



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5963 Name James H Brett Corps C/6

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. James H Brett
2. What is your full Address? ..... 2. Paradise Lodge
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 32 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fireman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, James H Brett 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.

James H Brett SIGNATURE OF RECRUIT.  
Corps of Raymond (Signature of Witness.)

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 10 day of Aug 1915.

Signature of Attesting Officer W. Dicks Lieut.

### †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 12-8 1915 } Approving Officer.  
Place St John's }  
J. H. Burns  
Capt.

† 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) .....



C.R. 5963

September 20, 1918.

Sir:-

#5963 Pte. James Brett.

Your communication of 3rd instant addressed to the Minister of Militia has been handed to me. I regret to say that as the application for exemption on behalf of your son, was dis-allowed by the Tribunal, he cannot be released from Military Service.

He has made an allotment of 60¢ per day in favor of his father, and cheque on account of same will be forwarded monthly.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

Locke Brett Esq.,

Barré Islands,

Fogo.

C.R. 5963

Extract from Daily Orders Detachment Unit The Royal Field.  
Regt. St. John's, July 3rd, 1919.

5963 Pte. J. Brett.

Reported at Headquarters 1-7-19 on "Cassandra" which  
sailed Glasgow June 24th, 1919.

C.R. 5963

Extract From Daily Orders part 11, from Unit The Royal  
Nfld, Regt. St. John's, dated August 12, 1918.

#5963 Pte. James Brett.

Attested for General Service with The Royal Nfld. Regt.  
from <sup>10</sup> 8-13



C.R. 5963

**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland*

September 20th 1918

From Officer Commanding,  
Depot,

To D.O.C., Newfoundland,  
Militia Department,  
Stott Building.



#5963. Pte. Jas. Brett.

With reference to attached correspondence.

Pte. Brett is 22 years of age, and was attested on August 10th. He filed an application for exemption at Fogo in May. The application was disallowed in ~~May~~ July.

He states that he is the only son and was the main support of his father.

Pending further instructions from you, he is marked down for the Draft.

*R. H. Lait*

Captain,

O.C. Depot.

RHT/TJW..

ENC:



Bawd Islands  
Sept 3<sup>d</sup> 1918

Hon<sup>ble</sup> R. Bennett  
St Johns.

F. Coy.  
bot to Father -

Bawd Islands.

Dear Sir:-

Please pardon me for taking the liberty to write you on this a matter of delicate importance to me.

My son, James Brett now P. tr. Brett #5963 responded to the Military Service Act, and was accepted by your Board.

I beg to say that I am now left entirely alone James being my only son, and without his help, I am helpless as far as my work is concerned relative to getting a livelihood by fishing consequently I am very much undone.

And Sir I beg respectfully to ask if you can in any way secure his discharge from Military Service.

I beg this favour from a purely humane motive which I would like for you to kindly consider and grant if possible.

yours Respectfully  
Lot Brett

Reg. No. 5963 Rank A6 Name Brett James F.  
Attested 10-8-18 Address Boney, Islands.  
Allotment 60 Allottee Lt Brett (Father)  
Date of Allotment 1-9-18 Returned from Overseas  
Embarked for Overseas SEP 22 1918 Cause

Vacc 15-8-18. 1st 9-9-18. 2nd Dec 14-9-18  
by leave 25-8-18 to 4-9-18 till 2-9-18



C.R. 5963

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated July 8th 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from following  
date 17-7-19.

5963, rte. Brett, Jas.

C.R. 5963.

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 7th 1919.

The discharged of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted date  
31-7-19.

5963, Pte. Jas. Brett.

C.R. 5963

Extract from Orders by Lt. Col. B.J. BARTON, Commanding Bn., Battalion  
the Newfoundland Regiment dated November 18th., 1918.

THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORESTRY  
CORPS, ON 18th NOVEMBER 1918.

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#5963 Pte. J. Brett.

CR 5963

Extract from Nominal Roll of Overseas Entrained  
at St. John's Sept. 25, 1918. "B"

5963 Pte. Brett James. —

C.R. 5963

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. ST. John's, ,dated August 26th, 1918.

5963 Pte. J. Brett.

Granted leave from 25-8-18 to 4-9-18.

C.R. 5963

Extract of Orders by MAJOR M.S. SULLIVAN,  
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,  
19/11/18.

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The undermentioned having arrived from the 2nd Battalion  
Royal Newfoundland Regiment is attached to the strength  
from this date and posted to the following Company.

#5963-1-11-18 J. Brett.

"A" Company.

