



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 1781 Name Bertram Sula Brown Corps \_\_\_\_\_



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

1. What is your name? ..... 1. Bertram Sula Brown
2. What is your full Address? ..... 2. 65 St. John's Avenue
3. Are you a British Subject? ..... 3. Yes
4. What is your Age? ..... 4. 19 Years 6 Months.
5. What is your Trade or Calling? ..... 5. mechanic
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, Bertram Sula Brown 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.

B. Brown SIGNATURE OF RECRUIT.  
A. M. O'Connell Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, B. Brown 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 \_\_\_\_\_  
 on this 13th day of August 1915  
A. M. O'Connell Signature of the Attesting Officer.

### † Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the : \_\_\_\_\_  
 If enlisted by special authority, such will be attached to the original attestation.

Date \_\_\_\_\_ 1915 \_\_\_\_\_  
 Place \_\_\_\_\_ } Approving Officer.

† 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, the 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.

Serial Number

Name Bernham Fred Brown

Apparent age 19 years 6 months. Height 5 feet 6

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

Distinctive marks \_\_\_\_\_

1ST NEW

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin 65 Leonard Avenue | Relationship father

### Particulars as to Marriage.

John's

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children.

Christian Names.	Date and Place of Birth.

## STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, 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									
" " " Pension " _____ ( " ) _____ " _____ "									

Eight  
inches  
feet  
6  
T.  
ory Sheet

ental Number 1781

Company G.

THE  
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's  
Forces under the following conditions :

For the duration of the present war, or until my  
discharge.

Subject to the Army Act, the King's Regulations,  
and to such ordinances as may apply or may  
be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,  
5 George V., Chapter IV.

Signed B. F. Brown

Witness A. Howell (2<sup>nd</sup> Lieut.)

Dated at Ayr.

May 24<sup>th</sup> 1916.





# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 1781 Name Bertram Dula Brown Corps \_\_\_\_\_

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

1. What is your name? ..... 1. Bertram Dula Brown
2. What is your full Address? ..... 2. 65 Hayward Avenue
3. Are you a British Subject? ..... 3. yes
4. What is your Age? ..... 4. 19 Years 6 Months.
5. What is your Trade or Calling? ..... 5. machinist
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

Bertram Dula Brown 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.

B. Brown SIGNATURE OF RECRUIT.

6 August 1915 A. Montgomery Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, B. Brown 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 7th day of August 1915 A. Montgomery Signature of the Attesting Officer.

### † Certificate of Approving Officer.

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

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

Date \_\_\_\_\_ 191 \_\_\_\_\_  
Place \_\_\_\_\_ } Approving Officer.

† 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, the 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) \_\_\_\_\_







THE BOARD OF PENSION COMMISSIONERS FOR NFD.

Pension No. 1166..  
Regt. No. 1781 Rank Plt Name B. F. Brown

Disability \_\_\_\_\_

Rate of Pension \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Additional Allee. granted for wife \_\_\_\_\_ per month.

Date \_\_\_\_\_ Secretary.

ALLOWANCE FOR CHILD OR CHILDREN

Rate of Pension 15 ending 25/1/28.

Receiving allee. for 1 children.

Particulars of 2<sup>nd</sup> child.

*[Handwritten signature]*

Name	Sex	Date of Birth.
<u>Arthur Mulped.</u>	<u>male</u>	<u>15/9/25</u>

Allee. of \$2.25 per month granted from 15/9/25

Child becomes of age \_\_\_\_\_  
Secretary *[Signature]*



Pension increased from \$17.25 to \$19.50.  
from 15/9/25

*[Handwritten signature]*  
12/3/26  
*[Signature]*



THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No 1166

Regt. No 1781 Rank Plt. Name Bertram Brown

Corps served with \_\_\_\_\_

Date of Medical Board 12/1/26 Disability 15

Pension for Self 11.25 per month for 24 months.

Allowance for Wife 3.75 " " " 6666 24 months.

Allowance for children:

1st. Child 2.25 per month for 24 months.

2nd. " 6666 " " " \_\_\_\_\_ months.

\_\_\_\_\_ Children @ \_\_\_\_\_ each per month for \_\_\_\_\_ months.

Total monthly pensions \$ 17.25 per 24 months.

Total authorized amount 407.00.

Pension granted to:-

Name Bertram Brown

Address: 26 Belvedere St  
St. John's

1438  
18/1/26  
RS



W. S. Brown Chairman  
R. B. Howley Commissioner  
Ed. J. ... do.  
... Secretary.

Manuel  
27/1/25

Date of Marriage: \_\_\_\_\_ Name of Wife: \_\_\_\_\_

Names of Children. Sex. Date of Birth. Date expires. \_\_\_\_\_

*[Handwritten signature]*

# Report of Medical Board

Station St. John's, Nfld. Date JANUARY 12, 1926  
 No. and Rank 1781--PRIVATE Age 29 YEARS Height 5'8"  
 Name BERTRAM BROWN Complexion FAIR  
 Unit Royal Newfoundland Eyes BLUE Hair DARK  
 Address 26, BELVIDERE ST. (The Board will please note how the soldier's appearance corresponds with above description).  
 Former Trade GUNSMITH  
 Enlisted at ST. JOHN'S On 2/8/15  
 Disease or Disability Original FLAT FEET.

Subsequent

Present Condition (Compare with previous Board)

*Wears a special boot on account of the condition of the big toe. Cannot walk much*

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

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

*15%*

Recommendation of Medical Board

Members of Board

*[Signature]*  
 \_\_\_\_\_  
*[Signature]*  
 \_\_\_\_\_

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1166

Regt. No. 1781 Rank Plt Name Bertram Brown

Corps served with \_\_\_\_\_

Date of Medical Board 10/2/25 Disability 15/70

Pension for self \$ 11.25 per month for 12 months

Allowance for wife 3.75 " " 12 months

Allowances for children:

1st child 2.25 per month for 12 months

2nd child \_\_\_\_\_ per month for \_\_\_\_\_ months

1 children @ \_\_\_\_\_ ea. per month for \_\_\_\_\_ months

Total monthly pension 17.25 for 12 months.

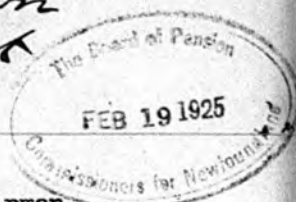
Total authorized amount 207 0 0

Noted \_\_\_\_\_  
Int. M. M. M.  
Date. 14/2/25

14138

Pension granted to:  
Name Bertram Brown

Address 26 Belvedere St  
City



Approved by:-

W. J. Goswami Chairman  
R. P. Howley Commissioner  
J. R. Gal Commissioner  
[Signature] Secretary.

16/2/25  
B. J.

.....  
Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Particulars of children:  
NAME SEX DATE OF BIRTH DATE COMES OF AGE.

Max



## Report of Medical Board

Station St. John's Nfld. Date ~~JANUARY 27~~ <sup>February 10,</sup> 1925.  
 No. and Rank 1781 PRIVATE Age 28 YEARS Height 5' 8"  
 Name BERTRAM BROWN Complexion FAIR  
 Unit Royal Newfoundland Eyes BLUE Hair DARK  
 Address 26, BELVIDERE STREET (The Board will please note how the soldier's appearance corresponds with above description).  
 Former Trade GUNSMITH  
 Enlisted at ST. JOHN'S On 2/8/15  
 Disease or Disability Original FLAT FEET.

### Subsequent

Present Condition (Compare with previous Board)

*Has flat feet and big toe of right foot is hyper-extended so that needs a special boot to protect the toe. This has been caused by an injury in the Regiment, over-extending the toe and so paralyzing the flexor.*

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

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

*15%*

Recommendation of Medical Board

*There is no history of injury to the foot in previous etc. work*

Members of Board

*[Signature]*  
*[Signature]*

THE BOARD OF PENSION COMMISSIONERS FOR N.F.L.D.

Pension No. 1166

Regt. No. 1781 Rank Plt Name B. F. Brown

Disability \_\_\_\_\_

Rate of Pension 15 % ending 25.1.25

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Additional allee. granted for wife \_\_\_\_\_ per month.

Date \_\_\_\_\_

Secretary.

ALLOWANCE FOR CHILD OR CHILDREN

Rate of pension 15 % ending 25.1.25

Receiving allee. for — children.

Particulars of 1<sup>st</sup> child.

Name	Sex	Date of Birth
<u>Hulak John</u>	<u>male</u>	<u>July 7/1924</u>

Allee. of 2.25 per month granted from 7/7/1924

Date \_\_\_\_\_ Child becomes of age \_\_\_\_\_



[Signature]  
Secretary

*All for 1<sup>st</sup> child @ 2<sup>25</sup> per month.  
Pension increased from ~~17<sup>25</sup>~~ to 17<sup>25</sup> per month  
from 7/7/24*

5/12/24

[Signature]

[Signature]

PENSION NO. 1166.

PENSION NO. \_\_\_\_\_

PENSIONER'S NAME Brown B. G.

\_\_\_\_\_

PARTICULARS

DR

CR.

\$

c.

\$

c.

Pension @ 10<sup>00</sup> from 1.1.20 to 25.1.20  
7<sup>50</sup> 26.1.20 31.12.20  
10% Increase

8 33

83 75

9 20

92 08

9 20



P. No. 1166.

# 1781

Brown B.P.

