



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5573 Name Arthur John Bungay Corp.

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Arthur John Bungay</u>              |
| 2. What is your full Address? .....  | 2. <u>West Col. de Sac. Hermitage Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                             |
| 4. What is your age? .....   | 4. <u>21</u> Years ..... Months           |
| 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 .....<br>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, Arthur John Bungay 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.

Arthur John Bungay SIGNATURE OF RECRUIT.  
J. W. P. Thomas Signature of Witness.

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

I, Arthur John Bungay 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 on this June day of 18 1915

Signature of Attesting Officer C. D. Dick 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

5543

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

Name Arthur J. Bungay  
 Apparent age 21 years 0 months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Arthur J. Bungay  
West Cal. Sec. Soc. | 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 C. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from					1-6-18				
Joined at <u>St. Albans</u> on <u>Jan 1-1918</u>									
<u>Discharged July 8/19</u>									
<u>Embarked St. Albans S.S. Columbia to Halifax N.S. 22/78.</u>									
<u>Embarked for B.C. 23-11-18</u>									
<u>Disembarked Annapolis 28-11-18</u>									
<u>Joined Battalion 5/19. Transferred from Queen 22/19</u>									
<u>to 10th for demobilization 22-5-19</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization St. Albans 8/7/1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-7-1919 (date of discharge) 1 years 38 days  
 " " Pensions " [ " " ] " " "

Reg. No. 5573 Rank *Pte* Name *Bungay, A*  
Attested *1-5-18* Address *West End - de - Sag*  
Allotment *504* Allottee *mother, Sarah Bungay*  
Date of Allotment *1-8-18* Returned from Overseas  
Embarked for Overseas *JUL 22 1918* Cause

*3/18 Vacc.*  
*15/18. Noe*  
*A.L. 16/18 — 24/18.*  
*Ret from leave 20-7-18*

C.R. 5573

Extract from Daily Orders Part 11 Unit The Royal Nfld.

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

The discharge of the undernoted on demobilization has been

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

5573 Pte. Arthur Bungay



C.R. 5773

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 1st 1919.

~~5773, Pte. Jas~~

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 29-7-19

5773, Pte. Jas Murphy.

C.R. 5373

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

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

5583 Pte. A.J. Bungay.

C.R. 5373

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

Date 13/6/19.

5573, Pte. Bungay, A.J.

Reported at Headquarters 1/6/19.

which sailed Liverpool May 22/1919.

BE "Corsican"

C.R. 5573

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.

#5573 Pte. A. Bungay.



C.R. 5573

Extract from Nominal Roll of Draft No. 86 from the 2nd.,  
Battalion of the Newfoundland Regiment to the 1st., Batt.  
of the Newfoundland Regiment, R.C.F.

Embarked Southampton 23/11/18.

#5573 Pte. A. J. Bungay

C.R. 5573

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

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

#5573 Pte. Arthur Bungay.

C.R. 5573

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated June 5, 1918.

#5573 Pte. A. Bungay.

Attested for General Service with the Royal Nfld. Regt.  
from 1.6.18

A Gungay

C.R. 5573

~~1450~~



**Medical Report on an Invalid.**

Station Regley Down Camp  
 Date 1. 5. 19

- 1. Unit Royal Newfld.
- 2. Regimental No. 5574
- 3. Rank Pte
- 4. Name Bungay A.
- 5. Age last birthday 22
- 6. Enlisted { on May 20 1918  
 at St Johns

- 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.
- 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—
  - (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). *nil*
  - (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. *nil*

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.*

*Accomplish of no disability*

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

*na.*

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

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

*na.*

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

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

*na*

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

*na*

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.

*Repatriation*

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

*na*

*Major [Signature]*

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

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

Station *2-D Camp*

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

Date *1. 5. 19*

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

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







No. 4857/212

From:

NEWFOUNDLAND

CONTINGENT

N.F.P./80.

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

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

27th March 1919

191

5573 Pte. Bungay A. J.

With reference to the following telegram from the Minister of Militia, / / ( 99 )

"Pay to- 5573 Bungay

£7. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

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

*Deposited*

Bungay, A. L.

