



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3931 Name Heber Bishop Corps S A

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Heber Bishop</u> .....            |
| 2. What is your full Address? .....  | 2. <u>Long Pond</u> .....               |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                     |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>3</u> Months..... |
| 5. What is your Trade or Calling? .....  | 5. <u>laborer</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, Heber Bishop 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.

Heber Bishop SIGNATURE OF RECRUIT.

4-8-17 Brendan Sinnott Signature of Witness.

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

I, Heber Bishop 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 on this 4 day of Aug 1917.

Signature of Attesting Officer W. H. H. H.

### †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 1st regt.

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

Date.....191..... } Approving Officer.  
Place.....

† 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 Deber Bishop

Apparent age 21 years 3 months. Height 5 feet 9 inches

Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ali Bishop  
Long Blvd C. B. | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# FIRST NEWFOUNDLAND REGIMENT

3931

## ATTESTATION OF

No. 3931 Name Heber Bishop Corps S A

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

1. What is your name? ..... 1. Heber Bishop
2. What is your full Address? ..... 2. Lang Pond  
C B
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 21 Years 3 Months
5. What is your Trade or Calling? ..... 5. laborer
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. yes
9. Are you willing to be enlisted for General Service? ..... } 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. yes

I, Heber Bishop.....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.

Heber Bishop.....SIGNATURE OF RECRUIT.

Brandon Simons.....Signature of Witness.

g. 4-8-17

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

I, Heber Bishop.....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 4 day of Aug 1917

Signature of Attesting Officer H. H. H.

### †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).....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Heber Bishop  
 Apparent age 21 years 3 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Eli Bishop  
Long Pond C. B. | 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 <del>united</del> engagement reckons from <u>4-8-17</u>									
Joined at <u>St. John</u> on <u>August 14-17</u>									
<u>Discharged May 14/1919</u>									
<u>Embarked for Halifax from St. John, N.S. August 3<sup>10</sup></u>									
<u>Embarked for St. John 27-3-18. Disembarked France 29-3-18</u>									
<u>Joined Bath in the field 4-4-18 Admitted 38 Oct. 27-8-18</u>									
<u>Transferred to Longland 5-9-18 Admitted King's Hosp. Stamford St. St.</u>									
<u>Went to purchase right hand Amp. (Spent 2 finger service 5-9-18 transferred</u>									
<u>to S. L. St. John's 14-12-18. Subsequent transfer to Manchester 28-12-18</u>									
<u>Wife for identification 12-3-19. Arrived Longland 24-3-19</u>									
Total Service forfeited as above..... <u>Demobilization of John 14-5-19</u>									

Total Service towards Engagement to 14-5-19 (date of discharge) 1 years 284 days  
 " " Pensions " " " " " " " " " " " "

No. *3931* Name *Plc Bishop, H.* Sqn., Batty.,  
or Company }

*C* Corps *2/Royal Newfoundland*

Date of enlistment } *4. 8. 17*

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. \_\_\_\_\_

Signature O.C. \_\_\_\_\_  
Company, etc. \_\_\_\_\_

*C. F. G. and character 2nd Lieut*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>23-6-18</i>	<i>Plc</i>		<i>Absent from 645AM Parade</i>	<i>R. G. Dicks</i>	<i>5 days BB</i>	<i>23-6-18</i>	<i>Capt. Rendell</i>	<i>ns</i>

ARMY FORM B. 122

F.T.O

C.R. 3931

Extract from Daily Orders part II, Depot  
St. John's dated May 2nd. , 1919.

E

The discharge of the undernoted on demobilization  
has been APPROVED by O. C. Discharge Depot on  
~~30-4-19~~ 30-4-19.

3931 Pte H. Bishop.

C.R. 3931

Extract from Daily Orders part II,  
Depot St. John's dated May 15th. 1919.

The undernoted discharge on demobilization has  
been CONFIRMED by Officer i/c Records on noted date.

14-5-19

#3931 Pte. Heber Bishop.

C.R. 3931

**Extract**  
~~Extract~~ of Preliminary Report of a Medical Board held on  
Thursday Evening April 10th/19. The following was the find-  
ing.

---

**Recommended Discharge from the Army.**

3931, Pte. H. Bishop.



C.R. 3931

Extract from Daily Orders Part 11 Unit the Royal Nfld.  
Regt. St. John's, Mar. 25th, 1919.

