



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5146 Name Hedley Brown ~~Corps~~ Cdr.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>Hedley Brown</u> |
| 2. What is your full Address? | 2. <u>Badger Quay</u>
<u>B.T.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>yes</u> |

Hedley 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.

Hedley Brown SIGNATURE OF RECRUIT.
Jes. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Hedley 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 10 day of May 1916

Signature of Attesting Officer Edwards Lieut

CERTIFICATE OF APPROVING OFFICER.

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

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

Date 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, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

C.R. 5746

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

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c records from noted date
4-7-19.

5146, Pte. Hedley Brown.

C.R.

5146

Extract from Daily Orders Part 11 Unit The Royal
Nfld Regt. Depot, St. John's, June 10th, 1919

The discharge of the undernoted has been APPROVED by O.C.
Discharge Depot, with effect from 20-6-19.

5146 Pte. Hedley Brown.

C.R. 3746

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

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

#5146 Pte. H. Browne.

C.R.

~~5136~~
5146

Extract from Daily Orders Part II Depot, Sjt. John's,

Date 9-6-19

5136 Pte. Hedley Brown

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5146

Extract from War Office List No. H.A. 35878.

Admitted 6th. General Hospital 10th. April 1919.

5146 Pte. H. Brown.

R.of Vision.

412



EXPEDITIONARY FORCE - FRANCE

Amendment to H.A. 35878

(Extract from H.A. 35944)

C.R.

5146

NEWFOUNDLAND EXPEDITIONARY FORCE RECORD OFFICE

Please delete.

5146 Pte. Brown H.

1/R. Newfoundland R.

Def Vision.

Reported Adm. 6 Gen. Hos. Rouen 10th April. 19.

C.R. 5146

Extract from Nominal Roll of Draft No. 56 from the 2nd.,
Battalion of the Newfoundland Regiment to the 1st., Batt.
of the Newfoundland Regiment, D.S.F.,
Embarked Southampton 23/11/18.

#5146 Pte. H. Brown.

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

The following men embarked for overseas on H.M.S.
"Columella" July 22, 1918.

#5146 Pte. Hedley Brown.

Extract from Daily Orders part 11, from Unit The Royal
Hild. Regt. St. John's, dated May 20, 1918.

#5146 Pte. Hedley Brown.

Attested for General Service with the Royal Hild. Regt.
from 18.5.18.

H. Brown

C.R. 5146

~~1110~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (a)(iv) or (v)(ia), King's Regulations, and in cases of discharge under para. 392 (vi), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Regt. H. Newfoundland* 7. Former Trade or Occupation } *Fischerman*
2. Regtl. No. *5146* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brown* *A.S.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *26*
6. Posted for duty on. *18.5.18* at *5.5.18* in category (or grade) *5.5.18*
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

the complain of no disability.

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

na.
na.
na.
na.

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

Repatriation

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

W.R. Proctor Capt R.A.M.C.

Station *Hazley Down*

Medical Officer in charge of case.

Date *30/1/19*

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hedley Brown, Regl. No. 5146

hereby agree, until further notification by me, and in similar official form to make an Allotment of 70 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4633 4633		<u>Mr & Mrs Hedley Brown</u> <u>Marshall Street</u>	<u>Port George, Nfld</u> <u>B 15</u>	<u>70</u>
Total Allotment, \$				<u>70</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.) [Signature]
 Officer Commanding
 Company
[Signature]
 1918

(Sig.) Hedley Brown
 (Rank) Pte

No. 6451/939

B *by* *099359*

N.F.P. / 79.

From NEWFOUNDLAND CONTINGENT

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

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

28th April 191⁹

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5146 Pte H. Brown

With reference to the following telegram from the Minister of Militia / / (155)

"Pay to 5146 Pte H. Brown

£8-0-0

Cheque £ 8-0-0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

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

Receipt hereunder.

[Signature]
Officer Commdg. — Batt'n.

Received the sum of Eight
pounds (£8-0-0) in respect of telegraphic remittance from the Minister of Militia.

H. Brown
No. 5746 Rank Pte.

Witness *[Signature]*

Drown, H

5146

Ray Sept.

July 5, 1919

#5146 Pte. Hedley Brown,

Bedgers Quay, B.B.

