



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3315 Name Wm Bryant Coffe
Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? Wm Bryant
- 2. What is your full Address? Belight St.
- 3. Are you a British Subject? yes
- 4. What is your age? 25 Years 3 Months
- 5. What is your Trade or Calling? Coaster
- 6. Are you Married? no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
- 8. Are you willing to be vaccinated or re-vaccinated? yes
- 9. Are you willing to be enlisted for General Service? 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 } II. yes
to be signed by you if you are accepted? }

I, Wm Bryant 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

Wm Bryant SIGNATURE OF RECRUIT.
A. M. Frazee Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Bryant 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 fully 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 11 day of December 1916

Signature of Attesting Officer Chas. R. Arne Capt.

†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 1916
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)

11 432 021

1000

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

[010]

C.R. 3315

May 2nd, 22

No. 3315 Wm. Bryant,
36 Livingstone Street.

Dear Sir:-

I shall be glad if you will call at the
Record Office in this Department at your early convenience.

Yours faithfully,

Lieut.

Officer I-c Records

Reg. No. *3315* Rank *Hq.* Name *Brigant. Low*
Attested Address *Hearts Delight. Trinity*
Allotment Allottee
Date of Allotment Returned from Overseas *7.2.19.*
Returned on S.S. *Loisian* Cause *Discharge*

22.3.19
31.3.19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
R 121.
39.

Number of sheet 1st

Regiment of 1st New Brunswick

Signature of O. C. Company Chas. A. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Bryant, Wm.	Age on	25 years 3 months	C. of B.	
3315		Place and Date of Enlistment	St. John's, N.B. 11.12.16.	Religion	
Joined		Date	Period of	with Colours ¹²⁵ / ₃₆₅ years. with Reserve years.	
Joined		Date			Place of Birth

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
Ayr.	11.5.17	Pte		not shaven on parade	Sgt Keenan	2 days C.B.	11.5.17	Lt Col Strong	
				Demobilized	St. John's		14	7/19	
				To be carried over					

R.

3315

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 3315.....NAME Ex. Pte. Wm. Bryant

DATE Jan. 13th 1920
PLACE Hearts Content

C.R.

3315'

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Station G.H.Q. 3rd Echelon 27-10-17.

Invalided to England

3315 Pte. W. Bryant

20-10-17.

C.R. 3315

Extract from Daily Orders Part II Newfoundland Forestry
Companies dated April 25th 1919. DEPOT ST. JOHN'S.

.....

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/o Records from noted date.
14/4/19.

3315, Pte. Wm. Bryant.

C.R. 3315

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Nfld Forestry Corp

~~Regt. Strickland's~~, April 1st, 1919.

The discharge of the undernoted on demobilization
has been APPROVED by O.C. Discharge Depot from noted dated

3315 Pte. Wm. Bryant.

C.R. 5315

Extract from Daily Orders Part II,
Depot St. John's dated. 11-2-19.

The undernoted returned from Overseas
and reported at Depot 11-2-19.

#3315 Pte. Wm. Bryant.

3315'

C.R.

Extract of Nominal Roll. of Foresters Embarked By S.S.
#Corsicum, Feb.1st.1919.

3315 Bryant.

C.R. 3315

Extract of DAILY ORDERS BY MAJOR M.S. SULLIVAN
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES
18/11/18.

The undermentioned having completed his trial with this
Unit is attached to the strength from 25/10/18 and posted
to a. Co'y:

3315 Pte. W. Bryant.

C.R. 3315

Extract from Orders by Lt. Col., E.J. Barton, D.S.O., Commanding
2nd Bn., The Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 12/9/18.

3315 Pte. W. Bryant.

C.R. 3315

Extract from Daily Orders part 11, from Unit The Royal
Nfl Regt. in the field, dated May 4, 1918.

The following man is transferred to England Class "B"
April 30, 1918

#3315 Pte. W. Bryant.

C.R. 3315

Extract of Nominal Roll B.E.F. Embarked "Southampton"

4-4-18.

3315 Pte. Bryant, W.

C.R. 3315

Extract of Casualties received from Pay & Record Office,
London, dated January 21, 1918.

Discharged from Tooting Military Hospital 21/1/18 and granted
furlough to 30/1/18.

Fit for 1, Duty.

#3315 Pte. W. Bryant. ✓

Auth:- A.Fs. W. 3016 from Hospital.