J. Brett

C.R. 5963

1890

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. *Royal Newfoundland*
2. Regtl. No. *5963* 3. Rank *plb*
4. Name *Brett* *James B.*  
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Featherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
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. *nil*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | .....               | .....             |
| (ii.) Previous active service.. .. .                       | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                  | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .     | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. } | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*No Complaints of no disability*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

*Repatriation*

Note—(b) is only applicable to soldiers invalided at Foreign Stations

*W. E. Proctor . . . Cpl Rame*  
 Medical Officer in charge of case.

Station *Hazeley Down* .. .. .

Date *9/14/19* .. .. .

\* 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.





## THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James Brett, Regl. No. 5963

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

Allotment begins Sept 15th 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
679	Father	Lot Brett	Barndolds 270 Dine	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.) [Signature]  
 Officer Commanding  
Royal Newfoundland Company  
Sept 15th 1918

(Sig.) James Brett  
 (Rank) Plt

No. 8270/1563



N.F.P. No.

From: NEWFOUNDLAND CONTINGENT

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

To: ~~Officer Commanding,~~  
2nd Batt. Ryl. Nfld. Regiment  
Winchester. Hants.

3rd June 1919

June 4<sup>th</sup> 1919.

5963 Pte. J.P. Brett

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 ( 217):

J. J. Barton LIEUT. COLONEL.  
COMMANDING 2ND BATT. RYAL NEWFOUNDLAND REGT.

"Pay to- 5963 J.P. Brett  
£3. 0. 0.

Received the sum of £ 3. 0. 0

Cheque £ 3.0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Three Pounds in respect of telegraphic remittance from the Minister of Militia.

[Signature]  
Chief, Paymaster & O. i/c Records.

J. Brett  
No. 5963 Rank Pte.

Witness: W. White

Brett, Jas.

5963

Ray & Co.

July 31st 1919.

#5965, Pte. Jas. Brett,  
Barr'd Islds.

Dear Sir:

Enclosed please find Discharge Certificate " 3232.

Yours truly,

Capt. = Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5963 Rank PLC Name Brett James  
 Intended place of residence Can't recall

2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 4 1919

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 4 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 4 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-8-18 No. of days on Military  
 Discharged from service 17-7-19 Plus 14 days Service 356

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S JUL 17 1919

Date .....

*[Signature]*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 21/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*[Handwritten]* 2079/2432

# The Royal Newfoundland Regiment

Class for Demobilization:—

*1*  
*14*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4-7-19* .....

Regimental No. *5963* .....

Name ..... *Brett James* .....

Address ..... *Board Islands* .....

Present Medical Category ..... *A1* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Lant Major*  
.....  
O.C. Discharge Depot.

*L. Paterson*  
.....  
Senior Medical Officer

*Geo. Borden*  
.....  
M.O. Depot



# The Royal Newfoundland Regiment

DEMOBILIZATION OF *Brett James*  
 Reg. No. *5963* Rank *Plt* Name *Brett James*  
 Date of Enlistment *10-8-18* Address *Barndale* District *Ai*  
 Occupation *Fisherman* Classification for Discharge *E* Medical Category *Ai*  
 Recommendation S. M. B. Disability Rating

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date: *4-7-19* O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date:.....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

Date:.....

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. P. 2170 to his home at Board Rd and Release Certificate No. 32 D. 6 issued.

Date 4-7-19

*J. A. Snow*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 31-7-19

Date 4-7-19

*H. M. [unclear]*  
Depot Paymaster.

Discharged approved for 17-7-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date 4-7-19

*J. A. Snow*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer i/c Records,  
Board of Pension Commissioners.

with following additional documents **Eligible for War Service Gratuity**

Date JUL 17 1919

*R. H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*J. Bretto*

Signature of Man.

*J. H. Knowlton*

Reg. No. 5963

Signature of the Vocational Officer or his Representative.

Place

*At Johns*

Date

*4-7-19.*

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

MEDICAL HISTORY

OF

Surname

*Brett*

Christian Name

*James P*

Table I.—GENERAL TABLE

Birthplace :—Parish

*Barrow Field*

County

*Newfoundland*

SPECIAL RESERVE

REGULAR ARMY

Examined ..... on *10* day of *Aug* 191*8* on day of 191

at *St. John's* at

Declared Age ..... *22* years days years days

Trade or Occupation ..... *Fisherman*

Height ..... *5* feet *7 1/2* inches feet inches

Weight ..... *141* lbs. lbs. ll s.

Chest Measurement { Girth when fully expanded ..... *38* inches inches

{ Range of Expansion ..... *4* inches inches

Physical Development .....

Vaccination Marks {	Arm .....	Right	Left	Right	Left
	Number .....				

When Vaccinated .....

