

4357

FIRST NEWFOUNDLAND REGIMENT

Ouestions to be put to the Recruit before Enlistment. 1. What is your name? 2. What is your full Address? 3. Are you a British Subject? 4. What is your Tade or Calling? 5. What is your Tade or Calling? 6. Are you Married? 6. Are you writing to be calling? 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or re-vaccinated? 9. Are you willing to be enlisted for General Service? 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 embodied in the roll of service and to be signed by you if you are accepted? 1. Are you willing to serve upon the conditions as embodied in the roll of service and by you if you are accepted? 1. Are you willing to serve upon the conditions as embodied in the roll of service and by you if you are accepted? 1. Are you willing to the shows questions are true, and that I am willing to fulfil the engagements made. ATH TO BE TAKEN BY RECRUIT ON ATTERSTATION. ATH TO BE TAKEN BY RECRUIT ON ATTERSTATION. ATHER SECRET and failthfully defend His Majesty, His Helfs and Successors, and that I will be faithful and boar true allegiance to His Majesty King George the Fifth, His Heira and Successors, and that I will se in duty bound, honesty and faithfully defend His Majesty, His Helfs and Successors, in Person, Crown and Dignity against all extenses, according to the conditions of my services. 1. The Recruit above, named was excutioned by me that if he made any false answer to any of the above questions were then read type and successors. In Person, Crown and Dignity against all extenses, according to the conditions of the Above Amanded and greated the Secientation and type the open of the Above questions were then read type and appoint him to the: 1. The signature of the Above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and	No. 435 / Name Vayward Bradbergs S-V
2. What is your full Address? 3. Are you a British Subject? 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? 6. Are you ware served in any Branch of His Ma jesty's Forces, naval or military, if so, which? 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so, which? 8. Are you willing to be vaccinated or re-vaccinated? 9. Are you willing to be enlisted for General Service? 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 embodied in the roll of service or be signed by you if you are accepted? 11. Are you willing to serve upon the conditions as embodied in the roll of service or be signed by you if you are accepted? 12. Are you willing to serve upon the conditions as embodied in the roll of service or be signed by you if you are accepted? 13. Are you willing to serve upon the conditions as embodied in the roll of service or be signed by you will you are accepted? 14. Are you willing to serve upon the conditions as embodied in the roll of service. 15. Are you willing to serve upon the conditions as embodied in the roll of service. 16. Are you willing to serve upon the conditions of the your warries and successors, and that I will be faithful and board true allegiates to the warries of the would be liable to be punished as previded in the Army Act. 17. Are above questions were then read by the Recruit in my presence. 18. Are you willing to the conditions of the Recruit in my presence. 19. CERTIFICATE OF APPROVING OFFICER. 19. Agy of the saled recruit bear mane and signed the electration and town the eath before me are yearled to, as the test and recruit bear mane and signed the electration and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the: 11. I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required for	Questions to be put to the Recruit before Enlistment.
3. Are you a British Subject? 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? 6. Are you warried? 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or re-vaccinated? 9. Are you willing to be enlisted for General Service? 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 embodied in the roll of service in to be signed bryyou if you are accepted? 11. Are you willing to serve upon the conditions as embodied in the roll of service in the above questions are true, and that I am willing to fulfil the engagements made. 11. Are you willing to roll the above questions are true, and that I am willing to fulfil the engagements made. 12. Are you willing to fulfil the engagements made. 13. Signature of Witness. 14. Are you willing to fulfil the engagements made. 15. Signature of Witness. 16. Are you willing to fulfil the engagements made. 17. Are you willing to fulfil the engagements made. 18. Signature of Witness. 18. Signature of Witness. 19. Signature of Witness. 19. Signature of Witness. 19. Signature of that I will, as in duly bound, honestly and falls Majesty King Goorge the Fifth, fin Hoirs and Successors, and that I will, as in duly bound, honestly and falls Majesty King Goorge the Fifth, fin Hoirs and Successors, and that I will, as in duly bound, honestly and falls missed as provided in the Army Act. 19. CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER. 19. The above questions were then read to the Recruit in my presence. 1 have taken care that he understands each question, and that his answer to and question has been duly integed as replied to, as the said recruit her made and the feclaration and type the oath properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the: 1 The signature of the Approving Officer is to be affir	I. What is your name?
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5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or re-vaccinated? 9. Are you willing to be enlisted for General Service? 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 embodied in the roll of service of the signed by you if you are accepted? 11. Are you willing to serve upon the conditions as embodied in the roll of service of the signed by you if you are accepted? 12. And the service are true, and that I am willing to fulfil the engagements made. 13. And the service allocated the service and that I am willing to fulfil the engagements made. 14. And I will be faithful and bear true allegiance to His Majesty King George the Fifth, the Heirs and Successors, and that I will be faithful and bear true allegiance to His Majesty King George the Fifth, the Heirs and Successors, and that I will be faithful and all enemies, according to the conditions of my service. 15. CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER. 16. The Recruit above named was cautioned by me that if the made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. 16. The above questions were then read to the Recruit in my presence. 17. I have taken care that he understands each question, and that his answer to each question has been duly into as replied to, say the said recruit beyonds each question, and that his answer to each question has been duly fintered as replied to, say the said recruit beyonds each question, and that his answer to each question has been duly fintered as replied to, say the said recruit heavands each question, and that his answer to each question has been duly fintered as replied to, say the said recruit heavands each question, and that his answer to each question has been duly fintered as replied to, say the said recruit heavands each	3. Are you a British Subject? 3.
5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so, which? 8. Are you willing to be vaccinated or re-vaccinated? 9. Are you willing to be enlisted for General Service? 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 embodied in the roll of service of the signed by you if you are accepted? 11. Are you willing to serve upon the conditions as embodied in the roll of service of the signed by you if you are accepted? 12. And the service and that I am willing to fulfil the engagements made. 13. And the service questions are true, and that I am willing to fulfil the engagements made. 14. And the service allegiance to His Majesty King George the Fifth, the Heirs and Successors, and that I will be faithful and bear true allegiance to His Majesty King George the Fifth, the Heirs and Successors, and that I will be faithful and lenemies, according to the conditions of my service. 15. CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER. 16. 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. 16. The above questions were then read to the Recruit in my presence. 16. There is taken are that he understands each question, and that his answer to each question has been duly into as replied to, say the said recruit hearhade and signed the teclaration and trien the oath before me at the signature of Attesting Officer. 17. 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: 18. Approving Officer. 18. Approving Officer.	4. What is your age? 4. Years
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-vaccinated? 9. 9. Are you willing to be enlisted for General Service? 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Corps 11. Are you willing to serve upon the conditions as embodied in the roll of service of the besigned by you if you are accepted? 11. 11. Are you willing to serve upon the conditions as embodied in the roll of service of the shove answers made by me to the above questions are true, and that I am willing to fulfil the engagements made. Signature of Witness. 12. And	
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In Did you receive a Notice, and do you understand its meaning, and who gave it to you? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Stand its meaning, and who gave it to you?	
I	stand its meaning and who gave it to voil? [10]
made by me to the above questions are true, and that I am willing to fulfil the engagements made. **The Common Co	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?
bear true allegiance to His Majesty King George the Fifth, Mis 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 dulf interest as replied to, and the said recruit her made and signed the declaration and toten the oath before me at the control of this. Signature of Attesting Officer † 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 proving Officer. If enlisted by special authority, such will be attached to the original attestation. Date	N 78-7-10 Rate dwards . Signature of Witness.
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 dust intered as replied to, and the said recruit her made and signed the declaration and total the oath before me at on this. Signature of Attesting Officer †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	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
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 dult intered as replied to, and the said recruit her made and signed the declaration and total the oath before me at the one on this	CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
I have taken care that he understands each question, and that his answer to each question has been dult interest as replied to, and the said recruit has made add signed the declaration and total the oath before me at	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.
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Signature of Attesting Officer †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	
Signature of Attesting Officer	
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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 compiled with. I accordingly approve, and appoint him to the: If enlisted by special authority, such will be attached to the original attestation. Date	Signature of Attesting Officer
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If enlisted by special authority, such will be attached to the original attestation. Date	I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
Date	quired forms appear to have been complied with. I accordingly approve, and appoint him to the:
Place † The signature of the Approving Officer is to be affixed in the presence of the Recruit.	If enlisted by special authority, such will be attached to the original attestation.
† The signature of the Approving Officer is to be affixed in the presence of the Recruit.	
† 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.	Place
and the second control of the second control	† 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.

