



Newfoundland Forestry Companies

ATTESTATION OF

No. 5363 Name Miles Bragg Corps Labourer

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Miles Bragg</u> |
| 2. What is your full Address? | 2. <u>75 Carlisle St</u> |
| 3. Are you a British Subject? | 3. <u>Labourer</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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. What is your Religion? | 9. <u>646</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | Corps |

I, Miles Bragg 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.

Miles Bragg SIGNATURE OF RECRUIT.

W. P. Goodyear Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Miles Bragg 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 2 day of Feb, 1917.

Signature of Attesting Officer W. P. Goodyear

†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 capt.

If enlisted by special authority, such will be attached to the original attestation.

Date 1917 } Approving Officer

Place

† 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Walter B. ...
 Apparent age 19 years months Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded inches Weight 115 lb
 { Range of expansion inches
 Distinctive marks Light hair blue eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin M^{rs} B. ...
95 Carter Hill | Relationship Sister

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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the 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									
Joined at <u> </u> on <u> </u>									
Total Service forfeited as above.....									

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

6242



Newfoundland Forestry Companies

ATTESTATION OF

No. 8363 Name Miles Bragg Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>Miles Bragg</u> |
| 2. What is your full Address? | 2. <u>95 Carter's Hill</u> |
| 3. Are you a British Subject? | 3. <u>Labourer</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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. What is your Religion? | 9. <u>both</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | { Corps |

I, Miles Bragg 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.

Miles Bragg SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Miles Bragg 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 [Signature] on this 2 day of Oct 1917.

Signature of Attesting Officer J. P. Goadyear

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 1917 } Approving Officer.
 Place

† 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)

DESCRIPTIVE REPORT ON ENLISTMENT

6242

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

Name Miles Bragg
 Apparent age 19 years months. Height 5 feet 5 inches
 Weight 115 lbs
 Chest Measurement { Girth when fully expanded inches
 { Range of expansion inches
 Distinctive marks Light hair Blue Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm Bragg
95 Carters Hill 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the 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 _____									
Joined at _____ on _____									
<p style="font-size: 2em; font-family: cursive;">Annoyed. Br. Louis Dec 19/1918.</p>									
Total Service forfeited as above.....									

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

COPY.

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Bragg Christian Name Miles

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Pouche Wood County Wilt

Examined ... { on 2nd day of October 1917
 at Headquarters

Declared Age ... 19 years ... days.

Trade or Occupation ... Labourer

Height ... 5 feet, 5 inches.

Weight ... 115 lbs.

Chest Measurement { Girth when fully Expanded. 1 inches.
 Range of Expansion _____ inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
 Number _____

When Vaccinated ...

Vision ... { R.E.—V=
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) Lamont Patterson
 (Rank) Major Medical Officer.

Enlisted ... { at St John's Wilt
 on 2nd day of October 1917

Corps.	Regtl. No.
<u>Wilt Forestry Corps</u>	<u>8363</u>

Became non-effective by

on _____ day of _____ 191
 (Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
<i>Hazelrigg House</i>	<i>22</i>	<i>10</i>	<i>18</i>	<i>28</i>	<i>10</i>	<i>18</i>	<i>Influenza</i>	<i>6</i>	<i>Ad.</i>

Sick List in the 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 cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to Duty

O. St. Alvin
Capt. R. M. C.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
13-11-17	Vacc. IT.
5-11-18	Boarded Hazelrigg New Camp. Posted E. Category Adequacy? I. B. (Authority No. of W. Letter)
	J. St. P. Knight Capt. Royal Field Regt.

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

Medical Report on an Invalid.Station HAZLEY DOWN CAMP,
WINCHESTER.Date 5-11-18.

- | | |
|--|--|
| 1. Unit NFLD. FORESTRY | 7. Former Trade }
or Occupation } Labourer |
| 2. Regimental No. 8363 | 7A. If with previous service in Army, state - |
| 3. Rank Private | (a) Former Unit; |
| 4. Name BRAGG, MYLES | (b) Regimental No.; |
| 5. Age last birthday 21 years | (c) Date of Discharge; |
| 6. Enlisted { on Oct. 2nd 1917. | (d) Cause of Discharge. |
| { at St. John's, "fld. | |

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***DEBILITY (?) T.B.**Statement of Case.

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

9. Date of origin of disability. **August 1918.**
10. Place of origin of disability. **Dunkeld, Scotland.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that he developed influenza during latter part of July, and since then has had a pain over left side of chest. Gets rapidly out of breath under slight physical exertion. He has been on light duty since. He has been on deep breathing exercises since joining the Depot, and has contracted influenza once again. He is considered unfit for hard work. He says that he has always been in delicate health.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **Attributable to, and aggravated by, service during the present war.**
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

He is thin, weakly, and debilitated, and underdeveloped for his age. Anæmic. Mouth breather; heart sounds weak and rapid. Dyspnoea under slight exercise. Flat-chested. Tubular breathing over right apex. V.R. increased. Pain over 7th cervical spine. Coarse creps. in interscapular region. Chronic cough and night-sweats. Sputum negative. He says he has lost flesh.

13. What is his present condition?

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

14. If the disability is an injury, was it caused—

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

N.A.

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

N.A.

16. Was an operation performed? If so, what?

N.A.

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

N.A.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

N.A.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

Discharge as Permanently Unfit for Military Service.

(Sgd.) J. St.P. KNIGHT, Capt. R.A.M.C.

Officer in medical charge of case.

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

Station HAZLEBY DOWN, WINCHESTER

Officer in charge of Hospital.

Date 5-11-18.

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

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

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(A.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—
- (i.) Service during the present war; **Yes**
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Debility, probably T.B. As Sect. 13. Weight 116 lbs.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

100% while in Hospital

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or **Yes**
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

Enter Jensen Camp

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

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

Station **St. John's.**

J. SINCLAIR TAIT

Date **Dec. 3rd., 1918**

L. PATERSON, Major

Members.

Approved.

Station **DEC 3 1918**

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

Date

NEWFOUNDLAND.