C.R. 3315

Extract from Casualties received from Pay & Record Office,
London, ~~England~~ 19th, Jan. 1918.

O.C. Tooting Military Hospital, Tooting, S.W.,
Reports,

Granted furlough from 21-1-18 to 30-1-18.

3315 Pte. W. Bryant.

Fit for 1, Duty .

MM.

Extract of Casualties received from Pay & Record O.London
January 19.1918.

O.C. Tooting Military Hospital, Tooting, S.W., reports:

#3315 Pte. W. Bryant. ✓

Granted furlough from 21/1/18 to 30/1/18. fit for 1.Duty.

A.F.W.3016 from Hospital.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Gable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address

Line Number	Rcd	By	Sent	by	Check

Dated October 24, 1917.

To Mrs. Arch Buddon,

Hearts Content.

Record Office, London, today reports No. 3315,

Private William Bryant, is now at Tooting Military Hospital.

R.A. SQUIRES

Colonial Secretary

3315 PTE. WILLIAM BRYANT. ✓

C.R. 3824

EXT. OF CASUALTY LIST RECEIVED OCT. 23rd. 1917.

110th STATIONARY HOSPITAL. ROUEN OCT. 12th CHEST

PENETRATING AND RIGHT ARM G.S.W. SEVERE.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Red	By	Sent	by	Check

Dated **October 23, 1917.**To **Mrs. Arch Buddon,****Hearts Content.**

Regret to inform you that Record Office

London, officially reports **No. 3315, Private****William Bryant, was at 110th Stationary Hospital,****Rouen, October twelfth, suffering from severe****gunshot wound chest, penetrating, and right arm.**
Upon receipt of further information I shall immedi-

ately wire you and trust that next report will be

of his convalescence.

~~JOHN B. BENNETT~~

R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 3315-

Extract from Nominal Roll of Draft No.25; Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B. E.F.

3315 Pte. Bryant, W.

MP.

C.R. 3315

Extract from Officers and men ~~REMOVED~~ embarked St. John's
SA-7# 17 Sailed Halifax S. S. NORTHLAND 17-6-37.
4

#3315 Pte. W. BRYANT.

CR. 3315

Extract from Daily Orders Part II Unit The Royal Nfld.
Reg t. St. John's, Dec 11th, 1916.

3315 Pte. Wm. Bryant.

Attached to the strength from Dec. 11th, 1916.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3315 Rank RFC Name Bryant Wm
 Date of Enlistment 10.11.16 Address Sea B Delight District St. John's
 Occupation Coach Classification for Discharge B Medical Category E
 Recommendation S.M.B. Personally unfit Disability Rating 40 to 3 mos
 Passed to Demobilization Officer with following documents:—

N.F. P/36	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 105	ME 2		" 6
B 179c	B 120	M 93	317 ✓ 1	

Date 22.3.19 O. C. Discharge Depot H. Mews St

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

William Bryant

Particulars passed to Vocational Officer for information and action.

Date 22.5.19 Brooks Capt

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
 (b) Clothing Supplied Yes

Date 29-3-19 O i/c. Re-clothing.

3: Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home
at *San Francisco* and Release Certificate No. *1483* issued.

Date *29-3-19* *J.H. Mansfield*
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 *14-4-19*

Date *29-3-19* *H. Mansfield*
Depot Paymaster.

Discharge approved for.....

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
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 *29-3-19* *J.H. Mansfield*
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 *MAR 31 1919*

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

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

Date *Apr 3/1919*

David Stewart
O.C. Discharge Depot.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

March 22nd, 1919

191

From Officer Comanding,
Discharge Depot

Office of D.M.S.

To ~~Board of Pension Commissioners,~~
Militia Bldng

3315 Pte. W. Bryant

Above noted man was before the Standing Medical Board
on 20-3-19 and was recommended for discharge as perman-
ently unfit and X-Ray of Chest.

His discharge on demobilization has been approved by the
Officer Commanding, effective from 22-3-19 and I am send-
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due
course.

Stalley Capt

Asst. Adjutant
Discharge Depot

Copy to Bd. of Pension Commissioners



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

March 29th. 1919

191

From Officer Comanding,
Discharge Depot

~~Office of D.M.S.
to Board of Pension Commissioners,
Military Branch~~

3315 Pte. Bryant, W.

Above noted man was before the Standing Medical Board
on **20-3-19** and was recommended for discharge as perman-
ently unfit and **requires X-Ray of Chest**

His discharge on demobilization has been approved by the
Officer Commanding, effective from **31-3-19** and I am send-
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due
course.