5573

Ray rept.

July 8, 1919

#5573 Pte, Arthur J. Bungay,

West Cul de Sac,

Burgeo & LaPoile Dist

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2775.

Yours truly

Captain  
Paymaster & O.i/c Records.

**The Royal Mtd. Regiment**

**DEMOBILIZATION**

No. *5373* Rank *Plt*

Name *Bempsey A.J.*

Warned for demobilization on

**JUN 10 1919**



July 10, 1919

#5573 Pte. Arthur Bungey,

West Cul de Sac, F.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

Capt.,  
Paymaster & U. i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

1. Christian name, *Arthur* 2. Surname, *Burgoyne*  
3. Rank, *Pl* 4. Regtl. No., *55-73*  
5. Address in full to which future payments of gratuity are to be forwarded, *West Caledonia, A. B.*  
6. Date of enlistment in the Regiment, *June 1/18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....  
8. Relationship of such dependents.....  
9. Address in full of such dependents.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....  
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, *From June 1/18 to June 10/19* 1. 2.

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

..... *No* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *No* .....

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

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?.....

19. Are you now serving in the Rest?..... *No* If not give:- (a) date

of discharge..... *15/1/19* (b) Reason for discharge..... *Temporary 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 - From Oct. 1918 to April 1919*

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:

*his*  
*Arthur X Bungay*

Place of Residence:

*West. Cal. de Sac. F. B.*

Declared before me at:

*St. Johns, Nfld.*

This

*10th.*

day of

*June*

19*19*

*John M. Carthy*  
*J.P.*

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
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. *5373* Rank *Pte* Name *Burgoyne A J*  
 Intended place of residence *West-Cul de Sac*

2. Occupation *Fisherman*  
 Classification of soldier *E* Medical Category *A 1*

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 10 1919* *H. M. S. Leat*  
 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 10 1919*  
*A. J. Burgoyne*  
 Signature of soldier  
*Alfred Louster*  
 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 *JUN 10 1919*  
*ST. JOHN'S*  
*A. J. Burgoyne*  
 Signature of soldier  
*James G. Cheoman*  
 Signature of witness *Sgt*

### STATEMENT OF SERVICE

7. Enlisted for service *1-6-18* No of days on Military  
 Discharged from service *JUN 24 1919 plus 1 day* Service *403*

### APPROVAL OF DISCHARGE

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

Place *ST. JOHN'S*  
 Date *JUN 24 1919*  
*R. H. Leat*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place *St. John's, Nfld*  
 Date *July 8/1919*  
*M. Bowley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*2 JB 2079/2775*



# The Royal Newfoundland Regiment

Class for Demobilization:—

*96/*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *9.6.19*

Regimental No. *6570*

Name *Boonagan John* Rank

Address

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R. H. East Capt*

O.C. Discharge Depot.

*H. P. ...*

Senior Medical Officer

*W. Borden*

M. O. Deput

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5573 Rank Pl Name Bungoy A J  
 Date of Enlistment 1-6-18 Address West Cildy St District Bungoy Signal  
 Occupation Soldier Classification for Discharge 4 Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	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	5
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 9-6-19 O. C. Discharge Depot. H. M. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

A. Bungoy

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 \_\_\_\_\_

A. M. Blouster

Date 10-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1627 to his home at Great Cul. de Sac and Release Certificate No. 2569 issued.

Date 10-6-19

*J.A. Snow Capt*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-7-19

Date 10-6-19

*H. H. ... Lt.*  
Depot Paymaster.

Discharge approved for 24-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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
B179c	B 120	M 93		

Date 10-6-19

*J.A. Snow Capt*  
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 24 1919

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

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

Date .....

## Civil Re-establishment Committee



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

*To resume former occupation*

*W. B. Burgoyne*  
Signature of Member

Reg. No. *6673*

*J. A. Snowbapt*  
Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*JUN 10 1919*

191



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

# MEDICAL HISTORY

OF

Surname Bungay Christian Name Arthur J.

Table I.—GENERAL TABLE.