MEDICAL CASE SHEET

No. in Admission and Discharge Book	Name <i>Mylo Bragg.</i>	Address <i>41 Pines St.</i>	By whom sent
Year <i>1926</i>	Diagnosis		
	How disposed of		
Date	History	Remarks	
<i>Jan 20/26</i>			
<i>Jan 21st</i>	Admitted to Hospital, Jan 20/26	<i>Feb 11th /26</i>	
<i>" 22nd</i>	<i>pt states that in July/25 he first comp. of weakness & palpitation of the heart;</i>	<i>Bland - Annie in A.M.</i>	
<i>Feb 2nd</i>	<i>+ pain in chest; also comp. of hands & feet perspiring.</i>	<i>Calcium Lactate.</i>	
<i>Mar 20th</i>	<i>On Admission T 98. P 80. R. 20.</i>		
<i>" 30th</i>	<i>Urine tested No Albumen. House diet.</i>		
	<i>Having Electrical treatment.</i>		
	<i>Specimens sent to Laboratory to be exam. for T.B. <i>negative</i></i>		
	<i>Screen Exam. Chest.</i>		
	<i>Discharged much improved gained two pounds</i>		

SUDBURY MILITARY HOSPITAL

Diagnosis

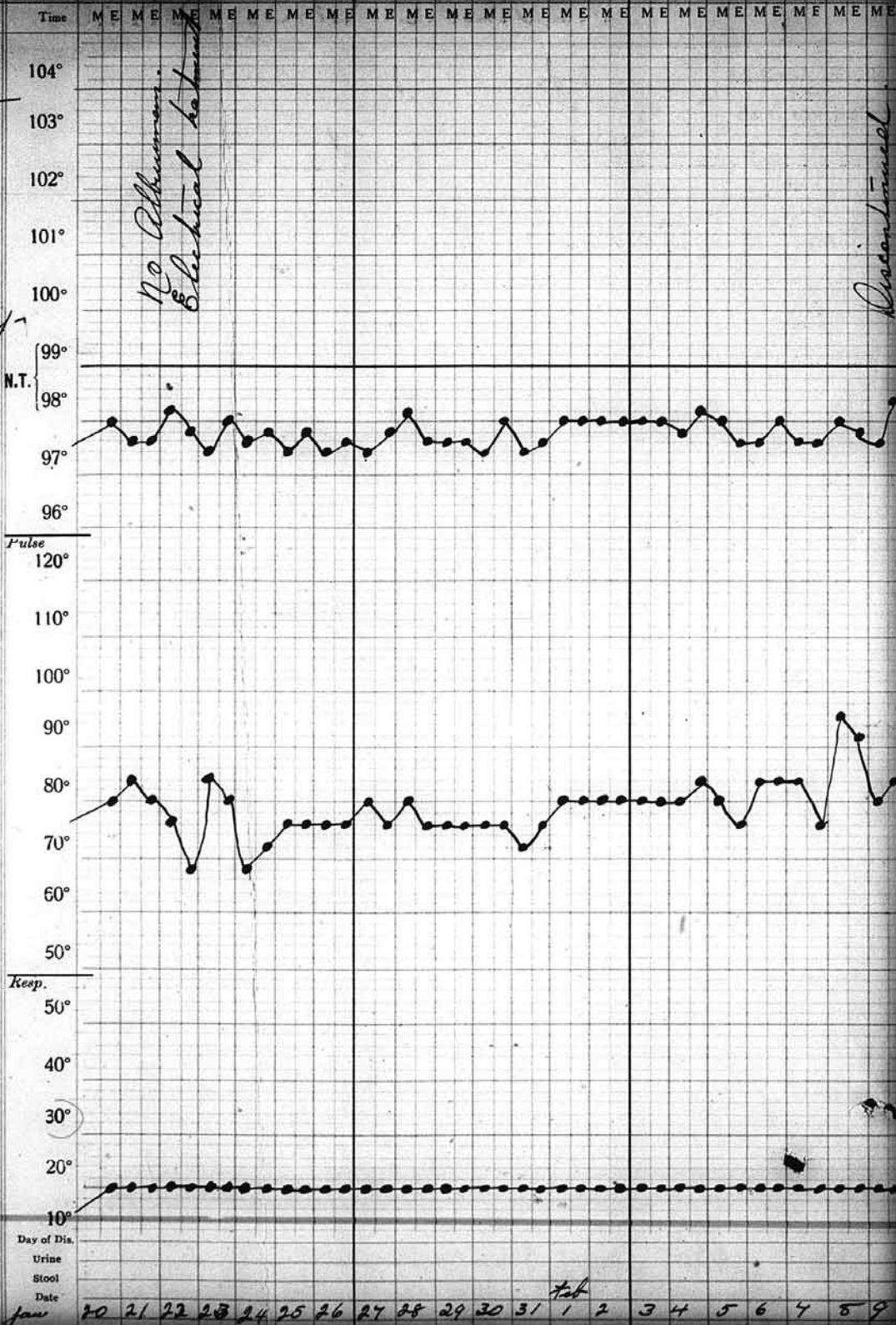
Physician *Dr. Knight*

Name } *Myler*
 } *Bragg*

Age & No. } *25 yrs*
 } *8363*

Address *H. 1 Prince St*

Religion *C. of Eng*



Date of Admission

Jan 20/26

Day of Dis.

Urine

Stool

Date

Jan 20 21 22 23 24 25 26 27 28 29 30 31 *Feb* 1 2 3 4 5 6 7 8 9

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when forwarded by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

A Name in full **BRAGG, MYLES**
Regiment from which discharged **NFLD. FORESTRY**
Regimental Number **8363**
Where born (Parish, Town and County), and when **Bell Island, Oct. 26th 1898.**
Intended address **95, Carters Hill,**
St. John's.

Height on discharge **Feet** **Inches**
Colour of Hair on discharge **Brown** **Colour of Eyes** **Blue**
Descriptive marks **Complexion** **Pale**
Figure on discharge
Christian name of Father **William**
Christian name of Mother **Priscilla**
Wife's Maiden name in full
Date and Place of Marriage
Christian names of Children
Nature and locality of civil employment desired (Labourer before enlistment)

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) **(Sgd) MYLES BRAGG**
(Rank) PTE

Station **HAZELEY DOWN CAMP**

Date **5-11-18.**

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

Medical Officer i/c
Hospital.

Station

Date

B Period of Service and in what Corps ...	Regiment			Date		
	Years	Days	All Service Abroad with Stations	Years	Days	
			India			
			S. Africa			
Disallowed						
Service towards Pension						
Date inclusive to which pay has been issued	Sum due on account } of advance of pension }					
Sums due on account of public debts ...						

Rank on Discharge

Character (as on Certificate of discharge)

Where born, and on what date

Date and Place of first Enlistment

Trade on Enlistment

Cause of Discharge

Number of G.C. Badges

Medals

Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station

Officer in Charge

Date

Records.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. P 363.....