Dear Sir:-

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

Yours truly

Paymaster & Officer i/c Captain
Records.

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

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

Christian name, *Healey* Surname, *Brown*

3. Rank, *Rte* 4. Reg't. No. *5746*

5. Address in full to which future payments of gratuity are to be forwarded, *Baag's Quay, B.B.*

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

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge, *Not applicable*

8. Relationship of such dependents, *Do*

9. Address in full of such dependents, *Do*

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

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

12. Give total length of time which you served on active service, whether in Hfld. or Overseas, *2 1/2 months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
Not applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.
Yes
\$76.65 Clothing + Ration money

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Regt.? *No* If not give:- (a) Date of discharge *June 30/19* (b) Reason for discharge *Demobilization*

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

21. (c) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *Hedley Brown*
 Place of Residence: *Badger Quay, A.B.*
 Declared before me at: *St John Med*
 This *6th* day of *June* 19*18*...

John McCaffrey
 Signature of Barrister of the
 Supreme Court, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.		War Service Gratuity.	Not amount due.
Date paid	Paid Soldier. Dependent.	<i>4 mes</i>	<i>280 0 0</i>
Certified correct.		Paymaster	

July 4, 1919

#5146 Pte. Hedley Brown,

Budgers Quay, B.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2354

Yours truly

Paymaster & Officer i/c Records. Captain

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5146 Rank

Name Brown H

Warned for demobilization on

JUN 6 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5146 Rank Pte Name Brown H
 Intended place of residence Bedford Quay Bonaville
2. Occupation Fisherman
 Classification of soldier E Medical Category A'
3. The above named man is discharged in consequence of DEMobilIZATION
Eligible for War Service Gratuity
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date JUN 6. 1919 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
JUN 6 1919
H. Brown Signature of soldier
J. A. [Signature] Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S
JUN 6 1919
Hedley Brown Signature of soldier
James O'Dowd Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7855-68 No of days on Military
 Discharged from service 20-6-19 140 days Service 4.1.3

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date JUN 20 1919
R.H. [Signature] Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld.
 Date July 4/1919
M. Bowley Capt Officer in Charge Records
 The Royal Newfoundland Regiment

A/B 2079/2354

The Royal Newfoundland Regiment

Class for Demobilization:—
F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date *24-6-19*

 Regimental No. *5146*

 Name *Brown* *Hedley* *Pls*

 Address *Bodgers Quay B.B.*

 Present Medical Category *A-1*

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

Members of Board {

R.H. [Signature] Capt.
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5141 Rank PIV Name Brown A
 Date of Enlistment 18.5.18 Address Badgers Quay District Bonaville
 Occupation Headman Classification for Discharge No 11 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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	" 6	
B 179c	B 120	M 93			

Date 5.6.19O. C. Discharge Depot. H. H. Brown

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Hedley 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 None

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R1543,3612 to his home at Bader quay Bonarrie and Release Certificate No. 2403 issued.

Date 6-6-19

J.A. Shaw 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 4-7-19

Date 6-6-19

J.A. Shaw Capt.
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 6-6-19

J.A. Shaw Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 20 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former occupation

Hedley Brown

Signature of Man.

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 5146

Place

St. Johns

Date

6-6-19

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

MEDICAL HISTORY

OF

Surname BrownChristian Name Kealey

Table I.—GENERAL TABLE.

Birthplace:—Parish Badger Quay P.S. County Wex

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <u>19</u> day of <u>May</u> 191 <u>8</u>	at <u>S. Johns</u>	on	day of 191
Declared Age... ..	<u>20</u> years	<u>21</u> days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>2</u> inches	feet	inches
Weight		<u>131</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded....		Girth when fully expanded....	
	Range of Expansion..		Range of Expansion..	
		<u>37</u> inches		inches
		<u>2</u> inches		inches
Physical Development... ..				
Vaccination Marks {	Right	Left	Right	Left
When Vaccinated				
Vision	R. E.—V=	<u>6/60 ?</u>	R. E.—V=	
	L. E.—V=	<u>6/60 ?</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. P. Brown</u>			
(Rank)	<u>Quartermaster</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. Johns</u>		at	
	on <u>15</u> day of <u>May</u> 191 <u>8</u>		on	day of 191
Joined on Enlistment... ..	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal</u>	<u>5146</u>		
	<u>Madregt</u>			
Transferred to.. ..				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 892 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P, or P. (T), of the Reserve.

