

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5060 Name Bentham R Reid Corps W/B

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

- |   |  |
|---|--|
| <p>1. What is your name? <u>Bentham R Reid</u></p> <p>2. What is your full Address? <u>St. Johns St. St. John's</u></p> <p>3. Are you a British Subject? <u>Yes</u></p> <p>4. What is your age? <u>30</u> Years <u>0</u> Months</p> <p>5. What is your Trade or Calling? <u>fisherman</u></p> <p>6. Are you Married? <u>No</u></p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? <u>No</u></p> <p>8. Are you willing to be vaccinated or re-vaccinated? <u>Yes</u></p> <p>9. Are you willing to be enlisted for General Service? <u>Yes</u></p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? <u>Yes</u></p> <p>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? <u>Yes</u></p> | <p>1. <u>Bentham R Reid</u></p> <p>2. <u>St. Johns St. St. John's</u></p> <p>3. <u>Yes</u></p> <p>4. <u>30</u> Years <u>0</u> Months</p> <p>5. <u>fisherman</u></p> <p>6. <u>No</u></p> <p>7. <u>No</u></p> <p>8. <u>Yes</u></p> <p>9. <u>Yes</u></p> <p>10. Name <u>Bentham R Reid</u><br/>Corps <u>W/B</u></p> <p>11. <u>Yes</u></p> |
|---|--|

I, Bentham R Reid 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.

Bentham R Reid SIGNATURE OF RECRUIT.  
R. Raymond Signature of Witness.

Bentham R Reid 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 to 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 put to him as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 10 day of May 1918.  
 Signature of Attesting Officer Geo Liberty 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 W/B on this 15 day of May 1918.  
 Place St. John's } Approving Officer.

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

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: vis:—(Name) Bentham R Reid re-enlisted in the (Regiment) W/B on the (Date) 15 May 1918



ROYAL FIELD REGIMENT  
St. John's, July 3rd, 1919.

C.R. 5060

Extract from Daily Orders Booklet Unit the Royal Field,  
Regt. St. John's, July 3rd, 1919.

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

5060  
5060 Pte. B. Reid.

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

St. John's, July 3rd, 1919.

Extract from Daily Orders Booklet Unit the Royal Field,  
Regt. St. John's, July 3rd, 1919.

C.R. 5060

Extract from Daily orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilisation has  
BEEN CONFIRMED by officer I/C Records from noted date  
9-8-19.

5060, Pte. Pertram Read.

C.R. 5060

Extract from Daily Orders Part II Unit The Royal WFLA.  
Regt. St. John's, July 15th, 1919.

The discharge of the Undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot, with effect from 25-7-19.

5060 Pte. B.Read.

C.R. 5060

Extract from Daily Orders by Major H.S. Sullivan, Commanding  
Bn. Forestry Companies 26-11-18.

The undernoted having arrived from Sgt. Jn. Royal Bn. Royal  
Bn. is attached to the strength and posted to "C" Company  
for rations from this date.

5060 Pje. D.Reid.

C.R. 5060

Extract from Medal Roll Entitled For St. John's for Overseas.  
1, pt. 22, 1918. "A".

5060 Pte. Reid Bert.

C.R. 5060

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

#5060 Pte. B. Reid.

Discharged from 21 Field Street 5-8-18



C.R. 5060

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St John's, dated July 15, 1918.

#5060 Pte. E. Reid.

Admitted to M.I.D. Hospital 14-7-18

Extract frm Daily Orders part 11, from Unit The Royal  
Mfld.Regt.St.John's, dated May 16,1918.

#5060 Pte. B. Reid.

Attested for General Service with the Royal Mfld.Regt.  
from 15.5.18

B. F. Lead

C.R. 5060

~~Lead~~



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bertam R. Read, Regt. No. 5060

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz:

Allotment begins July 15 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<del>5060</del> <u>4606</u>	<u>Wife</u>	<u>Mrs Francis Read</u>	<u>Lombville</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

RECEIVED  
 REG. & PAY  
 ALLOT. INDEX  
 " REGISTER  
 EXAMINED

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.) John St.  
 Officer Commanding  
5 Company  
John  
June 26 1918

(Sig.) Bertam R Read  
 (Rank) Pte

No. 2245/337.

NEWFOUNDLAND AND OTHER DEPENDENT TERRITORIES  
RECORDS OFFICE  
LONDON, W.C.2  
FEB 1919  
N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

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

10th February 1919

5060. Pta Read. B.

With reference to the following  
telegram from the Minister of  
Militia / / ( 7 )

"Pay to- 5060. Read. B.

£6.0.0.

Cheque £6.0.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

*A.R.J. Mercer*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Chambers*  
F. LIEUT. COLONEL.  
OFFICER COMMANDING 2ND BATT.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £6.0.0.  
Six Pounds. in respect of  
telegraphic remittance from the  
Minister of Militia. *B Read*

No. 5060 Rank Pte

Witness *A.R.J. Mercer*

*P.D. 067 1919*

*C*

W 2638/1503

P.D. 099896 N.F.P. No.

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 Batt. Ryl. Nfld. Regiment  
Winchester.

