



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 11124 Name William Paul Corps Infantry

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

1. What is your name? ..... 1. William Paul
2. What is your full Address? ..... 2. St. John's, Nfld.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 24 Years ..... Months
5. What is your Trade or Calling? ..... 5. None
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. { Name .....  
Corps Infantry
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? ..... II. Yes

I, William Paul 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....  
on this 15th day of August 1915

Signature of Attesting Officer Lt. J. J. ...

### 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 compiled with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1915

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) .....





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. H/124 Name William Bailey Corps Co R

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>William Bailey</u> .....         |
| 2. What is your full Address? .....  | 2. <u>Barde Low</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                    |
| 4. What is your age? .....   | 4. <u>27</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 .....<br>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, William 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 by me to the above questions.

William Bailey ..... SIGNATURE OF RECRUIT.

Juan W. Pittman ..... Signature of Witness.

I, William 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 .....  
on this 15th day of April ..... 1918

Signature of Attesting Officer ..... James Beut

### 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 15 April ..... 1918 .....

Place St. John's .....

Signature of Approving Officer ..... James Beut ..... 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) .....



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Miles  
 Apparent age 22 years — months. Height 6 feet — inches  
 Chest Measurement { Girth when fully expanded 32 inches  
 Range of expansion 3 inches  
 Distinctive marks —

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Miles Bayleton  
Bay | Relationship Brother

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>15-4-18</u>									
Joined at <u>H. H. H. H. H.</u> on <u>April 15-1918</u>									
Discharged July 11 1919									
Embarked at his train to Halifax N.S. 11-6-1918. Embarked for D.O. 26-10-18. Disembarked France 26-10-18. Hamilton 11-11-18. Hospital Duesen Influenza 29-10-1918. Hospital 7 <sup>th</sup> for Hong. Hamilton 10-11-18. Then to base April 1919. Hospital sent in the field 11-1-1919. Transferred to England 13-2-1919. Hospital 2 <sup>nd</sup> H. H. H. H. H. Influenza 12-2-1919. Moved to 11th Winchester 7-3-1919. To office for discharge 22-5-1919. Service forfeited 1-6-1919. Total Service forfeited as above: Demobilization H. H. H. H. H. 4-7-1919									

Total Service towards Engagement to 4-7-19 (date of discharge) 1 years 81 days



Reg. No. 4424 Rank Pfc. Name Bayley - Wm  
Attested 15-4-18 Address Bayde View  
Allotment 50 Allottee John Bailey (Brother)  
Date of Allotment 1-6-18 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas 11-6-18 Cause \_\_\_\_\_

Dec 23<sup>rd</sup> 1st Dec. 2<sup>nd</sup> Dec 10-5-18.  
Sick from 4-5-18 to 14-5-18  
Granted leave from 20-5-18 to 28-5-18 Reported for duty 4-6-18

overseas

C.R.4424

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated July 8th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c records from noted date  
4-7-19.

4424, rte. Wm. Bailey.

C.R. 4424

Extract from Daily Orders Part II Unit The Royal Nfld.  
Regt. Depot St. John's, June 10th, 1918.

The discharge of the undersigned on demobilization has  
been ~~the~~ APPROVED by C.O. Discharge Depot, with effect  
from 20-4-18.

4424 Pte. Wm. Bailey.



C.R. 4424

Extract from Daily Orders Part 11 Depot, St. John's,  
Date Echo 9-6-19.

4424 Pts. Wm. Bailey

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

C.R. 4424

Extract from Casualties received from Pay & Record Office,  
London, Mar. 8th, 1919.

The undermentioned ex 3rd London General Hospital  
Wandsworth, reported at the P.A.R.O. 5-3-19 and was ordered  
to report ~~xxxxxx~~ <sup>Emd</sup> to Bn. Winchester, same date.

4424 Pte. W. Bailey.

C.R. 4424

Extract of Orders by LT. COL. B.J. Barton, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.

8/3/19.

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The following having reported back from the 1st Bn.  
is taken on the strength and posted to "H" Company.

#4424 Pte. H. Bailey.

7/3/19.

C.R. 4424

Feb. 26th.,

1 9 1 9.