Birthplace:—Parish West Cal Desac. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>1</u> day of <u>June</u> 191 <u>8</u>		on _____ day of _____ 191 <u>8</u>	
	at <u>St. Johns</u>		at _____	
Declared Age	<u>21</u> years		_____ years	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>4</u> inches		_____ feet _____ inches	
Weight	<u>132</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded.... <u>37</u> inches		_____ inches	
	Range of Expansion... <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V = <u>6/6</u>		R.E.—V = _____	
	L.E.—V = <u>6/6</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>Lammie Paterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns.</u>		at _____	
	on <u>1</u> day of <u>June</u> 191 <u>8</u>		on _____ day of _____ 191 <u>8</u>	
Joined on Enlistment	Corps.	<u>Royal Nfld. Regiment.</u>	Corps.	_____
	Regtl. No.	<u>5073</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>8</u>		on _____ day of _____ 191 <u>8</u>	
(Rank)	_____		_____	





## 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 Bungay*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5573*

Intended address *West Coast*

Height on discharge *5* Feet *4*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Albert*

Christian name of Mother *Sarah.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *West Coast, Aug 27<sup>th</sup> 1894*

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) *J Bungay*

*Plk.*  
(Rank)

Station **ST. JOHN'S.**

Date *6-5-19*

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









## Medical Report on an Invalid.

Station Hazelby HavenDate 1-5-19

1. Unit Royal Newfoundland 7. Former Trade } Fisherman  
or Occupation }
2. Regimental No. 5573 7A. If with previous service in Army, state—
3. Rank Plt (a) Former Unit;
4. Name Bungay W. (b) Regimental No.;
5. Age last birthday 22 (c) Date of Discharge;
6. Enlisted { on May 20<sup>th</sup> 1918 (d) Cause of Discharge.  
at St Johns

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

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

nilStatement of Case.

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

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nilnilnilnil

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.*

*Describe your disability*

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

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

*l, l*

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*

*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?

*Repatriciation*

*W. R. ...*  
*Major ...*

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

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

Station *Hazley Down*

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

Date *1. 5. 19*

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

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



Fold Here

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**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

1921.

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

Arthur J. Bungay

in respect of his service as No. 5573 Rank Pte.

Name A. J. Bungay Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Arthur J. Bungay

Date Oct 25<sup>th</sup> / 21.

Address W. Cul de Sac.

[P.T.O.]



## 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 O. C. Company

C. S. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.		Age on	years	months	Fisherman			
5573	Arthur J Bungay	Place and Date of Enlistment	St. John's	Religion	COFC			
Joined	Date	Period of	with Colours	1 <sup>58</sup> / <sub>365</sub> years.	Place of Birth	West End de Sac		
Joined	Date							
Joined	Date							
Joined	Date	with Reserve						

Place	Date of Offence	Rank	Grade or Number of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St John's	8 <sup>1</sup> / <sub>79</sub>			

To be carried over.

Army Form B. 121.

C.R. 5573

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 *Arthur J. Binney*

Date *11.11.1919*

Place *London, S.W. 1*

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5273 Rank Plt. Name Bungay, A. J.  
 Date of Enlistment 1-6-18 Address West Guldb. Rd. District Bungay, St. John's  
 Occupation Soldier Classification for Discharge 1/4 Medical Category H.1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 9-6-19 O. C. Discharge Depot. J. H. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. to Bungay

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 10-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. PP. 1627 to his home at West-End, de Saxe and Release Certificate No. 2569 issued.

Date

10-6-19

J.A. Snowball  
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

Date

10-1-19

J.A. Snowball  
Depot Paymaster.

Discharge approved for

24-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. 1/36	B 268	B 121	N. F. Med	D.F. 1
B 178	W 3404	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
B179c	B 120	M 93		

*Handwritten notes: 2 Form B*

Date

10-6-19

J.A. Snowball  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

JUN 24 1919

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

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

Date

June 30/19

J.A. Snowball  
for records



Reg. No. *1573* Rank *Plt.* Name *Dunbar, A. J.*  
Attested ..... Address *West. Cul de Sac*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *1.6.19.*  
Returned on S.S. *Corican* Cause *Discharge*

*9.6.19*  
*24.6.19*

PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILIZATION