



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5937 Name James Barfield Corps O.F.B.

Questions to be put to the Recruit before Enlistment

1. What is your name? James Barfield
2. What is your full Address? Bay St. August
3. Are you a British Subject? Yes
4. What is your age? 20 Years 0 Months
5. What is your Trade or Calling? Fireman
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? Yes Name James Barfield Corps O.F.B.
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? Yes

I, James Barfield 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 Barfield SIGNATURE OF RECRUIT.
James Barfield Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Barfield 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 received 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 Aug 5 day of 1915.

Signature of Attesting Officer C. A. Dicks

† 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 rank of Private.

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

Date 1915 Place St. John's } Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) James Barfield re-enlisted in the (Regiment) O.F.B. on the (Date) Aug 5 1915

DESCRIPTIVE REPORT ON ENLISTMENT

5937

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

Name James Barfield
 Apparent age 20 years 35 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James W. Barfield
Bray & Co. Dept. 910 Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>8-8-18</u>									
Joined at <u>St John's</u> on <u>August 8-1918</u>									
<u>Discharged August 5-1919</u>									
<u>Embarked St John's train to Halifax N.S. 22-9-18</u>									
<u>to Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-4-1919</u>									
<u>Demobilization St John's 5-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 (date of discharge) 363 years 363 days
 Pensions (" ") " " " "

C.R. 5-937

Extract from telegram from Syn., London to Military
dated June 13th 1919.

In answer to your telegram June 10th #5937,
Banfield at Depot!

....

CR 5937
counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address DEPT OF MILITIA

Line Number	Rcd	By	Sent	by	Check

Dated **JUNE 17, 1919**
To **Mrs. Esther Banfield**
 Bay L'Argent

In answer to your telegram of this date beg to inform you 5937 Pts. Randell Banfield at Depot Winchester Well.

A.E. Hickman
Minister of Militia.

C.R. 5937

extract from daily orders part II Royal Newfoundland Regt.
depot St. John's dated Aug. 26th 1919.

The discharge of the undernoted on demobilisation has
been confirmed by officer i/c records from 5-9-19.

5937, Pte. J. Banfield.

C.R. 5937

Extract from Daily Orders Part II Unit The Royal Welch
Regt. St. John's. July 12th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 22-7-19.

5937 Pte. Jas. Banfield

C.R. 5937

Extract from telegram from Military to Syn., London
dated June 10th 1919.

Please inform whereabouts 5937,
Banfield.

5937
5947
C.R.

June 16th. 1919.

Mr. J. W. Banfield,
Bay L'Argent, F.B.

Dear Sir:-

In answer to your telegram of recent date requesting particulars as to the whereabouts of No. 5947 Pte. Jas. Banfield. I am directed to state that he is at present at the Depot Winchester, and in good health.

Yours faithfully,

Lieut.
Casualty Officer.

FAR/B.

Reg. No. 5937 Rank 9th Lt Name Banfield Jas
 Attested 8-8-18 Address Bay Largent F.B.
 Allotment 60 Allottee Esther Banfield (mother)
 Date of Allotment SEP 24 1918 Returned from Overseas 7
 Embarked for Overseas Cause

Vac 9-8-18, St 29-8-18 2nd Inc 14-9-18
 Id L. 17-8-18 to 26-8-18 Ret 2-9-18.

C.R. 5937

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5937 Pte. J. Banfield.

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

NEWFOUNDLAND POSTAL TELEGRAPHS



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

Check

No.

Place from

To



Bay L agent
 St. John's Nfld
 Second Request kindly

inform me immediately
 whereabouts 5937

Rendell Banfield

Mrs Esther Banfield



C.R. 5937
NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 45 Sent by _____ Rec'd by _____ Check 9f No. _____

Place from Bay L'Argent 10

To A. F. S. J. Kinan Co.

M. J. M. M. M. Min. Militia

JUN 01 1919

Kindly inform me where
 - abouts 5937 Randell
 Banfield when coming

Mr James Banfield

C.R. 5937

Extract of Orders by MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength from
this date and posted to the following Company.

#5937 Pte. J. Banfield.

"B" Company.

C.R. 5937

Extract from Orders by Lt. Col. E.J. BARTON, D.S.O. commanding
2nd., Battalion of the Royal Newfoundland Regiment, dated 26-11-18
The undermentioned will proceed to join the Newfoundland Forestry
Corps on Monday the 18th., November 1918 on probation.

#5937 Pte. J. Manfield.

BC.

C.R. 5937

Extract from Nominal Roll Abstracted for Overseas Entrained
at St. John's Sept. 22, 1918.

5937 Pte. Bamsfield Jas.

C.R. 5937

Extract from Daily Orders Part 11 Unit The Royal Mfld.
Regt. St. John's, dated August 17th, 1918.