19/5/1919 G.W.

17th May 1919

May 29<sup>d</sup> 1919.

5060 Pte. B.R. Reid

With reference to the following telegram from the Minister of Militia / / 19 ( 191):

Receipt hereunder  
*Reymont*

LIEUT. COLONEL

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT

"Pay to- 5060 B.R. Reid  
£6. 0. 0.

Cheque £6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £6.00 in respect of telegraphic remittance from the Minister of Militia.

*A. J. Minniss*  
Chief Paymaster & O. i/c Records.

B. Reid  
No. 5060 Rank Plt.

Witness: Geo Perry

Read, B

5060

Ray Sept.

August 14, 1919

#5060 Pte. Bertram Read,  
Lapole.

Dear Sir:-

Please find enclosed Discharge Certificate #3685.

Yours truly,

Captain & Paymaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5060 Rank PL Name Read B  
 Intended place of residence La Poile  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

**DEMOBILIZATION**  
Eligible for War Service Gratitude

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 12 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 12 1919

*B. Read*  
Signature of soldier  
*J. Newell 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 12 1919

*B. Read*  
Signature of soldier  
*James O'Sullivan*  
Signature of witness

17  
30  
31  
9  
87

### STATEMENT OF SERVICE

7. Enlisted for service	<u>15-5-18</u>	No. of days on Military
Discharged from service	<u>JUL 26 1919</u>	Service <u>452</u>
	Plus 14 days	

### 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 26 1919

*N.R. Cooper Capt*  
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 9/1919

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

*[Handwritten notes]*  
27 B 20 74/36 SA



# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date July 11<sup>th</sup> 1919

D.F.I.

Regimental No. 5060

Name Read Biseman

Address La Poile

Disease or Disability

Finding of last Standing Medical Board,

held on ..... 19.....

Present Condition

Recommendation

Category A7

Members  
of  
Board

R.H. East Major  
O. C. Depot

Peterson  
D. D. M. S.

DeBordeu  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5060 Rank. R14 Name Reid B  
 Date of Enlistment 15.5.18 Address Lapointe District Burgo  
 Occupation Interpreter Classification for Discharge E Medical Category II  
 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.....	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 1919.....

O. C. Discharge Depot. Montreal

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 12-7-19.....

O i/c. Re-clothing. W. G. Johnston

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112442 to his home at Japalle and Release Certificate No. 3528 issued.

Date 12-7-19

*J. A. Snowcraft*  
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 9-5-19

Date 12-7-19

*H. H. Hines*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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		

*2 Form B*

Date 12-7-19

*J. A. Snowcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919

*H. R. Cooke*  
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,

*B Reid*

Signature of Man.

Reg. No. *3060*

*J. J. Snowcroft*  
Signature of the Vocational Officer or His Representative.

Place

**ST. JOHN'S.**

Date

*12.7-19*

191

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

# MEDICAL HISTORY

Surname Reid

OF

Christian Name William R.

Table I.—GENERAL TABLE.

Birthplace:—Parish Sabie County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	15 day of May 1918	St Johns		
Declared Age	20 years	days		
Trade or Occupation	Fisherman			
Height	5 feet 5 1/2	inches		
Weight	125	lbs.		
Chest Measurement	Girth when fully expanded	34 1/2 inches		
	Range of Expansion	34 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/ Bears			
When Vaccinated	by 0 290			
Vision	R. E.—V=	6/10	R. E.—V=	
	L. E.—V=	6/10	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Samuel Paterson			
(Rank)	Major			
	Medical Officer.			
Enlisted	at	St Johns	at	
	on	15 day of May 1918	on	
Joined on Enlistment	Corps.		Corps	
	Regtl. No.	2060	Regtl. No.	
Transferred to	Nfld Regt			
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(Rank)				

Table II.—Only for admission 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 Days in Hospital	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 hospitals 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
	Day	Month	Year	Day	Month	Year				
W.D. Hospital	14	7	1898	7	7	18	Mumps	14	Discharged to Bull's to family Quarantine	W.D. R. B. J. J.







## 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 *Bertram Read*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5060*

Intended address *La Poile*

Height on discharge *6'* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *George*

Christian name of Mother *Jamie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *La Poile, 20th January, 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) *Bertram Read* *JR* (Rank)

Station *ST. JOHN'S.* Date *7-7-98*

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 *St. John's, Newfoundland* 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 consider 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* } Former Trade } *Asst. Gunner*  
or Occupation }  
2. Regt. Nos. *8. 61.* 3. Rank..... *File* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Reed* *Bertram R* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regt. Nos.  
5. Age last birthday..... *21*  
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 (b) Date of Discharge ;  
(c) on duty (d) off duty ? (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. 179a (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 .. .. .                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service .. .. .                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                          | <input type="checkbox"/>            | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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, 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.)

*He complains 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.

*Repatriation*

*W. B. Procmier, Cap RAME*

Medical Officer in charge of case.

Station .. *Hazeley, Devon*

Date .. *10.14.19* .. .. .

\* 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 18, 1919

Mr. Bertram Reid,  
LaPelle.

