



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5951 Name Peter Bright Corps Non-com

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Peter Bright
- 2. What is your full Address? 2. Sanford
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 33 Years Months
- 5. What is your Trade or Calling? 5. Fireman
- 6. Are you Married? 6. Yes
- 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, Peter Bright 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.

Peter Bright SIGNATURE OF RECRUIT.

Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter Bright 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 9 day of Aug 1915.

Signature of Attesting Officer A. D. Dickson, 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 Aug 10 1915 Place } Approving Officer. John

† 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 Peter Bright
 Apparent age 28 years 0 months. Height 5 feet 4 1/4 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Johannah Bright
Main Labrador | Relationship Wife
 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)
<u>Johannah Fox</u>	<u>Main (Lab.)</u> <u>March 24, 1916</u>	<u>Main (Lab.)</u>	<u>R.H.I.</u>

Particulars as to Children

Christian Names	Date and Place of Birth
<u>1 child</u> <u>Isstra ?</u>	<u>Main July. 10 1917</u>

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 _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5951 Name Peter Bright Corps Innoverian

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Peter Bright
2. What is your full Address? 2. hair Laford
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Years Months
5. What is your Trade or Calling? 5. fisherman
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, Peter Bright 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.

Peter BrightSIGNATURE OF RECRUIT.

RaymondSignature of Witness.

Peter Bright OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter Bright 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 9 day of Aug 1918.

Raymond Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 9 day of Aug 1918.

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

Date Aug 10 1918 Place St John's } Approving Officer.

John

† 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

5951

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

Name Peter Bugh

Apparent age 23 years 0 months. Height 5 feet 4 1/4 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Johannah Bugh
Hain Sabador. | Relationship Wife

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.
<u>Johannah Fox</u>	<u>Hain (Lab.) March 24, 1916</u>	<u>Hain (Lab.)</u>	<u>R.H.A.</u>

Particulars as to Children

Christian Names	Date and Place of Birth
<u>1 Child</u> <u>Gstra?</u>	<u>Hain ^{Lab.} July 10 1917</u>

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 <u>9-8-18</u>									
Joined at <u>St. Louis</u> on <u>August 9-1918</u>									
<u>Re-enlisted July 28/1919</u>									
<u>Admitted Barracks Hospital and transferred to General Hospital 22-8-18</u>									
<u>Discharged General Hosp to the S.D. Hospital 27-8-18</u>									
<u>Transferred to S.D. to Colesburg 24-10-18</u>									
<u>Discharged from Colesburg 9-11-18</u>									
<u>Admitted to S.D. Hospital 30-2-18</u>									
<u>Transferred to S.D. to Barracks Hosp 24-7-19</u>									
Total Service forfeited as above... <u>Remobilization St. Louis 28/19</u>									
Total Service towards Engagement to <u>28-7-1919</u> (date of discharge) ~ years <u>354</u> days									
Pensions " " " " " " " " " " " " " " " "									

C.R. 5951

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been
APPROVED by U.C. Discharge Depot from noted date
~~5951~~
30-6-19.

5951, Pte. Bright, Peter.

C.R. 5951

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 29th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date
28-7-19.

5951, Pte. P. Bright.

C.R.

5951

Extract from Daily Orders part II, Depot St. John's
dated Feb. 25th., 1919.

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5951 Pte. P. Bright.

Discharged from MID. Hosp. to Barracks Hosp. 24-2-19.

C.R. 5-951

Retreat from Ballymore place near Ft. John's dated Dec. 18th.

#5951 Pte. P. Bright.

Admitted to M.I.D. Hospital 20th 12-18.

Extract from Daily Orders Part 11 From depot St. John's Aug. 30/18

CR 5951

#5951 Pte. P. Bright.

Discharged from General Hospital and admitted to M.I.D. Hospital

27-8-18.

C.R. 5951

August 26, 1918.

Mrs. Johannah Bright,
c/o Mrs. R. White,
South Side.

Dear Mrs. Bright:-

It is my regrettable duty to inform you
that your husband No. 5951 Pte. Peter Bright
was admitted General Hospital August 26th.
suffering from Broncho Pneumonia with Measles
very dangerously ill.

