



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5294 Name William Elan Corps W/C

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Elan Brinson
- 2. What is your full Address? 2. Charge 1st Lt 401st Street
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 24 Years Months
- 5. What is your Trade or Calling? 5. Postman
- 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, Elan Brinson 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.

William Brinson SIGNATURE OF RECRUIT.

J. S. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Elan Brinson 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 22nd day of May 1915.

Charles ... 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 rank of Private if enlisted by special authority, such will be attached to the original attestation.

Date May 22 1915 } Approving Officer.
Place St. John's }

† 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

5294

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

Name Clayton Branson

Apparent age 24 years months. Height 6 feet inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Branson
Charge held together 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-allow to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards present engagement reckons from <u>22. 5-18</u>									
Joined at <u>M. S. H. S.</u> on <u>22-1918</u>									
<u>Discharged July 8/1919</u>									
<u>Embarked M. S. H. S. Colantella to Halifax N.S.</u>									
<u>Embarked for B.C. I.</u>									
<u>Disembarked Inverness</u>									
<u>Joined B. S. H. S.</u>									
<u>Transferred from Queen's</u>									
<u>to B. S. H. S. for demobilization</u>									
<u>Demobilization M. S. H. S.</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-7-1919 [date of discharge] 1 years 48 days

" " Pensions " " " " " " " "

C.R. 5294

Extract from Daily Orders Part 11 Unit The Royal Mfld.

Regt. St. John's, 11-7-19.

The discharge of the undernoted on demobilization has been

CONFIRMED BY Officer i/c Records from 8-7-19.

5294 Pte. Elam Brinson

C.R. 5294

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-6-19.

5294 Pte. ~~E~~ Lam Brinson.

C.R. 5294

Extract from Daily Orders Part II Depot, Sjt. Johns,

Date 13/6/19.

5294, Pte. Elam Brinson.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool. May 22/1919.

C.R. 5294

Extract from telegram From Mth. to Syn. dated April 14, 1919.

Infern whereabouts

5294 Brison.
1

C.R. 5294

NEWFOUNDLAND POSTAL TELEGRAPHS



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 31 Sent by H. Rec'd by Am Check 13 p

No. _____

Place from Min of Militia

To _____



Do you know where
John or Elam Brunson
are havent heard five
months please advise.

5308

5294

George Brunson

APR 14 1919

C.R. 5294

Extract from Nominal Roll, from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

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

#5294 Pte. E. Brinstone.

C.R. 5294

April 21st 1919

Mr. George Brinson
Change Islands

Dear Sir:-

I beg to acknowledge receipt of your wire of 14th inst. enquiring as to the whereabouts of No. 5308, Private John Branson and No. 5294, Private Elam Brinson, and to state that a cable enquiry in this connection was forwarded to our Pay & Record Office London, to which reply has to-day been received informing us that they are both with the 1st Battalion in France, at Rouen.

Yours faithfully,

Lieut. Col.

Chief Staff Officer.

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C.R. 5294

Extract from telegram April 17th., 1919. from syn. to Mil.

In answer to your telegram April 15th.

#5294 Brinson

In France.

C.R. 5294

Abstract from Nominal Roll of Draft No. 86 from the 4th., Battalion
Winchester to the 1st., Battalion of the Newfoundland Regiment
N. S. F. Embarked Southampton 23/11/18.

#5294 Pte. E. ^{Brinson}~~Brison~~

C.R. 5294

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Reg. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5294 Pte. Elam Brinson.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 23, 1918.

#5294 Pte. Elam Brinson.

Attested for General Service with the Royal Nfld. Regt.
from 22.5.18

C. Bronson

C.R. 5294

P. H. C.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi, 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* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5294* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Binson* } (Surname) } (Christian Names) } *B.* (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *24*
6. Posted for duty on. *8/5/18* at. *S. Johns* 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 a (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? } *Na.*

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.) *he complains of no disability*

16. Was an operation performed ? If so, when and what was its nature ? *Na*

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ? *Na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ? *wa.*

20. Do you recommend— *Repatration*

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Major OADMS

Station *Hayley Down*

Sgd JSP Knight - Capt OADMS
 Medical Officer in charge of case.

Date *30/5/19*

* 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

FORM K

No 4734



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Elan Brinson, Regl. No. 5294, 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 July 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4361	Father	Mr George Brinson	Charge Island	50
Total Allotment, \$				50

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.) Lewiston Leat
 Officer Commanding
 E Company
SA Johnson
June 12 1919

(S) Elan Brinson
 (Rank) PA

Brunson, E

5294

Hay sept.

July 8, 1919

#5294 Pts. Elam Brinson,

Change Islands.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2790.