The following Officers, Non-Commissioned Officers and Men  
returned from Overseas, and reported at Depot 24-3-19.

3931 Pte. H. Bishop.

C.R. 3931

Extract of telegram from Syn., London, to  
Military dated March 15th/19.

-----

Following has embarked "Baltic" Liverpool for  
Halifax.

Under A.F.B. 179

March 12th.

#3931 Bishop.

C.R. 3931

Extract of Casualties from Pay & Record Office London dated Dec. 20/12/18

The undermentioned was discharged from 3rd L.G.H. 19/12/18 and granted furlough to 28.12/18 from 19/12/18. Marked 1, Duty.

3931 PTE H. Bishop.

A. Fs. W.3016 from Hospital.

C.R. 3931

Extract of Casualties received from the Py and Record Office,  
London dated Dec.16th 1918.

The undermentioned ~~was~~ <sup>was</sup> transferred from King George Hospital  
to 3rd London General Hospital on 14-12-18

3931 Pte.A. Bishop.

Authority:-

Memo from 3rd L.G.H.

C.R. 3931

Dec. 11th. 18

Mr. Eli Bishop,  
Long Pond,  
Manuels.

Dear Sirs-

With reference to your letter of  
December, 5th., I have to inform you, that your  
son is still in hospital, <sup>but</sup> ~~and~~ it is expected that  
he will be discharged from there shortly.

Yours faithfully,

Lieut. Col.  
Chief Staff Officer.

R  
W L Bundeley  
Lieut Col  
M Johar

Dear Sir  
of 1006 of your letter to hand  
in reference to  
that you say that he was  
progressing favourably.  
I will be very much  
obliged if you can find  
out if you can find  
in hospital,

Yours truly  
Oli Lithof  
Long Pond  
Panuel  
Dec 5-18

C.R. 3931

Nov. 6th, 18.

Mr. Eli Bishop,  
Long Pond,  
Manuels.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3931, Private Heber Bishop, is now progressing favourably.

Yours faithfully,

Lieut. Col.,  
Chief Staff Officer.

C.R. 3931  
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 **Sept 10th., 1918**

To **Eli Bishop, Long Pond, Manuels, C.B.**

Regret to inform you that Record Office, London, officially reports **No. 3931, Private Heber Bishop at King George Hospital, London suffering from injury to fingers left hand amputation of first joint second finger.**

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

**J.R. Bennett**

Minister of Militia.

**FOR TYPEWRITER**



C.R. 3931

Extract from Casualties received from P.&R. Office, London,  
Sept.9,1918.

Adm. King George Hospital 5/9/18

3931 Pte. Bishop H.

R. Nfld.Reg't. Injury to fingers Rt. hand (Amp 1st Joint 2nd  
finger) severe.

C.R. 3931

Extract from Telegram from Synoptical London dated 5<sup>th</sup> Sept. 6th 1918.

---

King George Hospital, injury to fingers left hand severe, amputation  
of ~~first~~ joint second Finger, 3931 Bishop.

C.R. 3931

30.

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

S O U T H AFRICAN RECORD OFFICE (NATIVES)

No.H.A.28347

Adm 1 Native Labour Sty H Rouen 28 Aug'18

828 Dvr Muller F.....Cape Auxy H.T. ....N.Y.D.(S) Mild.  
212 " Stevens A. Do. Contusion. Lip L. Mild. accid.

Dis ex 1 Native Labour Sty.H.Rouen 28 Aug'18

193 Pte Lombard L.....1/C C L.Reg.....V.D.S. Mild.

NEWFOUNDLAND EXPEDITIONARY FORCE

No.H.A.28347

Adm 2 Can.Gen.H. Le Treport 28 Aug'18

3931 Pte Bishop H.....R.New Regt.....D. ....Inj.Fing.Hand.R.Sk.

LONDON INFANTRY RECORD OFFICE L O N D O N E.C.