Pension @ .75<sup>00</sup> from 1 <sup>1</sup>/<sub>21</sub> to 31 <sup>17</sup>/<sub>21</sub>

90 00

THE BOARD OF PENSION COMMISSIONERS

Pension No 1166

Regt. No 1781 Rank Pte Name Brown, Bertram

Disability: \_\_\_\_\_

Rate of Pension 15 % ending 25/1/24

Date of Marriage Sept 18/23 ✓

Name of Wife: Lillie White

Additional Allee., granted for wife \$ 3<sup>75</sup>/<sub>100</sub> per month

Date 20/11/23

C. T. Pike  
Secretary

ALLOWANCES FOR CHILD OR CHILDREN

Rate of pension \_\_\_\_\_ % ending \_\_\_\_\_

Receiving allowances for \_\_\_\_\_ Children

PARTICULARS OF \_\_\_\_\_ CHILD

Name	Sex	Date of birth

Allowance of \$ \_\_\_\_\_ per month granted from \_\_\_\_\_

Child becomes of age \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Secretary.

*Mrs. J. J. [unclear]*

Pension allowance for wife @  $3\frac{75}{100}$  per month from  
Sept 18/1923 to 31/10/23

= #538 ✓  
R. K. W. J.



THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Pension No. 1166

Regt. No. 1781 Rank Pte Name Brown Bertram

Corps. served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board January 17, 1922

Pensionable Disability 15% for 12 months.

Pension granted: \$ 11<sup>20</sup> per month for 12 months.

Total authorized amount \$ 135<sup>00</sup>

or Gratuity granted: \$ \_\_\_\_\_ payable in \_\_\_\_\_ equal monthly installments.

Granted to:-

Name Bertram Brown

Address 26 Belvedere St

Date case disposed of: \_\_\_\_\_

Approved by:

Members of Board

W. Brown Chairman.

*[Handwritten signatures]*

14/1/22  
B.S.

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOURTH BOARD

## Report of Medical Board.

Station	St. John's, Nfld.	Date	JANUARY 17TH., 1922.
No. and Rank	1761 PRIVATE	Age	25 YEARS Height 5' 8"
Name	BERTRAM BROWN	Complexion	FAIR
Unit	Royal Newfoundland	Eyes	BLUE Hair DARK
Address	26, BELVEDERE STREET		
Former Trade	GUNSMITH		
Enlisted at	ST. JOHNS On 2.8.15		
Disease or Disability	Original	<u>FLAT FEET</u>	

(The Board will please note how the soldier's appearance corresponds with above description).

## Subsequent

Present Condition (Compare with previous Board)

Feet flat. has to wear high toe boot. owing to large toe  
Rt. foot projecting upwards. no improvement in  
condition of feet.

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

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

Recommendation of Medical Board

15%

Members of Board

Waterson  
Bohler



THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1166

Regt. No. 1871 Rank Pte. Name Bertram Brown  
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board January 9th., 1920.

Pensionable Disability 15% ~~20%~~ *me* for 12 months

Pension Granted: \$ ~~10.00~~ <sup>7.50</sup> *me* per month for 12 months

Total Authorized amount \$ 120.00 *90.00 me*

*Noted  
EMM*

or Gratuity Granted:

\$ \_\_\_\_\_ Payable in \_\_\_\_\_ equal monthly instalments

Granted to:

Name Bertram Brown.

Address 26 Belvidere Street,  
City.

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board

*Lucy* Chairman

*W. Posner*

*W. P. Posner  
Secy.*

Remarks:

This man has not been ordered  
a special pass by Boon. W.P.



January 17th., 1920.

James Kelly, Esq.,  
Barnes Road,  
City.

*Pen 11 66*

#1761 Brown, Bertram.  
-----

Dear Sir:-

Kindly supply the above noted man with  
one pair of special boots, and charge to the  
Board of Pension Commissioners for Newfound-  
land.

Yours faithfully,

Captain,  
For Secy.

JBO'R/GEC.

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1166

Regt. No. 1781 Rank Pte. Name Bertram Brown

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Regt. Rank held when disability was incurred \_\_\_\_\_

Date of Medical Board January 18th/31

Pensionable Disability 15%

Pension Granted:-  
\$ 7.50 per month for 13 months

Additional Allowance for wife:-  
\$ \_\_\_\_\_ per month for \_\_\_\_\_ mos.

Additional Allow. for Children  
\_\_\_\_\_ children @ \$ \_\_\_\_\_ per month ea.

or Gratuity Granted:-  
\$ \_\_\_\_\_ payable in \_\_\_\_\_ equal monthly instalments

Total monthly payments \$ 7.50 Total authorized amt. \$ 90<sup>50</sup>/<sub>100</sub>

Granted to:-

Name Bertram B. Brown.

Address 36 Belvidere Street,

City. \_\_\_\_\_

Date case disposed of \_\_\_\_\_

Approved by:-

Members of Board

[Signature] Chairman

[Signature] [Signature]

Remarks:-

Name of Wife \_\_\_\_\_

Particulars of children

Name	Date of Birth	Name	Date of Birth

Certified Correct \_\_\_\_\_

*Noted  
[Signature]*

## Report of Medical Board.

Station	St. John's, Nfld.	Date	JANUARY 18TH., 1921.
No. and Rank	1781 PRIVATE	Age	24 YEARS Height 5' 8"
Name	BERTRAM BROWN	Complexion	FAIR
Unit	Royal Newfoundland	Eyes	BLUE Hair DARK
Address	26, BELVEDERE STREET		
Former Trade	GUNSMITH		
Enlisted at	ST. JOHN'S On 2/8/15	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original	<u>FLAT FEET</u>	

### Subsequent

Present Condition (Compare with previous Board)

*Feet flat 3<sup>rd</sup> degree  
Toe not troublesome ~~now~~ enough for  
Special boot. now.*

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

*15%*

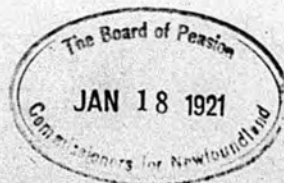
**PENSIONABLE DISABILITY:** To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

*15%*

Members of Board

*Chas. Macpherson M.D.  
J. H. Cope*





# Report of Medical Board

Station St. John's, Nfld. Date JANUARY 9TH., 1920.  
 No. and Rank 1781 PRIVATE Age 22 Height 5' 8"  
 Name BROWN BERTRAM Complexion FAIR  
 Unit Royal Newfoundland Eyes BLUE Hair DARK  
 Address 26 BELVEDERE STREET  
 Former Trade GUNSMITH  
 Enlisted at ST. JOHN'S On 2/8/15 (The Board will please note how the soldier's appearance corresponds with above description).  
 Disease or Disability Original FLAT FEET

Subsequent

Present Condition (Compare with previous Board)

*Feet in same condition. Big toe sticks up & requires special boot. Wounds not troublesome*

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

*20% 15%*

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

*20% 15% 10%*

Recommendation of Medical Board

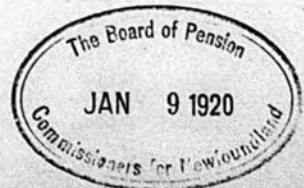
*(and special boot. etc.)*

Members of Board

*Cluny Macpherson*  
.....  
*LT. COL*

*[Signature]*  
.....  
*[Signature]*  
.....  
*[Signature]*

Approving Medical Officer.



1166

JAN 1 - 1920

Dear Sir:-

I beg to advise you that the enclosed cheque for \$  $8 \frac{33}{xx}$  is the balance due you to *Jan 25<sup>th</sup>* the date on which your pension expires.

You will be notified where and when to report for Medical examination to determine the continuance or otherwise of your pension, during the present month. If, however, you are not notified by the end of the present month, kindly communicate with me.

Yours faithfully,

*C. C. Oke*  
Asst. Secy.

THE BOARD OF PENSION COLLECTORS  
FOR NEWFOUNDLAND.

Pension No. 1166

Regtl. No. 1781 Rank Pte Name B. P. Brown

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Jan. 8th 1919

Pensionable disability 20% for 12 months

Pension granted:

\$10.00 per month for 12 months

or Gratuity granted:

\$ payable in                      equal monthly insts.

Granted to:

Name B. P. Brown

Address 26 Belvidere St.  
*St. John's*

Date case disposed of JAN 20 1919

Approved by:

Members of Board

*[Signature]* Chairman  
*[Signature]*  
*W. H. Pasous.*

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Medical Report on an Invalid.Station HAZELBY DOWN CAMPDate 8/12/18

1. Unit **ROYAL NEWFOUNDLAND**  
 2. Regimental No. **1781**  
 3. Rank **PRIVATE**  
 4. Name **BROWN, B. F.**  
 5. Age last birthday **21**  
 6. Enlisted { on **AUGUST 2nd., 1915**  
           { at **ST. JOHN'S.**

7. Former Trade {  
     or Occupation } **GUNSMITH**  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

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

**FLAT FEET**Statement of Case.

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

9. Date of origin of disability.  
 10. Place of origin of disability.  
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

**THREE TIMES WOUNDED (1) JULY 1916  
 CHEST, SUPERFICIAL. (2) AUGUST 1917  
 T. & T. HAND? CURED. (3) G.S.W. ARM,  
 PERFORATING OCTOBER 1917. NO NERVE  
 OR BONE INJURY. DECLASSIFIED 2 AUGUST  
 1918 ON ACCOUNT OF FLAT FEET**

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

**WOUNDED ON ACTIVE SERVICE**

13. What is his present condition?

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

**FLAT FEET THIRD DEGREE. UNFIT  
ACTIVE SERVICE. ALL WOUNDS HEALED**

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

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

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

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

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

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

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

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

20. Do you recommend—

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

**REPATRIATION (1)**

**(SGD) H. STP. KNIGHT, CAPT. ROYAL N.F.L.D. REGT.**

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

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

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

Opinion of the Medical Board.

