



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3552 Name James Bailey Corps CofE.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>James Bailey</u> |
| 2. What is your full Address? | 2. <u>Island No 7490</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, James Bailey 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.

James Bailey SIGNATURE OF RECRUIT.

Arthur Burgess Signature of Witness.

E 19-3-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Bailey 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 19th day of March 1917.

Signature of Attesting Officer Mark Ayelett

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191.....

Place..... } Approving Officer.

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

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

3552



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3552 Name James Bailey Corps CofE

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>James Bailey</u> |
| 2. What is your full Address? | 2. <u>Island No 790</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, James Bailey 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.

James Bailey SIGNATURE OF RECRUIT.

Arthur Burgess Signature of Witness.

E 19-3-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Bailey do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration, and taken the oath before me at St John's on this 19th day of March 1917.

Signature of Attesting Officer Mark Ayle

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191.....

Place..... } Approving Officer.

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

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

C.R. 3552

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, 18-2-19.

The discharge of the Undernoted on demobilization has been
~~approved~~Confirmed by Officer i/c Records, 17-2-19.

3552 Pte, Jas. Bailey.

C.R. 3552

Extract from Daily Orders part 11, Depot St. John's dated
Feb. 5th³/₄. 1919.

86

The discharge of the undernoted On demobilization have been
APPROVED by O. C. Discharge depot on noted dates.

#3552 Pte# Jas. Bailey.

3-2-19.

C.R. 3552

Extract fro. Nominal Roll of repatriation draft No. 79
per S. S. CORSICAN which embarked at Tilbury Docks
12/12/18. from the 2nd., Battalion of the Royal New-
foundland Regiment.

#3552 Pte. B. Bailey.

C.R. 3552.

Extract from Orders by Lt. Col., B.J. Barton, D.S.O.,
Commanding 2nd Battalion Royal Newfoundland Regiment,
dated 4/12/18.

The following having reported from the Newfoundland Forestry
Corps, is taken on the strength and posted to "F" Company as
from 3/12/18:-

3552 Pte. J. Bailey

C.R. 3552

Extract from Orders by Maj or M.S. SULLIVAN, Officer
Commanding Newfoundland Forestry Corps dated 4/12/18.

The undermentioned havin: completed their trial with
this Unit is attached to the strength from 23/11/18 and posted
to "G" Co.,

#3552 Pte. J. Bailey.

C.R. 3552

Extract from Daily Orders ~~Part~~ By Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies, 2-12-18.

The undermentioned having proceeded to Winchester,
is ~~attached~~ struck off the strength from this date.

3552 Pte. J. Bailey.

C.R. 35-5-2

Extract from Daily Orders part 11, Depot St. John's dated Dec. 2nd. 18

The u/m returned from Overseas and reported at Depot 21-12-18.

#3552 Pte, B. Bailey.

C.R. 3552

Extract from Orders, by Lt. Col., B.J. Barton, R.S.C., Commanding
2nd Bn. Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 12/9/18:

3552 Pte. J. Bailey.

C.R. 3552

Extract of Casualties received from Pay & Record
Office, London, dated December 31, 1917.

#3552 Pte. J.S. Bayley. ✓

Discharged from 3rd London General Hospital,
Wandsworth, S.W., Fit for 11 Command Depot.

Furlough from 29/12/17 to 7/1/18.

C.R. 35-52

Extract from Casualties received from Pay & Record
Office, London, Dec. 31, 1917.

Discharged from 3rd London general Hospital, Wandsworth
S.W.

Fit for 11 Command Depot.
3552 Pte. J.S. Bayley.

Fit for 1 duty Furlough from 29-12-17 to 7-1-18.

3552
Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Dec. 29th. 1917.

STRENGTH.

3552 Pte. J. Bailey.

Invalided to U.K. 24/11/17. Wded.

C.R. 3552

Extract of Casualty received from Pay & Record
Office, London, dated December 6, 1917.

#3552 Pte. J. Bailey. ✓

Wounded 20/11/17.

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)

Paul M. Shilling

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated November 27, 1917.

To Mr. William Bailey,
Island Harbor,
Fogo.

Regret to inform you that Record Office,
London, officially reports No. 3552, Private
James Bailey, has been admitted to Wandsworth
suffering from gunshot wound left arm.

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

~~H. H. BENNETT~~ R.A. SQUIRES
Colonial Secretary.