5937 Pte. J. Banfield.

Granted leave from 17-8-18 to 26-8-18.

CR 5937

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

#5937, Pte. Jas. Banfield.

Attested for General Service with The Royal Nfld. Regt.
from 8/8/1918.

J. Mansfield

C.R. 5937

~~140~~

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. *5937* 3. Rank. *Plt*
4. Name *Barfield* *James*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
- (b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the }
man's part. } | | |
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

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

See Complaints of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
(a) Discharge as permanently unfit?
(b) Change to United Kingdom?

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

Repatriation

W. E. Proctor *Capt*
Rams
Medical Officer in charge of case.

Station .. *Wagley town* .. .

Date .. *9.14.19* .. .

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

FORM K

Nº 6821



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Bursfield, Regl. No. 5937
 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} 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 Sept 1 11/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6017	Mother	Esther Bursfield	Bay L'Ange Foster Bay	60
Total Allotment, \$				60

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.) H. S. [Signature]
 Officer Commanding

(Sig.) J. B. [Signature]
 (Rank) Pt.

M. J. [Signature]
 Aug 15 1918

4396/647

2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

19th March 9

5937 Pte. Banfield J.

82

5937 Banfield J.

£7:0:0

7. 0. 0. ✓

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~full text~~/extract from MINISTER OF MILITIA,

No. _____ Dated 10 / 6 / 19 (229), received 11 / 6 / 19

Decoded by J. S. Checked by A. S. H.

Branch Rcda Acted upon (Initial) _____

Acknowledged per No. _____ Dated / /

Please inform-whereabouts of-5937-Banfield-

Banfield, J

5937

Pay receipt

August 5th 1919.

#5937, Pte. Jas. Banfield,
Bay L'Argent.

Dear Sir:

Enclosed please find Discharge Certificate
#3396.

Yours truly,

Capt. &
Officer I-o Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5937 Rank Pte Name Baughfield James
 Intended place of residence Bay L Argent

2. Occupation fisherman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 8 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 8 - 1919

Date

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 8 - 1919

Date

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 8-8-18 No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 363

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 5/1919

[Signature]
 Officer in Records
 The Royal Newfoundland Regiment

[Handwritten] 2079/3796

The Royal Newfoundland Regiment

Class for Demobilization:

g
16/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

1.7.19

Regimental No *5937*

Name

Banfield James

Rank

P/O

Address

Bois La Argent

Present Medical Category

A-i

Recommended for :-

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.H. Lat Major
O.C. Discharge Depot.

J. Peterson
Senior Medical Officer

J. W. Borden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5937 Rank Plt Name Barfield James
 Date of Enlistment 8-8-18 Address Bay St. Andrew District Fortune
 Occupation Fisherman Classification for Discharge 1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19

O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James Barfield

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

W. H. H.
W. H. H.

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2244, 8855 to his home
 at Bay L'Angeant and Release Certificate No. 3283 issued

Date 8-7-19 *J.A. Knowlton*
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 5-8-19

Date 8-7-19 *H. M. ...*
 Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date 8-7-19 *J.A. Knowlton*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 *H.R. Coobee Cabot*
 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.

James Barfield

Signature of Man.

J. P. Newcomb

Reg. No. 5937

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

7-7-19

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

MEDICAL HISTORY

OF

Surname Barfield Christian Name James

Table I.—GENERAL TABLE

Birthplace:—Parish Bay St. August County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	8	Aug		191
	at <u>St. John's</u>		at	
Declared Age	20	years		days
Trade or Occupation	<u>fisherman</u>			
Height	5	feet	6	7/2 inches
Weight			137	lbs.
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	8 day of <u>Aug</u>	on	day of 191
	Corps		Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld Regiment 5937</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 Newfound*
2. Regtl. No. *2937* 3. Rank. *pl*
4. Name *Barfield James*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
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. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the }
man's part. | | |
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it?

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

The Complaint of the disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. B. Macmillan, Capt R.A.M.C.
Medical Officer in charge of case.

Station *Hazelton*

Date *9/4/19*

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



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 Banfield*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5937*

Intended address *Bay La Argent,*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Tattoo mark, Both Arms*

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *Esther*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bay La Argent; Nov 13th 1899*

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) *James Banfield*

Pte
(Rank)

Station *S + Johns*

Date *JUL 4 1919*

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



Medical Officer i. c. Hospital.
Unit, or Command Depot.

Date

August 11th 1919.

Mr. J. Banfield,

Bay L'Argent.

