Harry
 Date of Enlistment 24.11.18 Address Parkside, Gold District St. John's
 Occupation Teacher Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating E 40% 670
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1.	1
B 178	W 3494	B 122		Board 1st.	" 2.	
B 178a	1. D 400A	1. B 1915	2.	do 2nd.	" 3.	
B 179	2. D 400B	Form L.		do 3rd.	" 4.	
B 179a	D 400C	Form K	1.	do 4th.	" 5.	
B 179b	B 103	ME 2.	2.		" 6.	
B 179c	B 120	M 93				

Date 29.11.18

Harry Bourne Capt.
O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Bourne HC

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

✓ Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$160.00

(b) ~~Clothing~~ Supplied

Joseph H. Snow

Date 30-11-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4.3 to his home
at Bay de port and Release Certificate No. 13 issued.

Date 2-12-18

CB Dicko Lieut
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 Jan 1st 1919
2-12-18 Atney Capt

Date

Depot Paymaster.

Dec. 4 1918

Discharge approved for

Forwarded with following documents to O.C Discharge Depot.

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

Date Dec. 2 - 1918

CB Dicko Capt
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.


$\frac{2}{A.2.3}$ $\frac{1}{B.179}$ $\frac{1}{A.2.2}$ $\frac{1}{A.2.B}$ $\frac{1}{B.178A}$ $\frac{1}{A.400A}$
 $\frac{1}{A.2.1}$ $\frac{2}{1915}$ $\frac{1}{K}$ $\frac{1}{B.121}$

Date DEC 4 1918

R H Lieut Capt
O. C. Discharge Depot.

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

Date Dec. 4/1918.



Department of Militia, Newfoundland

Medical Department

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 **St. John's**

Date **Nov. 14th 1918.**

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 18 years |
| 2. Regimental No. 4670 | 6. Enlisted on April 24th '18. |
| 3. Rank L/Cpl | at St. John's |
| 4. Name BOURNE, HARRY | 7. Former trade or occupation Teacher |
| | 8. Disability |

PLEURISY

9. History **April 1918 enlisted. In May 1917, became ill and later developed Pleurisy. Sometime after, felt well enough to go to school and later enlisted as above. In May sent to hospital with measles. In June went on home leave. On returning from home leave, placed on guard duty, Petty Hr. Then pain in side became severe, and has been more or less continuous since then.**

10. What is his present condition? **General appearance good. Temp. 97.4.**

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

Pulse 92.

RESPIRATORY SYSTEM. --On inspiration, movement of right side of chest somewhat diminished. Vocal fremitus increased on right side. Resonance slightly diminished right side of chest. Breath sounds on right side of chest about level of sixth intercostal space in axillary line. At height of inspiration a coarse friction rub present.

OTHER SYSTEMS -- Negative.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Yes

Signature **J. B. O'REILLY.....**

Rank or Qualification **Capt. R.A.M.C.**

Remarks if any by Officer in 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 **may** be considered as aggravated by —
due to

(a) Service during this war (b) Climate (c) Ordinary Military Service

Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings
but states that suffered from it before enlistment

Weight 126 lbs.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

40% for 6 months

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance **No** (b) Misconduct **No**

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital, Naval and Military Convalescent Hospital, Jensen Tuberculosis Camp. **No**

20. We recommend discharge from retention in. the Army **Permanently Unfit**

Remarks if any:—

(Sgd.) **H. S. FRASER**
President

Signatures **J. SINCLAIR TAIT**

L. PATERSON, Major

Place **St. John's, Nfld.**

Date **Nov. 23rd., 1918**

APPROVED

Station

Date



(Sgd.) **CLUNY MACPHERSON, Major**
D. M. S. NEWFOUNDLAND.
Administrative Medical Officer

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 work at previous occupation
(Teacher).

Baurys A.C.

Signature of Man.

W.D. Deeks Corp.

Signature of the Vocational Officer or his Representative.

Reg. No. 4670.