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

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

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

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

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

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ; **YES**

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

**ACTIVE SERVICE CONDITIONS**

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

23. Is the disability permanent?

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

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

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

**20%**

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **yes**

(b) Change to England?

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

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

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

Signatures :—

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

Station **ST. JOHN'S**

**J. S. TAIT**

Date **24th. 8th., 1919.**

**L. PATERSON. MAJOR**

} Members.

Approved OF MEDICAL SERVICES

**(SGD) CLUNY MACPHERSON. MAJOR**

Station

Administrative Medical Officer.

Date **JAN 8 1919**

No. ....

**NEWFOUNDLAND.**



COPY

## Civil Re-establishment Committee



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

To work as cabman

(sgnd) B. Brown

Signature of Man.

Reg. No. 1781

(sgnd) C. B. Dicks, Capt.

Signature of the Vocational Officer or his Representative.

Place St John's,

Date 11-1-19

191

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 1781 Rank ..... Pte ..... Name B. Brown .....  
 Intended place of residence 26 Belvidere St. .....

2. Occupation Machinist .....  
 Classification of soldier B. ..... Medical Category E. .....

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

ELIGIBLE FOR POST DISCHARGE PAY

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

Place ..... (sgnd) C. C. Duley, Capt. .....  
 Date Jan. 11, 1919 ..... for 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 St. John's ..... (sgnd) B. Brown .....  
 Signature of soldier  
11-1-19 ..... " C. B. Dicks, Capt. .....  
 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 and Date St. John's ..... (sgnd) H. Brown .....  
 Signature of soldier  
Jan. 11, 1919 ..... " J. Daymond, Sgt. .....  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23-8-15 ..... No of days on Military  
 Discharged from service 11-1-19 plus 14 days ..... Service 1252 .....

### APPROVAL OF DISCHARGE

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

Place St. John's ..... (sgnd) R. H. Tait, Capt. .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date Jan. 11, 1919 .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place .....  
 Date .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

1166

Medical Report on an Invalid.

Station HAZLEY DOWN CAMP

Date 3/12/18

1. Unit **ROYAL NEWFOUNDLAND**

2. Regimental No. **1781**

3. Rank **PRIVATE**

4. Name **BROWN, B. F.**

5. Age last birthday **21**

6. Enlisted { on **AUGUST 2nd., 1915**  
at **ST. JOHN'S**

7. Former Trade }  
or Occupation } **GUNSMITH**

7A. If with previous service in Army, state—

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

**FLAT FEET**

Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

**THREE TIMES WOUNDED (1) JULY 1916 CHEST, SUPERFICIAL. (2) AUGUST 1917 T.S.F. HAND? CURED. (3) G.S.V.ARM, PERFORATING OCTOBER 1917. NO NERVE OR BONE INJURY. DECATEGORYED 2 AUGUST 1918 ON ACCOUNT OF FLAT FEET**

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

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

**WOUNDED ON ACTIVE SERVICE**



13. What is his present condition?

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

**FLAT FEET THIRD DEGREE. UNFIT  
ACTIVE SERVICE. ALL WOUNDS HEALED**

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

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

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

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

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

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

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

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

20. Do you recommend—

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

**REPATRIATION (1)**

**(SGD) N. STP. KNIGHT, CAPT. ROYAL Nfld. REGT.**

Officer in medical charge of case.

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

Station \_\_\_\_\_

Date \_\_\_\_\_

Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

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

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

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

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

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ;

**YES**

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

**ACTIVE SERVICE CONDITIONS**

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

23. Is the disability permanent?

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

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

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

**20%**

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

**yes**

(b) Change to England?

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

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

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

Signatures :—

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

President.

Station **ST. JOHN'S**

**J. S. TAIT**

Date **JAN. 8TH., 1919.**

**L. PATERSON, MAJOR**

Members.

Approved.

Station

**(Sgd) CLUNY MACPHERSON, MAJOR**

Administrative Medical Officer.

Date



THE BOARD OF PENSION COMMISSIONERS  
FOR N.F.L.B.

Pension No 1166

Regt. No 1781 Rank Plt Name Brown Bertram

Corps served with \_\_\_\_\_

Rank held when disability was incurred \_\_\_\_\_

Date of Medical Board 29/1/24 Disability 15%

Pension for self: \$ 11.25 per month for 12 months

Allowance " wife: \$ 3.75 " " " 12 "

Allowances for children:

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

2nd. " " " " " " "

\_\_\_\_\_ Children @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_ for \_\_\_\_\_ "

Total monthly pension: 15.00 for 12 months

Total authorized amount \$ 180.00

~~Medical~~  
Initials  
5/2/24 Date

Pension granted to: Name Bertram Brown

Address 76 Belvedere St  
City

1250

4/2/24  
1081

Approved by J. M. Madley Chairman

[Signature] Commissioner

[Signature] Secretary.

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Particulars of children:

Name	Sex	Date of birth	Date comes of age.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Madley

1250  
5/2/24



## Report of Medical Board.

Station St. John's, Nfld. Date JANUARY <sup>29</sup>~~22~~, 1924  
 No. and Rank 1781 PRIVATE Age 27 YEARS Height 5' 8"  
 Name BERTRAM BROWN Complexion FAIR  
 Unit Royal Newfoundland Eyes BLUE Hair DARK •  
 Address 26, BELVIDERE STREET  
 Former Trade GUNSMITH  
 Enlisted at ST. JOHN'S On 2/8/15 (The Board will please note how the soldier's appearance corresponds with above description).  
 Disease or Disability Original FLAT FEET.

### Subsequent

Present Condition (Compare with previous Board)

*In same condition*

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

*15%*

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

Recommendation of Medical Board

*15%*

Members of Board

*Clayton P. G. P. G.*  
*R. G. P.*

PENSION No. 1166

disability

FLAT FEET.

REG'LT No. 1781

RANK Private

H. Q. No.

SOLDIER'S NAME Brown B. F.

DATE PENSION COMMENCES 1-7-19

PENSIONER'S NAME Brown B. F.

WIFE'S NAME Lillie White

CHILDREN'S NAMES Married: 18.9.23

BLOCK No.

ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
\$120.00	12	\$10.00	25-1-20	\$68.25	\$68.25	
\$90.00	12	\$7.50	25-1-21	\$90.00	\$90.00	
90.00	12	7.50	25-1-22	90.00	90.00	
Increased to \$11.25 from Jan. 1st. 22				\$93.12	\$93.12	
135.00	12	11.25	25-1-23	135.00	135.00	
15%	12	11.25	25-1-24	135.00	135.00	
Increased to \$15.00 from 18.9.23				\$151.00	\$151.00	
15%	12	15.00	25-1-25	180.00	180.00	

## DEBITS

## CREDIT

TOTAL PAYMENTS	DATE	PERIOD	Deb.	ABSTRACT	CHEQUE			TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE
					SERIES	No.	MONTHLY PAYMENT			
	JUL	1 JUL				.76	10.00	10.00 s	68.25 -	58.25 Cr
10.00	AUG	1 AUG				15.72	10.00	20.00 s	68.25 -	48.25 Cr
20.00	SEP	1 SEP				30.18	10.00	30.00 s	68.25 -	38.25 Cr
30.00	OCT	1 OCT				45.68	10.00	40.00 s	68.25 -	28.25 Cr
40.00	NOV	1 NOV				62.11	10.00	50.00 s	68.25 -	18.25 Cr
50.00	DEC	1 DEC				77.45	10.00	60.00 s	68.25 -	8.25 Cr
60.00	JAN	1 JAN				94.05	8.33	68.33 s	68.25 -	.08 #
	FEB	1 FEB				122.04	8.75	8.75 s	90.00 -	81.25 Cr
8.75	MAR	1 MAR				124.83	7.50	16.25 s	90.00 -	73.75 Cr
16.25	APR	1 APR				140.31	7.50	23.75 s	90.00 -	66.25 Cr
23.75	MAY	1 MAY				156.81	7.50	31.25 s	90.00 -	58.75 Cr
31.25	JUN	1 JUN				174.59	7.50	38.75 s	90.00 -	51.25 Cr
38.75	JUL	1 JUL					7.50	46.25 s	90.00 -	43.75 Cr
46.25	AUG	1 AUG					7.50	53.75 s	90.00 -	36.25 Cr
53.75	SEP	1 SEP					7.50	61.25 s	90.00 -	28.75 Cr
61.25	OCT	1 OCT					7.50	68.75 s	90.00 -	21.25 Cr