JOHN BAILEY, ESQ.,  
BAY-DE-LEAU,  
P. B.,

Dear Sir:-

I beg to inform you that a reply has been received in answer to the enquiry that we forwarded to our Pay and Record Office, London, concerning the condition of #4424 Pte. William Bailey which states that he is now Progressing Favourably.

Any further information that we get concerning him will at once be communicated to you.

Yours faithfully,



Lieut.  
CASUALTY OFFICER.

WVW/BC.

C.R. 4424

Extract from telegram from Syn. to Mil. dated Feb, 25th.,  
1919.

In answer to your telegram Feby 23rd., 4424 Bailey progressing  
favourably.

**NEWFOUNDLAND POSTAL TELEGRAPHS.**

**C.R. 4424**

**Cable Connection with all the World**

**All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Dept of Militia,

Line Number	Red	By	Sent	by	Check

*Dated***Feb 17th, 1919***To***John Bailey, Bay d'Leau, P.B.**

Regret to inform you that Record Office, London,  
officially reports **No. 4424, Private William Bailey**  
**at 3rd London General Hospital Wandsworth Feb. 13th**  
**suffering from influenza**

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

**J.R. Bennett****Chge Dept of Militia.****Minister of Militia.****FOR TYPEWRITER**



C.R. 4424

Extract from Telegram from Ayn. to Mil. dated Feb. 18/1919.

Wandsworth Feb. 13th., Influenza

4424 Bailey.

C.R. 4424

Extract from Nominal Roll of Sick and wounded  
from the France expeditionary Force admitted  
3rd., LONDON GENERAL HOSPITAL 13/2/19.

#4424 Pte. W. Bailey

INFLUENZA.

C.R. 4424

Extract from Daily Orders Part II Unit Royal Newfoundland  
Regiment in France dated 28/2/19.

Transferred to U.K. 12/2/19 Sick.

4424 Pte. W. Bailey.

C.R. 4424

Extract from Casualties..... List No. 34796.

4424 Pte. W. Bailey.

1st Hfld. R. Adm. 6 Gen.H. Rouen, Feb. 5th, 19.

Influenza Sev.

C.R. 4424

Extract from War Office List No. H. A. 33790

DIS. TO BASE DEP. ROUEN EX 14 CON. DEP. H. 1 JAN. 1919.

94424 Pte. W. Bailey

DEBILITY.

C.R.4424

Extract from Casualties of sick and wounded N.C.O's and men  
of the Expeditionary Force - France, dated Nov.29th 1918, List  
No.H.A.32138.

4424 Pte. Bailey.

Debility..... Adm.14 Con.Dep.Trouville, 19 Novr. 18.



C.R. 4424

SICK AND WOUNDED M.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

INFANTRY RECORD OFFICE - HAMILTON

No. H.A. 31620.

DIS TO DUTY EX. S1 GEN H STAPLES 10th NOVEMBER 1918.

542619 Cpl Johnstone A.....984 D.E. Co. late 1/4 R. E. F. V. D. G.

ADM 73 GEN H TROUVILLE 10th NOVEMBER '18.

281544	Pte Griffin M.....	1/7 H. L. I.....	Haemorrhoids Sev.
250258	" Bonnyman J.H.	5/6 R. Scots	Influenza Mild.
375159	Cpl Graham J.B.	5/6 "	GSW Hand L Mild.
79272	Pte Mason W.	2 K.O.S.B.	Burns Leg L Mild.
4026	" Ross R.....	2 H.L.I.....	ICT Heel L Mild.
53031	" Cockhart J.....	5 Sec Rfle.....	GSW Wrist R Mild.
72224	" Cavanagh F.	51 MSG 13 R. Scots.	" Hand L Mild.
52937	" McEwan W.	5/6 R. Scots	" Ear R Mild.
60173	" McAllister W.	5/6 "	" Knee R Mild.
41134	" Rutherford R.....	16 H.L.I.....	" Buttock R Mild.

5362



ARMY - ORDINANCE - CORPS

No. H.A. 31620.

ADM 73 GEN H TROUVILLE 10th NOVEMBER 1918.

536474	Pte Hall E.L.....	ACC att 46 Dv ADOS.....	Bronchial Catarrh Mild.
400088	" Murphy W.	598 AMC att ACC S1 Co.	Influenza Mild.
036416	" Spencer B.	11 A & 8 Hrs. ACC S1 Co.	