DESCRIPTIVE REPORT ON ENLISTMENT Name Apparent age... vears months. inches (Girth when fully expanded Chest Measurement Range of expansion Distinctive marks INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship 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-Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. Signature of Officers certi-fying correctness of Army Rank Dates entries Vears Days 19 Total Service forfeited as above.....

C.R. 4357

Extract from Daily Orders Part II Royal Newfoundland Regiment, Depot St. John's, dated 12-7-19.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/d Records from noted date 28-7-19,

4357, Pte. H. Bradbury.

C.R. 4357

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

The discharge of the undernoted on demobilisation has been APPROVED by C.C. Discharge Depot with effect from 8546-19.

4357 Pte. H. Bradbury.

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

The undermentioned of the 1st.Battalion left Rouen Camps \$2/4/19, embarked at Havre 22/4/19, disembarked at Southampton 23/4/19 and reached Hazeley Down Camp 23/4/19.

#4357 Pte. H. Bradbuty.

Extract from Nominal Rell of draft No. 56 from the End., Battalien of the Reyal Newfoundland Regiment., Winchester to the 1st., Battalien of the Newfoundland Regiment, /B.Bs. F.
Embarked Southempton 23/11/18.

4367 Headbury.

June 1st, 1918.

Dear Mr. Bradbury: -

I regret to inform you that your son #4557 Pte. Hayward Bradbury was admitted Hazeley Down Hospital on 1/5/18 suffering from Messles.

This report was received by mail from our Record Office, London, and if it was at all serious we would receive news by cable.

Yours faithful ly,

Lient.

for bleut.col.C.S.C.

Mr.Abran Bradbury,

Country Road,

Bay Roberts.

C.R. 4367

Extract from Sandral Roll Embarked St. John's for Sversons. Mar. 28, 1918.

4357 Pte. Bradbury

Extract of Daily Orders p rt 11, from Unit The Royal NGIA.Regime t, Headquarters, St.John's, dated March 1st,1918.