PENSIONER'S NAME

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DED.	ABSTRACT	CHEQUE			TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE
					SERIES	No.	MONTHLY PAYMENT			
68.75	NOV	1 NOV					7.50	76.25 s	90.00 -	13.75 Cr
76.25	DEC	1 DEC					7.50	83.75 s	90.00 -	6.25 Cr
83.75	JAN	1 JAN					6.25	90.00 s	90.00 -	.00 Cr
		BAL 28 FEB					8.75	8.75 s	90.00 -	81.25 Cr
8.75	MAR	1 MAR					7.50	16.25 s	90.00 -	73.75 Cr
16.25	APR	1 APR					7.50	23.75 s	90.00 -	66.25 Cr
23.75	MAY	1 MAY					7.50	31.25 s	90.00 -	58.75 Cr
31.25	JUN	1 JUN					7.50	38.75 s	90.00 -	51.25 Cr
38.75	JUL	1 JUL					7.50	46.25 s	90.00 -	43.75 Cr
46.25	AUG	1 AUG					7.50	53.75 s	90.00 -	36.25 Cr
53.75	SEP	1 SEP					7.50	61.25 s	90.00 -	28.75 Cr
61.25	1 9 2 1	OCT					7.50	68.75 s	93.12 -	24.37 Cr
68.75		NOV					7.50	76.25 s	93.12 -	16.87 Cr
76.25		DEC					7.50	83.75 s	93.12 -	9.37 Cr
		DEC					6.30	6.30 *		
83.75	1 9 2 2	JAN					9.37	93.12 s	93.12 -	.00 Cr
	1 9 2 2	JAN					1.88	1.88 s	135.00 -	133.12 Cr
1.88		FEB					11.25	13.13 s	135.00 -	121.87 Cr
13.13		MAR					11.25	24.38 s	135.00 -	110.62 Cr
24.38		APR					11.25	35.63 s	135.00 -	99.37 Cr
35.63		MAY					11.25	46.88 s	135.00 -	88.12 Cr
46.88		JUN					11.25	58.13 s	135.00 -	76.87 Cr
58.13		JUL					11.25	69.38 s	135.00 -	65.62 Cr
69.38		AUG					11.25	80.63 s	135.00 -	54.37 Cr
80.63		SEP					11.25	91.88 s	135.00 -	43.12 Cr
91.88		OCT					11.25	103.13 s	135.00 -	31.87 Cr
103.13		NOV					11.25	114.38 s	135.00 -	20.62 Cr
114.38		DEC					11.25	125.63 s	135.00 -	9.37 Cr
125.63	1 9 2 3	JAN					9.37	135.00 s	135.00 -	.00 Cr
		FEB					1.98	1.98 s	135.00 -	133.02 Cr
1.98		FEB					11.25	143.23 s	135.00 -	121.77 Cr



No. 652

Pension No. 166

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

B. F. Brown  
(Pensioner's Name)

(Relationship to member of forces)

22 Belvedere St  
(Pensioner's Address)

(Name of member of forces)

(Rank)

1781  
(Regt. No.)

Entire Disability .15 %

Pensionable Disability .15 %

AWARD

For Pensioner.....	\$	a month
For Pensioner (Bonus).....	\$	a month
For Wife.....	\$	a month
For <u>1</u> Children.....	\$ <u>2.25</u>	a month
Additional to pension for helplessness.....	\$	a month
<u>Pension increased to</u> Total.....	\$ <u>17.25</u>	a month for <u>30</u> months

from 7/7/24 to .....

Amount of adjustment payment :

from ..... to ..... @ \$..... \$ 10.80

Date 29/12/24

Check No. 6249

Remarks :

Pension all for 1st child @ \$2.25 per month from 7/7/24 to 30 1/2 \$10.80

Computed by mm

Checked by mm

(Secretary)

1042

No.....

Pension No. 1166

# The Board of Pension Commissioners for Newfoundland

## AUTHORITY FOR PENSION PAYMENTS

B. F. Brown

(Pensioner's Name)

(Relationship to member of forces)

26 Belvedere St

(Pensioner's Address)

1781

(Name of member of forces)

(Rank)

(Regt. No.)

Entire Disability.. 10%

Pensionable Disability... 10%

### AWARD

For Pensioner .....	\$ <u>750</u>	a month
For Pensioner (Bonus) .....	\$ <u>3.75</u>	a month
For Wife .....	\$ <u>375</u>	a month
For ..... Children .....	\$ <u>225</u>	a month
Additional to pension for helplessness .....	\$	a month

Total..... \$ 1725 a month for... 12 months  
 from 24/1/25 to 25/1/26

Amount of adjustment payment:

from 24/1/25 to 28/2/25 @ \$ 1725

\$ 20 <sup>12</sup>/<sub>25</sub>

Date... 16/2/25

Check No... 10805

Remarks:

MM

Computed by... [Signature]

Checked by... [Signature]

[Signature]  
(Secretary)

No. 752

Pension No. 1166

### The Board of Pension Commissioners for Newfoundland

#### AUTHORITY FOR PENSION PAYMENTS

*B. F. Brown*  
 (Pensioner's Name) ..... (Relationship to member of forces)  
*26 Belvedere st*  
 (Pensioner's Address) .....  
*city* ..... (Rank)  
 (Name of member of forces) ..... *1781* ..... (Regt. No.)

Entire Disability *15* % Pensionable Disability *15* %

#### AWARD

For Pensioner ..... \$ *750* a month  
 For Pensioner (Bonus) ..... \$ *375* a month  
 For Wife ..... \$ *375* a month  
 For *1* Children ..... \$ *225* a month  
 Additional to pension for helplessness ..... \$ ..... a month

Total ..... \$ *1725* a month for *24* months  
 from *26/1/26* to *25/1/28*

Amount of adjustment payment:  
 From *26/1/26* to *31/1/26* @ \$ *1725* *III* \$ *2 88* ✓  
 Date *26/1/26* .....  
 Computed by *M* .....  
 Checked by *[Signature]* .....  
 Check No. *9611* .....  
 (Secretary)  
 Board of Pension Commissioners for Newfoundland.

Remarks :

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.



No. 933

Pension No. 1166

# The Board of Pension Commissioners for Newfoundland

## AUTHORITY FOR PENSION PAYMENTS

*B. F. Brown*  
 (Pensioner's Name) ..... (Relationship to member of forces)  
*Belvedere St*  
 (Pensioner's Address) .....  
 ..... 1781  
 (Name of member of forces) ..... (Rank) ..... (Regt. No.)

Entire Disability ..... 15% Pensionable Disability ..... 15%

### AWARD

For Pensioner ..... \$ ..... a month  
 For Pensioner (Bonus) ..... \$ ..... a month  
 For Wife ..... \$ ..... a month  
 For ..... 1 Children ..... \$ 2.25 a month  
 Additional to pension for helplessness ..... \$ ..... a month  
 Pension increased to  
 Total ..... \$ 19.50 a month for ..... months

Amount of adjustment payment :  
 From 15/9/25 to 28/2/26 @ \$ 2.25  
 Date 11/8/26  
 Computed by *MM*  
 Checked by *JL*  
 from 15/9/25 to .....  
*of Child*  
 \$ 12.45 ✓  
 Check No. 17755  
 (Secretary)  
 Board of Pension Commissioners for Newfoundland.

Remarks :

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. 145

Pension No. 1166

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Mrs B. F. Brown  
(Pensioner's Name)

Wife  
(Relationship to member of forces)

26 Belvedere St  
(Pensioner's Address)

B. F. Brown  
(Name of member of forces)

(Rank)

1781  
(Regt. No.)

Entire Disability .....%

Pensionable Disability .....%

AWARD

For Pensioner .....	\$	a month
For Pensioner (Bonus) .....	\$	a month
For Wife .....	\$	a month
For <u>2</u> Children .....	\$	<u>4.50</u> month
Addition to pension for helplessness .....	\$	a month

Total ..... \$ 4.50 a month for 12 months

from 28-2-27 to 27-4-28

Amount of adjustment payment :

From ..... to ..... @ \$ .....

Date 2-8-27

Computed by JAM

Checked by JAM

*[Signature]*

\$ 31<sup>50</sup>  
Check No. 1622

(Secretary)

Board of Pension Commissioners for Newfoundland.

Remarks :

19<sup>50</sup> from 1<sup>1</sup>/27 to 27<sup>1</sup>/27      17.55

4<sup>50</sup>      28<sup>1</sup>/27 to 31<sup>2</sup>/27      13.95

---

31.50

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

1166

SUPPLIES FURNISHED:-

1761 B. BROWN.

---

Jan. 17, 1920: 1 pr. Special Boots . . . . . \$16.00



THE BOARD OF PENSION COMMISSIONERS  
FOR N.F.L.D.

Pension No. 1166

Regt. No. 1781 Rank PTE Name BERTRAM BROWN

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Rank held when disability was incurred \_\_\_\_\_

Date of Medical Board JAN 30/23 Disability 15 %

Pension for self \$ 11.25 per month for 12 months

Allowance for wife \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

Allowance for children:

First child \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

Second " \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

\_\_\_\_\_ Children @ \$ \_\_\_\_\_ each = \$ \_\_\_\_\_ for \_\_\_\_\_ months

Total monthly pension \$ 11.25 for 12 months

Total authorized amount \$ 135.00

Granted to:-

Name BERTRAM BROWN

Address BELVEDERE STREET,

(( NOTED ))  
*[Signature]*  
Initials  
7/2/23  
date.

Approved by:-

*[Signature]* Chairman

*[Signature]* Medical Advisor.

*[Signature]* Secretary.