W. A. C. Case

Adjutant.
Discharge Depot.

Copy to Board of Pension Commissioners.

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

" 3375
 No. Rank *Plt* Name *Bryant, William*
 Former Occupation *Coaster* Address *Bearts Beight* District *Trinity*
 Class Medical Category *E* Disability Rating *25% 3 mon.*
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as *Coaster*. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date *22. 3-19*

To be forwarded Orderly Room in Duplicate.

CB Dicks Cpl.
 Demobilization Officer

D Bryant

C.R. 3315

~~LRD~~

No. *3315* Name *William Bryant* *Sgt. Betty's* or-Company *H* Corps *Royal Newfoundland* Date of enlistment *11-12-16* G.C. Badges Service or Proficiency Pay *Good*
Date of last entry in Company Conduct Sheet *11-5-17* No. and date of last drunk *✓* Period not reckoning towards freedom from extra fine *✓* Sheet No. *1* Signature O.C. *H. G. A. Kudice* Company etc. *Betty's* Character *Good*

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



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3315 Name Wm Bryant Corps Cofe.

Questions to be put to the Recruit before Enlistment

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Wm Bryant</u> |
| 2. What is your full Address? | 2. <u>Great Britain</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>25</u> Years <u>00</u> Months |
| 5. What is your Trade or Calling? | 5. <u>coaster</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> |

I, Wm Bryant do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Bryant SIGNATURE OF RECRUIT.

A. M. Fiosa Signature of Witness.

Wm Bryant OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Bryant 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 11 day of December 1915.

Signature of Attesting Officer Chas. R. Ayre, Capt

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Wm Bryant
 Apparent age 25 years 3 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 39 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Ludden
Secrets Content | Relationship Sister

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 limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " " Pensions " _____ [" "] _____ " _____

FORM K

No 3315



4 / 1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Bryant , Regl. No. 3315

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Fifty 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 February 11th 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3488	Sister	Mr Archibald Budden	Heart's Content T.A.	— 50
Total Allotment, \$				

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.) Wm R. Aye Capt.
Officer Commanding
8. Company
St John's
January 16th 1917

(Sig.) William Bryant
(Rank) Private

No 3315


 4 / 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

 I, William Boyart, Regl. No. 3315

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Fifty 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 February 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3458	Sister	Mrs Anselma Badden	Heart's Content T.A.	50
			Total Allotment, \$	

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

 (Sig.) Wm R. Aye Capt
 Officer Commanding
 8 Company

 (Sig.) William Boyart
 (Rank) PT
St John's
January 18th 1917

3315

Rank

Name Bryant W

Pay	F.A.	Wkg	Total
100	15		110
Less: Allotment			50
Net Rate			60

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance							
Acquittance Rolls		56			Pay @ net Rate	96	26					109
Hospital Advances		117	6			97	19 1/2	225	60	135	00	27 14 10
A.B. 34					<i>Rallen</i>							1 0 0
P. & R.O. Payments					10 days 50 2/-							29 5 7
7.3.10 ✓					10 2 1/2							
Cash R.O. No 5303 19/1/18		10	0	0	(27-1-9)	20 1/2	28 1/2	9	60	5	10	
					10 50 0							
					12 1 9							
Cheque 7456		12	0	0	19							
C.B. 19/1/18												
Cash 5467		1	0	0								

110

29 5 7

LAST PAY CERTIFICATE

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.

Regtl No. 3315 Rank Cpl Name Bryant W Unit Field Reg. who was transferred
to Newfoundland Co on 25/10/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT OR.

PARTICULARS	£					s					d															
	£	s	d	£	s	d	£	s	d	£	s	d														
Balance Dr. from														Balance Cr. from												
Allotment 28 days @ 50 ^t	1	14	00	1	2	17	6						Pay 28 days @ 1 ^e	1	28	00										
Cash Payments:													Field Allow 28 days @ 10 ^t	1	2	80										
15 10				1	3	9	1						Other Allowances days @ 1 ^e	1	30	50	1	6	6					7		
Other Debits:													Other Credits:													
n.f.p./94 No 457				1		2	6																			
Total Debits													Total Credits													
Balance due by Paymaster													Balance due to Paymaster				1	2	6							
				1	6	9	1										1	6	9							

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

Winnipeg Oct 28 1918
(Place) (Date)

Leo Comsurphing
O.C. " " Company.