NEWFOUNDLAND EXPEDITIONARY FORCE.

No. H.A. 31620.

ADM 73 GEN H TROUVILLE 10th NOVEMBER 1918.

X 4424 Pte Baskitt W.....1 Newfoundland.....Influenza Mild.

*Baskitt*

C.R. 4424

Extract from War Office List No. H. A. 31007.

Adm. 11. Sty. H. House 29th., Oct. 1918.

#4424 Pte. W. Bailey

Influenza mild.

C.R. 4424

Extract from Serial Roll ~~submarine~~ re-inforcement Draft No. 55 from  
2nd Batta, Royal Newfoundland Regiment, Hazelton Camp, Winchester,  
to 1st Batta, Royal Newfoundland Regiment, B.E.F. Embarked Folkestone  
24/10/18.

4424 Pte. Bailey, W

C.R. 4424

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

4424 Pte. W. Bailey.

Embarked for Overseas with draft 11-6-18.

C.R. 4424

Extract from Daily Orders part 11, from Unit the Royal  
Newfoundland Regiment, dated April 16, 1918.

4424 Pte. J. Bailey.

Attested for General Service with the Royal Newfoundland  
Regiment 16/4/18. ~~W. J. Bailey~~ W. J. Bailey

W Bailey

C.R.

4424

~~W Bailey~~



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Artillery* ..... 7. Former Trade or Occupation }  
 2. Regt. No. *4th* 3. Rank. *Pte* ..... 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Barley* ..... (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regt. Nos.  
 5. Age last birthday. *23* .....  
 6. Posted for duty on ..... at .....  
 in category (or grade) .....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service (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. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*  
 12. Place of origin of disability. *nil*  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | ✓                   |                   |
| (ii.) Previous active service.. .. .                               | ✓                   |                   |
| (iii.) Climate in pre-war service .. .. .                          | ✓                   |                   |
| (iv.) Ordinary military service before the war .. .. .             | ✓                   |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | ✓                   |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

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

*No complaints of no disability*

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invadated at Foreign Stations.

*Repatriation*

*W.S. Proctor - Capt Ranc*  
Medical Officer in charge of case.

Station *Hoy. Clayton*

Date *26.7.19*

\* 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





3<sup>rd</sup> LGH.



Warrsworth Sw

July 24<sup>th</sup> 19

W. Paine

Royal Inf'd Regt.

AC

Sir

Please pay to me the sum of £1 one pound and charge to my account

W. Bailey

~~#~~

4424

J. B. Barclay

Royal Inf'd Regt.

PK #1-0  
24/5/1910  
R-150190  
28



IN GENERAL  
RECEIVED  
1891  
1891

3rd Lt. G. Hoop  
Wandsworth SW

Deby 22/19

To Paymaster

Royal Wals Regt

Sir

Please pay to me the  
sum of £1 One Pound  
and charge to my  
account

Pte W Bailey  
# 4424

one pound  
approved

Jubins Royal Wals Regt

OK # 1-00  
22/10/19 WSH  
R 13/11/19

NEW YORK  
55, VIctoria  
LONDON, S.W.  
22/10/19  
PAY & RECORD OFFICE

• 3 London Gen Hosp  
Wandsworth S W 18

Mar. 1. 1919

To Paymaster

Royal Infld Regt

Sir please pay to me  
the sum of £1 0 0 pound  
and charge the same  
to my Account

Pte. W. Bailey

4424

one pound

apenas

OK. £1-0-0

1/3/19 - m m

R. 1481



OK £1-00  
with 25/01/19  
to be - 14/19

33 S G Hoop

Winnarworth SW

Feb 25/19

To Paymaster

Royal W. Regt.

Sir

Please pay to me the  
sum of £ One pound  
and charge to my account

Pte W Bailey  
#4424

Royal W. Regt.



approved

James G. G.  
25/2/19



TC,- The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir;-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
1424	Rts.	Bailey W.	£250	William Bailey

I have the honour to be, Sir,  
~~as the so written,~~  
Your obedient servant.

Date July 1/18

William Bailey

No. 4424 Rank Pvt. Name Barley W.

