



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4910 Name Harvey Fradslam Corps meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Harvey Fradslam</u> |
| 2. What is your full Address? | 2. <u>Jacquet, St Barbe</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>25</u> Years <u>5</u> 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
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, Harvey Fradslam 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.

.....
Harvey Fradslam SIGNATURE OF RECRUIT.
.....
James Askie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harvey Fradslam 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 Barbe on this 6th day of May 1918

Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, 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. vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

Report 15-5-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

(over)

Name Henry Fradsham

Apparent age 25 years 5 months. Height 5 feet 4 1/2 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Fred Fradsham Lacquet St Bath

| Relationship Brother

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 L'epot	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 <u>6-5-18</u>									
Joined at <u>St John's</u> <u>May 6-1918</u>									
Discharged <u>July 16, 1919</u>									
To report for duty <u>15-5-1918</u>									
Reembarked <u>St John's train to Halifax N.S.</u> <u>1/2</u>									
Reembarked for <u>Sept. 26-5-18</u>									
Reembarked <u>France 26-10-18</u>									
Joined <u>Bath 3/4</u> <u>Transfer from <u>23 1/2</u></u> <u>Arrived <u>23 1/2</u></u>									
To <u>England for demobilization 22-5-19</u>									
Arrived <u>England 1-6-1919</u>									
Re-mobilization <u>St John's 16-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>16-7-1919</u> (date of discharge)									
Pensions									

1
Kradsham, H

4910

Ray sept.

The Royal Newfoundland Regiment

Class for Demobilization: 4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 19-6-19

Regimental No. 4910

Name Fordham Harvey Rank _____

Address Paquet, St Barbe

Present Medical Category A+

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. Mast Major
O.C. Discharge Depot.

L. Robinson
Senior Medical Officer

Geo. Sinden
M. O. Depot

The Royal Artillery Regiment

DEMOBILIZATION

No. 4910 Rank

Name W. J. H. N.

Warned for demobilization on

JUN 17 19

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1910 Rank Plt Name Gradstham, H
 Date of Enlistment 6-5-18 Address Parquet District Bay
 Occupation Soldierman Classification for Discharge 1 Medical Category 1
 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
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 19-6-19 O. C. Discharge Depot. H. Munsie

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation H Gradstham

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 100

(b) Clothing Supplied none

Date 18-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *2907 3778* to his home at *Paquet* and Release Certificate No. *2907 3778* issued.

Date *18-6-19*

W. H. Blouster
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 *27 19*

Date *18-6-19*

W. L. Corbin
Depot Paymaster.

Discharge approved for *27 19*

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

N.F. 136	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	<i>1/2 Form B</i>
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 *18-6-19*

J. A. Linnell
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

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.

H. Bradshaw

Signature of Man.

M. Clouston

Signature of the Vocational Officer or his Representative.

Reg. No. 4910

Place ST. JOHN'S.

Date 18-6-18 191

Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C. R. C. File	No. of H. Q. File
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Name Fradoslam H. No. 4910 Rank Plt R. N. R. or Regiment

Home Address Pacquel ST Barbe City Address

Age 26 Height 5 ft. 5 ins. Complexion Dark Eyes Blue Hair Black Character

Date of enlistment 6-5-18 Where enlisted ST Johns Where seen service France

Ship returned by Corvise Date of return 1-6-19 How long 13 mos

Birthplace Pacquel Date of discharge 2-7-19 Religion Meth.

Name and address next of kin Brother John Pacquel

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Newfoundland Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Fisherman

Regular trade or profession

Average earnings previous to enlistment \$7.00 Any other income 0.2

Name and address of last employer Aslef

If in receipt of sick benefits or other insurance—name of society Amt. per mo \$

At what age left school? 12 What grade, standard, &c., was he in? II Standard

Has he had any further education since leaving school, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

If unable to follow previous occupation, name preference

References

Witness James Newman I declare that the above statement is correct.

Date 18-6-19 SA Signature H. G. Addison

Recommendation by interviewer as to classes likely to be of use, and general remarks:

PENSION—Class Amount per month, \$ Period granted for Dating from
First Payment date

July 17, 1919

#4910 Pte. Harry Bradshaw,

Padquet.

Dear Sir:-

Please find enclosed Discharge Certificate #3056.

Yours truly,

Captain & Paymaster

July 21, 1919

#4910 Pte. Harvey Bradshaw.

Packet.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

Whether in File or on Passes 1 1
to June 18/19 1 1

July 21, 1919

74910 Pte. Harvey Bradshaw,

Paquet.

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 & Paymaster.

Whether in Nfld. or Overseas.....

To June 18/19.....

13.....

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 26th. 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 *Harvey* 2. Surname *Frudsham*
3. Rank *Pvt.* 4. Regtl. No. *4910*
5. Address in full to which future payments of gratuity are to be forwarded. *Acquet District of St. John's*
6. Date of enlistment in the Regiment. *May 6/18*
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 Militia, so give dates and particulars of such service. *Overseas*
12. Give total length of time which you served on active service, whether in Militia or otherwise. *From May 6/18 to June 18/19*

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.

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?

19. Are you now serving in the Regt. If not give:- (a) date of discharge

June 18/17
Adaptation

No
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 - Flanders
Oct 27/18 to Apr. 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.

Graddham

Signature of Applicant:

Place of Residence:

Declared before me at:

This

18th day of

*Jacquet, District of
St. John's Barbados
June 1911
John McCarty
JP*

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	Wid- Soldier.	wid- Dependent.	War Service Gratuity.		Net amount due
.....
.....
.....
Certified correct.					Paymaster

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

MEDICAL HISTORY

OF

Surname

Fradsham

Christian Name

Harvey

Table I.—GENERAL TABLE.

Birthplace:—Parish Pacquet St Barbe County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	6 th	May		191
Declared Age	at	St John's Nfld.	at	
Trade or Occupation	25 ^{1/2} years	—	years	days
Height	Fisherman			
Weight	5 feet	4 1/2 inches	feet	inches
Chest Measurement		150 lbs.		lbs
Chest Measurement	Girth when fully expanded	37	inches	inches
		4	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/10	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>[Signature]</i>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St John's Nfld.	at	
Enlisted	on	6 th day of May	on	day of 191
		Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	The Royal	4910		
Transferred to	Nfld Regt.			
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(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 *Harvey Gradshan*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4910*

Intended address *Pasquet St Barke*

Height on discharge *5* Feet *5*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father _____

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *White Bay, St Barke, 8th Jan 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) *Harvey Gradshan*

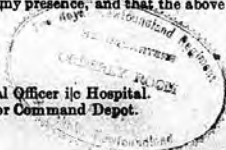
Pte
(Rank)

Station _____

Date *16-6-19*

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 _____

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4910* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Fradsham* *Barney*
(Surname) (Christian Names)
5. Age last birthday. *26*
6. Posted for duty on *May 6/18* at *St. Johns*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

no complaint of no disability

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

Station Bazeley D. Camp

Date 4-19

W. Prosser Capt R.A.M.C.
 Medical Officer in charge of case.

* 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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harvey Fradsham, Regl. No. 4910

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Seventy 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4007	Sister	Miss Ethel Fradsham	Acquet St Barbé District	
Total Allotment, \$				<u>70</u>

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

Sig.) [Signature]
Officer Commanding
A. Company
[Signature]
May 23rd 1918

(Sig.) [Signature]
(Rank) [Signature]

Reg. No. 4910 Rank Pte. Name Bradshaw Harry.
Attested 6-5-18. Address Paquet St. Barbe.
Allotment 70 Allotee Miss Ettele Bradshaw (sister).
Date of Allotment _____ Returned from Overseas _____
Embarked for Overseas 11-6-18 Cause _____

15-5-18 vac 1st June 17-5-18
H.S. from 24-5-18 to 3-6-18 Returns from leave 7/6/8

No. 4910 Name *Hademan, H.* Sqn., Batty., or Company } *A* Corps **ROYAL NEWFOUNDLAND REG.** Date of enlistment } *6/9/18* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *One* Signature O.C. Company, etc. *J. M. Curran* Character

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>16/11/18</i> <i>28/12/18</i>	<i>PT.</i>		<i>Deficient of iron rations</i>	<i>Coy Morris</i>	<i>Admonished</i>	<i>16/11/18</i>	<i>H. Col. Matthews</i>	<i>R.F.</i>
				<i>Stk. of Clasp Knife Stomach</i>		<i>pay for same</i>			
				<i>with Spacing brush. fork table</i>	<i>Cpl. P. de</i>	<i>pay for same</i>	<i>23/12/18</i>	<i>Major Broad</i>	<i>2/95. J.H.</i>
<i>Home</i>	<i>15-18</i>	<i>Stk.</i>		<i>knife spoon</i>					
				<i>reference of kit value - 13</i>	<i>Capt. Woodley</i>	<i>pay for same</i>	<i>15-4-19</i>	<i>Major Bonar</i>	<i>R.F.</i>

ARMY FORM B. 122

A Fradsham

C.R. 4910

~~P.R.O.~~

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

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade } *Fisherman*
or Occupation }
2. Regtl. No. *4910* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Fradsham Harvey*
(Surnames) (Christian Names)
5. Age last birthday. *26*
6. Posted for duty on. *May 6. 1918* *P. J. Linn*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
nil
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

Acceptable for disability

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

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
opd W. R. ...
W. R. ...
Capt R. A. M. B.

Station *Bazeley D. Camp*
 Date *29-4-19*

Medical Officer in charge of case.

* 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

FORM K



No 4240 a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harvey Fradsham, Regl. No. 4910

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4007	Sister	Miss Ethel Fradsham	Poquet St Barbe District	
Total Allotment, \$				<u>70</u>

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.) G James
Officer Commanding
A. Company
St Johns
May 23rd 1918

(Sig.) Harvey Fradsham
(Rank) Private



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harvey Fradsham, Regl. No. 4910

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Seventy 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4007	Sister	Miss Ethel Fradsham	Roguel St Barbé District	
Total Allotment, \$			70	

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

Sig.) [Signature]
 Officer Commanding
 A. Company
[Signature]
 May 23rd 1918

(S) [Signature]
 (Rank) Pl

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
56 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4910	Pte	Leadham	£250	H. Goodham

I have the honour to be, Sir,
Your obedient servant.

H. Goodham

Date July 1/18

A. No 2752/98.

From: NEWFOUNDLAND

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

17th February 1919

4910. Pte Fradsham, H.

With reference to the following telegram from the Minister of Militia, / / (24.)

"Pay to-4910. Fradsham.

£6.0.0.

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.

A. D. Murray
Chief Paymaster & O. i/c Records

N.E.F. /80.

CHIEF PAYMASTER & OFFICER I.C. RECORDS
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
1st/Bn. Ryl Nfld Regt.

N.E.F. /80.

27-2-1919

4910 Pte Fradsham

Deposited

The above man wishes this amount retained to the credit of his account please

F. G. Mather **LIEUT. COL'**
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT

C.R. 4910

Extra et from Daily Orders Part II Unit The Royal WFLA.
Regt. 36. John's, July 19th, 1919.

The discharge of the undenoted on demobilization has been
CONFIRMED by officer i/c Records with effect from 16-7-19

4910 Pte. Harry Bradsham.

C.R.

4910

Extract from Daily Orders Part 11 Unit The Royal NEM.
Regt. St. John's, June 20th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 2-7-19.

4910 Pte. H. Fradsham.

C.R. 4910

Extract from Daily Orders Part II Depot, St. Johns,

Date June 18th 1919.

4910, Pte. H. Fradsham.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4910

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.

#4980 Pte. H. Fradsham.

C.R. 4910

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt
By Lt. Col. T.G. Mathias, D.S.O. 1st Battⁿ, 4-11-18.

The following joined Bn. 3-11-18

4910 Pte. M. Fradshaw

A Coy.