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

Pay & Record Office, London,



LAST PAY CERTIFICATE

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. 3315 Rank Pte Name Bryant - W. Unit R Nfld Reg who was transferred
to Nfld Forestry Co on 25/10/18 Authority _____ Cause _____

DR. _____ STATEMENT OF ACCOUNT _____ OR.

PERIOD: From 28.9.18 To 25.10.18	PARTICULARS									
	£	s	d	£	s	d	£	s	d	
Balance Dr. from						Balance Cr. from				
Allotment 28 days @ 50 ⁺	114	00		12	17	6	Pay 28 days @ \$ 1.00	128	00	
Cash Payments:						Field Allice 28 days @ \$ 10 ⁺	12	80		
1510				13	9	1	Other Allices days @ \$	130	80	
Other Debits:						Other Credits:				
N.F.P. 154 No. 457				1	2	6				
Total Debits						Total Credits				
Balance due by Paymaster						Balance due to Paymaster			1 2 6	
				16	9	1			16 9 1	

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

T Coy
Winchester Oct 28 1918
(Place) (Date)

Leo Murphy
O.C. 1st Company.

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

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.



Bryant, D.

3315

Hay sept.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

RECEIVED FROM PAY & RECORD OFFICE "DISCHARGE
CERTIFICATE NO.1965."

SGD-*W Bejant*

Date *16 April 1919*

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3315 Rank Plt Name Burgault, Wm.
 Intended place of residence St. John's Delight, T. B.

2. Occupation Coaster
 Classification of soldier P.B. Medical Category F.

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
 Date MAR 29 1919

H. Mous. Lt.
 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. 29. 3 - 19

William Burgault
 Signature of soldier

J. P. Bourne
 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. 22. 3 - 19

William Burgault
 Signature of soldier

E. Wilson Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10 - 11 - 16 No of days on Military Service 880
 Discharged from service 31 - 3 - 19 plus 4 days

APPROVAL OF DISCHARGE

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

Place
 Date MAR 31 1919

R.H. Sait 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, Nfld
 Date April 14/1919

W. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

C.A.B. 2097/1965.

31
 31
 28
 31
 14
 125

The Royal Newfoundland Regiment

DEMOLITION OF

Reg. No. 3315 Rank PLC Name Bryant W^m
 Date of Enlistment 10 11 16 Address Heart's Delight District Imperial
 Occupation Teacher Classification for Discharge B Medical Category E
 Recommendation S.M.B. Probably unfit Disability Rating 40 To 37-10

Passed to Demobilization Officer with following documents:—

N.F. P/38	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 22 3 19 O. C. Discharge Depot K. M. W. S. H.

PARTICULARS FOR DEMOLITION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 22.3.19 Chadwick Capt.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £0.00
- (b) Clothing Supplied £0.00

Date 29-3-19 O f.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home
 and Release Certificate No. *1983* issued.

Date *29-3-19* Demobilization Officer *J.A. Brown*

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 *14-4-19*

Date *29-3-19* Depot Paymaster *H. M. ...*

Discharge approved for.

Forwarded with following documents to O.C Discharge Depot:

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	<i>3172</i>	" 6
B 179c	B 120	M 93		

Date *29-3-19* Demobilization Officer *J.A. Brown*

APPROVED.

Documents as above forwarded to:—
 Officer in Charge Records,
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date *MAR 31 1919* O. C. Discharge Depot *R.H. ...*

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:

For treatment and X Ray.

William Bryant

Signature of Man.

Reg. No. 3315

J. P. Sawyer

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date

March 29th 1919

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

MEDICAL HISTORY

Surname Bryant OF Christian Name William

Table 1.—GENERAL TABLE

Birthplace:—Parish _____ County _____



		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on 10 day of Nov 1916	on	day of	191	
	at St John's	at			
Declared Age	25 years 3 days		years	days	
Trade or Occupation	coaster				
Height	5' feet 4 inches		inches		inches
Weight	139 lbs.		lbs.		lbs.
Chest (Girth when fully expanded)	39 1/2 inches		inches		inches
	4 1/2 inches		inches		inches
Physical Development					



Vaccination Marks	Right	Left	Right	Left
	Arm Number		22000	

When Vaccinated	10 years ago			
Vision	R.E.—V= 4/6		R.E.—V=	
	L.E.—V= 5/6		L.E.—V=	



(a) Marks indicating congenital peculiarities or previous disease	(a)			
(b) Slight defects but not sufficient to Cause Rejection	(b)			

Approved by (Signature) _____ (Rank) _____

Medical Officer. _____ Medical Officer. _____

Enlisted	at St John's	at		
	on 11 day of Dec 1916	on	day of	191

Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
3/1st Newfoundland		5515		

Transferred to... 1st Newfoundland

Became non-effective by	on	day of	191	on	day of	191
-------------------------	----	--------	-----	----	--------	-----

(Signature) _____ (Rank) _____

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.

