



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 544 2 Name John Brown Corps Cof B

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

1. What is your name? ..... 1. John Brown
2. What is your full Address? ..... 2. Squad 2 Lishes  
1710
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years ..... Months
5. What is your Trade or Calling? ..... 5. Waterman
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, John 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.

John Brown SIGNATURE OF RECRUIT.

25/5/16 John Brown Signature of Witness.

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

I, John 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 25 day of May 1915

Signature of Attesting Officer ..... P. B. Dick's 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).....

# DESCRIPTIVE REPORT ON ENLISTMENT

5442

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

Name John Brown

Apparent age 19 years ..... months. Height 5 feet 4 1/2 inches

Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches

Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Brown

Squid Pickle Bay Relationship Father

Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards linked engagement reckons from <u>25-5-18</u>									
Joined <u>M. Corps</u> on <u>25-19-18</u>									
<u>Discharged July 4, 1919</u>									
<u>Embarked M. Corps S. I. Colombo to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C.I. 23-11-18</u> <u>Disembarked France 25-11-18</u>									
<u>Joined B.C.I. 5 '19</u> <u>Transferred from Queen 22 '19</u> <u>Arrived Newmarket 25 '19</u>									
<u>Left for demobilization 12 '19</u> <u>Arrived home 1-6-19</u>									
<u>Demobilization M. Corps 4-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-7-1919 [date of discharge] 1 years 41 days

" " Pensions " [ " " ] " " "

C.R. 5442

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records with effect from 4-7-19.

5422 Pte. John Brown.

C.R.

5442  
~~5424~~

Extract from Daily Orders Part 11 Depot, St. John's,

Date 9-6-19.

5424 Pte. Brown, John

Reported at Headquarters

1-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5442

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

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

5442 Pte. John Brown

C.R. 5242

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.

5442 Pte. J. Browne.

C.R. 5442

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

#5442 Pte. J. Brown.

C.R. 5442

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

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

#5442 Pte. John Brown.



C.R. 5442

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated May 28, 1918

#5442 Pte. J. Brown.

Attested for General Service with the Royal Nfld. Regt.  
from 25.5.18

C.R. 5442

**Extract from telegram received from Synoptical,  
London, June 4th, 1919.**

Remittance received as follows:- Have not been  
Paid Soldier repatriated, you can adjust?.

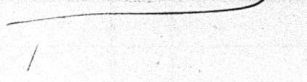
5442 Brown

£.5.0.0.

J. Brown

5442

P. t. R. O



**Medical Report on an Invalid.**

Station Stagley Down.

Date 30/4/19

1. Unit Royal Newfoundland.
2. Regimental No. 5442.
3. Rank Pte
4. Name Brown G.
5. Age last birthday 20.
6. Enlisted { on 25-5-18  
at St John's
7. Former Trade } Fisherman.  
or Occupation }
- 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).

*nil*

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

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

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.

*Acceptance of disability*

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

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

*h*

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

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

*h*

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

*h*

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

*h*

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?

*h*

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.

*h*

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

*Repatriation*

*M.R.S.*

*Majors*

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

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

Station *Hayley Down*

Date *30/4/19*

\_\_\_\_\_  
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.

No. 16858/1841

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.

To: *289613*  
Officer Commanding,  
2<sup>nd</sup> Bn Royal Newfoundland Regt.  
Winchester.

21st October 1918

Subject: 5442, Pte. J. Brown,

With reference to the following telegram (8980) from the Hon. Minister of Militia, received

Pay to 5442 Brown £2:0:0

Draft £ 2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Oct 22 1918

Receipt hereunder

*Okant*  
LIEUT. COLONEL,  
COMMANDING 2<sup>ND</sup> BN ROYAL NEWFOUNDLAND REGT.  
Officer Comdg, 2<sup>nd</sup> Batt'n  
Royal Newfoundland Regiment

Received the sum of Two

Pounds on account of cable remittance from Newfoundland.

J. Brown  
No. 5442 Rank Private

Witness: J. Murphy Pte

7807/31

No. ~~117~~

N.F.P. / 70.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding, Depot,  
1st Batt. Ryl. Nfld. Regiment  
Winchester

21st May 1919

1919.