Rank. Pvt.....

Name. Bragg Mygler.....
(Surname) (Christian Names)

Unit and Corps } 141st Infantry

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Scotland

(b) In what capacity?

Sumner Troop

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I think that my complaint was caused by hard work on or about August 1918

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

None

4. Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

*General Hosp
St Johns N 75 St 17 days
Frederick Edmund
Dr Smith*

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

labourer

(b) What was your trade before joining the Army?

do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hazleydown*

Signed (Soldier)

Ernie Myles

Date

5-11-18

Signed

R. Roberts

Witness.

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, A.F. W. 3961b has been sent to The Officer i/c Records, A.F. W. 3961c has been sent to The Regimental Paymaster,

Hazleydown
Royal Artillery

58 Victoria Road
London

58 Victoria Road
London

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— repatriation

- (a) Discharge as no longer physically fit for war service
(b) Discharge as surplus to military requirements
(c) Discharge as*
(d) Transfer to the Reserve
(e) Claims repatriation to N 7 2 L 6

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted St Johns (Country) Oct 2nd/17 (Place)
(ii) Date of arrival in United Kingdom
(iii) Port of arrival
(iv) Ship on which arrived
(v) Name of Shipping Line or Agent
(vi) Names and addresses of two references who can verify the above particulars

No. 8363 Rank Plt

Name Baragg myles
(Surname) (Christian names in full)

Unit and Corps N 7 2 L 6 Forestry

Authority B 1 7 9 a

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station Hazleydown

Date 5-11-18 101 O.C.

* Insert cause other than under (a) or (b) above.

NOTE 1.—If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961a has been sent to
O.C. Discharge Centre,

The Officer i/c Records,

A.F. W. 3961c has been sent to
The Regimental Paymaster,

Raymond J. H.

*58 Victoria Road
Funchon*

*58 Victoria Road
Funchon*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
(b) Discharge as surplus to military requirements
(c) Discharge as*
(d) Transfer to the Reserve
(e)† Claims repatriation to *N F L L*

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (Country) (Place)
(i) Where enlisted *St John's, Antigua, B.W.I.*
(ii) Date of arrival in United Kingdom
(iii) Port of arrival
(iv) Ship on which arrived
(v) Name of Shipping Line or Agent
(vi) Names and addresses of two references who can verify the above particulars

No. *8363* Rank *Private*

Name *Bragg, James*
(Surname) (Christian names in full)

Unit and Corps *N F L L Forestry*

Authority *B 179 a*

Station *Haystackdown*

Date *5-11-18* 191 O.C.

* Insert cause other than under (a) or (b) above.

NOTE.—† If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

11 1914

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, The Regimental Paymaster,

W. J. D. Brown *S. J. D. Brown* *S. J. D. Brown*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

(a) Discharge as no longer physically fit for war service

(b) Discharge as surplus to military requirements

(c) Discharge as*

(d) Transfer to the Reserve

(e)† Claims repatriation to _____

(Country)

(Place)

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

No. 363 Rank _____

Name _____

(Surname)

(Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary, by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records.

Station W. J. D. Brown

Date _____

191 _____

O.C. _____

Insert cause other than under (a) or (b) above.

NOTE.—†In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

P.T.O.

PART II.

Officer i/c Records

The soldier named in Part I. of this Army Form is:—

* (a) { Married or a }
 { Widower }

Single

The following are the particulars, in order of date of birth, of children in respect of whom separation allowance is being paid at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian names.

Christian Names (in full)	Sex	Dates of Birth

* (b) Unmarried or a widower } with the following dependants for
 without children } whom an allowance is being paid:—

This information and that of the children is to be extracted to A.F. W3500 in cases where the soldier has been enrolled as an A.R.M.W.

* (c) Unmarried and without dependants

* (d) The address of his family or dependants is:

95 Barkers Hill St. Haslemere 1714

Station *Haslemere Down*

Regimental Paymaster or

Date *5-11-18* 191

Secretary T.F. Association.

* Strike out whichever inapplicable.

PART III.

(For use when applicable.)

The Secretary,
 T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Regimental Paymaster.

Station _____

Date _____ 191

No. 355



Newfoundland Forestry Companies.

ALLOTMENTS

I, Miss Bragg, Regl. No. 8363

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty (60) Dollars and Sixty (60) Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins Oct 2nd 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend.	NAME (in full)	ADDRESS	AMOUNT (each person)
271	Father	William Bragg	95 Carter Hill	60
Total Allotment, \$				60

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.) J. R. Goodyear
capt
Officer Commanding

(Sig.) Miss Bragg

Company

(Rank) Pte

St. John's
Oct 2nd 1917

Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi), King's Regulations.
(b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Bragg Hughes
(Surname) (Christian names in full)

A. Unit from which discharged R.D.P. Freshy

Regimental Number 8363 Rank on discharge P.O. Age on discharge 21

Married, widower with children, or single Single

Occupation before enlistment Saboteur

Special qualifications (if any) for }
employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge } 95 Carbis Hill St Johns

Name of Approved Society (if any) _____

PART Nature of medical unfitness Sechukky

B. Service with Colours 1 years 30 days, of which _____ years
270 days were served abroad during the present war.

Military character Good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 5-11-18 191__.

Station Hazelydown

Date 5-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or F.(T) of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date," following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Bragg Myles (Surname) (Christian names in full)

Unit from which discharged NFLP Fowlesby

Regimental Number 8363 Rank on discharge Plt Age on discharge 21

Married, widower with children, or single single

Occupation before enlistment Labourer

Special qualifications (if any) for employment in civil life None

Nature and locality of employment desired None

Full postal address to which proceeding on discharge } 45 Carters Hill Lopham

Name of Approved Society (if any) None

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
<u>NFLP</u>	<u>1</u>	<u>30</u>	<u>India</u>	<u>-</u>	<u>270</u>
<u>Fowlesby</u>			<u>South Africa</u>		
			<u>Scotland</u>		

Disallowed

Service towards pension

PART C. Number of G.C. badges None medals None

Wounds and actions in which received None

PART D. Where born (parish, town and county), and date Well St. Hill 26 Oct 1898

Colour of hair on discharge Brown Colour of eyes Blue Complexion Pale

Christian name of father Bragg William

Christian name of mother Bragg Percilla

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. units before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment St Johns act 2/1917

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Bragg Mayles

Rank PLS

Date 5-11-18

Station Hazley Leown

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out whichever inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Station

Date

191

Officer i/c Records

Insert P, or P(T).

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *Bragg Myrles* Regl. No. *9363* Rank *Pls.* Unit and Corps *1st Bn Grenadier*
(Surname) (Christian Names)

1. State the nature of the disability or disabilities from which this man is suffering

Disability 7 J. 18

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

- (a) Sanatorium or other institution for tuberculosis
 (b) Hospital, and if so, what class?
 (c) Convalescent Home
 (d) Asylum, or
 (e) Other institution
 (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President.

Station *Hazleydown*

Date *6-11-18*

Members.

Approved.

Station

Date

Officer in charge, Central Hospital.

LAST OFFICE COPY
 LAST OFFICE CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 8363 Rank Pte. Name Bragg H Unit Sorebay Co's who was repatriated
 to Nfld on 9/11/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d	PARTICULARS	£	s	d
PERIOD: From 26.10.18 To 9.11.18	Balance Dr. from				Balance Cr. from			
	Allotment 15 days @ 60	19	00	17 0	Pay 15 days @ \$ 1.00	115	00	
	Cash Payments:				Field Alice 15 days @ \$ 1.00	115	00	
	#10/18			17 6	16 50			3 7 10
	Casual 6/11/18			13 4	Other Allces days @ \$			
	Other Debits:				Other Credits:			
	Total Debits				Total Credits			
	Balance due by Paymaster				Balance due to Paymaster			
				13 7 10				13 7 10

COPY		DATE	
NO.	M. OF M.	NO.	DATE
O.C. ST. NO.	2	1824	9/186

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

W. J. Chester 6-11-18 191
 (Place) (Date)

Made up/Checked in accordance with information received in the Pay & Record Office London to 25/10/18
 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, _____
 Chief Paymaster & Officer i/c Records.

Forms
G. S. S.
1908

P/325

MEMORANDUM.

From **O.C.
Nfld Forestry Companies.**

From

**The Chief Paymaster & O i/c Recd's;
Nfld Contingent,
58 Victoria Street,
London, S. W. 1.**

ANSWER.

Kenmore, Perthshire.

Oct. 5th. 1918.

191

The enclosed N.F.P/79 is re-
turned to you as this man has
gone to the 2nd Bn at Winchester
for repatriation.

E. M. Bragg

NEWFOUNDLAND CONTINGENT
PAY & ACCOUNTS
Capt. & Adjt. for
N.F.C. NEWFOUNDLAND FORESTRY COYS.

ACHT	
101. 105	
BRANCH	
Grand	
P. & A.	
P. & C.	

MEMORANDUM.
 CHIEF PAYMASTER & OFFICER I/C RECORDS.
 NEWFOUNDLAND CONTINGENT
 From VICTORIA STREET,
 88 LONDON, S.W. 1.
 ENGLAND.

To Officer Commanding,
 2ndMBN, Royal Nfld Rgt.

FM/NM Winchester.

From

O.C. "A" Co

To

Chief Paymaster

ANSWER.

Pay & Record Office

Oct. 12th, 1918

Reference proceeding
 Minute: Enclosed Postal
 Draft and N.F.P/79 is forward
 ed to you for payment to
 8363 Pte, M. Bragg, and ack-
 nowledgement, please.

J.H. Marshall Major,
 Chief Paymaster & O i/c Rcds.

My clay down Camp
Oct. 15 1918

*Herewith please receive
 receipt for Postal Draft
 mentioned*

M. Bragg

G.C. "A" Coy.

4th BATTLE ROYAL NEWFOUNDLAND REGT.

NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE	
Rec. Nos. 1	18914
Rec'd 14	1918
ACK'd	
Ref. Nos. 001	
ACCEP. BY	
SEARCHED	
Classd.	
P. & A.	
R. & O.	
D. & E.	

ENCLOSURE

No. 15848/428

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

To:
Officer Commanding
Newfoundland Forestry Corps,
Kenmore, Loch Tay,
N.B.

October 2nd, 1918

October 15 1918

Subject: 8363, Pte. M. Bragg,

Receipt hereunder.

With reference to the following telegram (8444) from the Hon. Minister of Militia, received

E. Kamm
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

"Pay to 8363, Pte. M. Bragg, £3.0.0.

Draft £3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Three
Pounds on account of
cable remittance from Newfoundland.

A.A. Minnall Maj.
Chief Paymaster & O. i/c Records.

mesles Bragg
No. 8363 Rank Private

027439



No. 4272/78

NEWFOUNDLAND CONTINGENT

N.F.P./79

From:

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

To:

Officer Commanding,
Newfoundland Forestry Corps,
Dunkeld.

16th March 1918

23 March 1918

Subject: 8363, pte. M. Bragg

Receipt hereunder.

With reference to the following telegram (2644) from the Hon. Minister of Militia, received 15 / 3 / 18

H. H. Ross Capt. for
Officer Comdg. Forestry Corps
1st Newfoundland Regiment

Pay to 8363, Bragg £1:0:0

Received the sum of _____

Draft £1:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

One Pound on account of cable remittance from Newfoundland.

Chief Paymaster & O. i/c Records.

in Bragg
No. 4363 Rank Pte

No. 11356/273



NEWFOUNDLAND AND CONTINGENT OFFICE

From:

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

Officer Commanding,
 Newfoundland Forestry Corps,
 Dunkeld.

15th July 1918

July 17 1918

Subject: 8363, Pte. M. Bragg

Receipt hereunder.

With reference to the following telegram (6328) from the Hon. Minister of Militia, received

M. S. Sullivan
 Officer Commdg. Forist Batt'n
 Royal Newfoundland Regiment

Pay to 8363 Bragg £4:0:0

Received the sum of Four
Pounds on account of
 cable remittance from Newfoundland.

Draft £4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

M. Bragg
 No. 8363 Rank Pte

F. H. Marshall Coffer
 Chief Paymaster & O. i/c Records.

Witness,

ENTERED
 PAY LEDGERS
 NUM. ROLL
 ALLOT. INDEX
 REGISTER
 EXAMINED

No 355



Newfoundland Forestry Companies.

ALLOTMENTS

I, William Bragg, Regl. No. 8363

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz. :

Allotment begins Oct 2nd 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
21		William Bragg	Gleasons St	60
Total Allotment, \$				60

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

(Sig.) P R Goodyear
 Officer Commanding
B. Company

(Sig.) [Signature]
 (Rank) [Rank]

Adjutant
Oct 2nd 1917

COPY

Defal 8363

St John's, Nfld.

Dec. 24th, 1918

O.C. Nfld. Forestry Coy.
Headquarters

Sir.-

The undermentioned men have been discharged
on the dates given. Kindly note and post in Daily
Orders Part II.

I have etc.

(sgnd) J. M. Howley

Capt etc.

8283	Pte.	Thistle, Fredk.	Dec. 19th, 1918	Med. un fit
8315	"	Streat, John	19th	do.
8134	Cpl.	Thompson, L. E.	19th	do.
8481	Pte.	Snow, Wm.	19th	do.
8008	"	Hosmer, S.	19th	do.
8404	"	Roseworthy, Harold	19th	do.
8352	"	Nooney, Basil	21st	do.
8169	"	Moyles, George	19th	do.
8232	"	Martin, John R.	19th	do.
8363	"	Bragg, Miles	19th	do.
8041	"	England, Jas. R.	19th	do.
8054	"	Geary, Alex.	19th	do.
8402	"	Best, George	17th	do.

Dec. 4th, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department.

~~8562 to M. Bragg~~
8064 " S. Ivory

The above noted men have been recommended for discharge as permanently unfit and admission to the Jensen Camp, by Medical Board held on Tuesday, Dec. 3rd.

I am sending them herewith for your attention and necessary action, please, and have given them verbal instructions to report to D.M.S. after they have finished their business with you.

AWS

Copy to DMS.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39

Number of Sheet first

Regiment of 10th Forestry Companies

Signature of O. C. Company J. P. Goodyear

Regimental No. and Name		Enlistment		Trade	
No.	<u>1363</u>	Age on	19 years	months	<u>Labourer</u>
Joined	<u>1917</u>	Place and Date of Enlistment	<u>St John's</u>	Religion	<u>Ch. E.</u>
Joined		Period of	with Colour	19 years.	Place of Birth
Joined			with Reserve	36 1/2 years.	<u>pench covt</u>

Good Conduct Badges, Service pay or proficiency pay

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
-------	-----------------	------	----------------------	---------	--------------------	--------------------	---	-----------------	---------

Medically Unfit 19¹²/₁₈

To be carried over

COPIES SENT		
To	No.	DATE
M. of M.	<u>18249/186</u>	<u>11/18/17</u>
O.G. 1st. BN.		
" 2nd. BN.		

Army Form B. 121

Complete (2)

6242

COPY.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on the 4th page.)

No. <u>9363</u>	Army Rank <u>Plt</u>
Name <u>Bragg Miles</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps of Regular Forces <u>Newfoundland Forestry Corps</u> Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c. or to General Staff of the Army, it should be so stated.)</small>	
Date of Discharge <u>December 19th 1918</u>	
Place of Discharge <u>St. John's Nfld.</u>	
1. <u>Description at the time of Discharge.</u>	
Age <u>20</u> years <u>2</u> months Height <u>5</u> feet <u>5</u> inches Chest Measurement { Girth when fully expanded _____ ins. Range of expansion _____ ins. Complexion <u>pale</u> Eyes <u>blue</u> Hair <u>brown</u> Trade <u>Labourer</u> Intended place of Residence <u>95 Eastern Hill</u> (To be given as fully as practicable) <u>St. John's Nfld.</u> <small>(This description should be carefully taken on the day the man leaves his Unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	Descriptive Marks.
2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the Discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military Character:—	
4. Character awarded in accordance with King's Regulations:—	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
<small>To be filled in on the soldier quitting the Colours.</small> Certified that the above is an accurate copy of the character given by me on Army Form B. 2067. <div style="text-align: right;">Initials of Commanding Officer.</div>	

238-2079/125

P&D
11-4-57

5. He is in possession of the following number of G.C. Badges (if the man is a N. C. O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for Service, or Proficiency Pay.. .. Class _____

6. Campaigns, Medals and Decorations

{ _____

Certificate of Education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I have received all my Pay and Allowances (including Clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's _____ (Signature of Soldier.) R. M. Bruce

(Date) Dec 27/18. _____ (Signature of Witness.) Holland

(When a Soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional Certificate in the case of a Soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from his Majesty's Service.

_____ (Signature of Soldier.)

10. Statement of Service.

Service towards Engagement to _____ (the date to which the Record of Service is completed) _____ years _____ days.

Further Service " " _____ (the date of confirmation of discharge) " .. "

Total " .. "

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

(Date) _____ Signature _____

Commanding Officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a Descriptive Return of the Man on Army Form D. 400.

12. Chelsea decision.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No reservations
J. M. B. 11/11
Holland

COPY.

6242

Army Form B 173a

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179a, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 8363Rank PvtName Bragg Mulrs
(Surname) (Christian Names)Unit and Corps Forestry Field

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Scotland

(b) In what capacity?

Lumber Trolley.

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I think that my complaint was caused by hard work on or about August 1918

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

None

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

Gen. Hosp
St Johns, 17 days
Fractured Thumb
Dr. Smith

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?
(b) What was your trade before joining the Army?
(To be checked by A.F.B.64 or A.F.B.103.)

Labourer
Do

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Hagley Wood Signed (Soldier) Bragg Miles
Date 5.11.18 Signed R. J. Woods
3183. Wt. 1878/13 0, 500, 011, 17, 8 13. S.O.F. 112. Witness.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Wild. Forestry Coos.* 7. Former Trade or Occupation } *Labourer*
2. Regtl. No. *B36* 3. Rank *Pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *DRAGG* *Miles* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *21 7/8*
6. Posted for duty on *20th 11/17* at *St. John N.W.*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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 up in answer to question No. 197) No disability enter "nil."

11. Date of origin of disability. *Rebilitated August 1818*
12. Place of origin of disability. *Dunblod Scotland.*
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. *He states that he developed influenza during latter part of July and since then has had a pain over left ear, fever, gets rapidly out of breath under slight physical exertion. He has been on light duty since. He has been in deep breathy exercises since joining the depot, and has continued influenza. He is considered unfit for hard work. He says he has always been in delicate health.*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | Yes |
| (ii.) Previous active service | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. } | No | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } n.a.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
- He is thin, weakly & debilitated and undeveloped for his age.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
- Encephalitis: mouth breaker. Head ground weak, and tired; disposed with slight exercise. Flat chest - Tubular building in R. apex V.P. + pain over 7th Cervical spine. Coarse cup in inter-Scapular region. Chronic cough. Right bowels Spastic regulated. He says he has had flesh.*

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

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invaded at Foreign Stations.