✓  
7/2/23  
BT

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Particulars of children:

Name	Sex	Date of birth	Expires.
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			
<u>4.</u>			
<u>5.</u>			
<u>6.</u>			
<u>7.</u>			

# Report of Medical Board.

Station	St. John's, Nfld.	Date	JANUARY 30th 1923.		
No. and Rank	1781 PRIVATE	Age	26 YEARS	Height	5' 8"
Name	BERTRAM BROWN	Complexion	FAIR		
Unit	Royal Newfoundland	Eyes	BLUE	Hair	DARK
Address	26, BELVIDERE STREET				
Former Trade	GUNSMITH				
Enlisted at	ST. JOHN'S	On	2.8.15	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original	<u>FLAT FEET.</u>			

**Subsequent**

Present Condition (Compare with previous Board)

*No improvement in condition of feet.*

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

*15%*

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

**Recommendation of Medical Board**

*15%*

Members of Board

*Clay Macpherson*

*H. B. Keilly*

C.R.

1781

B.F. Brown was attested for General service  
with the NEWFOUNDLAND REGIMENT on August 19th 1915  
Regimental No 1781 was allotted to Pte. B.F. Brown

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.



C.R. 1781

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, Jan. 29th, 1919.

The discharge of the undernoted on Demobilization has been  
Confirmed by Officer I/e Records from noted date.

1781 Pte. Bertram Brown.

25-1-19.

C.R. 1781

Extract from Nominal Roll of Mfld. Regt. Draft No. 11,  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton,  
3-10-16.

1781 Pte. B. Brown.

C.R. 1781

Extract from Nominal Roll of the Mfld. Regt. Draft  
No. 6 from 2nd Bn., Depot, to 1st Bn., B.S.F. Embarked  
Southampton, 14-6-15.

14-6-16

1781 Pte. B?F. Brown.



C.R. 1781

Extract of Daily Orders Part II, Depot St. John's, dated  
Jan. 14th 1919

DISCHARGE APPROVED ON DEMOBILIZATION

The discharge of the undernoted man on demobilization has  
been approved by C. S. Dischar Depot on noted dates.

1781 Pte. B. F. Brown

Discharged 11-1-19

C.R. 1781

Extract from Medical Board held Wednesday Jan. 8th, 1919.

1781 Pte. B.F. Brown.

Recommended discharge as permanently Unfit.

C.R. 1781

Extract from Daily Orders part 11, Depot  
St. John's dated December 23rd., 1918.

The u/s returned from Overseas and reported at  
Depot. 21-12-18.

#1781 Pte. B. F. Brown.



C.R. 1781

Extract from Nominal Roll of repatriation draft No. 79 per S.S. CORSIOW  
which embarked at Silbury Docks 18/18/18  
from the 2nd., Battalion of the Newfoundland Regiment.

---

#1781 Pte. B, E, F. Brown.

C.R. 1781

Extract of Telegram received from London dated  
November 28, 1917.

In answer to your telegram November 26th No. 209

# 1781 Brown.

fat for duty one no furlough

can be given.

October 13, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1781, Private Bertram F. Brown, is at Wandsworth suffering from gunshot wound in the left arm.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Alfred Brown,  
26 Belvidere St.

Colonial Secretary.



August 25, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1781, Private Bertram F. Brown, is at the 47th General Hospital, LeTreport, suffering from gunshot wound in the left hand.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Alfred Brown,  
26 Belvidere St.

Colonial Secretary.

C.R. 1781

Extract of Case files received from Pay & Record Office,  
London, dated July 31, 1916.

(Extract from Army Form B 212, from G.O. 1st. Field. Regt.  
dated 11/7/16.)


#1781 L/C. B. Brown. ✓

Entered in Action 1/7/16.

C.R. 1781

Extract of Casualties received from Pay & Record Office,  
London, dated July 28, 1916.

#1781 Pte. B. Brown.



Discharged from Hospital granted furlough 27/7/16  
to 5/8/16. Fit for Duty .



C.R. 1781

Extract of Casualties received from Pay & Record Office,  
London, dated July 11, 1916.

#1781 Pte. B. Brown. ✓

Gunshot wound LV (1) severe. To England per H.S. Westn:  
Aust: ex 13 General Hospital, 3rd July 1916.

C.R. 1781

Extract of Casualties received from Pay & Record Office,  
London, dated July 11, 1916.

#1781 Pte. B. Brown, ✓

Gunshot wound Chest, good.

Admitted 13 General Hospital, Boulogne, 3rd July 1916.

C.R. 1781

Extract of Casualties received from Pay & Record  
Office, London, dated July 6, 1916.

#1781 Pte. B. Brown. ✓

Gunshot wound chest.

Admitted 5rd London General Hospital, Wandsworth,  
dated July 4, 1916.



C.R. 1781

Copy of cablegram to Governor St. John's Nfld.  
from P.&.R.O. 6/7/16.

1781, Brown. ✓

At Wandsworth Gunshot Wound Chest.

C.R. 1781

Extract from Casualties received from P.&R.O. London  
dated July 6th., 1916.

Admitted 3rd., London General Hospital on 4th., July 1916.

#1781 Pte. B. Brown.

G.S.W. CHEST.

BC.

C.R.

1781

Extract from Nominal Roll of Draft which embarked for  
B.E.F. on or about the 20 June 1916.

#1781 Pte. B.F. Brown.



C.R. 1781

Extract from Nominal Roll Entained St. John's for Overseas

27/10/15/

1781 Pte. Boone B.

B. Brown.

CR.

1781

PR-0

Medical Report on an Invalid.

Station Hazeley Down Camp  
 Date 3-12-18

1. Unit Royal Newfoundland Regt. Former Trade } Gunsmith  
 or Occupation }  
 2. Regimental No. 1781  
 3. Rank Plt  
 4. Name BROWN, B. F.  
 5. Age last birthday 21  
 6. Enlisted { on August 2<sup>nd</sup> 1915  
 at St. John's Nfld.

- 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge. } na.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Flat feet.

Statement of Case.

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

9. Date of origin of disability.  
 10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Three times wounded.  
(1<sup>st</sup>) July 1916. Chest superficial  
scalded.  
(2<sup>nd</sup>) August 1917. 1st Hand. cured.  
(3<sup>rd</sup>) Oct 9<sup>th</sup> 1917. G.S.W. arm perforating  
no nerve or bone injury. Decategorised Aug. 1918  
on account of flat feet.

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

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

Wounded on active service.

na  
na



*Flat feet 3<sup>rd</sup> degree. Unfit  
active service. All wounds  
healed.*

13. What is his present condition?

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

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

*Repatriation (1)*

*Mr. [Signature]*  
*Capt. [Signature]* ROYAL NEWFOUNDLAND REG.

\_\_\_\_\_  
Officer in medical charge of case.

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

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

Date \_\_\_\_\_

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

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

Admitted 4-716

Army Form W. 3016.

No. \_\_\_\_\_

Date July 27<sup>th</sup> 1916

(1) To the Officer i/c Records,

58 Victoria Street.

(Station).

(2) The Officer Commanding,

Newfoundland Contingent  
Corp.

(Station).

(3) The Paymaster,

58 Victoria Street

S.W. (Station).

Regimental No. 1781

Rank and Name Pte Brown B

Regiment or Corps 1st Newfoundland

has been granted a furlough from July 27<sup>th</sup> to August 5<sup>th</sup>.

His address while on leave will be:—

58 Victoria Street S.W.

*This man has been furnished with a passport to Victoria and given an advance of one pound (£1)*

I consider he is fit for\*  Duty.  
 Light duty.

Horace Fagan Capt. R.A.M.C.(TF)

Registrar, R.A.M.C.T.  
Hospital,  
3rd London General Hospital,  
WANDSWORTH, S. W.

(Station).

\* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.







LAST PAY CERTIFICATE OFFICE COPY N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 1781 Rank Pte. Name Brown. Unit ROYAL NEWFOUNDLAND REGT. who was repatrolled to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$	¢	£	s	d	CR.	PARTICULARS	\$	¢	£	s	d
	Balance Dr. from							Balance Cr. from					
	Allotment 19 days @ 60¢	11	40	2	6	11		Pay 19 days @ \$ 100	119	00			
	Cash Payments:							Field Allow 19 days @ \$ $\frac{10}{100}$	119	00			
	Casual Pay			2	0	0		Other Allowces days @ \$	120	90	14	5	11
	2 <sup>nd</sup> Pay				10	0		Other Credits:					
	Other Debits:							Ration allow.				18	9
	B Dags.					6		Copy sent to of to 21303/210					
	Mess Stopp					5		Pa 24/12.18					
	Observations			1	0	0							
	Total Debits			15	18	10		Total Credits			15	48	
	Balance due by Paymaster							Balance due to Paymaster			1	14	2
				15	18	10					15	18	10

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of F. Co. Dec 11<sup>th</sup> 1918

(Place) HAZELEY DOWN CAMP. (Date) \_\_\_\_\_ O.C. "7" Company.

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

NEWFOUNDLAND CONTINGENT

N.F.F/100.

CIVIL EMPLOYMENT FORM

To be completed and signed by the Soldier and countersigned by the Officer Commanding his Company, and forwarded in DUPLICATE to the Pay & Record Office, 53, Victoria Street, London, S.W.1.

Regtl No. 1781 Rank Pte.

