



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5865 Name Bernard Miller Corps R. I.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Bernard Miller
2. What is your full Address? } 2. B. Ed. Head Cove Bay
de. verb.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 24 Years Months
5. What is your Trade or Calling? 5. Fisherman
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 Miller 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 Miller SIGNATURE OF RECRUIT.

Pte. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bernard Miller 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 Johns on this 27 day of July 1918

Signature of Attesting Officer P. Dicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date July 29 1918
Place } Approving Officer.

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

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

C.R. 5855

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
3-8-19.

5855, Pte. B. Miller.

C.R. 5855

Extract from Daily Orders part II, Unit the Royal Newfoundland
Regiment dated July 21st. 1919.

The discharge of the undernoted on debilitation has been
APPROVED by O. C. Discharge Depot on noted date.

#5855 Pte. B. Miller. 20-7-19.

C.R. 5855

Extract from Daily Orders Part III. Unit: The Royal Nfld.

Regt. St. John's, July 2nd, 1919.

5855 Pte. B. Miller.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5855

ANGLO-AMERICAN TELEGRAPH COMPANY, LIMITED

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

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CONNECTING WITH
THE WESTERN UNION TELEGRAPH COMPANY

37. JON...
MAY 29 1912

F3 CARBONEAR 10/-

A E HICKMAN

MINISTER MILITIA

IS PTE BERNARD MILLER ON CORSICAN WAITING HERE FOR REPLY

ALEXANDER MILLER

83

C.R. 5855

Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address ST. JOHN'S.

Line Number	Rcd	By	Sent	by	Check

Dated May 29th 1919

To Mr. Alexander Miller,

CARBONEAR.

YOUR SON PTE. BERNARD MILLER NOT ON CORSICAN

A. E. HICKMAN,
Minister of Militia.

Form No. 17

C.R. 5855

Extract from Daily Orders By Major H. J. Sullivan, Commanding
Newfoundland Forestry Companies 26-11-18.

The unaccounted having arrived from 2nd Bn. Royal Wfld.
Regt. is attached to the strength and posted to "B" Company
for rotations from this date.

⁵
3855 Pte. B. Miller

C.R. 5855

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's Sept. 24/18/

THE FOLLOWING MAN RETURNED FROM SPECIAL DUTY AT MOUNT PEARL.
19-9-18.

5855 Pte. E. Miller.

CR. 5855

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.

St. John's. dated Sept. 9-18.

The undernoted man proceeded ~~synt~~ on special duty to Mount
Pearl. 9-9-18.

5855Pte. B. Miller.

C.R. 5855

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's dated August 9, 1918.

5855, Pte. B. Miller.

Returned from leave and reported at Headquarters for
Duty from 9-8-18.

C.R. 5855

Extract from Memorial Roll Entitled St. John's for Overseas

Sept. 22, 1918.

"M"

5855 Pte. Millier Bernard.

C.R. 5855

Extract from Daily Order's part 11, from 1910 The Royal
Infantry Regt. St. John's, dated July 20th, 1920.

#5855 Pte. Bernard Miller.

Attached for General Service with the Royal Inf. Regt.
from 27-7-20

B. Miller

C.R. 5855

~~1810~~

2

No. 2420/368.

N.F.P./79.

FROM NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

12th February 1919

Feb, 14 1919

5855. Pte Miller. B.

Receipt hereunder.

With reference to the follow-
ing telegram from the Minister of
Militia / / (15)

LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to-5855. Pte Miller.

£6.1.3.

Received the sum of £6.1.3.

Cheque £6.1.3. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Six, one, & three pence in respect of
telegraphic remittance from the
Minister of Militia.

Chief Paymaster & O. i/c Records.

B. Miller x (GWP.)
No. 5855 Rank Pte.
Witness Geo. Pury Gc.

Miller, B

5855

Ray Sept.

2

August 4th 1919.

#5855, Pte. B. Miller.
Red Head Cove. B.D.V.

Dear Sir:

Enclosed please find Discharge Certificate #3474.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5855 Rank Pte Name Miller B.
 Intended place of residence Red Head Cove
 2. Occupation Intermar
 Classification of soldier AI Medical Category AI

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 18 1919

[Signature]
 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 18 1919

[Signature]
 Signature of soldier
[Signature]
 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 18-7-19

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 27-7-18 No. of days on Military
 Discharged from service 20-7-19 Plus 14 days Service 373

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 20 1919

[Signature]
 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 August 3/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

[Handwritten] 20 79/5474

The Royal Newfoundland Regiment

Class for Demobilization:—
A1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 18.7.19

Regimental No. 5855

Name Miller, Bernard

Address Red Head Cove B.D. 8

Present Medical Category A1

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

Members of Board	}	<i>R. M. Cooper Capt.</i>	O.C. Discharge Depot.
		<i>W. Paterson</i>	Senior Medical Officer
		<i>R. W. Burden</i>	M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5855 Rank PLC Name Miller B
 Date of Enlistment 27 7 18 Address Robbing Cove District B 27
 Occupation Fisherman Classification for Discharge B 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	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 103	ME 2		" 6	
B 179c	B 120	M 93			

Date July 17/19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

h
Bernard Miller
mark

Particulars passed to Vocational Officer for information and action.

[Signature]

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2455- to his home
 at Red Head Cove and Release Certificate No. 3704 issued.

Date 18-7-19

[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 3-8-19

Date 18-7-19

[Signature]
 Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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		

[Handwritten] 2 Form B

Date 18-7-19

[Signature]
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

L. R. COOPER, 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.

Miller B.

Signature of Man.

A. Blonstein

Reg. No. 3855-

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **18-7-19** 191

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

MEDICAL HISTORY

OF

Surname

Miller

Christian Name

Bernard

Table I.—GENERAL TABLE

Birthplace:—Parish *Redhead Cove* County *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>27</i> day of <i>July</i> 191 <i>9</i>		on day of 191	
	at <i>St. John's, Nfld.</i>		at	
Declared Age	<i>24</i> years		years	
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet <i>5</i> inches		feet inches	
Weight	<i>136</i> lbs.		lbs.	
Chest Measurement	Girth when fully expanded <i>36</i> inches		inches	
	Range of Expansion <i>4</i> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	R.E.—V= <i>6/10</i>		R.R.—V=	
	L.E.—V= <i>6/12</i>		L.E.—V=	
Vision	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease	—		—	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Tammot Stovon</i>			
(Rank)	<i>Major</i>		Medical Officer	
Enlisted	at <i>St. John's, Nfld.</i>		at	
	on <i>27</i> day of <i>July</i> 191 <i>9</i>		on day of 191	
Joined on Enlistment	Corps <i>Royal Newfoundland Regt.</i>		Corps	
	Regtl. No. <i>5855</i>		Regtl. No.	
Transferred to	<i>Royal Newfoundland Regt.</i>			
Became non-effective by	on day of 191		on day of 191	
(Signature)				
(Rank)				

[P.T.O.]



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 *Miller, Bernard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5855*

Intended address *Red Head Cove Bay de Verde*

Height on discharge *5 Feet 5*

Color of hair on discharge *Dark Brown*

Complexion *Dark*

Color of eyes *(Dark) Blue*

Descriptive Marks *Medium*

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 *Red Head Cove 24-7-1895*

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 Miller (Rank) *Private*

Station *ST. JOHN'S.*

Date

17-7-19

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 Regt.* 7. Former Trade or Occupation } *Jackman*
2. Regtl. No. *5858* 3. Rank *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Miller* *Bernard* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*
6. Posted for duty on..... at.....
 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
 (b) Where (if any)
 (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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs when 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.)

The Complaints of no 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.

Reputation

W. E. Proemier, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazle Down*

Date *10/4/19*

* 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.

August 9th 1919.

Mr. B. Miller,
Red Hd. Cove. B.D W.