Yours sincerely,

Minister of Militia.

C.R. 59/51

MESSAGE FROM DAILY ORDERS PART 11, DETROIT
ART. JOHN'S DATED OCTOBER 28th., 1918.

#5951 Pte. P. Bright.

DISCHARGED FROM M. I. G., HOSPITAL 34/10/18
TO HENKSONI CONVALESCENT HOSPITAL.

C.R. 5951

Extract from Preliminary Report of Medical Board held
of Tuesday December 3rd., 1918 and the following
were the findings.

From. D.M.S. TO:- O. G. Depot.

#5951 Pte. P. Bright.

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT.

BC.



C.R. 5951

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

Dec. 20th, 1918

From: Adjutant.
Discharge Depot.

To: Casualty Officer.
Militia Dept.

5951.Pte. P. Bright. -- Admitted 10 a.m. Mumps.

Information concerning
marginally noted man according M.I.D.Hospital
Report of Dec. 20th. 1918.

J. J. Quady
Captain
Adjutant
Discharge Depot - Newfoundland

C.R. 5951

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, dated August 24th, 1918.

5951 Pte. Peter Bright.

Admitted to Barracks Hospital 22-8-18.

C.R. 5951

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

5951 Pte. P. Bright.

Discharged from Barracké Hospital and Admitted to General
Hospital 25/8/18.

C.R 5951

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

#5951 Pte. Peter Bright.

Attested for General; Service with the Royal Nfld. Regt.
from 9-8-18

Bright, Peter

5951

Ray Dept

July 28th 1919.

#5951, Pte. Peter Bright.
Nain, Labrador.

Dear sir:

Enclosed please find Discharge Certificate # 3222.

Yours truly,

Capt. & Paymaster.

RS/.



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **St. John's**

Date **Nov. 12th 1918.**

- | | | | |
|-------------------|---------------------------|-------------------------------|----------------------|
| 1. Unit | Royal Newfoundland | 5. Age last birthday | 23 years |
| 2. Regimental No. | 5951 | 6. Enlisted on | Aug. 9th '18. |
| 3. Rank | Private | at | St. John's |
| 4. Name | BRIGHT, PETER | 7. Former trade or occupation | Fisherman |
| | | 8. Disability | |

BRONCHO-PNEUMONIA AND MEASLES FOLLOWED BY INFLUENZA.

9. History **25/8/18. Developed Broncho-pneumonia. Was sent to General Hospital, where he developed measles. Later, the above complicated with Influenza.**

General appearance good.
Pulse 80, Temp. 98.2.

10. What is his present condition?

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

LYMPHATIC SYSTEM. Negative.
RESPIRATORY SYSTEM. At right apex posteriorly, at height of inspiration, few fine rales heard. Otherwise negative.
CIRCULATORY SYSTEM. Negative.
DIGESTIVE SYSTEM. Normal.
NERVOUS SYSTEM. Normal.
URO-GENITAL SYSTEM. Normal.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

YES

Signature J. B. O'REILLY,
Capt. R.A.M.C.

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **may** be considered as ~~aggravated by~~ due to
(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
Yes, and blowing sounds in mid lobe right lung posteriorly

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) **20%**

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.
20. We recommend discharge from retention in the Army **Permanently Unfit**

Remarks if any:—

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

J. SINCLAIR TAIT
Signatures

L. PATERSON, Major

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

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

APPROVED

Station
Date
No.



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

Civil Re-establishment Committee



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

To resume former Occupation.

Arthur Bright

Signature of Man.

Reg. No. 5757

J. J. Snowlett

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

16-6-19

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The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5951 Rank Plt Name Bright Peter

Date of Enlistment 9-8-18 Address Main District Labrador

Occupation Fisherman Classification for Discharge B Medical Category 1

Recommendation S. M. B. permitted to fly Disability Rating 20%

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	1 Aug 5-1
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 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 16-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 16-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. A.1826 to his home at Main Sabrodoz and Release Certificate No. 2857 issued.

Date

16-6-19

[Signature]

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 28-7-19

Date

16-6-19

[Signature]
Depot Paymaster.