Surname Brown Christian Names Bertram

1. What was your regular occupation previous to enlistment? Gunsmith

2. Are you able to resume the same occupation? Yes.

3. Will your former occupation be open to you when you have received your discharge? No.

4. If you do not think so, state fully reasons why.

5. If your former occupation is no longer available, what form of employment do you now seek?

6. If a new form of employment is rendered necessary by disability caused by Military Service, what training do you consider requisite?

J. Cunningham  
Capt.

Signature of O.C. "F." Company.

B. Brown

Signature of Soldier.

Dated at

Hoyley Down Camp.  
Winchester

6-17-1918.

No. 1172/130

NEWFOUNDLAND CONTINGENT

N.F.P./80.

From:

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

To:

Officer Commanding,  
3rd London General Hospital  
Wandsworth, S. W.



3rd, November 1917

Nov 6<sup>th</sup> 1917

Subject: 1781, Pte. B. F. Brown,  
1st Newfoundland Regiment  
With reference to the follow-  
ing telegram (6507) from the  
Hon. the Minister of Militia,  
received 3/11/17,-

ANSWER

BY  
DATE

Please remit the amount  
(£2.) for Pte Brown.  
1781 Nfld Regt.

"Pay to 1781 Brown £2.

Kindly advise whether this  
amount should be remitted to you  
for payment to this Soldier, or  
retained to credit of his account.

1st N.F. CONTINGENT  
PAYMASTER OFFICE  
Ref. No. 6639  
Date 8 NOV 1917  
Approved: H. J. Talbot

to Secretary  
Escher Red x Hoop  
Escher  
H. J. Talbot  
H. J. Talbot  
Registrar

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

3rd London General Hospital,  
Wandsworth, S.W. 18,



11988/12

PAYMASTER & OFFICER I/C RECORDS,  
NEWFOUNDLAND CONTINGENT,  
53, VICTORIA STREET,  
LONDON S.W. 1,  
ENGLAND.



To: Secretary,  
Red Cross Hospital,  
Esher, Surrey.

Reference reverse: Postal  
Draft £2. 0. 0. enclosed for  
payment as indicated.

Kindly obtain this  
Soldier's receipt hereon, please

*F. H. Marshall*  
Major,  
Chief Paymaster & I/c Records.

*7*  
*ad* Nov. 10/17.

Received £2.

*H. Brown*

*H. 038413*

No. 7002/565

NEWFOUNDLAND CONTINGENT

N.F.P./70.

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

To  
Officer Commanding,  
2/Bn Royal Newfoundland Regt  
Winchester.

Subject: May 7th 1918

*May 9th* 1918

Subject: 1781, Pte. B. F. Brown,

With reference to the following telegram (4059) from the Hon. Minister of Militia, received 5 / 5 / 18

Receipt hereunder.  
*Karr*

LIEUT. COLON

~~COMMANDING 2ND BN, ROYAL NEWFOUNDLAND REGT~~  
1st Newfoundland Regiment

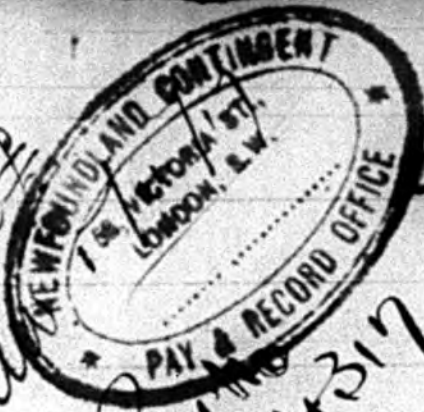
Pay to 1781 Brown £1:0:0

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

Received the sum of One *found* on account of cable remittance from Newfoundland.

*H. H. ...*  
Chief Paymaster & O. i/c Records.

B. Brown  
No. \_\_\_\_\_ Rank \_\_\_\_\_



Essex Red Cross Hosp  
Essex.

Please remit me 1781 Pt. B.  
Brown the sum of £2.00.  
on account of any balance  
due to me.

Approved by.

Mr. Lionel Martineau

Commandant.

1/c. Essex Red Cross Hosp.

31/Oct/1917.



No. P. & R. Office  
Nfld. Cont.  
58/ Victoria St.  
S.W.

26/10/17.



Please remit (two Pounds) on account of any  
Balance due to me.

1781 B Brown Pte.

ok is £

AW 27/10/17 275 approved by

Reeph



H. Talbot  
Secretary  
Officer in Charge

Esher Red Cross Hospital

1781  
B. Brown  
OK 3/2  
aw. 1.5/1

The Paymaster  
"St. Hill. Reg  
Dear Sir



Would you please  
let me have £3 on account  
and oblige

10/80/110

Yours very truly  
B. Brown.

Approved if money  
can be paid to  
3rd London Gen. Hosp.  
some where. H. Cap. Brown

W. Wright  
Capt. H. Brown



10680/116

16th, October

3rd. London General

Wandsworth, S. W. 18.

1781

L/O

Brown

3. 0. 0.

4



Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

Army Form W. 3016.  
(In Books of 200.)

No. 15 Date Nov 14<sup>th</sup> 1917 Admitted 12.10.17

(1) To the Officer i/c Records, 58, Victoria St. (Station) S.W.

(2) The Officer Commanding, N. 7. R. D. Contingent (Station) Barry Forfar

(3) The Paymaster, 58, Victoria Street (Station) S.W.

Regimental No. ~~2089~~ 1781

Rank and Name Pls Brown B.

Regiment or Corps 1<sup>st</sup> N. 7. R. D.

has been granted a furlough from Nov 14<sup>th</sup> to Nov 23<sup>rd</sup>

His address while on leave will be: 58, Victoria Street (Foster Dell)  
S.W.

I consider he is fit for\*  
• Strike out that which is inapplicable.  
i. Duty. I  
ii. ~~Command Depot.~~  
iii. ~~Employment.~~

Officer in charge Col G C Kallip Registrar, R.A.M.C.T. Hospital,  
3rd London General Hospital,  
WANDSWORTH, S.W. (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

This warrant is valid until 12.10.17  
a warrant to Victoria and give  
an advance of £1. (one pound).

No. 1781 Rank Pte Name Brown. R

Pay	F.A.	Weg.	Total
100	10		110
Less Allotment			60
Net Rate			50

110  
 60  
 50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d	Total			
						From	To									
Dep 17 days Pay 110.570		9	16	10	Balance 8.6.17								14	7	9	1/2 ✓
Balance		3	9	8	Pay @ Net Rate	9	6	14	159	50	79	50	16	6	8	1/2 ✓
Acquittance rolls		1	7	0	R allow	14	17	23	10	24			1	0	0	✓
Hospital Advances																
A.B. 64		7	0	0	16 - 1 - 0 ✓											
P. & R.O. Payments																
PR 64 - not checked																
15-13-6 ✓ Cash 4419	14/11/19	16	0	0												

14-6

*Cros*

No. 16338/1762.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

*219485*  
*[Signature]*

Officer Commanding,  
2nd. Bn. Royal Nfld. Regt,  
Winchester.

October 30th, 1918

Oct. 12th, 1918

Subject: 1781, Pte. B. Brown,

With reference to the following telegram (8636) from the Hon. Minister of Militia, received

"Pay to 1781, Pte. B. Brown, £4.0.0.

Draft £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder.

*[Signature]*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment

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

B. Brown  
No. 1781. Rank Pte.



I have received parcel No. /

dated 1914/18 containing:—

ARTICLE	BOOTS, Pairs.	BRACES, Pairs.	CAP.	CARDIGAN.	DRAWERS, Pairs	GLOVES, Pairs.	GREATCOAT.	HANDKERCH'FS.	JACKET.	KIT-BAG.	SHIRTS.	SHOES, CANYAS. Pairs.	SOCKS, Pairs.	TOWELS.	TROUSERS, Pairs	VESTS.
	/	—		/	/	/	—	/	—	/	/	—	/	/	—	/

My present address is:

<sup>131</sup>/<sub>No.</sub> 1731

*Re M. Pittman*  
THE ROYAL NEWFOUNDLAND REGT.

Date

June 14<sup>th</sup>

*Manuel Pittman*

Signature.



Brown, B.

1781

Ray Sept



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 1781 Rank P.O. Name B. Brown

Intended place of residence 26 Belvidere St

2. Occupation machinist

Classification of soldier 3 Medical Category F1

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

### ELIGIBLE for POST DISCHARGE PAY

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

Place ..... JAN 11 1919 ..... W. Kelly Capt.

Date ..... JAN 11 1919 ..... for Comanding 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 St. John's B. Brown

11-1-19

Signature of soldier

P. S. Dicks Capt.

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 and Date Jan 11 1919 B. Brown

ST. JOHN'S.

Signature of soldier

[Signature]

Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23. 8. 15 No of days on Military

Discharged from service 11-1-19 less 14 Days Service 1262 Days

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S. R. H. Sait Capt.

Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.

JAN 11 1919

Date .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld. [Signature]

Date January 25 1919 Officer i/c Records  
The Royal Newfoundland Regiment

20 B 2179/721

January 25th., 1919

#1781 Pte. Bertram Brown,  
#26 Belvidere St.,  
City

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 721."

