



DESCRIPTIVE REPORT ON ENLISTMENT

5363

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

Name Bartlett Green  
 Apparent age 21 years 0 months. Height 5 feet 8 3/4 inches  
 Chest Measurement { Girth when fully expanded 87 inches  
 Range of expansion 2 1/2 inches  
 Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Caleb Green  
St. Jones, Without | Relationship Father  
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>13-5-18</u>									
Joined at <u>St. John's</u> on <u>Monday 23-1918</u>									
<u>Discharged July 21 1919</u>									
<u>Embarked St. John's for Colantolla to Staffora N.S. 22-7-18</u>									
<u>Embarked for B.C. 13-11-18 Disembarked Havana 25-11-18</u>									
<u>Joined Barron 5-19, transferred for Queen 22 to Arrived Bonifacio 23-19</u>									
<u>to H.M. for demobilization 22-5-19. Arrives H.M. 1-6-19</u>									
<u>Demobilization St. John's 2-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 2-7-1919 (date of discharge) 1 years 41 days  
 " " Pensions " " " " " " " " " " " "

LOND BOND  
C.R. 5363

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 4th, 1919.

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

5363 Pte. Bartlett Green.

C.R. 5363

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Reuen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5363 Pte. B. Greene.



C.R. 5363

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

Date June 7th, 1919

5363 Pte. B. Greene.

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5363

Extract from Daily Orders Part 11 Unit The Royal Rifles.

Regt. St. John's, June 9th. 1919.

on demobilization

The discharge of the undermoted has been approved by O.C.

Discharge Depot, with effect from <sup>18</sup>12-6-19.

5363 Pte. B. Greene

C.R. 5363

Extract from Nominal Roll of Draft No. 56. from the  
2nd., Battalion of the Newfoundland Regiment to the  
1st., Battalion of the Newfoundland Regiment. Embraked  
Southampton 23/ 11/ 18.

5363 Ete.B. Green /

C.R. 5363

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

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

#5363 Pte. Bartlett Green.

C.R. 5363

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

#5363 Pte. Bartlett Green

Attended for General Service with the Royal Rifles, Regt.  
from 25.5.18



July to pay 7000 ✓  
 Aug. 7000 ✓  
 Sept. 7000 ✓  
 Oct. 6974 ✓  
 but deficiency 26  
 bal due 28500

Y

08158 Jones  
 Without  
 Dec 19 1919  
 C.R. 5363

pay master  
 Dear Sir  
 Will you please send  
 my ribbon my  
 number is 5363 and  
 I want to know where  
 I have got all my  
 money or not.

Yours sincerely  
 Bartlett Green  
 St Jones Without  
 Trinity Bay C.

\* St James  
 attention please

B. Green

C.R. 5363

P. & R. Co.

Medical Report on an Invalid.

Station Hazley Down  
 Date 30/4/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 5363
- 3. Rank plt
- 4. Name Green Bartlett
- 5. Age last birthday 22
- 6. Enlisted { on may 23/18  
 at Holms
- 7. Former Trade } Fishermen  
 or Occupation }
- 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No. ;  
 (c) Date of Discharge ;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**  
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

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

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

n.a.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*He complains of no disability*

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

*na.*

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

*na.*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

20. Do you recommend—

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

*Reputation*

*W. E. Proemier.*

*Capt Rance*

Officer in medical charge of case.

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

Station

*Wozely Down*

Officer in charge of Hospital.

Date

*30/4/19*

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

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









Green, B.

5363

Gay sept.

July 2, 1919

#5365 Pte. Bartlett Green,

St. Johns Without, T.B.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 2349."

Yours truly

Captain,  
Quartermaster & Officer i/c records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5368 Rank PL Name Sean B

Intended place of residence St Johns without

2. Occupation Fisherman

Classification of soldier E Medical Category A 2

3. The above named man is discharged in consequence of DEMOBILIZATION.

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S Commanding Discharge Depot

Date JUN 4 1919 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 B Green

JUN 4 1919 Signature of soldier  
J.A. [unclear] 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 and Date ST. JOHN'S B Green

4-1-18 Signature of soldier  
J. [unclear] [unclear] Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 23-5218 No of days on Military

Discharged from service 18-6-19 then 14 day Service 406

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R.H. [unclear] Capt.

Date JUN 18 1919 Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.

## CONFIRMATION OF DISCHARGE

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

Place St. Johns, Nfld M. Bowley Capt.

Date July 2/1919 Officer i/c Records  
The Royal Newfoundland Regiment

and B 207912349



# The Royal Newfoundland Regiment

Class for Demobilization: 1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: 4-5-46

Regimental No. 5012

Name: Green Bartlett Plt.

Address: St. James Without

Present Medical Category: A1

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

Members of Board

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

J. Paterson  
Senior Medical Officer

W. Curden  
M.O. Depot



# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5363 Rank Plt Name Greene B  
 Date of Enlistment 23.5.18 Address St Johns Without Lunenburg District 16  
 Occupation Subaltern Classification for Discharge ..... Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 4.6.19 .....  
 O. C. Discharge Depot. H. M. W. S.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am renewed in a position to resume civilian occupation. B Green

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 by [Signature]

Date 4-6-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A.1404 to his home at St. James Without and Release Certificate No. 2266 issued.

Date 4-6-19

*J.A. Snow Capt.*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-7-19

Date 4-6-19

*J.A. Snow Capt.*  
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
E 178	W 3494	E 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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	
B 179c	B 120	M 93			

Date 4-6-19

*J.A. Snow Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 18 1919

Date 18-6-19

*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

Signature of Man.

Reg. No.

B Green

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

Place

at Johns

Date

4-6-19-

1919

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

# MEDICAL HISTORY

OF

Surname Green

Christian Name Butlett

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's without St. B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	73	May	1918	191
	at <u>St. John's</u>		at	
Declared Age	31 years		days	years
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet	8 3/4	tanches
Weight	147		lbs.	lbs.
Chest Measurement	Girth when fully expanded		33.7	inches
	Range of Expansion		2 1/2	inches
Physical Development	Right		Left	
Vaccination Marks	Arm	/		
	Number	/		
When Vaccinated				
Vision	R.E.—V=	6/6		R.E.—V=
	L.E.—V=	6/6		L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Robinson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at	
	on	73	day of	May
		1918		191
Joined on Enlistment	Corps.	<u>1st Royal Nfld Regt</u>		Regtl. No.
		<u>1363</u>		
Transferred to	<u>Nfld Regt</u>			
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				







Medical Report on an Invalid.

Station Bazel D. Camp  
 Date 30-4-19

1. Unit Royal Newfoundland  
 2. Regimental No. 5363  
 3. Rank Plt  
 4. Name Green Bartlett  
 5. Age last birthday 22  
 6. Enlisted { on May 23/18  
 at St Johns

7. Former Trade } Fisherman  
 or Occupation }  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**  
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

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

nie  
 nie  
 nie  
 nie

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition? *He complains of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

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

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

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

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

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

*None*

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

*No*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*No*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*No*

*Repatriation*

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

*Sgt W F [unclear] Capt RA MC*  
Officer in medical charge of case.

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

Station *Wagley D Camp*

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

Date *30-4-19*

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

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



## 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 Office 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 *Bartlett Greene*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5363*

Intended address *St Johns Without*

Height on discharge *6* Feet

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Green*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *Caleb*

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 *St Johns without 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)

*Bartlett Greene*

(Rank) *Private*

Station

*St Johns*

Date

*4.6.19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer in Hospital,  
Unit, or Command Depot.

Station

Date





No. 5363

Name Green, FB

Sqn., Batty., }  
or Company }

D.

Corps

N. Newfoundland

Date of enlistment }

23/5/18

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drink }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. Company, etc. }

W. H. Long

Character

Good

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	8/1/14	MC		Det. A. shut	Sgt Sellers W. J. J. J. J.		8/1/14	W. J. J. J.	NA
Rover	21/5/19			Def. of bat	C. M. S. Watson	pay for same	1/4/19	W. J. J. J.	W. J. J. J.

[P.T.O.]

July 29th 1919.

Mr. Bartlett Green,  
St. Jones without, T.B..

Dear Sir:

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

Yours truly,

Capt. & Paymaster.

RS/.

457

DEPARTMENT OF MILITIA.  
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Barlett*..... 2. Surname *Green*.....  
3. Rank *Plt.*..... 4. Regtl. No. *5343*.....