Discharged approved for

30-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1	H2 J-1
B 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	Form B
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B179c	B 120	M 93	2				

Date

16-6-19

[Signature]

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~~ *[initials]*

Date

[Signature] MAJOR

O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5951 Rank Plc Name Bright Peter
 Intended place of residence Haar Labrador

2. Occupation Fisherman
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

DEMOBILIZATION

~~Eligible for War Service Gratuity~~ Nil

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 JUN 16 1919

J. M. Kerut
 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 JUN 16 1919

Peter Bright
 Signature of soldier

W. L. Constan
 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 JUN 16 1919

Peter Bright
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 9-8-18 No. of days on Military Service 354
 Discharged from service 30-6-19 Plus 28 days

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date 30.6.19

R. L. Lat Nain
 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 28/1919

J. M. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

Original No 79/13222



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Wright, Peter*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5951*
 Intended address *Main, Labrador*
 Height on discharge *5* Feet *4 1/4 in*
 Color of hair on discharge *Black*
 Complexion *Dark*
 Color of eyes *Brown*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *Simon*
 Christian name of Mother *Hannah*
 Wife's maiden name in full *Johanna*
 Date and place of marriage *Main, March 1917*
 Christian names of children *Esther*
 Place and date of soldier's birth. *Main 24th Nov*
 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) *Peter Wright*

(Rank) *Plt*

Station *St. Johns*

Date *Nov 12/15*

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.

John G. Giff
 Medical Officer of Hospital,
 Unit, or Command Depot.

Station *St. Johns*

Date *12th Nov 15*

No 6636



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Peter Bright, Regl. No. 5951
 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 ^{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 August 9th 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6636	wife	Mr. Peter Shannon Bright.	Ham Labrador	60
			Total Allotment, 5	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. ...
 Officer Commanding
F. Company
M. Jones
 10-8-1918

(Sig.) Peter Bright
 (Rank) Private



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Nov 12th 1915

Regimental No. 5951

Name Bright Ester

Address Main, Labrador

Disease or Disability Bron. Pneumonia. Malaria.

Finding of last Standing Medical Board,

held on 19.....

Present Condition.....

Recommendation.....

Stand Medical Board for discharge

Category.....

Members
of
Board

O. C. Depot

D. D. M. S.

M. O. Depot

Robinson

Robertson
Rand.

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on Aug 9 1918

1. Name Peter Bright. Age (a) Declared 23
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

Eyes. Brown.
Complex. Dark.
Mark. Scarred

3. Height 5' 4 1/4 Weight 141

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ~

59 51

6. Examination of Lungs ~
Measurement (a) Expiration 33 (b) Inspiration 37

7. Examination of Heart ~

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? No
11. Name and address of next of kin Wife Johanna Main L'Abadie,

REMARKS—

A. H.

Arthur [Signature]
W. Curdson

Medical Examiners.

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Nain

1. Name Peter Bright Age (a) Declared 27
(b) Apparent 23

2. Do you know of anything wrong with you? no

What severe illness have you had? none

3. Height 5' 6" Weight 155 lbs

4. Eyesight (a) Left 4/6 (b) Right 4/6

5. Physical Defects (Examine after strenuous exercise)

none

6. Examination of Lungs normal
Measurement (a) Expiration 35 in (b) Inspiration 37

7. Examination of Heart normal

8. Examination of Urine normal

9. Examination of Mouth—(Defective Speech) normal

Teeth good

Throat normal

Nose normal

Ears—(Deafness, Otorrhea) hearing good

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin

Margaret Allaire (mother)
Nain, Labrador

REMARKS—

We consider this man Fit
 ~~Temporarily unfit for Military Service~~
 ~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B., 10 A, should be filled and attached).

J. J. Smith

Medical Examiners.

File ✓

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... *Peter* 2. Surname... *Bright*

3. Rank... *Private* 4. Regtl. No... *5951*

5. Address in full to which future payments of gratuity are to be forwarded... *Sabador*

6. Date of enlistment in the Regiment... *August 1918*

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 dependents... *not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *not applicable*

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

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

Not applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratitude? 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 Gratitude 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?