#4357 Pte. H. Bradbury.

Attested with the 1st Nfld. Regiment, for General Ser ice with effect from 1/2/18. N. Bradburg

Norm.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment

In cases of s	oldiers not discharged or transfe	ases of transfer to Class P_{*} , or P_{*} (1), of the Reserve. red to the Reserve as above, but who are qualified by length of m is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.
Medical Repo	ort on a Soldier	Boarded Prior to Discharge or
), P., or P. (T), of the Reserve.
~ ₁)		
1. Unit and Corps. J.U.	oyal Newfound	land 7. Former Trade or Occupation \ Minet
2. Regtl. No. 4.3 5.7 4. Name Bran	3. Rank 9 To	7a. If the soldier claims previous service in Army, he should state— (a) Former Regts. or Corps;
(Surname)	(Christian 1	ames) with Regtl. Nos.
5. Age last birthday.	· · · · · · · · · · · · · · · · · · ·	
6. Posted for duty on	pt 21/18. at	
in category (or gra	/de)	
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
(b) Where		(if any)
(c) Opinion of Con		
Note.—The foregoing is seen by the Officer in cha		A.F.B. 179 B (statement by the soldier) completed before the soldier
	Statem	ent of Case.
them he will take care to con in the invalid's military and disease.	nfine himself exclusively to the medical documents. He will also	filled in by the Medical Officer in charge of the case. In answering dical aspect of the case and to such information as may be recorded carefully distinguish and clearly state when cases are due to venereal
		y in respect of which invaliding is proposed to be stated here. nswer to question No. 19). If no disability enter "nil."
•••		N'e
11. Date of origin of dis	ability.	nil .
12. Place of origin of dis	sability.	ail
the disability in so fa	essential facts of the history ar as it is recorded in the Medi- ing on the case and in oth uments.	al Act

		(i.) Service during the present war	¢
		(ii.) Previous active service	
		(iii.) Climate in pre-war service	ha
		(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?	An .
s such injur-	15.	. What is his present condition?	11 .0 . 0 -
ear. hroat, &c., t's re- to be with a p h s		(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	describes
ssible; ses of the osition stated.			
	16.	. Was an operation performed? If so, when and what was its nature?	Ka
	17.	. If not, was an operation advised and declined?	
	18.	. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?	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?	
			A CONTRACT OF THE PARTY
			(1)
	20.	. Do you recommend—	(Mohat.
		(a) Discharge as permanently unfit?	Pourration
		(b) Change to United Kingdom?	0 44
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	of Williams
	Sta	ation Landey D. Lamp.	Medical Officer in charge of case.
	Da		
	it i	* Loss of teeth on or immediately after active service, should is due to some other cause	d be attributed thereto, unless there is evidence that

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

Nº 3910



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

		Dollars and		Cents, per diem,	
				such payment to be	
f iden	ity of, and proc	luction of the relat	tive Identity Ger	tificates by the Perso	on and Persons
	d, viz.:	116	o ist	7.8	
1	Wotment begins	C Jon	· e / /	770	
Identity Pertificate No.	Whether Wife, Child, other Relative or Friend	NAME (in fu	11)	Address	AMOUNT (each person)
790	Mother	Mroahram	Soral les)	Court Road	a ,
/		Madhe	3/	Bay Roberto	60
					- 1
				V 1751	
		e day.			
				Total Allotment,	5
8	this form must be of igned by the Officer equired payments o	Commanding Compan	Commanding Comp y and handed to the	oany, signed by the Volu ne Paymaster as authorit	nteer, counter. y to make the
g.)	Wohly)	<i>b-</i>	out old	aniand	DHAN
	PO 01	ficer Commanding	(Sig.) UY	o , www	097 617
1	11/	Company	(Rank)	Private	• •

EC,- The Chief Paymaster,
Royal Fewfoundland Regiment,
58 Victoria Street,
London, S.V.

Sir:-

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

Commencing on the 1st July 1918.

Regtl. No	Rank	Name	Amount	Signature;
4357	Ats.	Gradbury. A.	\$2.50	
			*	egil, et i

I have the honour to be, Sir,

Your obedient servant,

Hognard Brookly

Dato June 20 4/18



From:

NEWFOUNDLAND CONTINGENT

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

Orticer Commanding, and En. Royal Nild. Rgt, Winchester

October 7th,

1918

Subject: 4357, Pte.H. Bradbury,

With reference to the following telegram (8545) from the Hon. Minister of Militia, received

"Pay to 4357, Pte. H. Bradbury, £5.0.0.

Draft £ 5 = 0 = 0 is enclosed.

for payment to this Soldier.

Kindly obtain his receipt
hereon?

Chief Paymaster & O. 1/c Records.

Menerall May.

Receipt hereunder.

Wunde haja f LIEUT. COLONEL.

MANUOTTECH COMMAG. Batt'n

Royal Newfoundland Regiment

Received the sum of Jacobar of on account of

cable remittance from Newfoundland.

Harriard Bradbuy

No. 4357 Rank Private

Witnes: Thungs PG

Officer Commanding, 2nd. Bn. Royal Nild. Rgt, Winchester

October 7th, A. 4357, Pte.H. Bradbury,

"Pay to 4357, Pte. H. Bradbury, £5.0.0.