5442 Pte. J. Brown,

Receipt hereunder

With reference to the follow-  
ing telegram from the Minister of  
Militia / / 19 (197) :

Officer Comdg. Batt'n.

"Pay to- 5442 J. Brown  
£5. 0. 0.

Received the sum of \_\_\_\_\_

Cheque £5. 0. 0. is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

\_\_\_\_\_ in respect of  
telegraphic remittance from the  
Minister of Militia.

*R. O. Minors May*  
Chief Paymaster & O. i/c Records.

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

Witness: \_\_\_\_\_

No. *5442* Name *Brown Jas* Sqn., Batty., or Company } *D* Corps *R. Newfoundland* Date of enlistment } *25/5/18* G.C. Badges } *1* Service or Efficiency Pay } *Good*  
 Date of last entry in Company Conduct Sheet } *✓* No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. Signature O.C. Company, etc. } *W. L. [unclear]* Character *Good*

Army Form B. 122.

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>Field</i>	<i>8/1/14</i>	<i>Pfc</i>		<i>Deficient of 1 pr drawers</i>	<i>Sgt Bellon</i>	<i>Pay for same</i>	<i>8/1/14</i>	<i>Major Bernard</i>	<i>P.M.</i>
<i>Field</i>	<i>25.3.19</i>	<i>Pfc</i>		<i>Deficient of Leather Jerkin</i>	<i>C.M.S. Watson</i>	<i>Pay for same</i>	<i>25.3.19</i>	<i>Major Bernard</i>	<i>P.M.</i>
<i>Barrack</i>	<i>24/2/14</i>	<i>-</i>		<i>def. of kit</i>	<i>C.M.S. Watson</i>	<i>pay for same</i>	<i>1/4/19</i>	<i>Major Bernard</i>	<i>use H</i>







Brown, John

5442

Ray Sept.

July 4, 1919

#5442 Pte. John Brown,

Squid, Tickle,

Bonavista.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2358.

Yours truly

Capt.,  
Paymaster & Officer i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 544 Rank

Name Brown J

Warned for demobilization on

JUN 6 1919

July 5, 1919

#5442 Pte. John Brown,

Squid Tickle, 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

Captain  
Raymaster & O.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name. *John Brown* ..... 2. Branching.....  
3. Rank. *P6* ..... 4. Regt. No. *5442* .....  
5. Address in full to which future payments of gratuity are to be forwarded. *Sgt's Quarters, B.B.* .....  
6. Date of enlistment in the Regiment. *May 25/18* .....  
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..... *No* .....  
9. Address in full of such dependents..... *No* .....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months* .....  
..... 1.  $\frac{1}{2}$  .....

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.

*Y*  
\$ 81.19 Clothing & Ration

15. Have you been issued with a War Service Badge?.....

*no*

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

*no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*no*

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

*no*

19. Are you now serving in the Regt?..... If not give:- (a) Date of discharge. *June 20/19* (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 + Germany*

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

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



Signature of Applicant: *John Brown*

Place of Residence: *Sau's River, B.B.*

Declared before me at: *St Johns area*

This *6<sup>th</sup>* day of *June* 19*18*....

Signature of Barrister of the  
Supreme Court, Stipendiary Legis-  
tate, Notary Public, Justice of the  
Peace, or Commissioner of affidavits.  
*John M. Carthy*

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
.....			<i>2 mos.</i>	<i>280 00</i>
.....				
.....				
Certified correct.			Paymaster	<i>[Signature]</i>

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5442 Rank Pvt. Name Brown John  
 Intended place of residence Squid Tickle Bonaville

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

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  
 H.S.M. Mrs. Grant  
 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  
J. Brown  
 Signature of soldier  
W. Johnston  
 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  
J. Brown  
 Signature of soldier  
James O'Riordan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 25-5-18 No of days on Military  
 Discharged from service 20-6-19 14 days Service 406

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
JUN 20 1919  
R.H. Lait Capt.  
 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  
July 4 1919  
M. Rowley Capt.  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

A.G. 2079 / 2358

# 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 ..... *4-5-19* .....

Regimental No. *5442*

Name ..... *P. R. ...* .....