Pay	F.A.	Wkg	Total	N.F.F.
100	10		110	
Less Allotment			50	
Net Rate			60	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	%	Y	£	s	d
						From	To							
Balance					Balance		20/4/8					7	7	0
Acquittance Rolls		2	16	2	Pay @ Net Rate	21/4/8	5/4/9	75	60	45	00	9	4	11
Hospital Advances					<i>Lermit Defect</i>							16	11	11
A.B. S4.					<i>Be sal.</i>									
P.&.R.O. Payments		4	0	0	<i>£9-15-9</i>									
					<i>15-29 Cash</i>									
					<i>£9 15 0</i>									

*£6-16-2*

*Walt  
5/3/19*

Bailey, D.

4424

Hay Sept.

July 5, 1919

#4424 Pte. William Bailey.

Bay De Lein, P.B.

Dear Sir:-

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

Yours truly

Captain  
Paymaster & Officer i/c Records.

Enc'l 1.

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

REWARDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Wm Baird* .....
3. Rank... *Pte* ..... 4. Regtl. No. *4424* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Bay de Lévesque P.B.* .....
6. Date of enlistment in the Regiment... *Apr 15/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not applicable*
8. Relationship of such dependents... *Do* .....
9. Address in full of such dependents... *Do* .....
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 Mld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Mld. or Overseas..... *Fourteen months and 2 days* ..... 12 .....







July 4, 1919

#4424 Pte. William Bailey

Bay Delisle, R.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2404.

Yours truly

Paymaster & Officer i/c Records,  
Captain.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4424 Rank Plt Name Bailey  
 Intended place of residence Bay L'Anse-au-Loup, Placentia  
 2. Occupation Friederman  
 Classification of soldier E Medical Category A'

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

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place ST. JOHN'S  
 Date JUN 6 1919  
*J. H. M. Lewis Lieut*  
 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 and date ST. JOHN'S  
JUN 6 1919  
*W. H. Bailey*  
 Signature of soldier  
*A. Milbrunton*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S  
JUN 6 1919  
*William X. Bailey*  
 Signature of soldier  
*James O. Newman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-4-18 No of days on Military  
 Discharged from service 20-6-19 plus 14 days Service 446

### 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  
JUN 20 1919  
*R. H. Lieut Capt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
July 4 1919  
*M. Bowley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*2079/404*

12  
21  
20  
4  
1

# The Royal Newfoundland Regiment

Class for Demobilization:—

*B*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4-5-19* .....

Regimental No. *4424*.....

Name ..... *Bailey* ..... *4424* ..... *96* .....

Address ..... *Bay St. Louis* .....

Present Medical Category ..... *A.I.* .....

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

Members of Board {

..... *R.H. Last Capt.* .....  
O.C. Discharge Depot.

..... *L. Peterson* .....  
Senior Medical Officer

..... *D. Burden* .....  
— M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4424 Rank Pte Name Bailey Wm  
 Date of Enlistment 15. 11. 18 Address Bay St. East District Placentia  
 Occupation ..... Classification for Discharge 8 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 5. 6. 19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Wm Bailey*  
*but not Freeman*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable .....

(b) Clothing Supplied *J.P. Shaw* .....Date 6. 6. 19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. K. 1551 to his home at Bay Le. Haas Placenta and Release Certificate No. 2369 issued

Date 6-6-19

*J.A. Snow Capt.*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-7-19

Date 6-1-19

*J.A. Snow Lt.*  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 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 129	M 93		

*2 Form B*

Date 6-6-19

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

APPROVED.

Documents as above forwarded to:—  
Officer in Records.  
Board of Pension Commissioners.  
with following additional documents.

Eligible for War Service Gratuity  
*R.H. Jait Capt.*

JUN 20 1919

Date .....

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

Bailey '30'

Signature of Man.

J. J. Snow Capt.

Signature of the Vocational Officer or His Representative.

Reg. No. 44426

Place St Johns

Date 6-6-19. 191



# Confidential Information

## For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
------------	-------	-----------------------	----------------------

Name Bailey William No. 4424 Rank Plt R. N. R. or Regiment

Home Address Bay De Lein City Address

Age 23 Height 6 ft. ins. Complexion Fair Eyes Grey Hair Brown Character

Date of enlistment 15-4-18 Where enlisted St John Where seen service France

Ship returned by Canada Date of return JUN 1 1919 How Long 13 1/2 mos

Birthplace Bay De Lein Date of discharge 20-6-19 Religion C of E

Name and address next of kin Father Joseph Bay De Lein Placerville

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Newfoundland Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

### INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Occupation prior to enlistment Freeman

Regular trade or profession

Average earnings previous to enlistment 600 Any other income

Name and address of last employer Father

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

At what age left school? What grade, standard, &c., was he in?