Vision..... R.E.—V= *6/12* R.E.—V=

L.E.—V= *6/12* L.E.—V=

(a) (a)

(b) (b)

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

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

Approved by (Signature)

*L. Amundson*

(Rank)

*Major*

Medical Officer

Medical Officer

Enlisted ..... at *St. John's* at

on *10* day of *Aug* 191*8* on day of 191

Corps	Regtl. No.	Corps	Regtl. No.
-------	------------	-------	------------

Joined on Enlistment..... *Royal N.F.L.D. 5963*

Transferred to ..... *Regiment.*

Became non-effective by.....

on day of 191 on day of 191

(Signature)

(Rank)



**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... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*  
 2. Regtl. No. *5963* 3. Rank... *R.E.* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Brett* *James P.* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday... *22*  
 6. Posted for duty on..... at.....  
 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  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
*Nil*  
 11. Date of origin of disability.  
*Nil*  
 12. Place of origin of disability.  
*Nil*  
 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.  
*Nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | .....               | .....             |
| (ii.) Previous active service .. .. .                              | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                          | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .             | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | .....               | .....             |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*No complaints of no disability*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

*Repatriation*  
*W. E. Poemier - Capt RAME*

Medical Officer in charge of case.

Station *Hazley Down*

Date *9/11/19*

\* 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.



## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

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

Name in full *Sgtt. James B.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1963.*

Intended address *David Island*

Height on discharge *5* Feet *9"*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Lat.*

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *David Island, N.S., 1897.*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full) *James Brett* (Rank) *Sgtt.*

Station *St. John's.* Date *4. 7. 19*

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

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

Station

Date



August 1st 1919.

Mr. James Brettn

Barr'd Islds. Pogo Dist.

Dear Sir:

Referring to your application, I enclose  
cheque for seventy dollars (\$70.00) being amount  
of first payment due you on account of war ser-  
vice gratuity.

Yours truly,

Capt.<sup>cs</sup> Paymaster.

RS/.

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 questions 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..... *James* ..... 2. Surname..... *Brett* .....

3. Rank..... *St. Ahe* ..... 4. Regtl. No..... *5963* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Barris Island dr. Dogs District* .....

6. Date of enlistment in the Regiment..... *August 10/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents..... *no* .....

9. Address in full of such dependents..... *no* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no* .....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Eleven months* .....

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

*No*

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?

*No*

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

*No*

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.

*No*

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?

*No*

19. Are you now serving in the Regt.? If not give - (a) Date of discharge

*July 18/19*

(b) Reason for discharge  
*Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*East. coast.*

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.

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:

*James Brett*

Place of Residence:

*Barrio Island, Fogo, District*

Declared before me at:

*St Johns Agra*

This

*4* day of

*July*

19.....

*John Mc Carthy*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
			<i>3 mos</i>	<i>210.00</i>

Certified correct.

Paymaster

*M*

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

Fold Here

OCT 15

1921.

The accompanying ~~Victory Medal~~ or British War Medal  
is/are forwarded herewith to

James P. Brett

in respect of his service as No. 5963 Rank Pte.

Name J.P. Brett Royal Nfld. Regt.  
~~Infantry~~

Receipt of the same should be acknowledged hereon.

Received

October 24<sup>th</sup>

Signature

James P. Brett,

Date

1921

Address

Parad Islands.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet one  
Signature of O. C. Company C. Dicks Lieut.

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>James P Brett</u>	Age on <u>22</u> years <u>months</u>	<u>Fisherman</u>	
5963		Place and Date of Enlistment } <u>St John's</u>	Religion } <u>Col E</u>	
Joined		Date		
Joined		Date		
Joined		Date		
Joined	Date	Period of } with Colours <u>356</u> years.	Place of Birth } <u>Barred Field Troop Det</u>	
		with Reserve <u>365</u> years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>31</u>	<u>7</u>		<u>19</u>

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5965 Rank Pte. Name Brett, James  
 Date of Enlistment 10-8-18 Address Basid Idl District .....  
 Occupation Fisherman Classification for Discharge H Medical Category A1  
 Recommendation S.M.B. ..... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 4-7-19 O. C. Discharge Depot. J. Brett

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

J. Brett

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable .....
- (b) Clothing Supplied .....

Date..... O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B. 2170 to his home at Barrington and Release Certificate No. 3206 issued.

Date 4-7-19

*J.A. Browne*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-7-19

Date 4-7-19

*H. M. H.*  
Depot Paymaster.

Discharge approved for 17-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*Form B*

Date 4-7-19

*J.A. Browne*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 11 1919

*R.H. Sait* MAJOR

Date .....

O. C. Discharge Depot.

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

Date July 21 1919

*[Signature]*