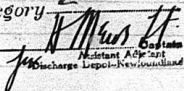
Date	Brief Details, and Signature
Dec 19/16	Vaccination 20
10-1-17	T.A.B. 20
17-1-17	3 20
24-1-17	20
86-3-18	T.A.B. 20 2 20 OK 1/2 Cap Bone.
28 JUN 1918	Boarded at Hazelton Camp Masked B1 Category with Passow. Major Rame. OK 1/2 Cap Rame.
	It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u>
	20.3.19 Date of S.M.B.  <small>for Discharge Report - Review and</small>

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
Hd Troop Wondoor	31-1-17	3-2-17			
	3-2-17				



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station *St John's Ufld*

Date *March 20th 1919*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>27</i> |
| 2. Regimental No. <i>3315</i> | 6. Enlisted on <i>10th Nov 1916</i> |
| 3. Rank <i>Private</i> | at <i>St John's</i> |
| 4. Name <i>Private William</i> | 7. Former trade or occupation <i>Cooker.</i> |

8. Disability

*G.S.W. Rt. Arm
& Rt. Chest.*

9. History *wounded Oct. 9 1917. Bullet passed through upper arm & into chest in mid-axillary line. F.B. still in chest. no attempt made to remove it. In Tooting Military H^l 22/10/12 to 9/1/15.*

10. What is his present condition?

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

Complaints of pain in chest where bullet is, & cough. Some swelling over area of chest wound.

Shortness of breath on exertion.

No abnormal breath sounds heard on auscultation

Heart Rapid. P.R. 110. No murmur.

11. Was sanatorium advised and refused?
operation

no

12. Do you recommend discharge as permanently unfit?

yes

Signature

Archibald
for

Rank or Qualification

M.O. Depot

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x May be considered as ~~aggravated by~~ due to

(a) Service during this war. (b) ~~Climate~~ (c) ~~Ordinary Military Service~~

Remarks if any:—

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

*Wound of right chest about mid-axilla
 Penetrating wound of right arm above elbow
 No disability. Pulse 88.*

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

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

(State in percentage.)

Remarks if any:—

*40%
 40% 3 months x
 Very of chest*

16. Is the disability permanent?

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

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

Remarks if any:—

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

20. We recommend discharge from retention in the Army

Remarks if any:—

R. S. Cass

 President

Signatures.....
W. D. Cairns
L. P. Anderson

Place.....
 Date..... *March 20 1919*

APPROVED
 DIRECTOR OF MEDICAL SERVICES
 MAR 20 1919
 Station.....
 Date.....
 NEWFOUNDLAND

Ernest Macpherson
 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

Bryant W. M.

Regiment from which discharged

Royal Newfoundland

Regimental number

3573

Intended address

Hearts Delight.

Height on discharge

5 Feet

6

Color of hair on discharge

Dark

Complexion

Dark

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Med

Christian name of Father

Edward

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

Hearts Delight. Sept 9. 1893.

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)

William Bryant

(Rank)

[Signature]

Station

Date

18-3-19

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

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 3315

Name Alc Bryant W^m

Address Starts Delight

Present Medical Category E

Recommended for:— { (a) Immediate discharge

(b) Standing Medical Board.

Members of Board {

R. H. Lat Capl
.....
O.C. Discharge Depot.

M. Paterson
.....
Senior Medical Officer

Archibald
.....
M. O. Depot

✓
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 20th. 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... *William*... 3. Surname... *Bryant*.....
5. Rank... *Private*..... 4. Reg't. No. *3215*.....
6. Address in full to which future payments of gratuity are to be forwarded... *Williams, Bryant*.....
..... *C/o Mr. Archibald Budden, Hawks, Lorient*.....
6. Date of enlistment in the Regiment. *10th December 1916*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *Not applicable*.....
8. Relationship of such dependents... *Not applicable*.....
9. Address in full of such dependents... *Not applicable*.....
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in Mfld. If so, give dates and particulars of such service... *Belgium*.....
1917 June 5 to October 1917.....
.....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *2 years 2 months*.....
..... *1 1/2*.....