C.R. 4910

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkeston
26/10/18, from 2nd Battn, Royal Newfoundland Regiment Hasleley Down Camp,
Winchester, to 1st Battn, Royal Newfoundland Regiment B.E.F.

4910 Pte. Fredsham, H.

C.R. 4910

Extract from Daily Orders Part 11. from Unit The Royal Welch
Regiment, St. John's, dated June 14th 1916.

4910 Pte H. Fradsham.

Embarked for Overseas with draft 11-6-16.

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. dated May 7, 1918.

#4910 Pte. H. Bradsham.

Attested for Gener 1 Service with the Royal Mfld. Regt.
from 6.5.18 To report 15.5.18.

Receipt for Army Book 64

No. *4910* Name *Fordshaw*

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

Name *H. Gradshorn*

Date *August 5 19 20*
Place *St. Louis*

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

Casualty Form - Active Service.

Regiment or Corps... 21st ROYAL NEWFOUNDLAND REGT.

Rank... *Plt* Surname... *Grudshaw* Christian Name... *Harry*
 Religion... *Meth* Age on Enlistment... *28* years *5* months
 Enlisted (a)... *4/5/18* Terms of Service (a)... *DURATION* Service reckons from (a)... *15/5/18*
 Date of promotion to present rank... Date of appointment to lance rank...
 Extended *S* Re-engaged *S* Qualification (b)...
 or Corps Trade and rate...
 Occupation... *Provisioner* Signature of Officer *J. A. ...*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.113, 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.113, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...	<i>26 OCT 1918</i>		
		Disembarked ...	<i>James ...</i>		
		Arrived in UK		<i>9/4/19</i>	

(c) In the case of a man who has re-engaged, or enlisted into Section D, Army Reserve, particulars of his re-engagement or enlistment must be given.
 (d) Signaller, Shooting-Smith, etc.

next of kin

Sister *Mr. Grudshaw, ...*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet *1 of 1*

Regiment of *Royal New Zealand*

Signature of O. C. Company *G. J. Jamieson*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.		Age on	years	months	Trade			
<i>11910</i>	<i>Trudshaw H</i>	<i>25</i>	<i>5</i>	<i>5</i>				
Joined	Date	Place and Date of Enlistment			Religion			
Joined	Date	<i>6.5.18</i>			<i>Method</i>			
Joined	Date	Period of	with Colours	years.	Place of Birth			
Joined	Date		with Reserve	<i>36.5</i>		years.	<i>Pacynet & Barb</i>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>H. H. H. H. H.</i>	<i>16</i>	<i>7/19</i>		

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4910 Rank Plt Name Gradstams, H.

Date of Enlistment 6-5-18 Address Parquet District H. Bay

Occupation Soldier Classification for Discharge E Medical Category F.I.

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	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 108	ME 2		" 6		
B 179c	B 120	M 83				

Date 19-6-19

H. Assistant
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. H. Gradstams

Particulars passed to Vocational Officer for information and action.

Date 18-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 5.00

(b) Clothing Supplied none

Date 18-6-19

O. C. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 3-178 to his home,
 at pasquet and Release Certificate No. 18-6-19 issued.

Date 18-6-19 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 18-6-19 Depot Paymaster.

Discharge approved for 18
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 208	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board list	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	Form B
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 18-6-19 J.A. [Signature] 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 18-6-19 R.H. [Signature] O.C. Discharge Depot.

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

Date July 10, 19 [Signature]

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4.9.1.0 Rank PCy Name Fradsbam H.
 Intended place of residence Paquet

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 for K.R. Coodey Capt
 Date 18.6.19 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 18.6.19
17 JUN 1919

H. Fradsbam
 Signature of soldier

J. A. Howlett
 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 17 1919
ST. JOHN'S

H. Fradsbam
 Signature of soldier

J. A. Howlett
 Signature of witness S.A.

STATEMENT OF SERVICE

7. Enlisted for service 6-5-18 No of days on Military
 Discharged from service 2-7-19 plus 1 year Service 437

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date

R. H. Lait Major
 Officer in Charge Records
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St. Johns, Nfld
 Date July 16/1919

M. Howley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

A.G. B2079/3056