FOR TYPEWRITER

C.R. 3552

No. 3552 PRIVATE JAMES BAILY.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY & RECCORD
OFFICE LONDON DATED NOV 27th, 1917.

"AT WANDSWORTH GUNSHOT WOUNDS LEFT ARM".

✓

C.R. 3552

Extract from Nominal Roll of Draft No. 30, 50 Other Banks
from 2/1st Newfoundland Regt., Barry N. B. to 1/1st
Newfoundland Regt., B.E.F.,
Embarked Southampton 22nd September 1917.

#3552 Pte. J. Bailey.

C.R. 3552

Extract from Nominal Roll, embarked St. John's for Overseas 7/4/17

3552 PTE. J. BAILEY

3552

C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, March 19th, 1917.

3552 Pte. James Bailey

Attached to the Strength March 19th, 1917.

J. Bailey

C.R. 35.52

~~PARC~~

Amended Account.

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfers to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No 3552 Rank pte. Name Reilly J. Unit fld. Forestry Corps who was rep. to Newfoundland on 12 12 18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

PERIOD: From	PARTICULARS	£ s d			PARTICULARS	£ s d		
		£	s	d		£	s	d
12:12:18 To 3:12:18 From	Balance Dr. from				Balance Cr. from			
	Allotment 10 days @ 60¢	6	00	1 4 8	C. Coy. 2/8/18.			1 0 6
	Cash Payments:				Pay 10 days @ \$1.00	10	00	
	7.12.18.			1 0 6	Field Allow 10 days @ \$10	11	00	2 5 2
	Other Debits:				Other Allow days @ \$			
					Other Credits:			
	Total Debits		2	5 2	Total Credits		3	5 8
	Balance due by Paymaster		1	0 6	Balance due to Paymaster		3	5 8
			5	5 8			3	5 8

COPIES SENT
 TO: _____ DATE: 22/12/18
 TO: _____ DATE: 7.2.19

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

(Place)

(Date)

Made up and checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

O.C. " " Company.

London to 20 12 18

Pay & Record Office, London, S.W. 1.

7. 2. 1919

Chief Paymaster & O. i/c Records.

N^o 3443



4 1ST. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, James Bailey, Regl. No. 3552
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 60 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins April 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3542	Self	Bank of Nova Scotia in Name of Self (and) (or)	St Johns	
	Brother	William Bailey	Island Hr 70-90	60
Total Allotment, \$				60

Concealing allotment made on form 2909 K 3442

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.) Arthur N. Baynes

Officer Commanding
 Company

(Sig.) James X Bailey

(Rank) 1st Lt

with Arthur N. Baynes

No. 3442



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Bailey, Regl. No. 3532 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 and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins April 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2909	Brother	William Bailey	Island Hr Fogo.	60
Cancelled note Allotment on form 3443 of 3542				
Total Allotment, \$				60

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.) Charles A. [Signature]
Officer Commanding
Company No. 10
St. John's
4-4-17 191

(Sig.) James X Bailey
(Rank) pte
wit Arthur W. [Signature]



4 1st. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, James Bailey, Regl. No. 3552
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
60 Dollars and 00 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins April 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3542	Self	Bank of Nova Scotia in Name of Self {and} {or}	St Johns	
	Brother	William Bailey	Island Hr 7090	60
Total Allotment, \$				60

Canceling allotment made on terms of K 3442

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

(Sig.) Chas R. Aylcote
 Officer Commanding
 Co. Company

(Sig.) James ^{his} Bailey
 (Rank) pte
 with Arthur N. Burgess

St Johns
4-4-17 191

Only for use with Men returned from an Expeditionary Force or from
Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. Date 29 Dec 1917 Admitted 25/11/17

(1) To the Officer i/c Records, 58 Victoria St (Station SW)

(2) The Officer Commanding, Infld Command Depot (Station Ripon north)

(3) The Paymaster, 58 Victoria St (Station SW)

Regimental No. 3552

Rank and Name Pte Bayley J. S.

Regiment or Corps 1st Infld

has been granted a furlough from 29 Dec 1917 to 7 Jan 1918

His address while on leave will be: 58 Victoria St
SW

I consider he is fit for*
• Strike out that which is inapplicable.
 i. Duty
 ii. Command Depot. II
 iii. Employment.

Officer in charge Registrar, R.A.M.C. Hospital,
3rd London General Hospital,
WANDSWORTH, (Station).