Address ..... *Squid Lickle B.N.* .....

Present Medical Category ..... *A-1* .....

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

Members of Board {

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

*L. Paterson*  
Senior Medical Officer

*Geo. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

 Reg. No. 51442 Rank Private Name Brown John

 Date of Enlistment 25.2.18 Address Squad 14th District Bonaville

 Occupation Sherman Classification for Discharge 1/4 Medical Category A.I.

Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

 Date 5.6.19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMobilIZATION

#### i. Civil Re-Establishment.

 I am \_\_\_\_\_ in a position to resume civilian occupation. 9 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 [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1505; 9.590* to his home at *Squad Pickle* and Release Certificate No. *2389* issued.

Date *6-6-19* .....  
*J.A. Snow Capt*  
 Demobilization Officer

4. Pay and Allowances.

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

Date *6-6-19* .....  
*H. W. [unclear]*  
 Depot Paymaster.

Discharge approved for. *20-6-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	<i>2 Form B</i>
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. Snow Capt*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 20 1919* .....  
*R.H. [unclear] 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:

*He resume former occupation*

*Brown J*

Signature of Man.

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

*J. P. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date \_\_\_\_\_

191 \_\_\_\_\_

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

# MEDICAL HISTORY

OF

Surname

*Brown*

Christian Name

*John*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Squire Lisle P.S.*

County

*Mea.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	191	8.
Examined	at	<i>25<sup>th</sup> May</i>	at	
Declared Age		<i>19</i> years		
Trade or Occupation		<i>2 Sherman</i>		
Height		<i>5</i> feet <i>4 1/2</i> inches		
Weight		<i>124</i> lbs.		
Chest Measurement	Girth when fully expanded	<i>35</i> inches		
		Range of Expansion	<i>3</i> inches	
Physical Development				
Vaccination Marks	Right		Right	
	Left		Left	
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>L. Amos Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>Squire Lisle</i>	at	
	on	<i>25<sup>th</sup> May</i>	on	
		191		
	Corps.		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	<i>Regiment</i>			
Transferred to	<i>5442</i>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of
				191







## 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 *John Brown*  
 Regiment from which discharged **Royal Newfoundland**  
 Regimental number *5442*  
 Intended address *Squid Tickle, R.R.*  
 Height on discharge *5* Feet *6*  
 Color of hair on discharge *Dark*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks —  
 Figure on discharge *Normal*  
 Christian name of Father *(William*  
 Christian name of Mother *Mary*  
 Wife's maiden name in full —  
 Date and place of marriage —  
 Christian names of children —  
 Place and date of soldier's birth *Salvage, Aug 24, 1898*  
 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)

*John Brown*

(Rank) *Pte*

Station

*St John's Hf*

Date

*4-6-19*

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.

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

Station

Date

Medical Report on an Invalid.Station Hazeley Down Camp  
Date 30. 11. 19.

1. Unit Royal Newfld.  
 2. Regimental No. 5442.  
 3. Rank Pte.  
 4. Name Brown J.  
 5. Age last birthday 20.  
 6. Enlisted  $\left\{ \begin{array}{l} \text{on } \underline{28. 5. 18} \\ \text{at } \underline{St John's} \end{array} \right.$   
 7. Former Trade } Fisherman  
 or Occupation }  
 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).*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. nil  
 10. Place of origin of disability. nil  
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil  
 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). no  
 (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.

13. What is his present condition?

*no complaints of no Disability*

*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?

*na*

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

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

*na*

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

*na*

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?

*na*

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.

*na*

*Repatration*

20. Do you recommend—

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

*Mr. S. J.*

*Major*

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

*Deasms*

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

Station *2nd Coy.*

Date *30.4.19*

\_\_\_\_\_  
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.

## Casualty Form - Active Service.

Regiment or Corps S. Newfoundland  
 Rank Pte Surname Brown Christian Name J  
 Religion of E Age on Enlistment 19 years — months  
 Enlisted (a) 25/5/18 Terms of Service (a) Duration Service reckons from (a) 25/5/18  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended (.....) Re-engaged (.....) Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation Fisherman Signature of Officer M. D. ...