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

*Whole Service: 15 Jan 1915 Navy March 1915 Army
December 10 1916 Army. Was only attached
once, on the first two occasions. Volunteered & was
accepted as medical orderly.*

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? *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. *Not Applicable*

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not Applicable*

19. Are you now serving in the Rep't? *No*... If not give - (a) date of discharge *March 25th 1919*. (b) Reason for discharge *being no longer wanted for service*

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. *Yes... in Belgium from June 1917. October 1917. (wounded Oct 9th 1917)*

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.

Signature of Applicant: *William Ryan*
 Place of Residence: *Heart's Content*
 Declared before me at: *Saint John's*
 This *thirtieth* day of *March* 19*19*.

John Jewell
Barrister & Solicitor
Notary Public

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, 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>5 mes.</i>	<i>200 00</i>
.....
.....
Certified Correct.				Paymaster.	<i>[Signature]</i>

Casualty Form—Active Service.

Regiment or Corps. 1st New South Wales
 Rank PLC. Surname Boyd Christian Name William
 Religion C. of E. Age on Enlistment 25 years 3 months
 Enlisted (a) 11-12-16 Terms of Service (a) Duration four Service reckons from (a) 11-12-16
 Date of promotion to present rank..... Date of appointment to lower rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 Occupation Coaster. or Corps Trade and Rate 1st Lt
 Occupation Coaster. 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 <u>Shampton</u>	<u>11.6.17</u>	
			Disembarked... <u>Rouen</u>	<u>12.6.17</u>	
			Joined Battalion	<u>2 JUL 1917</u>	<u>B 213</u>
<u>15-10-17</u>	<u>of Unit</u>	<u>Wounded in Action</u>		<u>9 OCT 1917</u>	<u>B 213</u> <u>15-10-17</u>
<u>23-10-17</u>	<u>61 CCS</u>	<u>As G.W. Home Sec</u>		<u>10/10/17</u>	<u>801988</u>
	<u>"Western Australia"</u>	<u>transferred to England with 11th Tank Bn</u>	<u>10/10/17</u>	<u>10/10/17</u>	<u>W 3083</u>
				<u>24/10/17</u>	
				<u>0 1/2 No 1</u>	<u>Infantry Section</u> <u>11th B. 3rd Echelon</u>

[Handwritten signatures and initials]

(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-Smiths, &c.

Casualty Form - Active Service.

Regiment or Corps Royal Newfoundlands

Rank Private Surname Bryan Christian Name William

Religion Church of England Age on Enlistment 25 years 3 months

Enlisted (a) St. Johns Terms of Service (a) Duration Service reckons from (a) 11-12-16

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended () Re-engaged () Qualification (b) _____
or Corps Trade and Rate _____

Occupation Coastal Frank G. Russell 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 ...	<u>3 APR 1918</u>		
		Disembarked...	<u>6 APR 1918</u>		
	<u>1/5/18 "S" S.B.D.</u>	<u>Transferred to Coy</u>	<u>Raven</u>	<u>30/4/18</u>	<u>Race</u>
		<u>classified "B"</u>			
	<u>6-5-18</u>			<u>n y. Filgate Major</u>	<u>Infantry Section</u>
				<u>G.I.C. No. 1</u>	<u>G.M.C. 3rd Echelon</u>
	<u>3/19</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.

19

Ward _____ Hospital. No. of Bed _____ Date _____

Regt. No.	Rank and Name	2nd Batt. Corps.	Part to be X-Rayed.
3315	Pte Bryant	Royal Newfoundland	

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Plw Chk. Hemiplegia
 pain in side; ? location
 of Fb. please
 (9-10-17)

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate _____

Plate shows a rifle bullet
 lying near the surface of
 right lobe of liver, in which
 it is imbedded.

Signature of M.O. *M.O.*Date 30 - 5 - 18 *Carbone*Signature of Radiographer *N.E. Chidgey*

Date 30 MAY 1918

MAJOR, R.A.M.C.F.

