



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1596 Name Bernard Galloway Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Bernard Galloway
Spanner's Bay
- 2. What is your full Address?
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 20 Years 1 Months
- 5. What is your Trade or Calling? 5. Miner
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service?
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Bernard Galloway 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.

Bernard Galloway SIGNATURE OF RECRUIT.
Frank Galloway Signature of Witness.

Bernard Galloway 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 on this 22 day of April 1915

Signature of Attesting Officer Geo. L. Hart, Major

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 April 27 1915
Place S. J. Galloway } 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)



FIRST NEWFOUNDLAND REGIMENT I

ATTESTATION OF

No. 4596 Name Bernard Yalloway Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Bernard Yalloway
2. What is your full Address? 2. Spanaway Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 1 Months
5. What is your Trade or Calling? 5. Miner
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Bernard Yalloway 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.

Bernard Yalloway SIGNATURE OF RECRUIT.
James James Signature of Witness.

Bernard Yalloway 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 on this 22 day of April 1915

Elmer Hart, Major 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 April 22 1915 }
Place St John } 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).....

4596
C.R. ~~4956~~

Extract from Daily Orders Part II Unit The Royal Rifles Regt.
by Lt. Col. F.G. Mathies, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Batta. 3-11-18.

4596

4956 Pte. B. Galloway

B Coy.

B. Palloway

C.R. 44596

P.R.C.

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. *H. of G. Newfoundland* 7. Former Trade or Occupation } *Miner*
2. Regtl. No. *4596* 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 *G. Galloway* *Bernard*
 (Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on *22-4-18* 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. }

} *na.*

} *na.*

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, &c., 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.)

He complains 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.

Repatriation

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.

W. J. Proemier. Capt R.A.M.C.

Medical Officer in charge of case.

Station *Boazely D Camp.*

Date *14-5-19.*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier
- Give details:

(a) Attributable to

(b) Aggravated by

.....
.....
.....
.....
.....

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

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Bangalore D. Camp* } President or Chairman.
 Date *14-5-19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station
 Date
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

No. 4596 Rank

Pte Name

Galloway B.Pay F.A. Wks
100 10
Less Allowance
Net Rate11.0
70
40

12-19

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	P	Y	No of Sheets
						From	To					
Balance					Balance		20 ¹⁵ / ₁₈					2 9 7
Acquittance Rolls		3	16	6	Pay @ Net Rate	21 ¹² / ₁₈	12 ⁴ / ₁₉	113	40	45	20	9 5 9
Hospital Advances		1	15	0	RA	12 ⁴ / ₁₉	21 ⁴ / ₁₉	10	2-1			1 0 10
A.B. 64.												
P.&.R.O. Payments		4	0	0								
Sat Pop W Fund			2	6	C. Bal							
		£	9	14	£ 3-2-2	13 ⁴ / ₁₉	19 ⁴ / ₁₉	7	40	280		11 6
Cash R. 2000		£	3	0	£ 0-13-8							
Cash R. 2061		£	12	14								
			1	0								

£12-16-2

£13-7-8

T.M.D.
19¹²/₁₉

MEMORANDUM AND ACCOUNTS

34

N.F.P./39.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~full-text~~ extract from MINISTER OF MILITIA No CG21/3/43

Dated 3/4 19 (*117*); Received 4/4/19

Decoded by N.M. Checked by *R.A.P.*

Branch R/Transport Acted upon (Initial) *[scribble]*

Acknowledged per No. dated / / *[scribble]*

760. Arrange- repatriation of- 4596- Gallaway- next- draft.

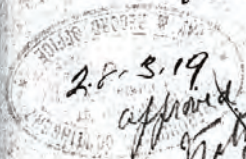
Working file - No. 34

Processed 22⁵/₁₉

Chief Magistrate
Royal Newfoundland Lodge

pleas pay me 45.96
the sum of one
pound and a half
the same to my account

45.96 net B gallery



28.3.19

approved
J. H. [unclear]

28/3/19

~~45.96~~

O.K. f1-0-0
M.R. 28/3/19

Receipt No 1848

22a

Approved
Wm. [unclear]

Chief pay master
Royal Newfoundland Regiment

please pay me 45.96 the
sum at my hand as
my balance is due to
my account

45.96 to G Gallaway

DK#1-0-0

22/3/19 WSV

R 1793



gza

Chief pay master
Royal Newfoundland Regt

pleas pay me 45.96
the sum of ~~45.96~~ pound
of any balance due
to my account 45.96
p^{te} of Gillaug



W. M. ...
V. M. ...
...

He

O.K.
£ 1.0.0.
21/9/19
Receipt No. 1775

gca

Galloway, B

4596

Ray sept.