5. Address in full to which future payments of gratuity are to be forwarded. *Barlett Green St. James Without Trinity Bay*

6. Date of enlistment in the Regiment. *23/5/18*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Mrs. Caleb Green*.....

8. Relationship of such dependents. *Mother*.....

9. Address in full of such dependents. *Mrs. Caleb Green*.....  
*St. James Without Trinity Bay*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Yes*....

11. Were you on active service only in Hfld. If so, give dates and particulars of such service. *No served overseas since*  
*23/7/18*.....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *12 months*.....  
..... *1 1/2*.....



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

*No. only the one*

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?

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?

*Not applicable*

19. Are you now serving in the R.C.S.? If not give:- (a) Date of discharge (b) Reason for discharge.

*No. but not aware of the actual theatre*

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.

*No. did not serve in the actual theatre of war*

21. (c) 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: *Barlett Green*  
 Place of Residence: *St Jones Without*  
 Declared before me at: *Heads Court*  
 This ~~nineteenth~~ day of *June* 19*14*.....

*adam A martin*  
*jo*

Signature of Barrister of the  
 Supreme Court, Extraordinary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

*Heads Court*

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



yours truly

Mrs Caleb Green

Winterton  
Trinity Bay  
Nfld.

W.

3613

Winterton  
Dec 29 1918

Royal Newfoundland  
Regiment

Will you kindly address  
the monthly money  
Pte Barlett Green <sup>no 5363</sup>  
mother 'Leah' Mrs Caleb  
Green to Winterton  
Trinity Bay instead  
of St Johns without  
as I am moved over  
there for the winter  
Kindly Address

Mrs Caleb Green  
Winterton Trinity Bay



January 3rd. 1918.

Mrs. Caleb Green,  
WINBERTON, T.B.

Dear Madam:

With reference to your  
letter of December 29th. I beg to state  
that your cheques will be forwarded to the  
above address, until otherwise notified.

Yours truly,

Lieut.  
For Paymaster.



5363

8138

January 28, 1920

Bartlett Green,  
St. James, Without.

Dear Sir:

with reference  
to your letter of recent date, War Service  
Gratuity has been paid you in full, and is com-  
puted as follows:

July 1	70.00
Aug	70.00
Sept.	70.00
Oct.	69.74
Kit allowance	.26
	<u>\$280.00</u>

The first part of your letter has been referred  
to the Record branch of this Department, and you  
will hear from them direct, please.

Yours truly,

Lieut.  
For Paymaster.

C.R. 5363

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL 1914-1919

---

I certify that I have received a issue of 3 inches  
of Riband of British War Medal-1914-1919.

NAME.....

Barrett Green 5363

(Date).....

March 9 1920

(Place).....

St. Jones. Without

Receipt for Army Book 64

No. 5363 Name Green

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

Name Bartlett Green

Date Aug 5 1960

Place St. Jones Without

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



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet *one*  
*C. M. D. K. S. J. S. J. S.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Green, Bartlett</i>	Age on	<i>21</i> years <i>0</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's 23 5 18</i>	Religion	
Joined	Date	Period of	with Colours <i>14 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth	
Joined	Date	<i>S. Jones without T.R.</i>			

Place	Date of Offence	Rank	Grade of Discipline	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's 2 7/19</i>				

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

5363

## DEMOBILIZATION OF

Reg. No. 5363 Rank Plt Name Greene B. J.  
 Date of Enlistment 23.5.18 Address St. Johns Without District 10th  
 Occupation Fisherman Classification for Discharge 16 Medical Category A.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents—

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

Date 4.6.19

J. H. Must  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### i. Civil Re-Establishment.

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

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 new cap

Date 4-6-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1404 to his home at St. James Detroit and Release Certificate No. 2266 issued.

Date 4-6-19

J.A. Snow Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-7-19

Date 4-1-19

J.A. Snow Capt.  
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	6 Forms
B 178a	D 400A	F 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 4-6-19

J.A. Snow Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919

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

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

Date June 14 1919

As advised  
Drop Keover

Reg. No. *1363*. Rank *1st Lt* Name *Wm. B. Brun*  
Attested ..... Address *St James without*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.1.19.*  
Returned on S.S. *Ossean* Cause *Discharge*

*3-6-19*

PASSED TO DEMOBILIZATION OFF

*18-6-19*

DISCHARGE APPROVED ON DEMOBILISATION