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

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

1. Unit and Corps *Royal Newfoundland* } Former Trade } *Fisherman*
or Occupation
2. Regt. No. *5146* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *Brown, H.* (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *18. 11. 16* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Where (d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *Nil*
12. Place of origin of disability. *Nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part

Yes

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

Yes

15. What is his present condition?

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

The complaint of his disability

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

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

No

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

No

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

No

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

No

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation
Repatriation
Repatriation

Medical Officer in charge of case.

Station *Hazeley, D. Camp*

Date *30.4.19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Hedley Brown*

Regiment from which discharged *Royal Newfoundland*

Regimental number *. 5 126*

Intended address *Badger's Quay, B. B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Normal*

Christian name of Father *Johias*

Christian name of Mother *María*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Badger's Quay Aug 18, 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) *Hedley Brown* (Rank) *Pte*

Station *H. Johns Hq* Date *H-6-19*

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

Station

Date



Casualty Form - Active Service.

Regiment or Corps R. Newfoundland
 Rank Pte Surname Brown Christian Name L
 Religion of E Age on Enlistment 20 years months
 Enlisted (a) 18/5/18 Terms of Service (a) Duration Service reckons from (a) 18/5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended Re-engaged Qualification (b)
 or Corps Trade and Rate
 Occupation Fisherman W. H. Capt Signature of Officer.

Report		Record of promotions reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		<u>Arrived in UK</u>		<u>23/4/19</u>	

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

Next of Kin: Father: Brown Tobias: Badgers Quay: R. Bay: N.F.L.D

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.



Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here



OCT 15

1921.

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

Hedley Brown

in respect of his service as No. 5146 Rank Pte.

Name H. Brown Royal Nfld. Regt.
MM. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Oct. 21st. 1921

Signature

Hedley Brown

Date

Nov. 15th 1921

Address

Badgers Quay B. B.

[P.T.O.]

Receipt for Army Book 64

No.....*5146*..... Name.....*Brown A*.....

To Certify that I have received the AB 64 of the above
named soldier.

Name.....*Hedley Brown*.....

5-10-20

Date.....*Sept. 25th*.....

Place.....*Badgers Quay*.....

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

(Signature)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company C. S. Dickson Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5116 Brown Healy</u>	Age on	20 years / months	<u>Fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion		
Joined	Date		<u>15.8.11</u>	<u>Cath</u>		
Joined	Date	Period of	with Colours	Place of Birth		
Joined	Date		with Reserve	<u>14 1/2</u> years.	<u>Budgenway BB</u>	

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
				<u>Demobilised St John's</u>	<u>4</u>	<u>7</u>	<u>19</u>		

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5146 Rank Plt Name Brown A
 Date of Enlistment 18.5.18 Address Badger Quay District Bonaville
 Occupation Fisherman Classification for Discharge P.V. Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 5.6.19

J. H. M. S. J.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Hedley 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.....

(b) Clothing Supplied.....

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R1543.3612 to his home at Badger Quay Bonaville and Release Certificate No. 2405 issued.

Date 6-6-19

J.A. Shaw 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 4-7-19

Date 6-6-19

J.A. Shaw Capt
Depot Paymaster.

Discharge approved for.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P38.....	868.....	B 121.....	N.F. Med.....	D.F. 1.....	<u>1 Form B</u> <u>M.J.3</u>
B 178.....	8494.....	B 122.....	Board 1st.....	" 2.....	
B 178a.....	B 1915.....	do 2nd.....	" 3.....	
B 179.....	900B.....	Form L.....	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....	" 6.....	
B 179c.....	C 127.....	M 93.....	

Date 6-6-19

J.A. Shaw Capt
Demobilization Officer.

APPROVED

Documents above forwarded to—

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

JUN 20 1919

Date

R. St. John Capt
O. C. Discharge Depot.

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

Date June 11/19

J. M. G. O'Connell
i/c Records

Reg. No. *1146* Rank *1st Lt* Name *Brown, A.*
Attested Address *Madgers Quay.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Cossican* Cause *Discharge*

5-6-19
2-6-19

PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILIZATION