Approving Officer.



THE ROYAL NEWFOUNDLAND REGIMENT

No. 5234 A. Corns Name Questions to be put to the Recruit before Enlistment. I. What is your name? 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? 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-vac-) 9. Are you willing to be enlisted for General Service? . 9. 10. Did you receive a Notice, and do you understand) 10. Name its meaning, and who gave it to you?.....) Corps 11. Are you willing to serve upon the conditions as emb died in the roll of service to be 111. I feet to be signed by you if you are accepted?do solemnly declare that the above answers made by me to the above questions are true, and that I am walling to fulfil the engagements made. .SIGNATURE OF RECRUIT. .Signature of Witness. OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful and 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. Los Call 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. 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 . M. Cafe ...

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Height months. feet inches Girth when fully expanded. inches Chest Measurement Range of expansion Distinctive marks INFORMATION SUPPLIED BY RECRUIT Colleges 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. (d) (a) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-Corps in Rgt. or Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of entries Years Days Years Days Service towards limited engagement reckons from Joined at

Total Service forfeited as above...



THE ROYAL NEWFOUNDLAND REGIMENT

ATION Corps Questions to be put to the Recruit before Enlistment I. What is your name? 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? 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-vac-) cinated? 9. Are you willing to be enlisted for General Service? Name . Corps 11. Are you willing to serve upon the conditions as emb died in the roll of service to be signed by you wou are accepted?..... do solemnly declare that the above answers to the above questions are ing to fulfil th e engagements made. .SIGNATURE OF RECRUIT. . . Signature of Witness. bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful and bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity contents are conditions of my service. .do make oath, that I will be faithful and d Successors, in Person, Crown and Dignity against all 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 as replied to, and the said recruit has made and signed the declaration and taken the oath before me a 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. Approving Officer.

The signature of the Approving Officer is to be affixed in the presence of the Recruit. Were insert the "Corps" for which the Recruit has been enlisted.

		DESCRIPT Applicable to all ranks					5231
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C.R: 5734

detends done delly Orders part II. Sept disjoints defent dest 14th. Little

The discharged of the underwoted on demobilization have been JORFIREAD by Officer I/o more rise on 25-1-19.

#5234 Pte. Arthur Bradley.

Extract from Daily Orders part 11, Depot St. John's dated December 28th.,

The undernoted discharge on demobilization have been approved by Officer Commanding discharge depot from noted date. He is removed from depot strength and transferred todischarge depot pending confirmation by Officer 1/c Records.

#5234 Pte. Arhtur Bradley

C. 5 - 134"

EXTRACT FION DAILY ORDERS PART 11. DEPOT ST. JOHN'S DATED OCTOBER 24th., 1918.

#5234 Pte. A. Bradley/

TEMPORARILY ATTACHED TO M. I. D., HOSPITAL FOR DUTY . 23/10/18.

BQ.

Extract from Daily Orders part 11.from Unit The Royal Mfld.Regt.St.John's.dated May 22,1918.

#5234 Pte. Arthur Bradley.

Attested for General Service with the Royal Nfld.Reg. from 21.5.18.

Drådleg, Arthur 523.4 Ag Loeph.

a

January 23rd. ,1919

#5234 Pte. rthur Bradley,

Salvage Bay, B.B.

Dear Sir:-

Please find endlosed

"Discharge Certificate No. 681."

Yours faithfully,

Captain, Paymester & 0.1/c Records

Enc'1 1.

The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE
1.	No. 5234 Rank My Name Urhan Bradley Intended place of residence. Lalway Ray Bb
2.	Occupation
3.	The above named man is discharged in consequence of DEMOBILIZATION.
_	
4.	His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations. Place July Lapl Place Place
	Date
	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 Stophus G Bradley Signature of soldier
	Dec 23 1918 Signature of solder Cops Signature of witness
	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER
6.	I hereby certify that ham in a position to resume civilian occupation immediately on discharge.
	Place and Date Stochals A Brasley Signature of soldier
	23-12-18 Signature of witness
	STATEMENT OF SERVICE
7.	Enlisted for service 21-5-18 No of days on Military
	Discharged from service 6 -12-18 Plan 28 days Service 248
	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. Officer Commanding Discharge Depot The Royal Newfoundland Regiment.
	Date DEC 26 1918
	CONFIRMATION OF DISCHARGE
9.	The discharge of above mentioned soldier is hereby confirmed thouley leaft.
_	Anuary 201919 The Royal New Audiland Registrent



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. raelles Chithus

Name in full

Regiment from which discharged Royal Newfoundland

Regimental number

5234

Intended address

Salvage BB. 5 Feet 4 3/4

Height on discharge

Black

Color of hair on discharge

Complexion

Color of eyes

Descriptive Marks

Figure on discharge

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Station

Station

Date >6-12-18

(Rank)

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

Newfoundland Res

Medical Officer i|c Hospital. Unit, or Command Depot.

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 234 Rank	Nampredley-asher
Date of Enlishment 1: 5 /8	Address always Bay Distilleranche
111	. Classification for Discharge
Recommendation S.M.B.	Disability Rating
Passed to Demobilization Officer with	n following documents:—
N.F. P 36 B 268	B 121
	B 122 Board 1st
	B 1915
선생님들은 경기를 잃었다. 그는 그는 그들은 사람들이 살아 있는 것이 없었다. 그는 그를 가는 것이 없다면 살아 없었다.	Form L do 3rd
B 179b B 103	Form K do 4th
B 179c B 120	
72 10 10	Mohley Capt
Date 23 /2 /8	O. C. Discharge Depot.
· PA	RTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.	
1 amin a	position to resume civilian occupation.
	Cartin Bradley
	Chilly 175- Child
Particulars passed to Vocati	onal Officer for information and action.
•	
Date	
2. Clothing.	
중점점 맛있다면 가게 살아보다면 하는 그들은 것이 얼마를 하는데 가고 있다.	rulations have been complied with:—
	4/ 59
(a) Clothing Allowa	To del de la contraction de
(b) Clothing Suppli	ed of of the same full
Dat 3 - 12 - 18	
Days	Oilc Re-clothing.

3. Transportation and Release Certificate.	
The above named has been provided with Travelli	ng Warrant No. 1. 4.2.0 to his home
at	ficate No. 583 issued.
23 12 15	and: 1.011
Date 23-12-18 10 MOSTAX MISCH	as known volum
	Demobilization Officer
4-Pay and Allowances.	transfire regard
The herein named soldier's accounts have been co	
therewith settled. He has received pay and allowand	ces to
_ 23-12-18	MANUEL Cabl.
Date	Depot Paymaster.
26 14:18	Depot I ayniaster.
Discharge approved for	
Powered at the following down at the O.C. Disk.	Production of the state of the
Forwarded with following documents to O.C Discha	rge Depot.
N.F. P 36 B 268 B 121 N.F. 1	Med
E 178 W 3494 B 122 Board	1st " 2 / formeto
B 178a D 400A./ B 1915 2 do	2nd
B 179 D 400B Form L do	3rd " 4
	4th
B 179b B 103 ME 2	" 6
В 179с В 120 М 93	
and the second s	or and the manifest of the Asia and the Asia
24.12.18	Osticks Cold
Date	Demobilization Officer.
APPROVED.	Patterning of the second of the second
Documents as above forwarded to:—	
Officer i c Records.	
Board of Pension Commissioners.	
with following additional documents.	and Supplied to the second second of the second
0.0.1010	reconstruction of the companies are completely as it is a completely require the completely and the completely and the completely are completely as it is a completely as it is
Dec 26 1918	KILLIT
Date	O. C. Discharge Depot.
	(2004)는 기반에 보면 12 15 일본 12 15 16 16 17 12 12 17 17 18 17 17 17 17 17 17 17 17 17 17 17 17 17

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

Date Dec 28/1918.