Not applicable

19. Are you now serving in the Regt.? If not give? - (a) date of discharge. (b) Reason for discharge.

June 16, 1919

Generalized

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.

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.

A. no B. no

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: *Ortis Wright*

Place of Residence: *Labrador*

Declared before me at: *St John's*
This *17th* day of *June* 19*19*.....

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

POST DISCHARGE PAY.		:		Net amount
Date paid	Paid	War Service		due
	Soldier, Dependent:	Crediting.		
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				

Certified correct. Paymaster.

SEPARATION ALLOWANCE.

Claimant..... *Bright, Johannah (wife)*
On account of *Peter Bright* No. *5951*, Rank. *Pte*

Decision..... *Approved*
.....
.....
.....

A. E. Newman
W. F. Rendell Lieut. Col.
M. Bowley Capt.

Date *June 21/1919*

Instructions.....
.....
.....
.....

Allotment of *60¢* per day payable to *Johannah Bright*
his *wife* from *Aug 9/18* to *Apr 1st 1919*.
Discontinued on account of *Cancellation*.

M. Bowley, Capt.

Moravian Mission.

Hopedale.

Labrador.

Jan. 30th. 1919.

Capt. & Paymaster

J.M.Hewley,

St. Johns.

Dear Sir:-

Application has been made to me for a Certificate of Marriage for Private Peter Bright, #5951. It gives me pleasure to be able to forward the same herewith.

This is to certify that Petrus Brait, Bachelor, and Johanna Fox, spinster, both of Nain, Labrador, were united in Marriage at Nain, Labrador, on the 7th day of May, in the year of our Lord 1917, by the Rev.C.A.Martin, Missionary and Bishop of the Church of the United Brethren, commonly called Moravians.

Signed *W. H. Perrett.*

Superintendent of Moravian Mission.

I am, Sir,

Yours faithfully,

W. H. Perrett.

S. }
A. }SEPARATION ALLOWANCE.
1st NEWFOUNDLAND REGIMENT.

A.

1. Name of Soldier in Full (Surname first) *Bright Peter*
2. Rank and Regimental Number *Private 5951.*
3. Date of Enlistment *August 9-1918.*
4. Full Name of Wife *Mrs Peter Ghannal Bright* or
- Widowed Mother or
- Children's Guardian
5. Address *Main Labrador.*
- State ages of Children: Girls under 17 *one.* Boys under 16
- With whom do your Children reside? *Mrs Peter Ghannal Bright (mother)*
8. Amount of Allotment *60¢* 9. Name of Allottee *Mrs Peter Ghannal Bright*
10. Address *Main Labrador.*

allot.

11. From what date is Allotment effective? *August 9/1918.*
12. Date of Marriage *March 24/1916.*
13. Date Marriage Certificate examined by Paymaster
14. Date Birth Certificates (in case of guardian) examined by Paymaster.....
15. If soldier is sole support, does Statutory Declaration accompany this application?.....
16. Have you made a previous claim for Separation Allowance? Give particulars.....
17. Is Separation Allowance being paid on your account to any person?.....
18. Were you at the time of enlistment an employee of the Newfoundland Government? In what capacity, and in what place?.....
19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?.....
20. Name of Corps prior to enlistment in the Nfld. Regt.....

I hereby certify that the above is a true statement.

Bitd Brait (Peter Bright)
Name of Soldier.

Signature of Officer forwarding this application.

Unit

Royal Newfoundland Regt

Date

10-8-18.

[Signature]

August 23, 1919

Mrs. Jehannah Bright,
Main,
Labrador

Dear Madam:-

An application has been made by your
Husband to have Separation Allowance granted to
you, and I enclose cheque for One hundred and
fifty-six dollars (\$156.00) in payment of same.

Yours truly,

Captain & paymaster



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Peter Bright, Regl. No. 5951

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 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 August 9th 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6636	wife	Mr. Peter Thomas Bright.	Ham Labrador	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. J. Jones
for
Officer Commanding Company
J. J. Jones
10-8-18

(Sig.)