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.

MS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

X 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..... *Bernard* 2. Surname..... *Miller*

3. Rank..... *Pte* 4. Regtl. No..... *5555*

5. Address in full to which future payments of gratuity are to be forwarded..... *Red Head Cove B.S.V.*

6. Date of enlistment in the Regiment..... *Jan 24/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*

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 Hfld. If so, give dates and particulars of such service..... *Overseas*

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

..... 1. 2.

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

no

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

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

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.? *no* If not give:- (a) date of discharge. *July 31/19* (b) Reason for discharge.

Remob

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.

England

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.

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 X Miller*
 Place of Residence: *Red Head Cove, B.W.V. Dist.*
 Declared before me at: *St Johns*
 This *18* day of *July* 19*19*...

Signature of Barrister of the *John McArthur*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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

9594

Red Head Cove

W. G. Rendell ^{Feb $\frac{14}{2}$ 1920}

Lieut. Colonel.
Chief Staff Officer,
Dept. of Militia.

Dear Sir
I notice in the paper a short while
ago that there was a Separation
Allowance due to us soldiers
that were over seas

I am now sending
in my claim for mine yours truly

5855 Pte Bernard Miller

Red Head Cove

Dist of Bay D'Amour

My
Please
form

What relative?

March 2nd. 1920

No. 5855 Pte. Bernard Miller,
Red Head Cove,
dist. Bay de Verde.

Dear Sir:

With reference to
your letter of Feb. 12th. kindly inform
us what relation claimant for Separation
Allowance is to you.

Yours truly

Lieut.
For Paymaster

LM-

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To Lt. B. Miller

Billeting Soldiers as undermentioned

from July 1st /19 to July 20th /19

5855. Lt. B. Miller 21 00

ACCOUNT	<u>B + M</u>
CH NO	<u>334</u>
INITIALS	<u>EW</u>
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 21.00

A. M. Blonish
 R. J. Billeting Officer.
B. Miller per (Signature)

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*
- 2. Regtl. No. *5855*
- 3. Rank..... *R4E*
- 4. Name *Miller* *Bennard*
(Surname) (Christian Names)
- 5. Age last birthday..... *23*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(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. *ni*
- 12. Place of origin of disability. *ni*
- 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? }

Recomplains of No Disabilities

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.)

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?

Reprostration

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. E. Proemier *Capt* *Ramc.*
 Medical Officer in charge of case.

Station *Hazely Down*

Date *10/11/19*

* 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

Reg. No. 5855 Rank *Pfc* Name *Miller Bernard*
Attested *27-7-18* Address *125 1/2 1st Ave*
Allotment *50* Allottee *Alvin Miller (Brother)*
Date of Allotment *7-9-18* Returned from Overseas
Embarked for Overseas **SEP 22 1918** Cause

Vacc 9-8-18 *Rel 9-8-18, Pt Invoc 26 & 28 - 2nd 2-9-18.*
HL 31-7-18 to 7-8-18.
9-8-18 advised by Richard Sumner, Ill will report on
Thursday evening.
9-9-18 Special duty mount team

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5855 Rank Plt Name Miller B
 Date of Enlistment 27.7.18 Address Red Head Cove District B P U
 Occupation Fisherman Classification for Discharge 6 Medical Category A I
 Recommendation S.M.B. Disability Rating :

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 288	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. <u>3</u>
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 July 17/19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

h
Bernard Miller
mark
Int-Johnson

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing:

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) ~~Clothing Supplied~~ [Signature]

Date 18-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2453 to his home
 at Red Head Lane and Release Certificate No. 3704 issued.

Date 18-7-19 Demobilization Officer Amblin

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 3-8-19

Date 18-7-19 Depot Paymaster M/S

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	<input checked="" type="checkbox"/> F. Med	D.F. 1	2 Form B
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 15-7-19 Demobilization Officer Amblin

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 L. R. COOPER, CAPT.
 O. C. Discharge Depot.

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

Date Aug 1/19