P. 28

A Bradbury Bay Roberto Newfoundland Calle nine pounds Grough Relita 4357 Ple A Bredley No. 5964/297

From:

NEWFOUNDLAND

Chief Paymaster & U.i/c Records, Newfoundland Contingent, 58, Victoria Street.

London, S.W. 1.

16th April

1919

4357 Pte. Bradbury H.

With reference to the following telegram from the Minister of Militia, / / (137)

"Pay to-4357 Bradbury

£5. 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.

Photographical Play. Chief Paymaster & D. ita Hocords

CONTINGENT

To: Officer Commanding,

1/Bn. Royal Newfoundland Regiment,

B.E.F.

191

N.F.P./80.

Departed

Dradbury, A

4357

Aay Loeph.

July 9, 1919

#4357 Pte.Hayward Bradbury,

Bay noberts.

Dear Sir:-

Please find enclosed Discharge Certificate Bo. 2871.

Yours truly

Captain reymaster & U.1/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4 35 7 Rank Ple Name Bradburg H
Intended place of residence. Buy Roberts.
- B
2. Occupation Thinese
Classification of soldier Medical Category
3. The above named man is discharged in consequence of
DEMOBILIZATION.
Eligible for War Service Gratuity
Eligibic tul mai ocivice viglatij
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, accordance with Regulations.
1110 0 4 1010 . d.
Place UN. 24 1918 H.N.'S. Comanding Discharge Depot The Royal Newfoundland Regiment
Date And and a regiment
ST. JOHN'S.
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 just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regimes of all financial responsibility in my connection.
Place and date JUN 24 1919 Haynard Bradbur
Place and date Jun
Signature of soldier 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.
- Harriard Mr adlows
Signature of soldier JUN 2 4 1919 Signature of soldier Cluster
IIIN 24 1919 Fame Collians
Signature of witness
STATEMENT OF SERVICE
7. Enlisted for service
7. Enlisted for service
Discharged from service 2.5-6-19. PLUS 14 DAYS. Service 4.9.7.
APPROVAL OF DISCHARGE
8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ic Record The Royal Newfoundland Regiment, twenty-eight days from date.
Place Najw.
Officer Commanding Discharge Debot The Royal Newfoundland Regiment.
.IIIN 25 1919
Date
confirmation of discharge
9. The discharge of above mentioned poldier is hereby confirmed
Place Place / June / Place
Date Muly 9/1919 The Royal Newfoundland Regiment
Date
100-021-121
a 412 10 17/21/1



Demobilization Form 1

The Royal Pewfoundland Regiment

Class for Demobil-ization;—

Class for Demobil- ization;—		ort of Demobilization g Board, held on soldier for discharge.	
Discharge Depot: Headquarters The Royal New	foundland R	Regiment	
	Date 24	4-6-19	,
Regimental No 4357			
NameBradbury, H.		Pte	
Address Bay Roberts			
Present Medical Category Af	**************		
Recommended for :— $\left\{ \right.$	(a) Immedia (b) Standard	Hedical Boyd P. J. Jail Cyf.	
		O.C. Discharge Depot.	
Maria Cara Cara Cara Cara Cara Cara Cara	(sgnd)	L. Paterson	
Members of Board		Senior Medical Officer	-
	π	F. W. Burden	
Military Service: 497 deve		M. O. Depot	

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

(1		HE	AD	QU	AR	IE	35	NE	WF	OL	םמו	LA	ND	RE	GII	MEI	NT		1			P.					
Pleas		lsiOn's Doarv documents as indicated below	Non-	Medical history sheet.	Nfid. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life quali- fication.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	R	eport of Med	Newfo	undlan ards	d	Attestation	Identity	Allotment papers		Headquarters Travelling Board	Proceedings on discharge				
No.	3	BANK AND NAME	N.F.P.138	B. 178	B. 178a	B. 179	B. 268	W.3494	D. 400A	B. 103	B, 120	R. 131	B. 122	lst. Board	2nd Board	3rd Board	4th Board	Board	B. 1916	Form L	Form K	A.P.W. 3463			D.F. 1		3	
4317	Bli	Bradbury of																							1.	•		
																											310	
																									2			
						918																						
																												ı
																								-	*			
Receiv	ved above	noted documents,													ignatu	re of O	fficer fo	orward	ing doc	umente	:	i day						

The Koyal Aewfoundland Kegiment

Class for Demobilization:	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarte	re The Royal Newfoundland Regiment
	Date 24.6.19
Regimental No 4357	
Name Bradle	an Release
Address 3	ay Roberts
Present Medical Category	17
Recom	nmended for : { (a) Immediate discharge. (b) Standard Modical Board.
	O.C. Discharge Depot.
Mei	mbers of Board Senior Medical Officer
- dp	M. O. Depot