(Rank)

B. B. Bright
Private.

Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. Johns*

Date *Nov 12/15*

- Unit *Royal Newfoundland*
- Regimental No. *5951*
- Rank *Private*
- Name *Bright. Peter.*
- Age last birthday *23 years*
- Enlisted on *Aug 9th/15*
at *St. Johns*
- Former trade or occupation *Fisherman*
- Disability

*Broncho-Pneumonia + measles followed
by Influenza.*

9. History

*25/8/15. Developed Broncho Pneumonia
and joined Hospital, where he developed
measles. Later the above complicated with
Influenza.*

10. What is his present condition?

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

General appearance good. /
Pulse 88 Temp. 98.2

Lymphatic System Negative
Respiratory System at right apex posteriorly at height of inspection ^{negative} _{fine rales} heard. otherwise
Circulatory System Negative
Digestive System normal.
Urinary System normal.
Genital System normal.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes

Signature J. H. Kelly, M.D.
Rank or Qualification Colonel

Remarks if any by Officer in Charge Hospital.

Place Signature
Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as ~~aggravated by~~ due to
 (a) ~~Service during this war~~ (b) ~~Climate~~ (c) Ordinary Military Service
 Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Yes showing sounds in midlobe right lung
 posteriorly*

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

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

(State in percentage.)

20%

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
 Naval and Military Con-
 valescent Hospital,
 Jensen Tuberculosis Camp. }

20. We recommend discharge from retention in the Army *permanently unfit.*

Remarks if any:—

.....
 Signatures *J. S. [Signature]* President
J. P. [Signature]
F. P. [Signature]

Place *St. John's*

Date *dec 3/18*

APPROVED



Station No.

Date

Clayton Macpherson
 Administrative Medical Officer *Major*
 D. N. S. NEWFOUNDLAND.

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 Edwards Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Peter Bright</u>	Age on	23 years <u> </u> months	Fisherman	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>9-8-18</u>	Religion	
Joined	Date			<u>Moravian</u>	
Joined	Date	Period of	with Colours <u>35⁴</u> years. with Reserve <u>36⁵</u> years.	Place of Birth	
Joined	Date			<u>Nain (Lab)</u>	

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 St John's 28 ¹/₁₉</u>					

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2951 Rank Sgt. Name Bright Poted
 Date of Enlistment 9-8-18 Address Halifax District Halifax
 Occupation Postman Classification for Discharge B Medical Category 1
 Recommendation S.M.B. permitted by Capt Disability Rating 20%
 Passed to Demobilization Officer with following documents:—

N.F. F136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3404	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	2			

Date 16-6-19 for O. C. Discharge Depot. H. M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied permitted by Capt

Date 16-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R.1820 to his home at Main Lubbock and Release Certificate No. 2857 issued.

Date 16-6-19 *J.A. Newell*
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 28-7-19

Date 16-6-19 *J.A. Newell*
Depot Paymaster.

Discharge approved for 30-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1	1
B 178	W 3494	B 122		Board 1st	" 2	1	1
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	Form B
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B179c	B 120	M 93	2				

Date 16-6-19 *J.A. Newell*
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~~ ^{4c}

Date 30.6.19 *R.H. Jait* MAJOR
O. C. Discharge Depot.

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

Date July 10/19 *James H. H. H.*
George H. H.

Reg. No. 5951 Rank 9th Name Bright, Peter
Attested 9-8-18 Address Man. Labador
Allotment 60⁰ Allottee Mrs Peter Bright
Date of Allotment 9-8-18 Returned from Overseas
Embarked for Overseas Cause

Application for Separation Allowance
sent to pay office 9-8-18
Vac 15-8-18.
22-8-18 admn - 3. Barracks Hoop. transferred to Gen Hoop
same date.
27-8-18 discharged from Gen Hoop to M. I. D.
23/10-18 do do M. I. D. No Eskasoni
9-11-18 do do "
3-12-18 Rec. 3 change Permanently unfit.

20 12 18 Admitted to ~~M. S. S. Hospital~~
24 2 19 Discharged from " to ~~San Antonio Hosp~~
16 6 19 PASSED TO DEMOBILIZATION OFFICE
1 7 19 DISCHARGE APPROVED ON DEMOBILISATION