This man has been furnished with a warrant to Victoria and given an advance of £1. (one pound).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

Only for use with Men returned from an Expeditionary Force or from
Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. Date 29 Dec 1917 Admitted 25/11/17
(1) To the Officer i/c Records, 58 Victoria St
SW (Station).
(2) The Officer Commanding, Infantry Command Depot
Ripon North (Station).
(3) The Paymaster, 58 Victoria St
SW (Station).

Regimental No. 3552
Rank and Name Pte Bayley J. S.
Regiment or Corps 1st Inf
has been granted a furlough from 29 Dec 1917 to 7 Jan 1918
His address while on leave will be: 58 Victoria St
SW

I consider he is fit for*
• Strike out that which is inapplicable.
i. ~~Duty~~
ii. Command Depot. II
iii. ~~Employment.~~

Officer in charge g C Hall
Registar, R.A.M.C.T. Hospital,
3rd London General Hospital,
WANDSWORTH (Station).
Capt Gen

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

This man has been furloughed
a warrant to Victoria and given
an advance of £1. (one pound).

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3672 Rank Pk. Name Taylor ^{Barley} Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

DR.		STATEMENT OF ACCOUNT										CR.		
PARTICULARS		\$	¢	£	s	d	PARTICULARS		\$	¢	£	s	d	
PERIOD: From 23/11/18 To 20/12/18.	Balance Dr. from						Balance Cr. from							
	Allotment 10 days @ 60¢	16	00	11	4	8	Pay 10 days @ \$ 1 ⁰⁰	110	00					
	Cash Payments:						Field Alice 10 days @ \$ ¹⁰ / ₁₀₀	11	00					
	2 nd Pay				1	0	6	Other Alices days @ \$	11	00	1	2	5	2
	Other Debits:						Other Credits:							
								Copy sent to oftr 21302/210 Ptd 24-12-18.						
Total Debits				12	5	2	Total Credits				12	5	2	
Balance due by Paymaster							Balance due to Paymaster							
				12	5	2					12	5	2	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

7th Co.
 (Place) HAZELEY DOWN CAMP. (Date) Dec 11th 1918.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London,

J. King
 O.C. "7th Company."
 to

Chief Paymaster & Officer i/c Records.

355 ~~██████~~ k Pls Name Bailey J.

Pay	F.A.	Wg.	Total
100	10		110
Less: Allotment			60
Net Rate			50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d				
						From	To									
Balance					Balance		28/9/17					1	5	3	✓	
Acquittance Rolls		3	6	0	Pay @ Net Rate	29/9/17	29/12/17	92	50	46	00	9	9	0	✓	
Hospital Advances			17	6	Ration allow								1	0	0	✓
A.B. 34					10 days @ 2/1	30/12	5/1/18	7	3	50				14	5	✓
P. & R.O. Payments																
5-36					6/10-9 ✓											
					14-5											
					1-5-2											
Cheque 7313		6	0	0												
3084 Cash				1	5	0										

11-14-3

11-14-3

[Handwritten signatures and scribbles]

Bailey James

3552

Pay Dept.

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

MEDICAL HISTORY

OF

Surname Bailey

Christian Name James



Table I.—GENERAL TABLE.

Birthplace:—Parish St. Lawrence County St. John's

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>19th</u> day of <u>March</u> 191 <u>7</u> at <u>St. John's</u>		on _____ day of _____ 191 <u>7</u> at _____	
Declared Age	<u>24</u> years — days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>8</u> inches		_____ feet _____ inches	
Weight	<u>132</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>39</u> inches		_____ inches	
	Range of Expansion ... <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V=_____ 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>See Burden</u>		_____	
(Rank)	<u>Leut</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u> on <u>19th</u> day of <u>March</u> 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>7</u>	
Joined on Enlistment	Corps. <u>4/1st Rfld Regt</u>	Regtl. No. <u>3552</u>	Corps. _____	Regtl. No. _____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(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 cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	25	11	7	29	12	17	Effusion left arm.	39	Fract. upper end ulna. Impacted joint. Healed. Fixation elbow joint	J. M. Hughes Esq.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. ~~3503~~ Rank *Platoon Leader* Name *Bailey James*
 Date of Enlistment *19.3.19* Address *St. John's* District *8*
 Occupation *Fisherman* Classification for Discharge *B* Medical Category *8*
 Recommendation S.M.B. *prominent limp requires treatment* Disability Rating *20% 6 months*
 Passed to Demobilization Officer with following documents:—

N.F. P/36-94	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 *2.2.19*
W. H. Bailey Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

 I am *not* in a position to resume civilian occupation.