The Royal Pewfoundland Regiment

DEMOBILIZATION OF	, all
Reg. No. 435 Rank PFE Name Bradley A.	
Reg. No. 435 Rank VE Name Brade A. Date of Enlistment 282 18 Address Buy Rhe & District 14	500
Occupation Medical Category A. Medical Category A.	1
Recommendation S. M. B. Disability Rating	
Passed to Demobilization Officer with following documents:—	
N. P. 1/36 B 268 B 121 N. F. Med D. F. 1	
B 178	
B 178a	
B 179	
B 179a D 400C	
B 179b B 103 ME 2	
B 179c B 120 M 93	
Date 24.6-19 C. C. Discharge Depot.	
PARTICULARS FOR DEMOBILIZATION	1
1. Civil Re-Establishment.	
I amin a position to resume civilian occupation.	
4 Dradley	
TI UNULL Y	
Particulars passed to Vocational Officer for information and action.	
Date City 1810 p 1 1 2 18W 101 5 Aby 15	
2. Clothing.	lon-E
Certified that Clothing Regulations have been complied with:	0
(a) Clothing Allowance payable D. (b. 2)	1
(b) Clothing Supplied.	
Date O i c, Re-clothing	n Q

The Royal Pewfoundland Regiment

DEMOBILIZATION OF

Reg. No. 453 Rank Name Dradle	JA	
Date of Enlistment 28 2 18 Address Buy Roberts	District The Gran	
Occupation Mene Classification for Discharge Medi	cal Category. AT	
Passed to Demobilization Officer with following documents:—		
N.E. 1996 R. 1991 N.E. Med D.E. 1		
B 178 W 3494 B 122 Roard 1st " 2		
B 178a D 400A B 1915 do 2nd " 3	3	
B 179 do 3rd		
	11 11 11	
Date 24.6-19 60. C. Disc	harge Depot.	
Date of Enlistment Address Buy Role (Solistrict) Occupation Classification for Discharge Medical Category Recommendation S. M. B. Disability Rating Passed to Demobilization Officer with following documents:— N.F. 1/36 B 268 B 121 N.F. Med D.F. 1 D.F. 1 <td< td=""></td<>		
1 Civil Re Retablishment		
I amin a position to resume civilian occupation.	a lary	
4 ODEN	un f	
Particulars passed to Vocational Officer for information and action.		
irféasta		
Date		
Date 2. Clothing.	A WILL	
Date 2. Clothing. Certified that Clothing Regulations have been complied with:	200 L	
2. Clothing. Certified that Clothing Regulations have been complied with:— (a) Clothing Allowance payable 2. 0. 0	anoh A	

at	The abo	ve named	has bee	n provide and Rele	d with T ase Cer	Travellin tificate N	g Warra Io. 300	nts No.!	ises	to his	home
Date	2	4-6	-10	lon or	TAS/L	BOM	A	Den	••••••	tion Office	er
4. Pay a	nd Allo	wances.				1		1	50000	wielland in	, ,
			soldier'	s accounts	s have t	een cor	rectly ba	lanced a	and all	matters i	n con-
ne	ction the	erewith se		He has red		ay and a	illowance	s to	9-	71-19	
Date	24.	6	19		annach	inter light	114	K	Depot	ws	r.
Disaharas	ad appro	ved for	100	ten	4.	25	6-	19			. 11
				ocuments	Married Builds	Dischar	ge Depo		77		5.
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N.F. P 36		3 268		121		F. Med	D.I	· 1	1		
B 178 B 178a	1	V 3494		1915	1	ard 1st o 2nd		2	2	Form	B
В 179) 400B			Care and	o 3rd	10.70	4	0		Y
В 179а	/ 1	400C	Fo	orm K	d	o 4th		5			
В 1796		3 103		E 2		3		6	. .		
B179e	E	3 120	. M	93	و.	25.6.	10	······			
Date	24	- 6-	19	LIBOM	19	1	Thus	wh	16	1.	
Da (0,	, , , , , ,		7	/	1:1			O. C.	Discha	rge Depo	t.
		No.	nailee	0	With the state of	every en	and .			rn h	
APPRO'		s as above	forward	led to:-						7/1	
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with fo	ollowing	additiona			i i i i		hoje -	: Jan -			. 1
	.50				hla f	or W	ar Ce	rvic	e Cr	atulty	
ATTO THE RESERVE		and the second	16.1	ENG	DIC I	UI W	ai Ji	.1 710	1		P. Call
Date	JUN 2	5 1919	· · · · · · · · · · · · · · · · · · ·	none pro-	rend ou	e derin	T.	0.0	. Disch	arge Depo	AAJO! ot.
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received	i the abo	у в досец	аосише	dia nom c	, O. DI	ocharge .	papot.	alle surie	s of the		
D											
Uate		waataba-	<i>a</i>				art did di	Security 2	4.		

3. Transportation and Release Certificate.

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.

H Bradbury
Signature of Man.

Reg. No. 435 9

e of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date 24-6-19

[P.T.O.