Has he had any further education since leaving school, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

If unable to follow previous occupation, name preference

References

Witness James O'Riordan I declare that the above statement is correct.

Date MAY 6 1919 Signature William Bailey

Recommendation by interviewer as to classes likely to be of use, and general remarks:

PRISON—Class Amount per month, \$ Period granted for Dating from

First Payment date

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

# MEDICAL HISTORY

Surname Bailey OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's P.B. County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>15<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	at <u>Sphers</u>	at		
Declared Age	<u>22</u> years — days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>6</u> feet — inches		feet	inches
Weight	<u>125</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>32</u> inches			inches
	Range of Expansion... <u>3</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/10</u>		R.E.—V=	
	L.E.—V= <u>6/10</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>John P. [Signature]</u>			
(Rank)	[Rank]			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	at		
	on <u>15<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>2nd Royal Newfoundland</u>	<u>11424</u>		
Transferred to				
Discharge non-effective by				
	on	day of	191	on
			day of	191
(Signature)				
[Rank]				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
500 LONDON GENERAL HOSPITAL WANDBSWORTH	13	2	19	5	3	19	<i>Refugee.</i>	20	



st in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

*Cura*

*J. J. Mac Caff*



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland*  
 2. Regtl. No. *4224* 3. Rank. *Plt*  
 4. Name *Bailey* *William*  
 (Surname) (Christian Names)  
 5. Age last birthday... *23*  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 7. Former Trade }  
 or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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 .. .. .                | ✓                   | .....             |
| (ii.) Previous active service.. .. .                       | ✓                   | .....             |
| (iii.) Climate in pre-war service .. .. .                  | ✓                   | .....             |
| (iv.) Ordinary military service before the war .. .. .     | ✓                   | .....             |
| (v.) Serious negligence or misconduct on the man's part. } | ✓                   | .....             |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)

*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*

*H. Procunier. Capt. RMC*

Medical Officer in charge of case.

Station *Wazely down*

Date *26-3-19*

\* 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



## 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 *Bailey, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4454*

Intended address *Bay De Loo, P.B.*

Height on discharge *6* Feet

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *Joseph*

Christian name of Mother *Mary*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Bay De Loo, May 3<sup>rd</sup>, 1896*

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)

*William* <sup>*his*</sup> *Bailey* <sup>*pte*</sup>  
*serjt* (Rank)

Station

*St John's*

Date

*June 26<sup>th</sup> 1917*

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

Medical Officer of Hospital.  
Unit. or Command Depot.

Station

Date



**Casualty Form - Active Service.**

Regiment or Corps..... 2nd Bt. ROYAL NEWFOUNDLAND REGT.

Rank..... 7th Surname..... Bailey Christian Name..... William

Religion..... C.E. Age on Enlistment..... 22 years..... months

Enlisted (a)..... 15/4/18 Terms of Service (a)..... DURATION Service reckons from (a)..... 15/4/18

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

Extended ( ) Re-engaged ( ) Qualification (b).....  
5 or Corps Trade and rate.....

Occupation..... Fisherman J. M. Emerson Capt. Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...	<u>20 Oct 1918</u>	
			Disembarked ...		
	<u>11. 11. 1918</u>	<u>11. 11. 1918</u>	<u>Rouen</u>	<u>20/10/18</u>	<u>N.A. 31087</u>
	<u>73. 11. 1918</u>	<u>73. 11. 1918</u>	<u>Howville</u>	<u>10/11/18</u>	<u>N.A. 31620</u>
	<u>14. 11. 1918</u>	<u>14. 11. 1918</u>	<u>Howville</u>	<u>19/11/18</u>	<u>N.A. 32138</u>
<u>6. 1. 19</u>	<u>06. 1. 19</u>	<u>06. 1. 19</u>	<u>Rouen</u>	<u>4. 1. 19</u>	<u>Roll</u>
		<u>Re find Amst 14/11/18</u>		<u>B.213</u>	<u>15/1/19</u>
	<u>6. 1. 19</u>	<u>6. 1. 19</u>	<u>Howville</u>	<u>12/1/19</u>	<u>N.A. 31796</u>
	<u>Ex. 6. 1. 19</u>	<u>Ex. 6. 1. 19</u>	<u>To England</u>		<u>12/1/19</u>
		<u>1</u>	<u>Howville</u>		

Use in the case of a man who has re-engaged for, or enlisted into, the same or another Regiment or Corps of such re-engagement or enlistment as to be entered.