No.H.A.28348

Adm 2 Can.Gen.H.Le Treport 28 Aug'18

16120 Pte Hughes G. ....14 R Fus.....D.....GSW Ear L.

Dis to Base Det.Havre Class A ex 2 Can.Gen.H.Le Treport 28 Aug'18

422400 Sgt Carter W.....2/10 Lond....B..... SW Shldr.L.  
653575 Pte Lane G. 23 Lond. D. Exsna Face.

Adm 2 Can Gen.H.Le Treport 28 Aug'18

81082 Pte Chasen W..... 13 RFL Ege..C.....Impetigo.



1721

NEWFOUNDLAND CONTINGENT

3931

Extract of Nominal Roll of Draft No. 40; 80 Other Ranks from 2nd. Bn., Royal Newfoundland Regiment, Winchester, to 1st. Bn., Royal Newfoundland Regiment, B. E. F.

Embarked Southampton, 27/3/18.

3931 Pte. H. Bishop.

C.R. 3931

Extract from Nominal Roll "" embarked St. John's for  
Overseas, per S.S. "Florissel" Oct. 3rd, 1917.

3931 Pte. H. Bishop.

C.R. 3931

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Aug. 6th, 1917.

#  
3931 Pte. M. Bishop.

Attested Aug. 4th, 1917.



H. Bishop

3931

P. L. P. O.





**1<sup>st</sup>. NEWFOUNDLAND REGIMENT /**

**ALLOTMENTS**

I, Stelms Bishop, Regl. No. 3931

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty four 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: Oct 12 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3131	Wife	Belinda (Eli) Bishop	Long Pond C.B.	65
Total Allotment, \$				65

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.) W. M. J. J.  
 Officer Commanding  
Company  
 Sept 25 1917

(Sig.) Stelms Bishop  
 (Rank) Private

No. 3637



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Bishop, Regl. No. 3131

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and Seventy Five 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 Oct 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3131	Wife	Margaret (Mrs) Bishop	Long Point C.B.	65
Total Allotment, \$				65

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.) Walter Bishop  
Officer Commanding  
4 Company  
Sept 25 1917

(Sig.) Walter Bishop  
(Rank) Private

No. 3931 Rank Pte Name Bishop H.

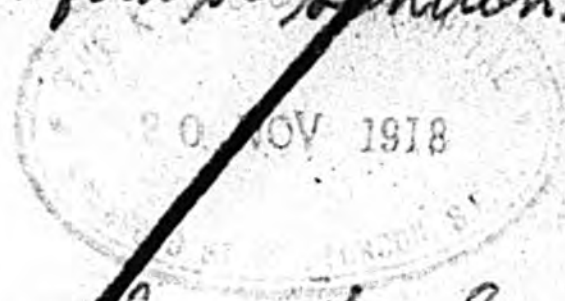
Pay	F.A.	Wkg	Total	N.F.P./33
100	10		110	
Less Allotment			65	
Net Rate			45	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d		
						From	To							
Balance					Balance		17/4/8						1 9 5	
Acquittance Rolls		10	17	8	Pay @ Net Rate	12/4/8	19/4/8	251	4 5	12	95	23	4 2	
Hospital Advances		1	8	0	R.A.	19/12/8	29/2/8	10	2/1				1 0 10	26-4-5
A.B. 64.														
P.&R.O. Payments		10	0	0										
					Credit Bal.	20/8	26/11	6	4 5		2 90		11 1	26-15-6
					<del>£ 3 18 9</del>	27/7/8	11/1/9	16	4 5		7 20		1 9 7	28-5-1
<del>Cheque 11271</del>	<del>19/18</del>	<del>40</del>	<del>0</del>	<del>0</del>										
Cash	19/18	3	18	9	Pay	12/1/9	12/1/9	2	4 5		90		3 8	
Cash 79				11 1										
Deposit payments		1	10	0	D. Bal 50									
					Cr. Bal 3-3.									

42  
RSK.  
19/12/18  
22-5-8

RSK.

No. 3931 Ote Bishop 21 Battr Newfoundland Regt  
King George Hospital Stamford St London S E



Sir

Would you be so kind to let me have the sum  
of 2 Pounds out of my accounts and oblige yours

Ote Bishop 21st Battr Newfoundland Regt 1.2 2-0-0

P.P.M.

Recommended  
*[Signature]*

Oct Foster H.M. *[Signature]*  
1/c ward

Sept 16 1918

Pt H. Bishop 3931  
21st Battalion  
Newfoundland Regt  
E 5 Ward  
King George Hospital  
Stamford St  
London SE 1

I should like to draw

2 from my credit



*[Handwritten signature]*  
OK £2-0-0  
16/18  
Rept No 9201

Pte. H. Bishop. 3931.