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

Surname Bradbe	vy	OF	tian Nan		ayward
	Table I.—	GENERAL	TABLE.	ey Bu (al	1
Birthplace: -Parish 3	zy fol	erts	County	у	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	SPECI	AL RESERV	<u>E.</u>	REGU	LAR ARMY.
Examined	on 28	day of Je	1918	on at	day of 191
Declared Age	18		Louise		ears days
Trade or Occupation		hiene	6		uaya.
Height	5	feet	Linches		feet inches
Weight		/	4/. lbs.		lbs.
Chest Measure- Range of Expansion		٠	Inches		inches inches
Physical Development				- July 1	
Vaccination Marks Arm	Right	- 1	eft —	Right	Left
(Number					+
When Vaccinated	R.EV=	6 4		R.EV=	
	L.E.—V=	/.		L.E.—V=	The second second
(a) Marks indicating congenital peculi- arities or previous disease	(a)	*	•0	(a)	
(b) Slight defects but not sufficient to	(b)			(b)	
cause rejection					
Approved by (Signature)	187	Pol	-		
(Rauk)	a mm	" avers	34		
	11	Medi	cal Officer.		Medical Officer.
Enlisted	at de	lohn		at	
	on Z	day of Sel	-		ny of191
Joined on Enlistment	corps.	Kegu	. 86.	· Corps.	Regtl. No.
	Royal	43	357		
Transferred to	Leufound	law	/		
Became non-effective by					
	on	day of	191	on de	ay of 191
[Signature]					
[Rank]	10				

	Ad	mitted Jospita	to	Discharged from Hospital				N. A.		
Name of Hospital	1	1	h Year		Hospita Month		Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treatme	
Hazeley Down	1	5-	18	20		18	Measles			
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1 107			Certif							
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A. T. S.		430	*	1						

tal or to the sick list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Isolation. Det. Mediene. Recound. Discharged to Daty Hofeworn Cafelland.

P.T.C.

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 Signature

	A september 19 of the part of the	principal of an appropriate	
	8 Vacc		
8-4-			
	8 748		

Date

It is hereby certified that this soldier has been before a Travelling Medical Ecard and has been classified as for Discharge on Demobilisation. 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
		recently many			
				The President	
· MATE					
		ESIZATA SE EVITOR		A STATE OF THE STA	MICHELL STREET



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

Name in full

Regiment from which discharged Royal Dewfoundland 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 Whete . 30 Dec. 1898. 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)

Haynard Bradbury

(Rank)

Station

Date 23-6-19

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, ile Hospitalom Unit, or Command Depot.

St John's, Newfoundland

Station

Date

Nors.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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.

h	
1. Unit and Corps Royal Mem found land,	Former Trade or Occupation }
2. Regtl. No. 4. 3. 3. Rank	. If the soldier claims previous service in
4. Name Brad George Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday2!	

8. If the disability is an injury was it caused

in category (or grade).

- (a) in action
- (b) on field service
- (c) on duty
- (d) off duty?

6. Posted for duty on apr. 21/18. at ... 61 Johns.

- (b) Date of Discharge;
- (c) Cause of Discharge.
- If a Court of Inquiry was held on an injury state:—
 - (a) When
 - (b) Where
 - (c) Opinion of Court

(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.

(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability.
- 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.

nie nie

21

	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	/	
	2 1	(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 'acial myuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be ettached 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.)	Accorbi	deg. In
Ţ.	16.	Was an operation performed? If so, when and what was its nature?	na	
	17.	If not, was an operation advised and declined?	na	
		*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 treat- ment was unobtainable?	. کو	
	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?		
		e ni di biblio bijal produkti. Cidi in biblio di proci e	The Control of Care and	pros.
			12 Later	
	-		Japa /	
	20	. Dó you recommend—		
		(a) Discharge as permanently unfit?		
		(b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided Foreign Stations.	MATTAGE !	Carram
	St	ation. Hizeley bones	· Medical Officer in	
		ate	ould be attributed thereto, t	nnless there is evidence that

(b) Signaller, Shoeing-Smith, &c.

[P.T.O.

Casualty Form—Active Service.

Rank Surname Scallery Christian Name H. Religion Age on Enlistment Service reckons from (a) 28/2/18. Date of promotion to present rank Date of appointment to lance rank Extended Re-engaged Qualification (b). Or Copps Frade and Rate.								
Occupati	on Mines. Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents.	2009	Date of	Remarks			
Date	From whom received	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 1	118				
		Joined Batt.	5	I IANI	010			
		\cap		1	919			
/		wound in WR		23/14/19				
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10.		Contract the service of the service						
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(γ.)	100012-0-200							
; -								
2.4	01-1	BIL CL BAN	A. R.	L 1-	rea			

W. 11814-M1188 1000m 1/17 (27227) S.P.& Co, Ltd. Forms B./103/4 E./354.

ctl.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of Age Ser- vice.	Religion.	If for duty †	Whether a defaulter.	Lines or barracks,	Room.	Disease.	Disposal. Medical Officer's rema
2	86 Bradburg H.	183	la:			CCON		Defective	The Devli
1		1 rn			8/6/18 Glasse			VIND HOL	Winch
				6	ITARY	HOSA	F.	THANTHAL	1
				- (*	OPHTH. DEPART	MENT)	N	Albsort N	
				dim	NOHE	STER	/ -	Capt	Rame

July , 29th 1919.

Mr.Hayward Bradbury, Country sd. Bay Roberts.

Dear sir:

Referring to your application, I endose chaque for seventy dollars (\$70.00) being amount of first payment due you on account of "War service Gratuity.

Yours truly,

Capt.& Paymaster.

RS/.



DEPARTMENT OF HILLITIA. WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Revioundland Regiment, who claims Var Service Gratuity under Order-in-Council deted January 28th.1919.