Printed by the War Office, London, E.C.4.

Next of Kin Mr. D. B. Bailey Bay Station Placentia Bay, Newfoundland

**The Royal Nfld. Regiment**

**DEMOBILIZATION**

No. 4424 Rank \_\_\_\_\_

Name Bailey W

Warned for demobilization on

JUN 6 1919

FORM K

N<sup>o</sup> 4035



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Bailey, Regl. No. 4424  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and Fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3903	Brother	John Bailey	Bay de Lien P.B.	
Total Allotment, \$				50 <sup>9</sup>

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.) [Signature]  
 Officer Commanding  
a Company  
St John's  
May 16th 1918

(Sig.) [Signature]  
 (Rank) Pte



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



SEP 11 1921

1921.

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

is/are forwarded herewith to

William Bailey

in respect of his service as No. 4424 Rank Pte.

Name William Bailey Royal Nfld. Regt.  
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received September 15

Signature William Bailey

Date 15

Address Baydeben Placentia Bay

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of The Royal Rifles

Number of Sheets one  
Signature of O. C. Company G. J. Stewart

Form B. 121  
25

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>11224 Wm Bailey</u>	Age on	22 years months	Leatherman	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date		<u>Sept 18</u>	<u>C of S.</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve	<u>1 year.</u>	<u>St. Nelson P.E.</u>
			<u>3 1/2 years.</u>		

Place	Date of Offence	Rank	Cause of Discontinuance	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
		↓		↓					<u>Demobilized St. John's, 4 3/4</u>

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4474 Rank PLC Name Barley Wm  
 Date of Enlistment 15. 11. 18 Address Bay St. Louis District Placentia  
 Occupation ..... Classification for Discharge 2 Medical Category A I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. F. 26	B 248	B 121	N.F. Med.	D.F. 1
B 178	W 5494	B 122	Board 1st	" 2
B 178a	D 490A	B 1915	do 2nd	" 3
B 178	D 490B	Form L	do 3rd	" 4
B 178a	D 490C	Form K	do 4th	" 5
B 178b	B 103	M 2		" 6
B 178c	B 120	M 92		

Date 5. 6. 19 O. C. Discharge Depot for H. M. S. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Wm. X. Bailey  
 dit Newman*

Particulars passed to Vocational Officer for information and action.

Date .....

#### a. Clothing

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable .....

(b) Clothing Supplied *for new cap.* .....

Date 6-6-19 O. C. Re-clothing .....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1551* to his home-  
 at *Bay Le. Hiss Placentia* and Release Certificate No. *2369* issued.

Date *6-6-19*

*J.A. Shaw 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 *4-7-19*

Date *6-1-19*

*H. H. Smith*  
 Depot Paymaster.

Discharge approved for *20-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 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 *6-6-19*

*J.A. Shaw Capt.*  
 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

JUN 20 1919

Date .....

*R.H. [Signature]*  
 O. C. Discharge Depot.

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

Date *June 11, 1919*

*[Signature]*

Reg. No. *1424* Rank *1st* Name *Billy boy*

Attested ..... Address *Bay St. Jean*

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

Date of Allotment ..... Returned from Overseas *29. 1. 19.*

Returned on S.S. *Consean* Cause *Discharge*

*5-6-19*

**PASSED TO DEMOBILIZATION OFFICER**

*20-6-19*

**DISCHARGE APPROVED ON DEMOBILIZATION.**

4413	LEDREW George
4414	MURPHY James J.
4415	CALDWELL William F.
4416	YETMAN Alexander
4417	PETERS Frederick Earnest
4418	ARNAUD John B.
4419	GUSHUE Frederick
4420	LESHANNA David (LeShane, David....LeSt
4421	BUTLER Charles
4422	CHAPE Reginald
4423	MURPHY Edwin