July 19, 1919

#4596 Pte. Bernard Galloway,

Spaniards Bay, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3091.

Yours truly

Captain & Paymaster

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2-7-19

Regimental No 4596

Name Golloway, Bernard

Rank

Pte

Address Spaniards Bay

Present Medical Category A1

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

R. H. J. Capt.

O.C. Discharge Depot.

(sgnd) L. Paterson

Members of Board

Senior Medical Officer

F. W. Burden

M. O. Depot

Military Service: 453 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

Union's Board.

Please receive documents as indicated below

No. **RANK AND NAME**
1st Lt. Galloway, B.

N. F. P. 698	Non-effective account.	Report of Newfoundland Medical Boards																					
	Medical history sheet.	Nfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	1st. Board	2nd Board	3rd Board	4th Board	Board	Attention paper	Identity certifi- cate	Allotment papers	A. F. W. 343	Headquarters Travelling Board	D. F. 2 Proceedings on discharge	D. F. 1	
B. 178																							
B. 178a																							
B. 179																							
B. 208																							
W. 3404																							
D. 400A																							
B. 103																							
B. 120																							
R. 121																							
B. 122																							

Received above noted documents,

Dated _____ 19____

Signature of Officer forwarding documents:

Date *7.7* 19*19*

The Royal Newfoundland Regiment

Class for Demobilization: —

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *2. 7. 19*

Regimental No. *4596*

Name *Galloway Bernard* Rank *Pte*

Address *Stamards Bay*

Present Medical Category *A1*

Recommended for: — (a) Immediate discharge _____
(b) Standard Medical Board _____

Members of Board

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

L. Paterson
Senior Medical Officer

W. D. Lunden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4096 Rank Plt Name Bellaway B
 Date of Enlistment 23-4-18 Address St. John's District St. John's
 Occupation Miner Classification for Discharge F1 Medical Category 17
 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 2-7-19N. O. C. Discharge Depot. Miss H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2141} to his home
 at Spaniards Bay and Release Certificate No. 3124 issued.

Date 2-7-19

[Signature]
 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 18-7-19

Date 2-7-19

[Signature]
 Depot Paymaster.

Discharged approved for 4-7-19

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 Ist	" 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] Form B

Date 2-7-19

[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

JUL 4 1919

Date

[Signature] MAJOR

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,

Bernard Galloway

Signature of Man.

W. M. Clouston

Reg. No. 4596

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

2-7-15

191

C.R. 4596

Extract from Daily Orders Part 11 Unit The Royal Field. Regt.
St. John's, July 23/19

The discharge of the underneted on demobilization has been
CONFIRMED by Officer i/c Records from 18-7-19.

4596 Pts. Bernard Galloway.

C.R. 45'96

2

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED ^{by} O.C. Discharge Depot, with effect from 5-7-19.

4596 Pte. B. Pike.

C.R. 4596

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

Date

June 18th 1919.

4596, Pte. B. Galloway.

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

C.R. 4596

Extract from Casualties from Pay & Record Office, London
dated April 15th 1919.

4596, rte. B. Galloway

was discharged from 3rd London General Hospital on
12/4/19. Category, 1, Duty.

Authority:

A.F.S. W.3016 from 3rd L.G.H.

C.R. 45-96

APRIL 3rd 1919.

Mrs. Mary Galloway,
Godwinville,
Spaniards' Bay.

Dear Madam:

I am directed to acknowledge receipt of your letter of the 31st ult., to the Minister of Militia, requesting the return of your son on account of your ill-health and he being your only support. I may say that we have telegraphed the authorities on the other side, requesting them to send him home with the next draft, and you may rest assured that he will return within the next month.

Yours faithfully,

G.C.B.

Captain,
Military Secretary.

C.R. 4596

Extract of Telegram from Military to Syn., London.
dated April 3rd 1919.

ARRANGE REPATRIATION 4596 GALLAWAY NEXT DRAFT.

#4596

Pte Bernard Gallaway
Spaniards Bay

Spaniards Bay
March 31

Mr J R Bennett

9/8

Dear Sir

I am forwarding
you this letter to ask
you if you can get
my son home I
am a widow and he
is the only support
I have I am ~~at~~ taking
very sick and have
no one to look after
me so I need him
very bad at present
trusting for you to
do your best

adolize yours truly
Mrs Mary Gallaway
Goddinville
Spaniards Bay

~~C.R.~~ 3455
4596

Extract from Casualties received from Pay and Record Office,
London dated 19th. March 1919.

4596.

3455 Pte. B. Galloway was transferred from the Military Hospital,
Lewisham, to the 3rd. London G. Hospl. on 14/3/19.

C.R. 4596

March 8th 1919.

Mrs. Mary Galloway,
Spaniards Bay.

Dear Madam:

I beg to inform you that we have received a telegram from London which states that your son No. 4596 Pte. Bernard Galloway is progressing favourably. Any further information that we get concerning him will be at once communicated to you.

Yours sincerely,



Lieut.

Casualty Officer.

WW/MP.

C.R. 4596

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

Extract from telegram from Hqs. to Syn. dated March 4/1919.

#Inform condition
4596 Galway.

Mar. 3rd 19

Mrs. Mary Galway,
Spaniards Bay.

Dear Madam:

I am directed by the Minister of Militia to acknowledge receipt of your telegram of March 3rd, in which you making enquiries re the condition of your son No. 4596 Pte. Bernard Galway, and in reply I beg to advise you that we have forwarded your enquiry on to our Pay & Record Office, London, and upon receipt of an answer we will immediately communicate with you.

Yours faithfully,

Lieut.

Casualty Officer.

W.W.W./M.P.

Form No. 1

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

C.R. 4596

Line No. 69 Sent by

Rec'd by

Check

17/10

Place from

Spinnards Bay



To

M J R Bennett

Min Militia

Please ascertain
 Present Condition
 pte Bernard Galway
 4596 royal field Regt
 now military hospital
 Lewisham England
 Mary Galway

copy

NEWFOUNDLAND POSTAL TELEGRAPHS. Counter No. _____



Cable Connection with all the World

CR 4596

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 **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated

Feb 28th, 1919

To

Mrs. Mary Galloway Spaniard's Bay

Regret to inform you that Record Office, London, officially reports No. 4596, private Bernard Galloway at Military Hospital Lewisham Eng. and suffering from G.S.W. left foot.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R Bennett

Chge ~~Dept of Militia~~

Minister of Militia.

FOR TYPEWRITER

CR. 4596

Extract from telegram from Syn. to Mil. dated Feb. 27th., 1919.

Military Hospital Lewisham G.S.W. right foot 4596 Galloway.

C.R. 4596

2
Extract from Nominal Roll of sick and wounded from
the B?E?F? admitted to Hospital on 26/2/19.

4596 Pte. B. Galloway.

G.S.W. R. Foot,

Admitted Military Hospital, Lewisham, S.E.

C.R.

4596

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. "In the Field" 31-3-19.

4596 Pte. B.Galloway

Invalided to U.K. 24-2-19 Sick.

C.R.

4596

Extract from War Office List No. H.A. 34743

ADMITTED 6 GEN. H. ROUSE FEB. 1919.

#4596 PTE. B. GALLAWAY

INJ. FOOT R. MILD.

C.R. 4596

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

4596 Pte. Galloway, B.

MP.

C.R. 4596

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's, dated June 14th 1918.

4596 Pte B. Galway

Embarked for Overseas with~~d~~ draft 11-6-18.

C.R. 4096

Extract from Daily Orders part 11, from Unit The Royal Mfld.Regt
St.John's, dated April,23,1918.

#4596 Pte. Bernard Gallaway.

Attested for General Service with the Royal Mfld.Regt.
with effect from 22/4/18.

24296

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4596 Rank Plt Name B. Galloway
 Date of Enlistment 2-2-18 Address St. John's, Nfld. District Nfld.
 Occupation Miner Classification for Discharge F1 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
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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: 2-7-19 P.O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Bernard Galloway

Particulars passed to Vocational Officer for information and action.

Date: _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 60.00
- (b) Clothing Supplied _____

Date: 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2141} to his home at Spaniards Bay and Release Certificate No. 3124 issued.

Date 2-7-19

[Signature]
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 7-7-19

Date 2-7-19

[Signature]
Depot Paymaster.

Discharge approved for 4-7-19

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 Ist.	" 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: Farm B]

Date 2-7-19

[Signature]
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

JUL 4 1919

Date

[Signature] MAJOR
O. C. Discharge Depot.

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

Date July 11. 1919

[Signature]
Records

Reg. No. *4896* Rank *Pte* Name *Halloway. B.*
Attested Address *Spaniards Bay.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Rossieau* Cause *Discharge.*

27 19
47 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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

MEDICAL HISTORY

Surname Galloway OF Christian Name Wm. P. Burns

Table I.—GENERAL TABLE.

Birthplace:—Parish Spaniards Bay County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>Apr</u> 191 <u>8</u>	on _____ day of _____ 191 <u>1</u>	at _____	at _____
Declared Age	at <u>St. Johns</u> <u>20</u> years _____ days		years _____	days _____
Trade or Occupation	<u>Mines</u>			
Height	<u>5</u> feet <u>3 3/4</u> inches		feet _____	inches _____
Weight	<u>139</u> lbs.		lbs. _____	lbs. _____
Chest Measurement {	Girth when fully expanded.... <u>36</u> inches		inches _____	inches _____
	Range of Expansion... <u>5</u> inches		inches _____	inches _____
Physical Development.....				
Vaccination Marks {	Area			
	Number			
When Vaccinated				
Vision	R. E.—V= <u>6/6</u>	R. E.—V= _____	R. E.—V= _____	R. E.—V= _____
	L. E.—V= <u>6/6</u>	L. E.—V= _____	L. E.—V= _____	L. E.—V= _____
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	(a)	(a)
(b) Sight defects but not sufficient to cause rejection	(b)	(b)	(b)	(b)
Approved by (Signature)	<u>Wm. P. Burns</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u>	at _____		
	on <u>22</u> day of <u>Apr</u> 191 <u>8</u>	on _____ day of _____ 191 <u>1</u>		
Joined on Enlistment.....	Corps. _____	Regtl. No. <u>4596</u>	Corps. _____	Regtl. No. _____
Transferred to	<u>The Royal Nfld. Regt.</u> ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on _____ day of _____ 191 <u>1</u>	on _____ day of _____ 191 <u>1</u>		
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
3 rd LONDON GENERAL HOSPITAL WANDSWORTH.	14	3	19	12	4	19	AST R Post 29	29	follows metal or lam

hospital or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

following accidental G.S.W(?) small
metal fragment in sole of foot, no pain
or lameness.

W. Brown



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 *Galloway, Bernard*

Regiment from which discharged **Royal Newfoundland**

Regimental number *7596*

Intended address *Spaniards Bay, St. John's*

Height on discharge *5* Feet *4*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar on right foot*

Figure on discharge *Abs*

Christian name of Father _____

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Spaniards Bay, March 5 - 1898*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Bernard Galloway*

(Rank) *Private*

Station *St John's*

Date *30-6-19*

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 of Hospital,
Unit, or Command Depot.

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 1st Regt. Newfoundland 7. Former Trade or Occupation } Miner
2. Regtl. No. 4596 3. Rank Pte. 7a. If the soldier claims previous service in Army, he should state—
4. Name Galloway, Bernard (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday 21
6. Posted for duty on 22-11-18 at St. John's in category (or grade).....
8. If the disability is an injury was it caused -
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (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. not
12. Place of origin of disability. not
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. not

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

14. State whether the disabilities are
- | | | | | | |
|--|-------|---------------------|-------|-------------------|-------|
| (i.) Service during the present war | ..... | (a) attributable to | ..... | (b) aggravated by | ..... |
| (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?

No complaint of no disability

In all cases such as tinned water, 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.)

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

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

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

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

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

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

Station *St. D. Camp*

Date *1st 11.2.19*

* 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

22. State whether the disabilities are:—
- | | | | | | |
|--|-------|---------------------|-------|-------------------|-------|
| (i.) Service during the present war | ..... | (a) Attributable to | ..... | (b) Aggravated by | ..... |
| (ii.) Previous active service | ..... | ..... | ..... | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... | ..... | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... | ..... | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier | ..... | ..... | ..... | ..... | ..... |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Doyley D Camp* { President or Chairman.
 Date *1.11.19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospital.
 Date } Officer in charge, Central Hospital.

OR
 Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.
 Date

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	26	2	19	14	3	19	W. S. (W) R. 2nd Jerk	16	J. [unclear] J. [unclear]	Jas Campbell



July 24, 1919

#4596 Pte. Bernard Galloway,
Spaniards Bay, U.B.

Dear Sir:-

Referring to your application for 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.

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 doubt 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 Bennett..... 2. Surname Gallagher.....
3. Rank Private..... 4. Regt. No. 1st Bn. P. Coy.
6. Address in full to which future payments of gratuity are to be forwarded. Spaniards Bay, Conception Bay
6. Date of enlistment in the Regiment. 22nd April 1919
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. NA.
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? No.
11. Were you on active service only in Mfld. If so, give dates and particulars of such service. France Belgium Germany
12. Give total length of time which you served on active service, whether in Mfld. or Overseas. Fourteen months
..... 13.

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? *no*

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

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

..... *no*

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

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

19. Are you now serving in the Res? *no* ... If not give? - (a) Date of discharge *July 2nd 1919* (b) Reason for discharge *Dismissed*

.....

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 but was not fighting

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: *Bernard Gallaway*
 Place of Residence: *Spaniards Bay*
 Declared before me at: *M Johns*
 This *2nd* day of *July* 19*19*....

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

Wm James Esq

POST DISCHARGE PAY.			War Service	Net amount
Date paid	paid	paid	Gratuity.	due
Soldier.	Dependant.			
.....
.....
.....
Certified correct.				Paymaster

FORM K

No. 4060



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bernard Galloway, Regl. No. 4596
 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)
2927	Mother	Mrs Thomas (Mary) Galloway	Spaniards Bay C.B.	
Total Allotment, \$				70 ⁰⁰

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.) James Scott

Officer Commanding

a Company

(Sig.) Bernard Galloway

(Rank) Pte.

A. John
 May 17 1918

JUL 2 - 1919

ST. JOHN'S,

Royal Newfoundland Regiment.

Billeting Account,

To Pvt B Galloway

Galloway

Billeting Soldiers as undermentioned

from Apr 4/19 to Apr 30/19

HS 96 Pvt B Galloway 38 20

J. C. S.

ACCOUNT	<u>Bvm</u>
GR NO	<u>2081</u>
IND LEDGER	INITIALS <u>EW</u>
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS
	INITIALS

Certified correct for \$ 28.20

J. A. Snow
Billeting Officer.

CDs.

Casualty Form—Active Service.

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

Rank..... 7th Surname..... Galloway Christian Name..... Bernard

Religion..... R.C. Age on Enlistment..... 20 years..... 1 months

Enlisted (a)..... 2. 7. 18 Terms of Service (a)..... DURATION 7... Service reckons from (a).....

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

Extended { } Re-engaged { } Qualification (b).....
 S { } or Corps Trade and rate.....

Occupation..... miner John Galloway Company 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>25 OCT 1918</u>		
		Disembarked			
		Joined Battalion	<u>3 NOV 1918</u>		
		<u>Accidentally wounded</u>		<u>2. 2. 19</u>	
	<u>6 Gen. A. Rowen</u>	<u>Adv. Maj. 704 R. (Acc.)</u>		<u>3/2/19</u>	<u>H. 247+3</u>
		<u>Ex. 6 Gen. to England</u>		<u>24/2/19</u>	<u>02723253</u>
		<u>Majr Capt. for Lt Col</u>			
		<u>1/2 No I Duty Sect.</u>			
	<u>Int</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.

Next of Kin Mother Harry Galloway, Hamard's Bay Newfoundland.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121.
39.

Number of Sheets 1

Regiment of Royal New Zealand Fusiliers

Signature of O. C. Company James McIntyre

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4596 Followway B</u>	Age on	20. years	months		<u>Miller</u>
Joined		Place and Date	<u>St Johns</u>			Religion
Date		of Enlistment	<u>22/11/18</u>			<u>R. P.</u>
Joined		Period of	with Colour	<u>38 years.</u>		Place of Birth
Date			with Reserve	<u>36 1/2 years.</u>		<u>Spaniards Bay</u>
Joined	Date					

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized 18/7/19</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4596 Rank Pte Name Galloway B.
 Intended place of residence Spaniards Bay
 2. Occupation Mine
 Classification of soldier H Medical Category A I

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 JUL 2 1919

F. M. H.
 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, ST. JOHN'S

Date JUL 2 1919

Bernard Galloway
 Signature of soldier

J. A. Snow Capt.
 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, ST. JOHN'S

Date JUL 2 1919

Bernard Galloway
 Signature of soldier

J. W. Chancey Esq.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-4-18 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 453

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

R. H. L. Major
 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

Date July 18/1919

M. Bowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

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