A complete reply must be given to every question in this Declaration There must be no blanks on a no debbes. If ony questions are not applicable, the words FROT APPLIANTED must be written out
On completion this Declaration as to be returned to THE OFFICER I/C
RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.
Christian none, Hagward . 2 Summero Bradburg
3. Romb Trivatt
6.Address in full to which future payments of gratuity are to be
forwarded. Hayward Bradbury.
Country Road, Day Roberto.
6. Date of enlistment in the Regiment. 2.876. F. cb., 1918.
7. Name of dependent, if any, to wher Separation Allowance is being
issued, or was being issued, immediately prior to your discharge
not asplicable
8. Relationship of such dependents
9. Address in full of such dependents
10. Is said dependent, now, or was said dependent at may time in receipt
of Soperation Allowance on account of another suldiers
1) Were you on active service only in Nfld. It so, give Lates and
particulars of such service
12. Give total length of time which you served on active service,
whether in 11fld.or eversees The test and
131 da 23.13

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
Enlisted in navy
and refected.
14. Have you already received any payment of Post Discharge pay or
War Service Gratuity? If so, state amount you and your dependents
have already received and by whom paid
no.
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the Inperial Dorces. 24
17. Are you entitled to receive, or have you received my Gratuity
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 errival in England?
(b) If so, was such reversion in consequence of Misconduct or
inefficiency?
19. Are you now serving in the Rott.? If not give?- (:.) date
of discharge fulg 4.(11.4.(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 in Roseen, 2 months.
Helden on the Khine Germany.
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 declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

		HAYNO	rd Brooks	the true
Signature of	Amplicant:	+ 4	Road Bas "	Roberto.
Place of Res	idence: 6	oury .	Rod Brann Bay	
Declared bef	ore me at:	.0	19.	
This 14	the day	of July	19.1.9 of the function of the	alfidavil
	Signature	of Berrister	of the La	freme low
	Supreme Cou	ert Stipendiar	y licgis-	

Peace or Commissioner of affidevits.

POST D'SCHARGE PAM. Net amount Date park Frid Paid Wer Sarvine Soldier. Dependent, Classicy. due Paymustor gortified correct.

Nº 3910



1ST. NEWFOUNDLAND REGIMENT

- 1	Allotment begins	NAME (in full)	ADDRESS	AMOUNT
No.	Friend	Average (in tun)	ADDRESS	(each person
790	Mother	Mroabram (Sorah Jan Bradburg	e) Country Road Bay Roberts	6.
			Total Allotment, §	
	This form must be co- igned by the Officer equired payments or	mpleted by the Officer Commanding Commanding Company and handed application.	Company, signed by the Volunt to the Paymaster as authority	eer, counter- to make the

NOTICE

THIS STATUTORY DECLARATION is to be filled in forrectly 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 and returned to:

Pyren

THE PAYMASTER
Separation Allowance Branch,
st.John's, Nfld.

1. 74a	Name in full or soldier. Rank. Regt. or Unit. Regt. No. yward Bradbury. Pte. Wfed. Regt. 4357.
2 .	Age of soldier. 18 years Married or single.
	Name in full of Age Occupation. Permanent address Mother. Country Road lave Bradbury. 56 yrs. Housewife. Bay Roberts.
i	Give name or your husband. Age. Occupation. Where employed braw Bradburg. 5.8 grs. Laborer. Bell Islands
i.	If your husband is not supporting you, state the reason.
	If your husband is not supporting you, state the reason. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)
•	If you are a widow, state date and place of death of your husband.
3.	Have you married again since death of above mentioned husband
9.	Names of your other Address in full. Age. Occupation. Married or children. single.
	no other children.

10. state amount earned by (a) yourself. hour.
(b) your husband. About \$200.00 a year.

•	income.
12.	State value or real property About 500.00.
13.	State value of personal property belonging to you and your husband.
14.	If husband is dead state value of real and personal property left by him.
15.	Actual amount contributed by soldier about \$200.00 a year during the year prior to enlistment - about \$200.00 a year
16.	Was this amount contributed weekly or monthly.
17.	Did this amount include payment of son's Mes.
18.	State your son's trade or occupation States, prior to enlistment?
	State amount or his wages per week. about \$4000 a nuou
20.	State name and address or his last employer. Whitney Pier, Bell not sure name of Co.
21.	State amount of monthly support from son since enlistment.
22.	State amount of allotment received by you from son monthly. \$18.5 for month.
23.	State from what date die you receive Commenced for allotment? Month of May, 1918.
10 FF 1 1 1 1 1	Actual amount contributed by Weekly Monthly.
25.	Are any of these children in the employ of you or husband?
26.	If not receiving support from other children, state cause. Explain fully.
27.	With whom are you residing at present? he my own home,
28,	Have you made a previous claim for Separation Dro.

29. Are you already in receipt or Separation Allowance from any source? If so, how muchi

ma.