Discharge as permanently unfit for military service.

M.R. [Signature]

Station *Hazleydown, Winchester*

Date *5-11-18*

Medical Officer in charge of case.

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

Medical Report on an Invalid.

6242

Station HAZELEY DOWN CAMP,WINCHESTER.Date 5-11-18.

1. Unit **NFLD. FORESTRY**
2. Regimental No. **8363**
3. Rank **Private**
4. Name **BRAGG, MYLES**
5. Age last birthday **21 years**
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right. \begin{array}{l} \text{Oct. 2nd 1917.} \\ \text{St. John's, "fld.} \end{array}$
7. Former Trade } **Labourer**
or Occupation }
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***DEBILITY (?) T.B.**Statement of Case.

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

9. Date of origin of disability. **August 1918.**
10. Place of origin of disability. **Dunkeld, Scotland.**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- He states that he developed influenza during latter part of July, and since then has had a pain over left side of chest. Gets rapidly out of breath under slight physical exertion. He has been on light duty since. He has been on deep breathing exercises since joining the Depot, and has contracted influenza once again. He is considered unfit for hard work. He says that he has always been in delicate health.**

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

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

13. What is his present condition?

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

He is thin, weakly, and debilitated, and underdeveloped for his age. Anaemic. Mouth breather; heart sounds weak and rapid. Dyspnoea under slight exercise. Flat-chested. Tubular breathing over right apex. V.R. increased. Pain over 7th cervical spine. Coarse creps. in interscapular region. Chronic cough and night-sweats. Sputum negative. He says he has lost flesh.

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

N.A.

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

N.A.

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

N.A.

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

N.A.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

N.A.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

Discharge as Permanently Unfit for Military Service.

(Sgd.) J. St.P. KNIGHT, Capt. R.A.M.C.

Officer in medical charge of case.

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

Station HAZELEY DOWN, WINCHESTER

Officer in charge of Hospital.

Date 5-11-18.

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

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

Opinion of the Medical Board.

NOTE.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*
- (iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

**Debility, probably T.B. As
Sect. 13. Weight 116 lbs.**

21. (a.) State whether the disability is clearly attributable to—
- Service during the present war; **Yes**
 - Climate;
 - Ordinary military service;
 - Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

100% while in Hospital

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- Discharge as permanently unfit or **Yes**
- Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- Sanatorium;
- Hospital;
- Convalescent home;
- Asylum; or
- Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

Enter Jensen Camp

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

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

Station **St. John's,**

J. SINCLAIR TAIT

Date **Dec. 3rd., 1918**

L. PATERSON, Major

Members.

Approved

Station **DEC 3 1918**

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

Date

Administrative Medical Officer.



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

MEDICAL HISTORY

6242

Surname Bragg OF Christian Nano Miles

Table I.—GENERAL TABLE.

Birthplace:—Parish Puckhove County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>Oct</u> 1917		on _____ day of _____ 191	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>19</u> years _____ days		years _____ days	
Trade or Occupation	<u>Labourer</u>			
Height	<u>5</u> feet <u>5</u> inches		feet _____ inches	
Weight	<u>115</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... _____ inches		_____ inches	
	Range of Expansion... _____ inches		_____ inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V= _____		R. E.—V= _____	
	L. E.—V= _____		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. J. ...</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's St.</u>		at _____	
	on <u>2</u> day of <u>Oct</u> 1917		on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>Nfld. Forestry 8363.</u>			
Transferred to	<u>Companies</u>			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

Nfld.

2
al or to the sick list in case of Warrant Officers treated in quarters.

6242

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases 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

Discharged to duty

6587rwean

CAPT. R.A.M.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.

Date	Brief Details, and Signature
<p>13-11-17 5-11-18</p>	<p>Vacc 40 Boarded Hazel Dawn Camp Post of Catoon Delhit, 720. (Chitauri, Mo of M Peta) mic Capt. Royal infra Res:</p>

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

DOMINION OF NEWFOUNDLAND



HIGH COMMISSIONER'S OFFICES.

CABLE ADDRESS,

"RURALITY"

TELEPHONE.

VICTORIA 2302.

58, Victoria Street.

Westminster, S.W.1.

5th January, 1931.

8363, Miles Bragg,
Newfoundland Forestry Corps.

Sir,

I have the honour to refer to your letter of the 4th December, your cablegram of 31st December and my telegraphic replies of the 31st December, 1930, and 3rd January, 1931, regarding the case of the above named man, and to inform you that on receipt of your letter of the 4th December a communication dated 12th December, 1930, together with copies of the Medical Certificate and Medical Examination, was sent to the Ministry of Pensions, asking for confirmation of the award recommended, in accordance with your instructions.

On receipt of your cablegram of 31st December, I again got in touch with the Ministry, when I was verbally informed that this case was still under consideration, but that a decision would be made at the earliest possible date. I am now in receipt of a letter from the Ministry, dated 3.1.31., copy of which is enclosed herewith, from which it will be seen that in view of the decision in this case in 1927, that aggravation by service was found to have ceased, it is not clear on what grounds a further award of pension in respect of the same disability can now be made. In the event of this case being again taken up, I shall be glad to receive your further instructions in due course.

I have the honour to be,

Sir,

Your obedient Servant,

J. Murphy
Officer Paying Newfoundland Pensions.

Encl.

The Secretary,
Board of Pension Commissioners,
St. John's, Nfld.



COPY

MINISTRY OF PENSIONS,
Sanctuary Buildings,
18, Great Smith Street,
London, S.W. 1.

Ref. 28849/O.S/M.

3rd, January, 1931.

Sir,

BRAGG, Miles, 8363, Newfoundland Forestry Corps.

With reference to your letter of 12th December, regarding the above named man, I am directed by the Minister of Pensions to state that in view of the decision in this case in 1927, that aggravation by service was found to have ceased, it is not clear on what grounds a further award of pension in respect of the same disability can now be made. Under Imperial Regulations no further award could be authorised following a decision that aggravation by service had ceased. It is noted that prior to the board of 6th September, 1927, the man was pensioned on the full extent of the existing disablement, but it is assumed that the Commissioners are satisfied that the disability in respect of which pension was awarded was aggravated but not caused by service.

In any event, if the condition in respect of which pension was formerly awarded were regarded as attributable to service, no further claim could be considered in the absence of evidence as to the man's health and the nature of his employment covering the whole of the period since the last board of 6th September, 1927. In the absence of evidence of this nature, it is normally not possible to justify any decision that a condition now claimed arises solely from military service and not from any factors associated with civil life.

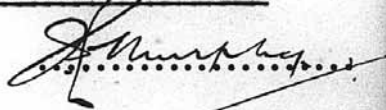
I am, Sir,
Your obedient Servant,

(Sgd) W. BELL.

for Secretary.

Officer Paying Newfoundland Pensions,
High Commissioner's Offices,
58, Victoria Street,
Westminster,
S.W. 1.

CERTIFIED TRUE COPY



THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1053

Regt. No. 8363 Rank PTE Name MYLES BRAGG

Corps served with ROYAL Nfld. REGIMENT *Forestry.*

Date of Medical Board DEC 1st. 1930 % of disability 20%

Pension for self \$ 15.00 per month for _____ months.

Allee., for wife \$ _____ " " " _____ "

ALLOWANCE FOR CHILDREN:

1st. Child \$ _____ per month for _____ months.

2nd. Child \$ _____ " " " _____ "

_____ children \$ _____ each " " " _____ "\$

TOTAL MONTHLY PENSION \$ 15.00 per month for _____ months

Total authorized amount \$ _____ from 24-11-30
to _____

Pension granted to: /

RECONSIDERATION OF PENSION.

MYLES BRAGG

1. Boggan St.

Approved:

20 % for 3 Months

by [Signature]
Medical Advisor.

Approved by:-

Chairman.

Commissioner.

Commissioner.

Date of marriage _____ Name of Wife _____

Name of Child _____ Sex. _____ Date of birth. Date all. Exp. _____

TOTAL MONTHLY PENSION \$ _____ per month for _____ months

Total authorized amount \$ _____ from _____
to _____

Pension granted to: _____

Report of Medical Board

Station St. John's, Nfld. Date DEC., 1st., 1930.
 No. and Rank 8363 PTE: Age 30 YRS. Height 5'4"
 Name MYLES BRAGG. Complexion FAIR.
 Unit FORESTRY Royal Newfoundland Eyes BLUE. Hair BROW
 Address 1, BOGGAN STREET (The Board will please note how the soldier's appearance corresponds with above description).
 Former Trade
 Enlisted at ST. JOHN'S On 2.10.17
 Disease or Disability Original DEBILITY - PROBABLY T.B. ✓

Subsequent

Present Condition (Compare with previous Board)

113 lbs weight. Pulse 128
 Coughs lot of Sputum. Apex beat visible just inside nipple line. Heart sounds hoarse. Very poor physical signs.
 Bronchial breathing, no accompaniments

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? 50%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? 20% 3 months. (20%)

Recommendation of Medical Board

~~Reconsideration of pension~~
 Reconsideration of pension

Members of Board

[Signature]

[Signature]

Tuberculosis Public Service

MEDICAL OFFICER

DR. H. RENDELL

THE SANATORIUM



Telephone 2100

P. O. Box 25, Water Street West,
ST. JOHN'S, NEWFOUNDLAND

April 16, 1926.

The Secretary,
Board of Pensions Commissions.

Dear Sir:—

Re 8363 Myles Bragg.

In reply to your letter of the 13th inst., I beg to inform you that during his stay here from August 15, 1921, to May 16, 1922, I was never able to satisfy myself that he was suffering from active Pulmonary Tuberculosis, the most I could find was a suggestion of percussion dullness over Right Apex, together with Left Iatral Dorsal Curvature. e.g. On October 3, 1921, I have a note " condition quite satisfactory no evidence of active disease," the same remark November 1, 1921.

During his stay here at no time were " T.B." found in Sputum.

The general impression left upon my mind was that evidence of active Pulmonary Tuberculosis was lacking.

Yours very truly,

SUPERINTENDENT.



Tuberculosis Public Service
MEDICAL OFFICER
DR. H. RENDELL

THE SANATORIUM



Telephone 2100

P. O. Box 25, Water Street West,
ST. JOHN'S, NEWFOUNDLAND

Jan 6th, 1926

? 7

Dear Major:-

Re Myles Bragg.

I have a strong suspicion that this man is trying to pay us off against each other.

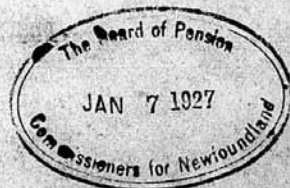
Last week he came to the dispensary complaining of ill health, and stating that he could get no satisfaction out of the Militia Department. I examined him and found precisely the same Pulmonary condition as I found in 1921, viz: a slight suspicion of dulness over the right upper lobe, nothing more. He made such a poor mouth of it that I said I would ^{take} him in to the Sanatorium to keep him under observation for a little while, but he did not turn up here.

I now suspect he took my admission order to the Militia Department and made all the use of it he knew how.

Yours sincerely,

H. Rendell

Major Parsons,
Militia Department.



8363 Dragg

Showing large cavity @
(E) and great head of Panbranch

11-8-25. Y



Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Bragg (Myles) (Surname) Myles Forestry Corps (Christian names in full)

Unit from which discharged 8363 Rank on discharge Plt. Age on discharge 21

Regimental Number 8363 Rank on discharge Plt. Age on discharge 21

Married, widower with children, or single Single

Occupation before enlistment Labourer

Special qualifications (if any) for }
employment in civil life }

Nature and locality of employment desired 98-busters Bill Saphrus

Full postal address to which }
proceeding on discharge }

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		
Disallowed			
Service towards pension			

PART C. Number of G.C. badges _____ medals _____

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Bell Island, Wfld. 26 Oct 1898

Colour of hair on discharge Brown Colour of eyes Blue Complexion Pale

Christian name of father William

Christian name of mother Perilla

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names
of children and
dates of birth

Date and place of 1st enlistment

Sydney Oct 22nd 1917

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) *Sgt. Brass Miles X*

Station

Rizeley Down

Rank

Plc.

Date

5.11.18

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para.

King's Regulations

or

Transferred to Class*

of the Reserve.

Strike out
whichever
inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station

Date *191*

* Insert P., or P.(T).

COPY

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *Bragg Miles* (Surname) *Miles* (Christian Names) Regl. No. *9363* Rank *Pvt* Unit and Corps *7th Div Forestry*

1. State the nature of the disability or disabilities from which this man is suffering.. . . .

Disability? I.B.

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the incapacitating disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis
- (b) Hospital, and if so, what class?
- (c) Convalescent Home
- (d) Asylum, or
- (e) Other institution
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President.