19

Ward _____ Hospital. No. of Bed _____ Date _____

Regt. No.	Rank and Name	2nd Batt. Corps.	Part to be X-Rayed.
3315	Pte Bryant	Royal Newfoundland	

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Stw Chk. Hemiplegia
 Pain in side; ? location
 of Fb. please
 (9-10-17)

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate _____

Plate shows a rifle bullet
 lying near the surface of
 right lobe of liver, in which
 it is imbedded.

Signature of M.O. *M.K.*Date 30 - 5 - 18 *Ans P*Signature of Radiographer *N.E. Aldridge*

Date 30 MAY 1918

MAJOR, R.A.M.C.T.

No 3315



4 / 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Bryant, Regl. No. 3315

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Fifty 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 February 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3488	Sister	Mr Archibald Budden	Heath's Cornish T. B.	—	50
				Total Allotment, \$	

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.) Chas. R. Aye Capt.Officer Commanding
8, Company(Sig.) William Bryant(Rank) PTSh. T. St. J.January 18th 1917



4 1ST NEWFOUNDLAND REGIMENT /

IDENTITY CERTIFICATE

This is to Certify that

(Name*) Mrs Archibald Budden

(Address) Hearts Content, T. B.

(Relation or otherwise) Sister. is the person nominated

by Wm Bryant Rank Sgt Regl. No. 3315

to draw Allotment Pay, as authorized on Form K, No. 3315, dated Jan 18 1917

Date Allotment commences Feb 15/17

(Sig.) Chas. R. Ayle Capt.

Dated at St Johns Officer Commanding G.

Jan 18/1917 Company

NOTE. - Allotments will be payable at the Regimental Pay Department Office, on and after the 7th day of the month following that for which Pay is due. On Week Days from 11 a.m. to 1 p.m. and 2.30 to 4 p.m.; Saturdays, 11 a.m. to 1 p.m. Payments can only be made on production of this Certificate.

Specimen Signature

(*)

Witness to Signature of Allottee

Allottee

1917. to 1918

PAYMENTS

Date Paid	Amount	Payee's Signature	Date Paid	Amount	Payee's Signature
March 7 th	14 \$	Mrs Archibald	Nov 8	15	Mrs Archibald
April 7 th	15 \$	Budden	Dec 8 th	15 850	Budden
May 7 th	15 \$ 50	Hearts Content	Jan 8 th	15 850	Hearts Content
June 8 th	15 \$		Feb 8 th	15 850	
July 8 th	15 \$ 50		Mar 8 th	15 850	
Aug 7 th	15 \$ 50		Apr 8 th	15 850	
Sept 8 th	15 \$ 50		May 8 th	15 850	
Oct 8 th	15 850		June 8 th	15 850	



This Form is to be used in connection with Pamph. M. E. (1)
 N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *William Bryant*
 aged *25 years* conducted at *L.H.B.*
 Date: *Nov 10th 16.* Recruiting Officer:

NO OF 1ST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *must have top plate.*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/16 Both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *10 years left, 2 scars.*
- 34 *5'4"*
- 35 *139 lbs*
- 36 *33" 39 1/2"*
- 37 *\$4.00 per month*
- 38 *Sister Mrs Budden*
- 39 *none*

33-5

Di

Signature of Medical Examiner: *W. C. Burden*

ST. JOHN'S,

MAR 28 1919

Newfoundland Forestry Companies

Billeting Account,

To Pt. A Bryant

Billeting Soldiers as undermentioned

from Mar 21/19 to Mar 28

3315 Pt. A Bryant

7.20

REPORT	Btm
NO. NO.	969
DATE	1919
BY	[Signature]
FOR	[Signature]

Certified correct for \$ 7.20

J. A. Shaw
Billeting Officer.

W. Bryant

etc.

Trans

19696 *Lee*

NO. _____

U.S. LEADER _____ INT. LE. _____

Y. LEADER _____ INITIALS _____

GEN. LEADER _____ INT. LE. _____

The sum of *\$3*

May 10th 1919.

The Department of Military

Cents is due *Pte Wm. Bryant* Dollars and *95*
 for *transportation*

from *St John's*
 To *Hearts Content*

Vouchers attached,

I certify correct for
\$3.95
100
A. M. Johnston
 Lieut.

William Bryant W.B.R. for Demobilization Officer.

The Royal Nfld Regiment Lt

To #3315

Pte W^m Bryant,

To passage money

From St Johns to H^{ts} Content

\$ 3 $\frac{95}{xx}$

A. J. J.