30.	Are you in receipt of any payment from any Patriotic Fund? If so, how much	r no.
31.	Was the soldier at the time of his enlistment and employee of the Nfld. Government?	no.
32	In what capacity and in what place?	no
33.	s he in receipt of a salary as such while serving in the lst. Mfld, Regt.	If so, how much
sign Noi Place Decl	I herewith make this solemn declaration same to be true and knowing it to be of the first made under Oath and in virtue of the lature of applicant. These is a knowledge of residence. Country the lared and subscribed before me at. The statement of barrister of the preme Court, Stapendiary magistrate, tary, Public or Justice of the Peace	Swidence Act. Aue Low Bradburg. Coad, Ba Roberto: Roberto: 28. 1918:
Pat: aft abo Sig	This application must be signed by two m must be a clergyman, the other a represeriotic Fund Committee, certifying that to er careful investigation, the above statem ve soldier first mentioned, is the sumature of Clergyman	the best of their knowledge

A Conception Bay Advertising Medium Fine Job Printing Guardian Ads Pay The Guardian \$1.00 per year in advance U. S. subscriptions \$1.50 in advance C. E. RUSSELL, Proprietor Water Street, Bay Roberts, Nfld. 1290 Anne 11/18. Militia Dept. Separation allowance Branch St. Orhuis Dear Sirs: - mrs. Sarch Jana Bradbury, Country Road, nothing of ho. 4357 Pte. Hazevard Bradbury, horshes me to apply to Dept. for Separation allowance on account her sou. Jours buly Co Si Kussell proties of the Peaces

Nº 3910



1ST. NEWFOUNDLAND REGIMENT

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)		Address	AMOUNT (each person
110	Most in	Mrs Chrom Sea	6 6 6	ust Horn	4
1		Amallis.	1 1/2	Robert E	6
		Safat And Landau			
		completed by the Officer Comm		Total Allotment, \$	

ST. JOHN'S, JUN 2 4 1919

Royal Newfoundland Regiment.

	To	P	1, 8	Mzr	aell	ey
Billeting Soldier	s as unde	ermentioned	<u> </u>	. ,		
rom Jun	1	19 to	kme	25/19	-	
4357	Ph	- Sel	Brad	ley	as.	U
	17-	CCOUNT 20	BYN	70	7	
	- 1	ND LEDGER_	INITA		,	
		IEN. LEDGER	I INIT			
Certified correct	for \$_2	NI	01	sh		-
_ ابت.		M	Billeting (officer.		

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

tabell and the designate of the part of the part

Royal Nfld. Regt.



Fold Here

Address

Sie!

Sidoatti-6

	OCT	15	1921.
-			

The accompanying	Victory means emoyer	British	War	Medal
is/are forwarded herewit	h to. : · · · · · · · · · · · · · · · · · ·			

Hayward Bradbury

in respect of his service as No. 4357 Rank Pta.

Name H. Bradbury

Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Hickory medal and British war medal Signature Hayward Bradbury

Date Actober 19 1921

Address Country Rd, Bay Poberts, ngld.

	Regimental Number and Name No. 4337 Dradbury N.				Enlistment	Religion A.				
	Joined Date Joined Date Joined Date Joined Date									
	Place	Date of Offence	Rank	Cases of Drunk- eness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Nazeles &	Camp	18-9.18	Ph.	2	Jalling out while of routs march. I nathenhan on Paul		S dayo CB	190.8	Capi mtkono	nsto .
				2	Demobilied St	Shin's 9-	7-19			
	X									

-24357

ne Koyal Pewfoundland Regiment

DE	MOBILIZATION OF
Reg. No 425 Rank PHE	Name Brankery A
Date of Enlistment 28-2. 18	Address Bay Robe District 145 Gran
Occupation Micros Classifi	ication for Discharge Medical Category
n to the entire transfer to	Disability Rating
Passed to Demobilization Officer with fol	llowing documents:—
N.F. P 36 B 268 B 121	N.F. Med D.F. 1
B 178	
B 178a D 400A B 1915	1 do 2nd " 3
1 2 1 3	do 3rd " 4
B 179a D 400C Form K B 179b B 103 / ME 2	
B 179c B 120 M 93	256 / " "
	p 7/// in #1
Date 24. 6. 19	O. C. Discharge Depot.
PARTICULA	RS FOR DEMOBILIZATION
1. Civil Re-Establishment.	AND THE RESIDENCE OF THE PARTY
1 amin a position	to resume civilian occupation.
	of Odraz ?
	AND THE COURT OF T
Particulars passed to Vocational	Officer for information and action.
TOTAL AND A SECOND	
Date	
2. Clothing.	Jaco Jaco
2. Clothing. Certified that Clothing Regulati	ions have been complied with:
(a) Clothing Allowance pa	
(b) Clothing Supplied	
(b) Cigating Cappined	Mark Comment of the C
Date	O ilc. Re-clothing

3. Transportation and Release Certificate.
at Bry Rouse and Release Certificate No. 3002 issued.
1 A
Date 24-6-190 HOLTASLINOM KA Threw & sfol
Demobilization Officer.
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and all matters in co
nection therewith settled. He has received pay and allowances to.
Date 2/1 - 19 Depot Paymaster.
Discharge approved for 25-6-19
Forwarded with following documents to O.C. Discharge Depot.
but the but th
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
B 178 W 3494 B 122 Board 1st 2
B 178a D 400A B 1915 do 2nd 3 2
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
В179с В 120 м 93 256-/
O PARTULARS AND DEMOBILIZAÇION
Date 14-6-19 JA Tomm faft
O. C. Discharge Depot.
APPROVED.
Documents as above forwarded to:—
Officer i c Records. Board of Pension Commissioners.
with following additional documents.
Grating
Date JUN 25 1919
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Deput
Miliela Mariella Mari
Date Milly 19 (Now) elle to No