Report		Record of promotions, reductions, transfers, casualties, etc., 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 List	5 JAN 1919		
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c

(17591.) W.L.W. 1997-P.1124. 1,000,000. 8/12. D &amp; S. Form B.103. (E. 12560)

P.T.O.

Next of Kin: Father: Brown W. Squidd Ticks: B. Bay: N. & L. D.

page.

Squid Ticket

July 21<sup>st</sup>  
1919

Hon. A. E. Hickman Esq.  
Minister of Militia

I beg to remind  
you that. The amount of:

Twenty five Dollars. viz me.  
Lt. Hazley Down Camp.  
(May 1<sup>st</sup>. 1919). Have failed  
to reach the consignee.

Forthwith. I request your most  
cordial investigation of the  
Existing difficulties and to  
arrive at a solution satisfactory  
to personal concerns.

Having failed to be the  
Receiptent of the said amount  
at Hazley Down Camp.

(page 2)

viz. \$ (2.5.) and after some  
Transportation I have failed  
to locate It.

I Herby Enclose  
Copy of Receipt for your  
aunt's Information. showing  
date of Sending and Amount  
Forward. Order No.

I appreciate  
Any Endeavour to locate the  
requested Amount. Trusting  
To arrive at a Satisfactory  
conclusion of the Existing  
difficulties. — Faithfully yours.

No. 5442. Ex Private

John. Brown.

Squid Pickle

B. B.

Money Order Receipt.

Received \$ 25. <sup>11</sup>/<sub>100</sub> xx

Amount of Money

Order No. — 2224. //

G. B. Winters

Postmaster at  
Date Stamp). Salvage!

Date. Salvage!

May 1st.  
1919.





C.R. 5442

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal 1914-1919.

Name *5442, Ex. Po John Brown*  
Date *Nov 24 1919*  
Place *Spind Yick. B. B.*

Receipt for Army Book 64

No.....5442..... Name...*Brown J.*.....

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

Name...*John Brown.*..

Date...*Sep. 18, 1920.*

Place...*Squid Yick B. B.*..

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

*5 11/20*

*W*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet

*one*

Signature of Company

*CB Hicks head*

Regimental Number and Name	
No.	
<i>5442</i>	<i>Brown two</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>19</i> years <i>5</i> months	<i>Fisherman</i>
Place and Date of Enlistment	<i>St. John's</i>	Religion
	<i>22-5-98</i>	<i>CMS</i>
Period of	with Colours	Place of Birth
	<i>14 1/2</i> years.	
	with Reserve	
	<i>3 1/2</i> years.	

Good Conduct Badges, Service pay or proficiency pay	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St. John's</i>	<i>4 7/19</i>			

To be carried over.

# The Royal Newfoundland Regiment

5442

## DEMOBILIZATION OF

Reg. No. 5442 Rank Plt Name Brown, John  
 Date of Enlistment 25.5.18 Address Squad 14th Bn District Bonaville  
 Occupation Postman Classification for Discharge 1p Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 5-6-19

John O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

John 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 .....

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 150578.590* to his home at *Squad Pickle* and Release Certificate No. *2382* issued.

Date *6-6-19*

*J.A. Snow Capt*  
Demobilization Officer

4. Pay and Allowances.

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

Date *1-1-19*

*J.A. Snow 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.	
B 178	W 3494	B 122	Board 1st	" 2.	<i>2 Form B</i>
B 178a	<i>7</i> 400A	<i>B</i> 1915	do 2nd	" 3.	
B 179	<i>7</i> 400B	Form L	do 3rd	" 4.	
B 179a	D 400C	Form K	do 4th	" 5.	
B 179b	B 103	<i>ME</i> 2		" 6.	
B 179c	B 120	M 93			

Date *6-6-19*

*J.A. Snow Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 20 1919*

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

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

Date *June 11/19*

*J.A. Snow Capt*  
for O.C. Records

Reg. No. *Det 17* Rank *2nd* Name *Brown J.*

Attested ..... Address *Squad 2nd*

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

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Corseica* Cause *Discharge*

*5-6-19*

**PASSED TO DEMOBILIZATION**

*20-6-19*

**DISCHARGE APPROVED ON DEMOBILIZATION**