James H. Bailey
not signed
 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 *Joseph H. Shaw*Date *3-2-19*

O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. nil to his home at Int Hospital and Release Certificate No. 1036 issued.

Date 3-2-19 C. B. Dicks 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 17-2-19

Date 3-2-19 W. H. Sneyd Capt.
Depot Paymaster.

Discharge approved for 3-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. B 30	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 3-2-19 C. B. Dicks Capt.
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date FEB 3 1919 R. H. Sneyd Capt.
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3552 Rank Pl Name James Bailey
 Intended place of residence. Island St. John's
 2. Occupation Yeoman
 Classification of soldier B Medical Category E

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

ELIGIBLE for POST DISCHARGE PAY

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 FEB 3 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 3. 7. 19
 Signature of soldier James Bailey
 Signature of witness C. S. Dicks Capt.

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 Feb. 3rd 1919
 Signature of soldier James Bailey
 Signature of witness W. H. ...

STATEMENT OF SERVICE

7. Enlisted for service 19. 5. 17 No of days on Military
 Discharged from service 3. 7. 19 Service 236 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 R. H. Lait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date FEB 3 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's Nfld. M. Howley, Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment
 Date February 17/1919

13
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17

2013 2079/ 1029

February 17, 1919

#3552 Pte. James Bailey,
Island Harbor,
Fogo.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 1029."

Yours truly,

Ca t.
Paymaster & Officer i/c Records

Enc'l 1.



Royal Newfoundland Regiment

E Company.

Depot Prince's RN Headquarters St. John's Date Aug 13 1918.

Distribution	Officer	W. O.	N. C. O's	Men	Remarks
On Parade			3	70	
Light Duty.....					
Guard.....				15	
Regimental and garrison employ.....			5	15	
Other Duties.....					
Sick in Quarters..... <u>V. D. G.</u>				3	
Furlough—Pending disposal.....				7	
Absent, with leave.....			4	40	No. of 18 men <u>232</u> <u>250</u>
Absent, without leave.....					
Sick leave..... <u>Billet</u>				11	
Detention				3	
Band—Boys			1		
Command—Militia Dept.....			1	8	
Attested—to report later.....				3	
General				4	
Jensen Camp				1	
Hospital.....				14	
Military Infections.....				5	
Naval and Military.....				9	
Barracks				9	
Special Duty.....			2	9	
Home Defence.....			2		
Instructors..... <u>Donovan's</u>				14	
Govt House.....				1	
<u>Total</u>				<u>18 232</u>	

E. R. Hiscock Pl O / Sergt.
W. Patrick R. S. M.

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:

For treatment at Hospital

James H. Baird
Signature of Man.

Reg. No. *3559*

Asst. Dir. C. R. C.
Signature of the Vocational Officer or his Representative.

Place *St. John*

Date *Feb 3rd* 191*8*

Medical Report on an Invalid.

Station Hazelton CampDate 4. 12. 181. Unit Royal Newfoundland Former Trade }
or Occupation }2. Regimental No. 3552

7A. If with previous service in Army, state—

3. Rank Pte.

(a) Former Unit;

4. Name BAILEY.

(b) Regimental No.;

5. Age last birthday

(c) Date of Discharge;

6. Enlisted { on
at

(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).

G. I. W. Left ElbowStatement 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.

T & T. bullet from outer side just posterior to head of radius, and just below internal condyle humerus, slight wasting flexor muscles, movements at elbow joint free and full. Wasting of Hypothenar eminence, contraction little finger. Power of grip good. Boarded June 1918. Sent to Forestry Corps, returned unretired.

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.

Caused on Active Service

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.

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?

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

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?

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.

20. Do you recommend—

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

Repatriation

10/11/14
C. J. P. 100

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary.

Two scars left elbow from T.V. wound. Full movement at elbow & wrist. Fifth finger tightly flexed into palm cannot extend it.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

G.S.W.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

20% six months

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

27. Do the Board recommend—

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

Yes requires treatment. Sent HP

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station St Johns

Date Jan 18/19

B. S. Asst President.

Penclaver Dick
Waterman Members.