21. Btn. Newfoundland Regt  
5 Wand.

King George Hospital  
Waterloo  
London S.E.

0/11.  
L=2

2-0-0  
2-0-0

2-0-0

2-10-18



Will you please forward  
me 2 pounds.

Geo. J. Mason  
R.C.M.C.

Paymaster  
58 Victoria St.

No. 3931 Pte. Bishop H.

This man is on leave and could you pay  
him balance due to this date please.

D. H. bay. Pay Book. 1.00.0



*Handwritten notes:*  
A large diagonal line is drawn across the page.  
To the right of the stamp, there is a handwritten signature or name, possibly "J. M. ...".  
Below the signature, the number "3/3" is written.  
At the bottom, there is a large, stylized handwritten signature or mark.

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

ADMITTED TO  
KING GEORGE HOSPITAL.  
Form W. 3016.  
(In Books of 200)

No. 44 Date 14. 2 1916 8-9-16

- \* (1) To the Officer i/c Records } 58 Victoria St S W
- \* (2) The Officer Commanding } Depot
- \* (3) The Paymaster } Navoy Land. Handed by Depot

\* Strike out that which is inapplicable. W. H. Kuster

Regimental No. 3931

Rank and Name Pte Bohof H

Regiment or Corps 11 New Zealand Bands

has been granted a furlough from transferred to day to the  
31st Battalion Gen Hospital

His address while on leave will be W. H. Kuster

I consider he is fit for  
State out that which is applicable.

- I. DUTY.
- II. COMMAND DEPOT.
- III. EMPLOYMENT.

Officer in charge [Signature] Hospital.  
Station.

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 Army Form 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.





1-15  
3-15  
4-15  
14

~~K.F. 2-0-0~~  
Receipt 2449  
1-11-18

Capt H. Bishop

903931

Newfoundland Regiment  
21<sup>st</sup> Battalion

Ward E5

King Georges Hospital  
Stamford Street  
London S. E

Nov 1<sup>st</sup> 1918

Sir

Will you oblige me with a  
remittance of £24 oblige

Capt H. Bishop.



*[Handwritten scribble]*

*[Handwritten signature]*

OK £2-0-0  
Receipt 9697  
C.L. 12/11/18

Mr H. Bishop, 3931  
21st Newfoundland,  
King George Hotel,  
Stanford St,  
London, S.E.

Sir,  
Would you kindly let me  
have from my credit £2  
two pounds, and oblige,

Yours Sincerely,  
Mr. H. Bishop.

W. Yeoman  
Capt R.N.V.R.



P.S.D.

Bishop, H

3931

Ray sept.

- 3931 - 1478

May 23, 1919

#3018 Pte. Heber t Bishop,

Long Ford, C.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

19150

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 *Heber* ..... 2. Surname *Beahm* .....

3. Rank *Pte* ..... 4. Regt. No. *3018* .....

5. Address in full to which future payments of gratuity are to be forwarded, *Long Pond, C. B.* .....

6. Date of enlistment in the Regiment *Aug. 4/17* .....

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

8. Relationship of such dependents *—* .....

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No* .....

11. Were you on active service only in Nfld, if so, give dates and particulars of such service *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Aug 4/17 to Apr 27/19 date of temporary discharge* .....

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.

*Clothing allowance + back pay 72.93.  
Board allowance 30.*

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.? If not give - (a) date of discharge.

*Apr. 29/19.  
Temporary*

(b) Reason for discharge. *Demobilization*

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 + Belgium - From Mar 2/18 to Sept. 1918 - Wounded*

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.