Place

St. Johns Nfld

Date

Dec. 2nd, 1918

COPY

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

MEDICAL HISTORY

OF

Surname **BOURNE**Christian Name **HARRY**

Table I.—GENERAL TABLE

Birthplace:—Parish Pinchards Island County Newfoundland			
SPECIAL RESERVE		REGULAR ARMY	
Examined	on 24th day of April 191 8	on	' day of 191
	at St John's, Nfld.	at	
Declared Age	18 5/12 years - days	years	days
Trade or Occupation	Teacher		
Height	5 feet 5 1/2 inches	feet	inches
Weight	115 lbs.		ll s.
Chest Measurement {	Girth when fully expanded	33 inches.	inches
	Range of Expansion	4 inches	inches
Physical Development			
Vaccination Marks {	Right	Left	Right
	Number		Left
When Vaccinated			
Vision	R.E.—V= 6/12	R.E.—V=	
	L.E.—V= 8/12	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)	(sgnd) LAMONT PATERSON		
(Rank)	Major		Medical Officer
Enlisted	at St John's, Nfld.	at	
	on 24th day of April 191	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps
	The Royal Nfld. Regt.	4670	
Transferred to			
Became non-effective by	on	day of 191	on
(Signature)			day of 191
(Rank)			

[P.T.O.]

COPY

This is used only for Special Reports and for Special Reports relating to the Special Reports

Table II.—Only for admission to hospital or to the sick

MEDICAL HISTORY

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilis, admission of treat
	Day	Month	Year	Day	Month	Year			
M. I. D. Hospital	17	5	18	14	6	18	Measles	28	

1074

Table III - Board of Health, Vaccination, Incubation, etc. - Examinations for Health or list in case of Warrant Officers treated in quarters

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	(sgnd) F. W. BURDEN

COPY



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. & 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 **BOURNE, Harry**
Regiment from which discharged *1st. Newfoundland*
Regimental number **4670**
Intended address **Pinchard's Island, B.B.**

Height on discharge **5** Feet **3"**

Color of hair on discharge **Brown**

Complexion **Fair**

Color of eyes **Blue**

Descriptive Marks **-**

Figure on discharge **Medium**

Christian name of Father **John**

Christian name of Mother **Esther**

Wife's maiden name in full **-**

Date and place of marriage **-**

Christian names of children **-**

Place and date of soldier's birth. **Pinchard's Is, B.B. Dec. 30th, 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)

BOURNE, HARRY(SGD)

(Rank) **L/Cpl**

Station **ST. JOHN'S**

Date **NOV. 15TH**

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.

(SGD) **J. B. O'REILLY, CAPT**

Medical Officer i/c Hospital,
Unit, or Command Depot.
R.A.M.C.

Station **ST. JOHN'S**

Date **NOV. 15th, 1918**

COPY

D.F. 1



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date _____ 19_____

Regimental No. 4670

Name Bourne, H.

Address _____

Disease or Disability Pleurisy

Finding of last Standing Medical Board, _____

held on _____ 19_____

Present Condition _____

Recommendation Standing Medical Board

Category B

Members
of
Board

R.H. TAIT, CAPT

O. C. Depot

D. D. M. S.

J.B. O'REILLY, CAPT

RAMC

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:

I am returning to my former work of teaching

Bourne H.C.

Signature of Man.

W. O. MacCall.

Signature of the Vocational Officer or his Representative.

Reg. No. *4670*

Place

N. J.

Date

Nov. 27

191

8



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, H. Bourne, Regl. No. 6024,
hereby agree, until further notification by me, and in similar official form to make an Allotment of 3 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ~~Person~~, such payment to be made on proof of identity of, and production of the relative ~~Identity~~ Identity Certificates by the Person ~~and~~ or Persons concerned, viz.:

Allotment begins 3rd 11th 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6024	Father	John Bourne	Pinchard's field B.B	60
			Total Allotment, \$	