Approved

Station _____

Date _____

Cluny Macpherson
Administrative Medical Officer





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 *James Bailey*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *3112.*
 Intended address *Logo*
 Height on discharge *5.* Feet *6.*
 Color of hair on discharge *Dark.*
 Complexion *Dark.*
 Color of eyes *Brown*
 Descriptive Marks *—*
 Figure on discharge
 Christian name of Father *James*
 Christian name of Mother *Lebacco*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*

Place and date of soldier's birth *Island H.*
 Nature and locality of civil employment required *Jan. 1893.*

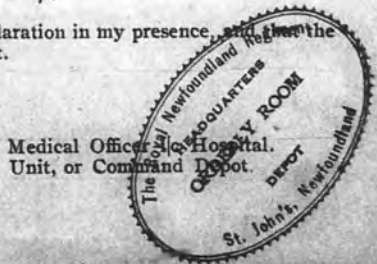
I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *James X Bailey* *his witness*
mark *of 1st 1/896* (Rank) *Plt*
 Station *St. John's* Date *22. 1-19*

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.

Station

Date



✓
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 question are not applicable, the words "NOT APLICABLE" 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... *James* 2. Surname... *Bailey*
3. Rank... *Private* 4. Regtl. No. ... *3552*
5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded..... *Logg. Newfoundland*
6. Date of enlistment in the Regiment... *March 1917*
7. Name of dependent, if any, to whom Separation Allowance ~~is being issued~~, or was being issued, immediately prior to your discharge.....
William Bailey - Brother - received allowance prior to my discharge
8. Relationship of such dependents..... *Brother, not dependent*
9. Address in full of such dependent..... *not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *not applicable*
12. Give total length of time which you served on active service, whether in Nfld, or Overseas..... *Twenty one months*

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

not applicable

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.....

#93 - paid by Barracks

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

no

16. Have you, during the present war, served in the Imperial Forces.....

no

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

not applicable

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

not applicable

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

not applicable

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

January 17, 1919. Gunshot wounds

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

France Cambrai, November 20, 1917 - Got wounded

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (b), are you in receipt of full pay and allowances from that Committee.....

not applicable

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:

Asis
James X Bailey
mark

Place of Residence:

Logg. Newfoundland.

Declared before me at:

St Johns. Newfoundland.

This

2nd

day of

March 1919

John McCarthy
J.P.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 wtd.</i>	<i>280.00</i>
.....
.....
Certified Correct.			Paymaster.	



71 1ST. NEWFOUNDLAND REGIMENT 2

IDENTITY CERTIFICATE

This is to Certify that

(Name*) William Bailey
(Address) Island St. Fogo Dist.
(Relation or otherwise) Brother is the person nominated
by James Bailey Rank Pte. Regl. No. 3552
to draw Allotment Pay, as authorized on Form K, No. 3442 dated April 4th 1917
Date Allotment commences April 1917

(Sig.) W. A. Aylmer
Officer Commanding

Dated at St. Johns April 4th 1917 Company 2

NOTE. - Allotments will be payable at the Regimental Pay Department Office, on and after the 7th day of the month following that for which Pay is due. On Week Days from 11 a.m. to 1 p.m. and 2.30 to 4 p.m.; Saturdays, 11 a.m. to 1 p.m. Payments can only be made on production of this Certificate.

Specimen Signature

(*)

Witness to Signature of Allottee

Allottee

PAYMENTS

Date Paid	Amount	Payee's Signature	Date Paid	Amount	Payee's Signature

Cancelled



4 1ST. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, James Bailey, Regl. No. 3352
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Two Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins April 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2909	Brother	William Bailey	Island No 7ogo.	60
<i>Cancelled</i>				
Total Allotment, \$				<u>60</u>

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

(Sig.) Charles Ayedopt.
 Officer Commanding
 Company No 6
St John's
4-4-17 191

(Sig.) James ^{his} Bailey
 (Rank) mark pte
 wit Arthur. N. Burgess

Paymaster —

Please attach file
with his name papers.

ALS Captain
Assistant Adjutant & Quartermaster
Discharge Dept of Navy

21-2-19.

Medical Report on an Invalid.

Station Hazley Down Camp
Date 4-12-18

- 1. Unit Royal Newfoundland
- 2. Regimental No. 3552
- 3. Rank Plt
- 4. Name BAILEY
- 5. Age last birthday
- 6. Enlisted { on
at

- 7. Former Trade }
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).

G. S. M. Left Elbow

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.