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

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 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... *Bertram* 2. Surname... *Raeid*

3. Rank... *Pte* 4. Regtl. No... *5060*

5. Address in full to which future payments of gratuity are to be forwarded... *La Poile*

6. Date of enlistment in the Regiment... *May 14/18*

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

8. Relationship of such dependents... *Co*

9. Address in full of such dependents... *Co*

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

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

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?  
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 R.A.F.? If not give: (a) Date of discharge.

*July 12/19* (b) Reason for discharge. *Accepted being* .....

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 England only* .....

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.

-3- *Bertram Seal*

Signature of Applicant:

Place of Residence: *La Poile*

Declared before me at: *St Johns*

This *12* day of *July* 19*19*....

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

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent	Gratuity.	due

.....

.....

.....

Certified correct.

Estimator







Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

---

Fold Here



OCT 20 1921 1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

Bertram R. Read

in respect of his service as, No. 5060 Rank Pte

Name B.R. Read Royal Nfld. Regt.

Receipt of the same should be acknowledged in person.

Received From Militia Dept.

Signature Bertram R. Read

Date Feb 17<sup>th</sup> 1922

Address La Poile N.F.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheet 120

Regiment of Royal Newfoundland

Signature of O. C. Company P. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5060 Reid Bate R</u>	Age on	20 years	<u>Fisherman</u>		
			months			
Joined	Date	Place and Date of Enlistment		Religion		
Joined	Date	<u>St John's</u>		<u>C of A</u>		
Joined	Date	Period of	<u>15.5.18</u>	Place of Birth		
Joined	Date	with Colours	<u>187</u> years.	<u>Bungo, La Poile</u>		
		with Reserve	<u>385</u> years.			

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>Demobilization</u>	<u>St John's</u>	<u>9 8/19</u>			

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

9/5060

## DEMOBILIZATION OF

Reg. No. 5060 Rank Plt Name Reid B  
 Date of Enlistment 15.5.16 Address La Parly District Burgoyne  
 Occupation Fisherman Classification for Discharge 2 Medical Category H.I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	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 11/19 O. C. Discharge Depot 1 Mrs H

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Particulars passed to Vocational Officer for information and action.

Date .....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$600  
 (b) Clothing Supplied William Houston

Date 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192442 to his home at Japale and Release Certificate No. 3528 issued.

Date 12-7-19 *J. J. Knowlton*  
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 7-5-19

Date 12-7-19 *J. J. Knowlton*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1 N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st.	" 2
B 178a	1 D 400A	1 B 1915	do 2nd.	" 3
B 178	D 400B	Form L.	do 3rd.	" 4
B 179a	1 D 400C	Form K.	do 4th.	" 5
B 179b	B 103	ME 2.		" 6
B 179c	B 120	M 93.		

*J. J. Knowlton*  
Demobilization Officer

Date 12-7-19 *J. J. Knowlton*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 26 1919 *L. R. Coole*  
O. C. Discharge Depot.

Rec. and the above noted documents from O. C. Discharge Depot.

Date Aug 7/19

Reg. No. 5060 Rank Pte Name Reid Bert D.P.  
Attested 15-5-18 Address Burgess La Poile  
Allotment 60 Allotee Mrs Francis Reid (Mother)  
Date of Allotment 1-7-18 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas SEP 22 1918 Cause \_\_\_\_\_

16-5-18 Vacc 1<sup>st</sup> inoc of yrs 2<sup>nd</sup> inoc 27/7/18 3<sup>rd</sup> inoc 21-8-18  
H.L. 16/12 to 11/4/19

Telegram sent by O.C. to return at first opportunity 16/5/18  
23/5/18 Reported from Home leave duty  
24/6/18 Return from leave reported O.D.G.T.  
15-7-18 Admitted to ~~General~~ Hos. m. S. A. S. Co.  
29-7-18 Admitted to 21 Field St.  
3-8-18 Discharge from " "

Reg. No. *1060*, Rank *Plt.*, Name *Rev. D.*

Attested ..... Address *Burgess*.

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Red on S.S. *Cassandra* Cause *Discharge.*

*24 19*  
*26 7 19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**

C.R. 5060

La Poile  
Jan'y 30<sup>th</sup> 1922

Dept of Militia  
St. Johns  
Dear Sirs

I note in the Free Press the  
Address of some of the Men from the 24<sup>th</sup>  
Regiment - are asked for. No 5060 Bertram  
Read. (My Son) is at Pa Poile Newfld.

Yours truly  
G. F. Read

OK



C.R.

3562  
Army Form B. 179a

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of discharge under para. 392 (vii.), 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 New Forest Land*      Former Trade or Occupation } *Fisher*
2. Regtl. No. *5460*      3. Rank *Pvt*      7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps with Regtl. Nos.
4. Name *Reid*      *Burton R*  
(Surname)      (Christian Names)
5. Age last birthday *21*
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 (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. *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. *ni*

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? }

*The Complaints of his disability*

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

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

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 ?

*Reputation*

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. Proctor* *Capt Rame*  
 Medical Officer in charge of case.

Station *Hayling Island*  
 Date *10/1/19*

\* 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.