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

(Sig.) H. S. Shreeley
Officer Commanding
Company C.
St Johns.
Aug 15 1915

(Sig.) H. Bourne
(Rank) Plt

Squadron, Troop, Battery and Company Conduct Sheet

Army Form B. 121

Number of Sheet ONE

COPY

Forms
B 121
39

Regiment of ROYAL NEWFOUNDLAND

Signature of O. C. Company (sgnd) W.M. CHURCHILL, Lt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay. Promoted Lance Corporal 14-8-18
No	Bourne, H.	Age on	18 years 5 months	Teacher	
4670		Place and Date of Enlistment } <u>St John's</u> <u>24-4-18</u>		Religion	
Joined _____ Date _____				C. of E.	
Joined _____ Date _____		Period of { with Colours <u>25 1/2</u> years with Reserve _____ years		Place of Birth	Pinchards Isld., B.B.
Joined _____ Date _____					

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment Awarded	Date of award or of order dispensing with trial	By Whom Awarded	REMARKS
				Demobilized	St John's	30	12/18		

To be carried over

Army Form B. 121

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms
B 121.
39

Regiment of Royal Newfoundland

Signature of O. C. Company W. Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Broune H.</u>	Age on	18 years 5 months	Teacher	<u>Promoted L/C on 14-8-18</u>
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date	Period of } with Colours years.	<u>2 1/2</u>	Place of Birth	
Joined	Date				
Joined	Date	<u>P. Charles 925 B.B.</u>			

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

Army Form B. 121.

Sub 70

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. *4670* Rank *Pvt. J.C.* Name *Bourne - Harry*
 Date of Enlistment *24.4.18* Address *Richards Rd.* District *Bonaventure*
 Occupation *Teacher* Classification for Discharge *B* Medical Category *F*
 Recommendation S.M.B. *Permanently unfit* Disability Rating *E 40% 6mo.*

Passed to Demobilization Officer with following documents:—

N.F. F36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1. D 400A	1. B 1915	2	do 2nd	" 3	
B 179	2. D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2	2		" 6	
B 179c	B 120	M 93				

Date *29.11.18*

Harry Cap.
 for C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Bourne H.C.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *\$160.00*

(b) Clothing Supplied *Joseph A. ...*

Date *30-11-18*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9.3 to his home at Bay St. Louis and Release Certificate No. 13 issued.

Date 2-12-18

P. B. Dicks Lieut.
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 Jan 12 1919

Date 2-12-18

W. H. Capl.
Depot Paymaster

Discharge approved for Dec. 4 1918

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
F 178a	D 400A	B 1915	2	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	*
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93				

Date Dec 2-1918

P. B. Dicks Capt.
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer in Records.

Board of Pension Commissioners.

with following additional documents.

3 ✓ 1 ✓ 1 ✓ 1 ✓ 1 ✓
1 ✓ 1 ✓ 2 ✓ 1 ✓ 1 ✓
A. 400A A. 21 1915 K. B. 121

Date DEC 4 1918

R. H. Capl.
O. C. Discharge Depot

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

Date Dec. 4/1918

W. H. Capl.
O. C. Discharge Depot

Reg. No. 1670. Rank *1st Lt.* Name *Bourne H.*
Attested *27.4.18* Address *Dunbar's Hill*
Allotment *60* Allotee *John Bourne Father*
Date of Allotment *1-9-18* Returned from Overseas
Embarked for Overseas Cause

Vacc 24/8, 1st Inc. 3 5 2 Inc 10/8 3rd Inc 15/11/8
18 9/18 Admitted No 14 member Discharge from M.S.D.
for duty 14 6/8
Sp 15-6-78 to 29-6-18
24 7/18 Leave granted must bring doctor certificate. Adj.
Returned from leave 5-7-18.
Promoted to 2nd Lt 14-8-18.
23 7-78. Res - Dis - Permanently unfit
PASSED TO DEMOBILIZATION OFFICER
3 7 78
DISCHARGE APPROVED ON DEMOBILISATION.
4 7 78



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 *Bowme Harry.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4670*
 Intended address *Pinchards Island, B.B.*
 Height on discharge *5* Feet *3"*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *John*
 Christian name of Mother *Esther*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Pinchards Island, B.B. Dec 30th 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) *Bowme Harry*

Station *St Johns*

Date *Mar 15th*

(Rank) *2/cp*

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.

J. Solley Capt
 Medical Officer i/c Hospital,
 Unit, or Command Depot.

Station *St Johns*

Date *Mar 15/18*