R. & L. bullet from outer side just posterior to head of radius & joint below internal condyle humerus slight wasting flexor muscles, movements at elbow joint free + full. Wasting Hypothenar eminence contraction little finger power of grip good Boarded June 1918 D.I. Sent to Forestry Battalion about three months ago & returned unmountable

- 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.

Wounded on active service

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.

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?

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

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?

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.

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

Repatriation (1)

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Nº 3443



4 1ST. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, James Bailey, Regl. No. 3552

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins April 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3542	Self	Bank of Nova Scotia in Name of Self {and} {or}	St John's	
	Brother	William Bailey	Island Hr 7090	60
Total Allotment, \$				60

Concilling allotment made on forms 2909 " K 3442

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.) Chas. R. Ayleapt
 Officer Commanding
 E. Company
St John's
4-4-17 191

(Sig.) James ^{his} Bailey ^{mark}
 (Rank) pte
with Arthur N. Burgess

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No 3552 Rank Pte. Name Bailey Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS		\$	£	s	d	PARTICULARS		\$	£	s	d
Balance Dr. from						Balance Cr. from					
Allotment 10 days @ 60¢		16	00	11	48	Pay 10 days @ \$ 1.00		11	00		
Cash Payments:						Field Allow 10 days @ \$ $\frac{10}{100}$		11	00		
<u>2nd Pay.</u>				1	06	Other Allowes days @ \$		111	00	12	52
Other Debits:						Other Credits:					
Total Debits				12	52	Total Credits				12	52
Balance due by Paymaster						Balance due to Paymaster					
				12	52					12	52

PERIOD: FROM 23/11/18 TO 2/12/18
 CHECKED: EP
 18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

F. Co. (Place) HAZELEY DOWN CAMP. Dec 11th 1918. (Date)

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Dec. 19th 1918 Chief Paymaster & Officer i/c Records.

ORIGINAL

Amended Account.

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfers to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3552 Rank Pte. Name Bailey J. Unit Nfld. Forestry Corps who was rep. to Newfoundland on 12/12/18 Authority Cause

STATEMENT OF ACCOUNT

PERIOD: from 3:12:18 To 12:12:18	PARTICULARS					PARTICULARS					
	£	s	d	£	s	d	£	s	d		
						Balance Cr. from C. Coy. 2/8/18.					
	6	00		1	4	8			1	0	6
						Pay 10 days @ \$ 1.00	10	00			
						Field Allow 10 days @ \$.10	11	00			
						Other Allow days @ \$			2	5	2
						Other Credits:					
						Total Credits			3	5	8
						Balance due to Paymaster					
						Total Debits			3	5	8
						Balance due by Paymaster					
									3	5	8

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

(Place)

(Date)

O.C. " " Company.

Made up and checked in accordance with information received in the Pay & Record Office London to 20/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, S.W. 1.

7. 2. 1919

Chief Paymaster & O. i/c Records.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa 4, Ontario
December 30, 1969

Date

TO:
À:

Copy for HO file

Attention of
Compétence de:

CPC No. 260143
CCP N°

NAME BAILEY James
NOM

Service No. 3552 WW1
Matricule N°

WVA No.
AAC N° 54584

Information received from: Memo SPME CPC DVA St. John's NFLD December 22, 1969

Information reçue de:

Date of Death November 26, 1969
Date du Décès

Cause

Place Not stated

Endroit

Name and address of next-of-kin (if known)

Nom et adresse du plus proche parent connu

Distribution: WSR - VI - ~~XDKK~~ - HO
DASG - ASS - BD - BC

Pour le chef,

C. C. Richards

for Chief, Central Registry Division.
Dépôt central des dossiers.

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

Signature

Date

Address

SEP 11 1921 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Ja. s. Bailey

James Bailey

in respect of his service as No. 3552 Rank Pte.

Name

James Bailey

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

the 24 day of September

Signature

James Bailey X

Date

1921

Address

Esander way

[P.T.O.]

Receipt for Army Book 64

No. *3522* Name *Bailey T. James*

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

Name *James Bailey*

Date *1920*

Place *Island Harbour*

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



Casualty Form—Active Service.