Dear Sir:

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

Yours truly,

Capt. &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *James* 2. Surname..... *Barfield*
3. Rank..... *Sgt* 4. Regtl. No..... *5937*
5. Address in full to which future payments of gratuity are to be forwarded..... *Bay L'Argent*
6. Date of enlistment in the Regiment..... *Aug 4/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*
8. Relationship of such dependents..... *No*
9. Address in full of such dependents..... *No*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *England only*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *10 mos.*
- 1.3

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

..... *No*

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

..... *No*

15. Have you been issued with a War Service Badge?..... *No*

16. Have you, during the present war, served in the Imperial Forces?..... *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..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?..... *No*

19. Are you now serving in the Regt.?..... *No* If not give (a) date of discharge..... *10th July* (b) Reason for discharge..... *Demob*

..... *1st August 5/19*

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

..... *England only*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *James Garfield*

Place of Residence: *Bay L'Argent.*

Declared before me at: *St Johns*

This *5th* day of *July* 19*19*.

John A. Carthy
J.P.

Signature of Barrister of the
Supreme Court, Stipendiary Legis-
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
.....
.....
.....
Certified correct.				Paymaster

ACCOUNT	<i>Trans</i>
CH. NO.	<i>8032</i> INITIALS <i>P.F.</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

The Department of Militia

\$ 10⁰⁰

The sum of.....*Ten*.....Dollars is due

for.....*for driving*.....
 Reg. No. *5937* Rank.....*P.F.* Name.....*Baughman*.....*for meals & passage*
 From.....*Bellarose*..... To.....*Bay Le Argent*.....

Covered for \$ 10.⁰⁰

J.A. [Signature] Capt.

Demobilisation Officer.

Number Attached.
 DISTRICT OFFICER
 NEW FOUNDLAND
[Signature]
 AUG 15 1919
 COMMANDING

No. *G. 855*

TRAVELLING WARRANT

Date *8-7-19* **The Royal Newfoundland Regiment**

General

Please issue 1st Class Passage and Meals for

No. *5937* Rank *T 6* Name *Bonfield J.*

From *Belouan* **ST. JOHN'S** To *Bay St. Auguste*

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. A. Mawley
SIGNATURE OF ISSUING OFFICER.

Bay Sergeant
~~of the Bay~~
July 23rd 1914

Enclosed herewith please find
Dramery warrant of J. C. James
Ganiff for forage & meals
from Bellecom to Bay Sergeant
being the sum of \$10.⁵⁰/_{xx} which
and he has paid me for
which he holds receipt. Niddy
sent him this amount.

H. C. Hodder.

Sent to J. C. James Bunker 5-937
Bay Sergeant
Fortune Bay

August 22, 1919

Ex Pte. Jas. Banfield,
Bay L'Argent,
F.R.

J. C. R.

Dear Sir:

I enclose herewith cheque
for \$10.00, amount of refund due you
on account of travelling expenses to
your home.

Yours truly,

Capt.
Paymaster

IM/

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>5937</u>	Age on	<u>20</u> years - <u> </u> months	<u>Fisherman</u>			
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>8-8-18</u>	Religion			
Joined	Date	Period of	with Colours <u>363</u> years. with Reserve <u>365</u> years.	Place of Birth			
Joined	Date				<u>Bay St. August 7 B.</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazelton Down Camp</u>	<u>19-3-19</u>	<u>Pte.</u>		<u>Absent from 3 Am parade</u>	<u>L.S.M. Calogay</u>	<u>2 days C.B.</u>	<u>20-3-19</u>	<u>Saint Lemoine</u>	<u>[Signature]</u>
<u>Hazelton Down Camp</u>	<u>15-4-19</u>	<u>"</u>		<u>Inciting to disobey an order</u>	<u>Lt. O'Leary</u>	<u>3 Days C.B.</u>	<u>17-4-19</u>	<u>Capt G. Emerson</u>	
				<u>Demobilized</u>	<u>St. John's</u>	<u>5-79</u>			

To be carried over.

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* }
 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5937* 3. Rank... *Pvt* }
 7a. If the soldier claims previous service in Army, he should state—
4. Name *Munnay* *Michael* }
 (Surname) (Christian Name) }
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
5. Age last birthday... *32*
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
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. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

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

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.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W. E. Proemier

Cape Name

Station *Hazley Down*

Date *10/11/19*

Medical Officer in charge of case.

* 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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5937 Rank Mr Name Barfield James
 Date of Enlistment 8-8-18 Address Bay Argent District Fortuare
 Occupation Fisherman Classification for Discharge Ex Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19

Mr H
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James Barfield

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2244 8855 to his home at Bay Langem and Release Certificate No. 3283 issued.

Date 8-7-19

J.A. Knowlton
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-7-19

Date 8-7-19

J.A. Knowlton
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
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		

Handwritten notes in table:
 - Checkmarks in columns 1, 2, and 3.
 - "1" in column 4, row 1.
 - "2 Form B" in column 5, rows 2 and 3.

Date 8-7-19

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUL-22-1919

H.R. Cooper Cabot
O. C. Discharge Depot.

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

Date July 21/19

[Signature]