Yours truly

Captain
Paymaster & O.i.'s Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. *5263* Rank

Name *Loraker*

Warned for demobilization on

JUN 10 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5294 Rank Pvt. Name Brunson, Elan
 Intended place of residence Blouffe Islands
 2. Occupation Fisherman
 Classification of soldier E Medical Category A1

DEMOBILIZATION.

3. The above named man is discharged in consequence of.....

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
 Date ST. JOHN'S JUN 10 1919
 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 and date JUN 10 1919
ST. JOHN'S
 Signature of soldier Elan Brunson
 Signature of witness Am. Johnston

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 and Date JUN 10 1919
ST. JOHN'S
 Signature of soldier Elan Brunson
 Signature of witness James O. Newman

STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 No of days on Military
 Discharged from service JUN 24 1919 14 days Service 413....

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
 Date JUN 24 1919
 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 Nfld
 Date July 8/1919
 Officer in Charge
 The Royal Newfoundland Regiment

Handwritten: 04B2079/2790

The Royal Newfoundland Regiment

Class for Demobilization: 4
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 9.6.19

Regimental No 5294

Name Brimson Elton Rank

Address Change Islets

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) Standard Medical Board

Members of Board

R.H. Last Capt
O.C. Discharge Depot.

Watson
Senior Medical Officer

W.D. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2294 Rank Plt Name Brinson, Elan
 Date of Enlistment 22.5.18 Address St. George's District 400
 Occupation Insularman Classification for Discharge SH Medical Category SH
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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.....
B 179c.....	B 120.....	M 93.....

Date 9.6.19 O. C. Discharge Depot St. George's

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60
 (b) ~~Clothing~~ Supplied by Capt

Date 10-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

R. 1656

The above named has been provided with Travelling Warrant No. 2563 to his home at Change Rd and Release Certificate No. 2563 issued.

Date 10-6-19

J.A. Snow Capt
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 8-1-19

Date 10-6-19

J.A. Snow Capt
Depot Paymaster.

Discharge approved for 24-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
E 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 10-6-19

J.A. Snow Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 24 1919

R.H. Sait Capt
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

Signature of Man.

Reg. No. *5294 - E. Brinson*

J. A. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

10-6-19.

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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 Brinson

Christian Name Elean

Table I.—GENERAL TABLE.

Birthplace:—Parish Change Islands Topo County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>27</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>S. Johns</u>		at _____	
Declared Age	<u>24</u> years _____ days		years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>6</u> feet _____ inches		feet _____ inches	
Weight	<u>149</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>37 1/2</u> inches		inches	
	Range of Expansion... <u>3</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V= <u>6/10</u>		R. E.—V=	
	L. E.—V= <u>6/10</u>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)				
Enlisted	at <u>S. Johns</u>		at _____	
	on <u>27</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>The Royal 29th</u>			
Transferred to	<u>Nfld Regt</u>			
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 F., 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 } *Ashtemoor*
 2. Regt. No. *2294* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Binson, E.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
 5. Age last birthday... *24* (b) Date of Discharge;
 6. Posted for duty on *8.5.18* at *St John* (c) Cause of Discharge.
 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?
 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 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. *he*
 12. Place of origin of disability. *he*
 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*

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? } *no.*

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.)

Accompanying no disability

16. Was an operation performed? If so, when and what was its nature? *no.*
17. If not, was an operation advised and declined? *no.*
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? *no.*
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? *no.*

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

Repatriation

W. C. M. D. 1187

Capt. H. W. C.

Station *Foreley, B. Camp.*

Date *30. 11. 19.*

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



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

Burson Elan

Regiment from which discharged

Royal Newfoundland

Regimental number

5394

Intended address

Changr. Ids. Fogo.

Height on discharge

6 Feet

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Tall

Christian name of Father

George

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

Changr. Ids. 15 Oct. 1895

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)

E. Burson

(Rank)

Pl

Station

ST. JOHN'S.

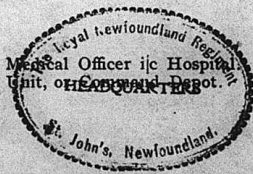
Date

9-6-19

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

Station

Date



Casualty Form - Active Service.

Regiment or Corps... Newfoundland
 Rank Pte Surname Brinson Christian Name E
 Religion Ch of E Age on Enlistment 24 years... months
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18
 Date of promotion to present rank... Date of appointment to lance rank...
 Extended { } Re-engaged { } Qualification (b)...
 or Corps Trade and Rate...
 Occupation Fisherman Signature of Officer W. L. D. D.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV	918	
		Joined Batt.	5	JAN	1919
		Arrived in UK		13/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. '6/18. D & S. Form B/103. (E. 1256.)