Regiment or Corps *1st Newfoundland*
 Rank *Otc.* Surname *Bailey* Christian Name *James.*
 Religion *B. of C.* Age on Enlistment *24* years *1* months
 Enlisted (a) *St. Johns* Terms of Service (a) *Duration*: Service reckons from (a) *19-3-17.*
 Date of promotion to present rank Date of appointment to lance rank ..
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation *Fisherman* Signature of Officer. *Stick*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked <i>Shampton</i>	<i>22.9.17</i>	
			Disembarked... <i>Rouen</i>	<i>27.9.17</i>	
			Joined Battalion	<i>12 OCT 1917</i>	
<i>26 NOV 1917</i>	<i>O.C.</i>	WOUNDED IN ACTION		<i>20 NOV 1917</i>	A.F.B. 213.
<i>21/11/17</i>	<i>57 FA</i>	<i>Wounded back home trans</i>	<i>55 CES</i>	<i>21/11/17</i>	<i>ED3827</i>
	<i>19 Gen MA</i>	<i>DO</i>	<i>Rouen</i>	<i>21/11/17</i>	<i>HA 16726</i>
	<i>"Plumstroke letter"</i>	Transferred to England		<i>24.11.17</i>	<i>W 3083</i>
			<i>J. Neary</i>		
			<i>MAJOR</i>		
			O. i/c No. 1		
			Infantry Section		
			G.H.Q.. 3rd Echelon		



(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Sholing-Smith, &c.
 W.13863—M1477 1000M 1/17 (27612) SP & Co, Ltd. Form B.103/4 E./354. **P.T.O.**

13152

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5523 Rank Platoon Leader Name Bailey James
 Date of Enlistment 19. 3. 17 Address Island St. V. H. District St. John's
 Occupation Gasfitter Classification for Discharge B Medical Category 8
 Recommendation S.M.B. Permanent benefit Disability Rating 20% 6 months
 Passed to Demobilization Officer with following documents:—

N.F. P/36	1	B 268	B 121	N.F. Med.	D.F. 1
B 178		W 3494	B 122	Board 1st	" 2
B 178a	1	D 400A	B 1915	do 2nd	" 3
B 179	2	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 3. 2. 19 O/C Discharge Depot W. H. Cap

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment
 I am not in a position to resume civilian occupation.
 James X Bailey
 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 Joseph H. Snow

Date 3-2-19 O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. nil to his home

for Hospital and Release Certificate No. 1035 issued.

Date 3-2-19

ABDicks 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 17-2-19

Date 3-2-19

Monley Capt
Depot Paymaster

Discharge approved for 3-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36 <u>94</u>	1	B 268	B 121	N.F. Med	D.F. 1	
B 178		W 3494	B 122	Board 1st	" 2	<u>1/2 Form B</u>
B 178a	1	D 400A	B 1915	do 2nd	" 3	
B 179	1	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 3-2-19

ABDicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

FEB 3 1919

Date

O. C. Discharge Depot.

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

Date Feb 6 1919

Received from
Officer i/c Records



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Feb. 3rd, 1919

191

From Officer Comanding,
Discharge Depot

To Board of Pension Commissioners,
~~Mississauga, Ont.~~

Demobilized

3552 Pte. J. Bailey

Above noted man was before the Standing Medical Board
on ²⁸⁻¹⁻¹⁹ and was recommended for discharge as perman-
ently unfit and **requires treatment.**

His discharge on demobilization has been approved by the
Officer Commanding, effective from ³⁻²⁻¹⁹ and I am send-
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due
course.

J. Bailey Capt

Captain
Asst. Adj. Discharge Depot

Copy to Board of Pension Commissioners

NEWFOUNDLAND POSTAL TELEGRAPHS

No. _____

19x Isdhr 23pd



Line No. _____

Place From _____

Fogs 14

No. of Words _____

No inquiry respecting this message can be attended to without the production of this paper.

To _____

Capt Butler
Barracks

Very
Hurry

I missed the steamer Saturday
there were no news of
her and Sunday she came
send & tell me what
I can do

3552 Pte James Bailey

Repeat just opportunity
RHS 14/19

Reg. No. *3552* Rank *A Co* Name *Bailey, J.*
Attested Address *Islands, P. R. Logo*
Allotment *1* Allottee
Date of Allotment Returned from Overseas *21-12-18*
Embarked for Overseas Cause *Discharge*

G. leave from 21-12-18 to 6-1-19

28-1-19. Rec. Dis. Permanently Unfit - requires treatment

FEB 3 1919 PASSED TO DEMOBILIZATION OFFICER

3-2-19
DISCHARGE APPROVED BY DEMOBILIZATION.