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

MEDICAL HISTORY

Surname Brasle	Canality	F Christian Nam	Artus	latinosti to amavi
	Table I.—GENI	ERAL TABLE		
Birthplace:—Parish dalva	gebry 1	B.B. County	, Nfla	
	SPECIAL R	ESERVE	REGULAT	RARMY
[•	on 21 day of	may 1918	on day o	f 191
Examined	" Spok	up	at .	
Declared Age	bl9 years	days	years	days
Trade or Occupation	Kumber	man		
Height	o feet	434 tuches	. feet	inches
Weight		125 lbs.		lbs.
Chest Girth when fully expanded	_	36 inches		inches inches
ment (Range of Expansion	ng nami pana diang akanan aka menang menggan penggan	3 inches		
Physical Development			Right	Left
(Arm	Right	Left	Right	14 (4P
Vaccination Marks { Number				
When Vaccinated	6%			
Vision •	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		R.E.—V= L.E.—V=	
* -	710			
	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease				
artities of previous disease				1.0
	(b)		(b)	
(b) Slight defects but not sufficient to		*		
cause rejection				
Approved by (Signature)	.1			
Approved by (Signature)				
(Kank)	00.	Medical Officer.	and the second s	Medical Officer.
. (at I phay	P	at	
Enlisted	on 2/ day	of May 1918	on day	
· · · · · · · · · · · · · · · · · · ·	Corps	Regtl. No.	Corps	Regtl. No. *
Joined on Enlistment	nenogal	1234		
	Makege	. X		
Transferred to				1
•				4 22 41
Became non-effective by	N.	of 191	on day	y of 191
(Signature)		of 191		
(Rank)				
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22				

Name of Hospital	Adı H		Admitted to Hospital		Discharged from Hospital		Disease	Number Days in Hospital	Remarks bearing syphilis, admissi of tr
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use, nature or treatment of the case likely to be of inte	rest or of future use. In case of	
use, nature or treatment of the case likely to be of inte -admissions to hospitals will be shown. The subsequen at of hospital, transfers. etc., will be given in the specia	at progress, including particulars	Signature of Medical Officer
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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.

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Date ****	i) leathigh	le eminesia.	Bri	ef Details, and Signatures	in selling .org.ess	shed Asserted to 1953h
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22-5-18	Va	u	<u> </u>	It is hereby certified	that this so	ldier
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				Board and has bee	n classific	1 as
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		Т	able IV —SEI	RVICE TABLE.		
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						*
		j				
				490 1990 1990 1990 1990 1990 1990 1990 1		

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 Fishing

a Bradley Signature of Man.

Reg. No. 5234

Place It Johns n 4 2 10

Date 23/12/18 191



The Royal Newfoundland Regiment

ization	emobi
	/

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

Discharge Depot: Headquarters The Royal Newfou	indland Regiment
	Date
Regimental No. 57.3.4	ud.:
Name Dradley With	ud.:
Address Salvage Day	
idaless in	
Present Medical Category	
	(a) Immediate discharge
Recommended for:—	(b) Standing Medical Board
	(R.Hart Capt
Members of Board	1 Patasan
. Members of Board	Senior Medical Officer
	Sw Burden
	M. O. Depot

Nº 6850



THE ROYAL NEWFOUNDLAND REGIMENT

of identi	ity of, and prod	October 12	and Person	Cents, per diem, from such payment to be material construction of the payment to be material construction of the person of the p	ade on proof
Certificate	Whether Wife, Child. other Relative or Friend	Name (in full)		Address	AMOUNT (each person)
4773	Mother.	71/10 adar- Bra	der	Sochrige Bay	60
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•					
					7.534
				Total Allotment, S	60
S	signed by the Office required payments	r Commanding Company an		Company, signed by the Volume to the Paymaster as authority	to make the

ROVAL NEWFOLINDLAND REGIMENT

	Medical Examination Held at Merely musting Pag of
1.	Name arthur Budly Age (a) Declared 19 (b) Apparent
2.	Do you know of anything wrong with you?
	What severe illnesses have you had? None
3.	Height 5 ku 3/4 Weight 135
4.	Eyesight (a) Left 6/10 . (b) Right 6/L
5.	Physical Defects (Examine after strenuous exercise) ~-
6.	Examination of Lungs Measurement (a) Expiration 3 3 (b) Inspiration 3 6
7.	Examination of Heart V
8.	Examination of Urine
9.	Examination of Mouth—(Defective Speech) Teeth Throat
	Nose Ears—(Otorrhea)
	(Deafness)
10.	Have you been successfully vaccinated, and when?

FORM 93.

REMARKS--

Detersor architect Medical Examiners.