Station *Staplebury Howard*

Date *5-11-18*

Members.

Approved.

Station

Date

Officer in charge, Central Hospital.

THE ROYAL NEWFOUNDLAND REGIMENT

Mobilization

Civilian Clothing Guarantee

I, No. *8362* Rank. *S6* Name *Bragg - M*
herely undertake to supply myself with civilian clothing, consisting of
one suit of clothes, one cap, one collar, one tie, one overcoat, within
14 days from date, in consideration of being issued with
clothing allowance to the amount of \$...*50.00*

Date.....*4/12/18*.....

St. John's.....

.....*Bragg m*.....
Signature of soldier.

.....
Signature of witness.

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 going into the Tuzum Camp.

miles Brady

Signature of Man.

W. W. Blackell.

Signature of the Vocational Officer or his Representative.

Reg. No. *8363*

Place

M. Johns.

Date

Dec. 4

191

8

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Bragg Myles (Surname) (Christian names in full)

A. Unit from which discharged Mtd. Forestry Corps

Regimental Number 8362 Rank on discharge Pte. Age on discharge 21

Married, widower with children, or single Single

Occupation before enlistment Labourer

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired 95- Carters Hill St Johns

Full postal address to which proceeding on discharge }

Name of Approved Society (if any) _____

PART Nature of medical unfitness _____

B. _____

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 _____.

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

CONFIDENTIAL.

Army Form W. 3463B.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART A. Soldier's Name Walter Myles
(Surname) (Christian names in full)
Unit from which discharged 1st Field Troop Coy
Regimental Number 8363 Rank on discharge Plt Age on discharge 21
Married, widower with children, or single Single
Occupation before enlistment Labourer
Special qualifications (if any) for }
employment in civil life }
Nature and locality of employment desired 95 Carters Hill St Johns
Full postal address to which }
proceeding on discharge }
Name of Approved Society (if any)

PART B. Nature of medical unfitness _____
Service with Colours _____ years _____ days, of which _____ years
_____ days were served abroad during the present war.
Military character _____
Anything against the soldier to render his recommendation undesirable _____
Date of discharge _____ 191____.
Station _____
Date _____ Officer i/c Records _____

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Myler* 2. Surname... *Briggs*
3. Rank... *Pte* 4. Regtl. No. *8.363*
5. Address in full to which future payments of gratuity are to ~~be~~ forwarded.....
at present Jensen Camp — 22 Young St, St Johns
6. Date of enlistment in the Regiment... *Oct. 2nd 1914*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not Applicable
8. Relationship of such dependents... *Not Applicable*
9. Address in full of such dependent... *no Applicable*
10. Is said dependent, now or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.....
No
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Served from Oct. 2nd 1914*
to Dec 12th 1918 (6 overseas)

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

..... *Had one enlistment under Reg. No. 8.368*

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?.....

..... *Yes*

16. Have you, during the present war, served in the Imperial Forces. *NA.*

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

..... *NA*

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

..... *No*

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

..... *not applicable*

19. Are you now serving in the Regt.? .. *No* ... If not give:- (a) Date of discharge.. *Mar. 19. 19* .. (b) Reason for discharge.....

..... *Being no longer physically fit for active service*

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.....

..... *No*

21. (a) Are you receiving treatment from the Civil Re-establishment Com.

(b). If so, are you in receipt of full pay and allowances from that Committee. *Yes. (6/7. 19)*

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

Signature of Applicant: *Myles Brass.*
 Place of Residence: *Jensen Camp. — 22 Young St. City*
 Declared before me at: *St. Johns Nfld*
 This *14th* day of *March* 19*19*

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

William James R.P.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.60</i>	<i>280.00</i>
.....
.....

Certified Correct.

Paymaster.

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt'l No. 8363 Rank Private Name Bragg, H. Unit Forestry Coy's Posted... who was Repatriated.
to Newfoundland on 9/11/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d	
PERIOD: From 26/10/18 To 9/11/18	Balance Dr. from						Balance Cr. from						
	Allotment 15 days @ 60	9	00	1	17	0	Pay 15 days @ \$1,00	15	00				
	Cash Payments: 4/10/18				17	6	Field Allow 15 days @ \$10¢	1	50				
	Casual 6/11/18				13	4	Other Allowes days @ \$	16	50	3	7	10	
	Other Debits:						Other Credits:						
	Total Debits			3	7	10	Total Credits			3	7	10	
	Balance due by Paymaster			3	7	10	Balance due to Paymaster			3	7	10	
				3	7	10				3	7	10	

CHECKED.
E.P. for C.G.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of Winchester
6/11/18 (Date) 191

(Signed) M.J. NUGENT, 2/Lieut.

Made up/Checked in accordance with information received in the Pay & Record Office London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

A.D. Munnell Maj.
Chief Paymaster & Officer i/c Records.

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 8363 Rank Pte. Name Bragg H. Unit Forestry Co's who was repatriated
to nfd. on 9/11/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£	s	d	PARTICULARS	£	s	d	CR.
PERIOD: From 26.10.17 To 9.11.18	Balance Dr. from				Balance Cr. from				
	Allotment 15 days @ 60 ⁴	17	00	11 17 0	Pay 15 days @ \$ 100	115	00		
	Cash Payments:				Field Allow 15 days @ \$ 10	150		3 7 10	
	4/10/18			7 6	Other Allowances days @ \$				
	Casual 6/11/18			13 4	Other Credits:				
	Other Debits:								
	Total Debits				Total Credits				
	Balance due by Paymaster				Balance due to Paymaster				
				13 7 10				13 7 10	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Worcester 6-11-18 1918
(Place) (Date)

OK/WM

W. August 2nd
O.C. "A" Company.

Made up/checked in accordance with information received in the Pay & Record Office London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

9 Nov 1918

J. A. Munnell Maj.
Chief Paymaster & Officer i/c Records.

No. 355



Newfoundland Forestry Companies.

ALLOTMENTS

I, Wm Bragg, Regl. No. 5363

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty (60) Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins Oct 2nd 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
271	Father	William Bragg	95 Carterville	60
			Total Allotment, \$	60

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

(Sig.)

J R Goodyear capt

Officer Commanding

Company

(Sig.)

Wm Bragg

(Rank)

Pte

St John'sOct 2nd

1917

Royal Newfoundland Regt. WW I

BRAGG, Myles

8363

Pte.

Cross to widow: Not eligible (Married 1 May 23)

Cross to mother:

2/ Hied