Next of Kin: --- Father: --- Brinson George: --- Chase Islands: --- Fogo Dist: --- N. F. L. D.

July 10, 1919

#5294 Pte. Elam Brinson,

Change Islands, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque
for Seventy dollars (\$70.00), being amount of first payment
due you on account of the War Service Gratuity.

Yours truly

Captain
Paymaster & U.I.C. Records

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..... *Rhe* 2. Surname..... *Brunson*

3. Rank..... *Rhe* 4. Regtl. No. *2294*

5. Address in full to which future payments of gratuity are to be forwarded..... *Change Islands, P.O. Victoria*

6. Date of enlistment in the Regiment..... *May 22/18*

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..... *SB*

9. Address in full of such dependents..... *SB*

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 Mfld. If so, give dates and particulars of such service..... *Overseas*

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

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 Gratuity? If so, state amount you and your dependents have already received and by whom paid.....
£18.09 *Althorpe*

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.?..... *no* If not give? - (c) date of discharge..... *June 24/19* (b) Reason for discharge..... *Demobilized*

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

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: *E. Brinson*
 Place of Residence: *Chango Islands, 7000 West.*
 Declared before me at: *St John Nfld.*
 This *10th* day of *June* 19*..19..*

Signature of Barrister of the
 Supreme Court, Stipendiary Legis-
 tate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.
John W. Cagney
J.W.C.

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.				Paymaster

FORM K

Nº 4734



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Elan Brinson, Regl. No. 5294

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 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 July 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>9361</u>	<u>Father</u>	<u>Mr George Brinson</u>	<u>Change Island</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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.) Swatton Lieut
Officer Commanding
E Company
SA Johns
June 12 1918

(Sig.) Elan Brinson
(Rank) P/B

May 23rd. 1918.

The Royal Newfoundland Regiment,

N294 To Elam Brinson, (Recruit) .
Pommes Bank.

May 20th. 1918 To Board and lodgings while waiting passage

to St. John's.

\$4.50.

OK
96

DISTRICT OFFICER
NEWFOUNDLAND
MAY 25 1918
COMMANDING

(As per vouchers).

Conced. For \$4.50

Recd. Payment May 21st. *P. J. Dicks*
to Elam Brinson, *Leut*

ACCOUNT	<i>R. Messers</i>	INITIAL	<i>RM</i>
CH. NO.	<i>7085</i>	INITIAL	<i>RM</i>
IND. LEADER		INITIAL	<i>RM</i>
PAY LEADER	<i>RM</i>	INITIAL	<i>RM</i>
GEN. LEADER		INITIAL	<i>RM</i>

Rec from
Elam. Brown

Passage from Co. H. I. S.
to Lewis Post.
Two dollars \$2.⁰⁰

Paid John W. Dodge
Paid Zebulon King

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte, *May 20* 1918
Newfoundland

M *Clam Brinson*

Dr. Manuel Hotel.

May 1918

To Board and Lodging

~~1~~ 50

Motor Boat Hire

Paint in Fuel
Cartage

May 20/18
Storage

Extras

R. W. Manuel

Receipt.

Claim

Received from **Ert** Brimson, the sum of \$1-00, for bed and two meals.

signed Mrs. Ford,
Hotel,
Twillingate.

[Faint signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Marine Commando

Number of Sheet *one*

Signature of O. C. Company *[Signature]*

Regimental Number and Name No. <i>5294</i> <i>Brousseau</i>		Enlistment Age on <i>24</i> years months	Trade <i>Interpreter</i>	Good Conduct Badges, Service pay or proficiency pay	
Joined _____ Date _____	Place and Date of Enlistment <i>[Signature] 27.5.48</i>	Religion <i>COFF.</i>	Period of } with Colours <i>1⁴⁵</i> years. Place of Birth } with Reserve <i>3⁶⁵</i> years. <i>Charge Islands</i>		
Joined _____ Date _____	Period of } with Reserve				
Joined _____ Date _____					

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
				<i>Demobilized</i>	<i>[Signature]</i>	<i>8 7 49</i>			

To be carried over.

3. Transportation and Release Certificate.

11. 1656

The above named has been provided with Travelling Warrant No. 2563 to his home at Shauje Udd and Release Certificate No. issued.

Date 10-6-19 J. A. Brown
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 8-7-19

Date 10-6-19 W. H. Hill
Depot Paymaster.

Discharge approved for 24-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1/2 Form B
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	A 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 10-6-19 J. A. Brown
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible to Service Gratuity

Date
O. C. Discharge Depot.

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

Date June 18/19 J. A. Brown
Records