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 Peusions 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" sion, his subsequent identification depends on his confirming this declaration. 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. Dradley Che thurs

Name in full

Regiment from which discharged Royal Newfoundland

Regimental number

5234

Intended address

Salvage Bay 5 Feet 41/4

Height on discharge

Color of hair on discharge

Black.

Complexion

Color of eyes

Descriptive Marks

Figure on discharge

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

(Rank)

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

al Newfoundland Resa Station

Medical Officer i|c Hospital. Unit, or Command Depot.

Date

Nº 6850



THE ROYAL NEWFOUNDLAND REGIMENT

Identity V	Whether Wife, Child. other Relative or	Name (in full)		Address	Ame (each	DUNT person)
4783	Mother	Mrs adam Br	adley	Salvage Bay	e Ae	60
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*	•		*			-
	13					(0)
			Faring C	Total Allotment, S		00

Army Form B. 121. Squadron, Troop, Battery and Company Conduct Sheet. Number of Sheet ON Forms B 121. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay No. Age on vears Religion Place and Date Ioined Date Toined Date with Colours 2, 9 years. Toined Date Period of Toined Date Date of award or of order dispensing with trial Cases of Drunk-Date of Names of Witnesses Place Rank Punishment awarded By whom awarded REMARKS OFFENCE Offence B.

To be carried over

11234

Demobilization Form

The Royal Newfoundland Regiment

	Rank	*	Bead	ley- arthe	
Data of Fallation		3Addres		SEED AND DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE	Bonanska
Z	nt. 70	fAddres	s X - www gr	District	THE RESIDENCE OF THE PARTY OF T
Occupation	with	Classification for	Discharge.		ory
					. 100
Passed to Demoi	bilization Officer	with following docum	nents:—	11-51-6	2
N.F. P 36	. B 268	В 121	N.F. Med.	D.F. 1	
		В 122			
В 178а	D 400A	/ B 1915 2	do 2nd		
		Form L			
В 179а	. D 400C	Form K	do 4th	. " 5	
В 179ь	B 103	ME 2		. " 6	
В 179с	B 120	М 93			
Date. 23./2		PARTICULARS FO	TN	D. C. Discharge Depo	
		I AKTIOODAKO PO	A DEMODIBLE	1141	· · · · · · · · · · · · · · · · · · ·
r. Civil Re-Estal	blishment.				
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		cational Officer for i			Julia
Date		cational Officer for i			- Juliey
Date	······································	in y	information and act	lon.	390
Date	ied that Clothing	Regulations have bee	information and act	lon.	330
Date	ied that Clothing	in y	information and act	lon.	330 V
Date	ied that Clothing	Regulations have bee	information and act	lon.	Suit

3. Transportation and Release Certificate. The above named has been provided with Travelling Warrant No. 1. 426 to his home
at . Salvage and Release Certificate No 5.8.3 issued.
Date 23-12-18 Popular Cultivation Office
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
Date
Discharge approved for. 26. /2 · 19
Discharge approved for. Forwarded with following documents to O.C Discharge Depot.
N.F. P 36. B 268 B 121 V. I. N.F. Med D.F. 1. Jornals. E 178 W 3494 B 122 Board 1st " 2 / Jornals.
B 178a
B 178a
B 179a D 400C Perm K. V do 4th " 5
В 1796 В 103 МВ 2 " 6 " 6
B 179c B 120 M 93
Date 24.12.18 Demobilization Officer.
APPROVED.
Documents as above forwarded to:—
Officer ijc Records. Board of Pension Commissioners.
with following additional documents.
DEC 26 1918 RH HOLD
Date
Received the above noted documents from O. C. Discharge Depor Morowley Cast
Ana reliana
Date ASIGIS OGOIL.

Reg. No. 5	234 Rank Pt Name Bradley, A
Attested	31-5=18. Address Salvage Bay
Allotment	4 60 Allore Mt- aclaim Gradley Mother
Date of Allot	ment /- /0-/8: Returned from Overseas
Embarked for	Overseas Cause
22-5-18	Vaco
36/8	Id. A.S. Asp Milley Poor mests
9. Leave	e 31-8-12 & 1-9-15.
95 42 48	PASSED TO DEMOBILIZATION OFFICER
DEC 26 19	8 DEGRARGE APPROVED OF DEMONITURATION.