Yours faithfully,

Captain,  
Paymaster & U. i/o Records

Enc '1 1.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1781 Rank The Name Brown B  
 Date of Enlistment 23: 8: 15 Address St Johns District St Johns  
 Occupation Mechanic Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Probably unfit Disability Rating 20%  
 Passed to Demobilization Officer with following documents:—

N.F. P/36 <u>94</u>	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 11.1.19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am Bert Brown 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 \$60.00  
 (b) Clothing Supplied Joseph A. Snow

Date 11-1-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at St. John and Release Certificate No. 75-1-19 issued.

Date 11-1-19

Essicks Cpl  
 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 75-1-19

Date 11-1-19

Atkey Capt -  
 Depot Paymaster.

Discharge approved for 11-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36 ✓	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 13-1-19

Essicks Cpl  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

**JAN 11 1919**

Date .....

R. H. ...  
 O. C. Discharge Depot

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

Date .....

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

# MEDICAL HISTORY

OF

Surname *Brown*

Christian Name *Robert J.*

JUN 1 1916  
AUG 1 1916  
NEWFOUNDLAND CONTINGENT  
LONDON, S.W.  
REGIMENTAL OFFICE

Table 1.—GENERAL TABLE.

Birthplace:—Parish

County *Nfld*

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <i>23</i> day of <i>Aug</i> 191 <i>5</i>	on	day of	191
	at <i>St Johns Nfld</i>	at		
Declared Age	<i>18</i> years	days	years	days
Trade or Occupation	<i>Machinist</i>			
Height	<i>5</i> feet	<i>6</i> inches	feet	inches
Weight		<i>143</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded...			inches
	<i>37</i> inches			inches
	Range of expansion...			inches
	<i>3</i> inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated	<i>7/20</i>			
Vision	R.E.—V=	<i>4/6</i>	R.E.—V=	
	L.E.—V=	<i>4/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<i>Samuel Patterson</i>			
(Rank)	<i>Capt.</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St Johns</i>	at		
	on <i>28</i> day of <i>Aug</i> 191 <i>5</i>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>1<sup>st</sup> Nfld Regt</i>	<i>1781.</i>		
Transferred to	<i>1<sup>st</sup> Newfoundland</i>			
Became non-effective by				
	on	day of	191	on
(Signature)				
(Rank)				

NEWFOUNDLAND CONTINGENT  
30, VICTORIA ST.  
LONDON, S.W.  
27 NOV 1917

NEWFOUNDLAND CONTINGENT  
30, VICTORIA ST.  
LONDON, S.W.

Table II.—Only for admission to hospital or to the sick list in case of Warrant officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	4	7	16	27	7	16	J. L. W. Church. W. S. H. H.	24	From France F. S. W. Left side of chest bullet wound in the back Wound healed. No disability.	J. H. H. H. Capt. N. A. H. T.
Ditto.	12	10	17	14	11	17	G. S. W. L. forearm perforating	33	Wounded in France 9. 10. 17. Small. No nerve or bone injury. Considerable swelling Disfranchisement.	G. C. Hall Capt. G. M. S.



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

Date	Brief Details, and Signature
15.10.15.	1st Inoculation.
19.11.15	Vacc. R.P. Graham. Lt. Rame.
9.12.15	T.V. R.P. Graham. Lt. Rame.
2.10.16	Ret Foreign Service N.Y.W.
Aug 1518.	Declassified "Hot Feet" "D" <i>W. S. [Signature]</i> Captain [Signature]
3 Dec 1918	Analyzed in Cont Recommends Re-treatment <i>W. S. [Signature]</i> Captain [Signature]

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as 6 for discharge on Demobilisation. Medical case 8119

8119 Date of S.M.B. *[Signature]* Captain  
 Discharge Certificate issued

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
56 Johns Field					

## Civil Re-establishment Committee



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

*To work as Cabman.*

*B. Brown*

Signature of Man.

*Op. Dick Cupp*

Signature of the Vocational Officer or his Representative.

Reg. No. *1781.*

Place

*St Johns nfld.*

Date

*11/1/19.*

191

**Medical Report on an Invalid.**

Station Hazeley Down Camp.  
 Date 3-12-18

1. Unit Royal Newfoundland  
 2. Regimental No. 1781  
 3. Rank Pte.  
 4. Name BROWN, B. J.  
 5. Age last birthday 21 yrs.  
 6. Enlisted  $\left\{ \begin{array}{l} \text{on } \text{Aug } 2^{\text{nd}} \text{ 1915,} \\ \text{at } \text{St John's} \end{array} \right.$   
 7. Former Trade or Occupation } Gunsmith  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge. } l. a.

**8. Disability in respect of which invaliding is Proposed.**

(Other disabilities should be reported upon in answer to question No. 19).

Flat Feet

Statement of Case.

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

9. Date of origin of disability.  
 10. Place of origin of disability.  
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Three times wounded.  
 (1). July 1916. Chest superficial  
 (2). Aug. 1917. T.T. Hand. cured.  
 (3). G. S. Wamperforating Oct. 1917.  
no nerve or bone injury. Recategorised Aug 1918 on account of flat feet.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Wounded on Active Service  
n. a.  
n. a.



*Flat feet 3<sup>rd</sup> degree. Unfit  
Active Service. ~~Two~~ wounds  
healed*

13. What is his present condition?

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

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

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

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

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

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

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

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

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

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation (11)*

*W.P. G.H. 1910.*  
ROYAL NEWFOUNDLAND REG.

\_\_\_\_\_  
Officer in medical charge of case.

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

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

Date \_\_\_\_\_

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

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

Opinion of the Medical Board.

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

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

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

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

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

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary.

*yes*

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

*Active Service Conditions*

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

23. Is the disability permanent?

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

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

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

*20%*

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

27. Do the Board recommend—

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

*yes*

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

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

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

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

Signatures:—

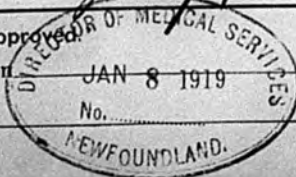
Station *S. Pley*

Date *Jan 8/19*

Approved

Station *NEWFOUNDLAND*

Date



*[Signature]* President.

*[Signature]* Members.

*[Signature]* Administrative Medical Officer.







## 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 *Bertram Brown*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1781*

Intended address *St. John's*

Height on discharge *5* Feet *8* "

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

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

Figure on discharge *Medium*

Christian name of Father *Alfred*

Christian name of Mother *Elizabeth*

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

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

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

Place and date of soldier's birth *St. John'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

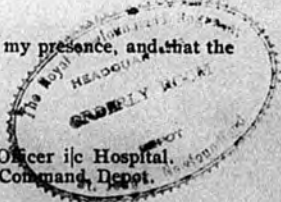
(Soldier's signature in full) *B. Brown*

Station *St. John's*

Date *6. 1. 19*

(Rank) *Plt*

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 in Charge of Hospital,  
 Unit, or Command Depot.

Station

Date

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name. *P. Bertrams. K.* 2. Surname. *Brown*

3. Rank. *Pte.* 4. Regtl. No. *17. S.I.*

5. Address in full to which future payments of gratuity are to be forwarded. *Bertrams. Field. Brown*

*26. Belvidere Street. St. Johns. N. F. Lands.*

6. Date of enlistment in the Regiment. *Aug. 10<sup>th</sup> 1915*

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

*none*

8. Relationship of such dependents. *Nil*

9. Address in full of such dependent. *not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *no. I went overseas on Oct. 28<sup>th</sup>*

*1915 and returned here Dec. 21<sup>st</sup> 1918*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *3 years. 172 days*

*Three years & one hundred & seventy two days*

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.....

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?.....

*not appreciable*

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

*Jan. 11. 1919*

*Medically unfit*

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 1916-1917-1918*

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.....

*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.

*yes*



*Bert Brown*

L. 1

Signature of Applicant:

Place of Residence: *26 Belvidere Street, St. Johns*

Declared before me at: *St. Johns*

This *4<sup>th</sup>* day of *March* 19*19*

*Chas. B. Hunt*  
Signature of Barrister of the Notary Public  
Supreme Court, Stipendiary Magistrate, 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>11-12-18</i>	<i>3.40</i>		<i>6 mos.</i>	<i>420.00</i>
			<i>less</i>	<i>3.40</i>
				<i>416.60</i>
	Certified Correct.			Paymaster.



FORM K

No. 579



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, J. Brown, Regl. No. 559  
 hereby agree, until further notification by me, and in similar official form, to make an Allotment of  
50 Dollars and Fifty 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:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
395	Sister	Miss J. Brown.	37 Bannerman St St Johns	50
Commence <u>21<sup>st</sup></u> February <u>20<sup>th</sup></u> <u>th</u>				
Total Allotment, \$				<u>50</u>

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.) Lance Alexander  
 Officer Commanding  
B Company  
Fort George.  
2-2 1915

(Sig.) J. J. Browne  
 (Rank) Pvt.



LAST PAY CERTIFICATE ORIGINAL.

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 1781 Rank Pte. Name Brown. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d	CR.
	Balance Dr. from						Balance Cr. from						
	Allotment 19 days @ 60¢	11	40	12	6	11	Pay 19 days @ \$ 1.00	119	00				
	Cash Payments:						Field Allow 19 days @ \$ $\frac{10}{100}$	1190					
	Casual Pay.			2	0	0.	Other Allowes days @ \$	12090	14	5	11.		
	2nd "				10	0	Other Credits:						
	Other Debits:						Ration Allow.				18	9	
	B. Damage					6							
	Mis. Stopp.					15							
	Utterv.			1	0	0							
	Total Debits			15	18	10	Total Credits			15	4	8	
	Balance due by Paymaster						Balance due to Paymaster			1	14	2.	
				15	18	10				15	18	10.	

PERIOD: From 23/10/18. To 24/12/18

*C.P.*  
18/12/18

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

F. Co.  
HAZELEY DOWN CAMP (Place) Dec. 11<sup>th</sup> 1918. (Date)

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
Dec. 19<sup>th</sup> 1918.

*OK*  
*20X*

*J. R. ...*  
O.C. "F" Company.

Chief Paymaster & Officer i/c Records.

3543

ORIGINAL

NEWFOUNDLAND CONTINGENT

No. 243

To: The Hon. the Minister of Militia,  
St. John's, Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on Account of  
other stoppages.

NOTE: - Charge under Column.

BC Credit Pay and Record Office. London.

Regt. No.	Rank & Name		Particulars & Authority	AMOUNT				
				£	s	d		
✓ 1781	Pte	Brown B	Pay for Railway Warrant 64/884010 charged as £1:0:0 should have been £1:15:0. Debit difference.				15	0
							15	0

*OK*  
*25*

Pay & Record Office,  
58 Victoria Street,  
London, S.W. 1.

*A. C. Minnow Maj.*

April 7th 1919. Chief Paymaster & O. i/c Records.

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book " " Co'y for Period / / to / /

Dated at \_\_\_\_\_

\_\_\_\_\_ 191

O.C. " " Company,  
Battalion.

DUPLICATE.

No. 1 NEWFOUNDLAND CONTINGENT

M.F.F./114,  
No. 243

To: **The Hon. the Minister of Militia,  
St. John's, Newfoundland.**

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on Account of  
**other stoppages.**

**NOTE:** - Charge under \_\_\_\_\_ Column.  
Credit **Pay and Record Office. London.**

BC

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT						
				£	s	d	£	s	d	
1781	Pte	Brown B	Pay for Railway Warrant 64/884010 charged as £1:0:0 should have been £1:15:0. Debit difference.				15	0		
							15	0		

*C.P.*  
*8-4-19*

Pay & Record Office,  
58 Victoria Street,  
London, S.W. 1.

*A. C. Minnall*

**April 7th 1919.** Chief Paymaster & O. i/c Records.

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book " " Co'y for Period / / to / /

Dated at \_\_\_\_\_

\_\_\_\_\_ 191 \_\_\_\_\_ O.C. " " Company,  
Battalion.



Reg. No. *0781* Rank *Mi* Name *Brown. B.*

Attested ..... Address.....

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas *71-04-18.*

Embarked for Overseas ..... Cause *Discharge*

*11-7-49* PASSED TO DEMOBILIZATION OFFICE

*11-1-49* DISCHARGE APPROVED ON DEMOBILIZATION.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1781 Rank Plt Name Brown B  
 Date of Enlistment 23.8.15 Address St Johns District St Johns  
 Occupation Machinist Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Probably unfit Disability Rating 20%

Passed to Demobilization Officer with following documents:—

N.F. P <u>094</u> 1	B 268	B 121	1	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	Eu
B 179	2 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 11.1.19 O. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment. N  
 I am          in a position to resume civilian occupation.

Bert Brown

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~~

Joseph A. Snow

Date 11-1-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at St John and Release Certificate No. 75-2 issued.

Date 11-1-19

Abdicks 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 75-1-19

Date 11-1-19

Abdicks Capt  
Depot Paymaster.

Discharge approved for 11-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 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 13-1-19

Abdicks Capt  
Demobilization Officer.

APPROVED. W

Documents as above forwarded to:—  
Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

**JAN 11 1919**

Date .....

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

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

Date Jan 17 1919

W. J. Jant  
Records





**Casualty Form—Active Service.**

Regimental Number

**C.R.** 1786  
1548

Regiment or Corps 11 New Brunswick  
 Rank Pte Surname Brown Christian Name B J  
 Religion Cof. E Age on Enlistment 19 years 6 months.  
 Enlisted (a) 9-8-15 Terms of Service (a) Duration of War Service reckons from (a) 9-8-15  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_

Signature of Officer i/c Records.

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 ...	<u>Southampton</u>	<u>3.10.16</u>	
		Disembarked ...	<u>Rouen</u>	<u>4.10.16</u>	
		Joined Battalion	<u>14 OCT 1916</u>		
	<u>14 MDS</u>	<u>Admitted Nervous Shock transf</u>	<u>CCS.</u>	<u>28/11/16</u>	<u>ED 6820</u>
	<u>21 CCS.</u>	<u>Admitted Nervous Shock?</u>	<u>30/11/16. France</u>		<u>ED 6599</u>
			<u>With BATT. 28. I. IV</u>		
<u>30.6.17</u>	<u>OC Unit</u>	<u>Awarded 10 days F.P. 1</u>		<u>19.6.17</u>	<u>O 1819, 29c.</u>
<u>18.8.17</u>	<u>Do</u>	<u>Wounded in Action</u>		<u>16 AUG 1917</u>	<u>B 213</u>
<u>18.8.17</u>	<u>61 L.B.S.</u>	<u>Ad. Sw. L. Hand</u>		<u>16.8.17</u>	<u>E.A. 9157</u>
<u>29.17</u>	<u>478 Hosp</u>	<u>Ad. Do</u>	<u>L. Troop</u>	<u>17.8.17</u>	<u>HA-13154</u>
<u>5.9.17</u>	<u>292 B.A.</u>	<u>Joined Base Depot</u>	<u>Rouen</u>	<u>4.9.17</u>	<u>Tom. Roll</u>
<u>22.9.17</u>	<u>OC Unit</u>	<u>Re. Joined Battalion</u>		<u>13 SEP 1917</u>	<u>B 213</u>
	<u>OC Unit</u>	<u>Wounded in Action</u>		<u>9 OCT 1917</u>	<u>B 213 12 OCT 1917</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

[P.T.O.]







# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (6-6) W/017/2124 1000m 6/15s 93 58

Forms  
B. 121.  
39.

Regiment of *1<sup>st</sup> Newfoundland*

Number of Sheet *10*

Signature of O. C. Company \_\_\_\_\_

LONDON S.W.

JUN 14 1916

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<i>B. P. Brown</i>	Age on	19 years 6 months	Trade <i>Machinist</i>			
Joined	Date	Place and Date of Enlistment	<i>St. John's - Aug 9. 1915</i>	Religion			
Joined	Date			<i>C. of E.</i>			
Joined	Date	Period of	<i>3 1/10 years.</i>	Place of Birth			
Joined	Date			<i>St. John's</i>			
		(with Reserve)	<i>3 3/5 years.</i>				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Gailes</i>	<i>1915</i>	<i>Pte</i>		<i>Refusing to obey an order of an NCO</i>	<i>Sgt. Moadler</i>	<i>3 days C.B.</i>	<i>1915</i>	<i>Capt. A. Montgomery</i>	<i>Amj</i>
<i>do</i>	<i>Jan 18 1915</i>	<i>"</i>		<i>Faaling out without permission</i>	<i>Lt. Powell</i>	<i>admonished</i>	<i>1915</i>	<i>Capt. A. Montgomery</i>	<i>Sen</i>
<i>Kusby Barracks</i>	<i>1/2/15</i>	<i>Pte</i>		<i>Absent from Tattoo till 10.45 Pm</i>	<i>Sgt Adams</i>	<i>1 Day C.B.</i>	<i>2/2/15</i>	<i>Capt. E. S. Ayre</i>	<i>08</i>
<i>Racecourse</i>	<i>May 29</i>	<i>"</i>		<i>Absent from Tattoo until 11.15 P.M.</i>	<i>Sgt Postelhardt</i>	<i>3 Days C.B.</i>	<i>3/5/15</i>	<i>Ab Summers</i>	<i>2nd Lt.</i>
<i>Racecourse</i>	<i>5.6.16</i>	<i>"</i>		<i>absent from Tattoo to 10.20 Pm.</i>	<i>Wt. J. Mackholl</i>	<i>3 days C.B.</i>	<i>7.6.16</i>	<i>Mr. Green Thomas Lt.</i>	<i>Wt. J. S. S.</i>
<i>Racecourse</i>	<i>19.8.16</i>	<i>Pte</i>		<i>Absent from Tattoo till 12.20</i>	<i>Cpl. Mew</i>	<i>3 days C.B.</i>	<i>21.8.16</i>	<i>Capt. Chiff.</i>	
<i>Glenburn</i>	<i>27/12/17</i>	<i>"</i>		<i>Deficient of Great Coat</i>	<i>CMS. Clavie</i>	<i>pay for same</i>	<i>25/12/17</i>	<i>W. Marshall Maj.</i>	
<i>Hazelby Down</i>	<i>7.5.18</i>	<i>"</i>		<i>Overstaying Pass from 9.30 P.M. till 5 P.M. 8.5.18. 1918 M.</i>	<i>Sgt. Murrell</i>	<i>5 days C.B. Deprived 1 day Pay.</i>	<i>9.5.17</i>	<i>Lt. Col. Burners, D.S.O.</i>	<i>Forfeit 1 day Pay by R.W.</i>
				<i>Demobilized 25 '19</i>					<i>J. J.</i>

To be carried over

Army Form

121.