*his*  
*Alber Bushok*

Signature of Applicant:

Place of Residence:

*Long Pond, Co. Front,  
St. John's, Wfld.*

Declared before me at:

This *29th* day of

*April 1919*  
*John McCarthy*

Signature of Barrister of the  
Supreme Court, Stipendiary Magistrate,  
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>Leaves</i>	<i>280 02</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Paymaster. <i>J</i>	

ONE BALANCE FOR

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3931 Rank Private Name Bishop H.  
 Intended place of residence Long Pond  
 2. Occupation Labourer  
 Classification of soldier B Medical Category B

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 APR 29 1919 *H. Must*  
 for 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  
APR 29 1919  
*H. Bishop*  
 Signature of soldier  
*Ch. Johnston*  
 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  
29-4-19  
*H. Bishop*  
 Signature of soldier  
*W. J. Galley*  
 Signature of witness

#### STATEMENT OF SERVICE

7. Enlisted for service 4-8-17 No of days on Military  
 Discharged from service 30-4-19 Plus 14 days Service 649

#### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date APR 30 1919  
*R. H. [unclear] Capt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

#### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St. John's, Nfld  
 Date May 14/1919  
*M. Howley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*N.F.B. 2079/2194*

29  
 30  
 31  
 31  
 31  
 30  
 14  
 284



May 14th., 1919

#3931 Pte. Heber Bishop,

Long Point,

Conception Bay.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 2194."

Yours truly

Capt in & Paymaster.

2 1151

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5931 Rank Pl Name Deshop, Ralph  
 Date of Enlistment 8-17 Address Conception Bay District St. Mary's  
 Occupation Seaman Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Conf. to Service Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	5
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 28-11-19 O. C. Discharge Depot H. M. St. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Risdat

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 Ambleton

Date 29-11-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1343 to his home at Long Pond and Release Certificate No. 2193 issued.

Date 29-4-19

*J.A. Snow*  
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 14-5-19

Date 29-4-19

*H. News H.*  
Depot Paymaster.

Discharge approved for 30-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	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 120	M 93		

Date 29-4-19

*J.A. Snow*  
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 APR 30 1919

*R.H. Sait*  
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:

*Going back to fishing.*

*H Bustat*

Signature of Man.

*W. Melton* *Lieut.* Reg. No. *3931*

Signature of the Vocational Officer or his Representative.

Place

*St John's*

Date

*29-4-19*

191

# 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 ..... *10-11-19* .....

Regimental No. .... *3931* .....

Name ..... *Heber Buskops* .....

Address ..... *Conception Bay* .....

Present Medical Category ..... *F* .....

Recommended for:— { (a) ~~Immediate discharge~~ .....

(b) Standing Medical Board.....

Members of Board {

*R.H. Lail Capt.*  
.....  
-O.C. Discharge Depot.

Senior Medical Officer

*J.W. Burden*  
.....

M.O. Depot

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

# MEDICAL HISTORY

OF

Surname Bishop Christian Name Christian Nang Heber

25  
65

Table I.—GENERAL TABLE.

Birthplace:—Parish Conception Bay County



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>4</u> day of <u>Aug</u> 1917	on	day of	191
	at <u>Headquarters</u>	at		
Declared Age	<u>21</u> years <u>3</u> days		years	days
Trade or Occupation	<u>Laborer.</u>			
Height	<u>5</u> feet <u>9</u> inches		feet	inches
Weight	<u>129</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches			inches
	Range of Expansion... <u>3</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		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)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at <u>St. John's</u>	at		
	on <u>4</u> day of <u>Aug</u> 1917	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT. <u>1st Bn</u> <u>3431</u>			
Transferred to	<u>Reg</u>			
Became non-effective by				
	on	day of	191	on
(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 case 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				
KING GEORGE HOSPITAL LONDON. S.E.	6	9	18	14	12	18	Contused Wound Right hand Amputated finger	100	Patient had injury to 2nd finger of hand. Distal phalanx destroyed. Stump partially healed. Transferred to 3rd London General Hospital.	<i>T. Doobel</i> Lieut. Col, I.M.S.
3RD LONDON GENERAL HOSPITAL WANDSWORTH.	14	12	18	19	12	18	Wound	5	wound healed.	<i>Sturgesley</i> CAPT RAMOT





**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... **3931**. 3. Rank... **PTE**.....
4. Name .... **HEBER BISHOP**.....  
 (Surname) (Christian Names)
5. Age last birthday... **22**.....
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.  
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. **OCT. 17/18.**
12. Place of origin of disability. **ABBEVILLE. ACCIDENTALLY WDED.**
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. **OCT. 17/18? AT ABBEVILLE. ACCIDENTALLY WDED. BY HAND BEING CAUGHT IN DOOR OF RAILWAY CAR. AS RESULT APEX OF FINGER AMPUTATED AT #2 DRESSING STATION.**

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **AMP. TERMINAL PHALANX MIDDLE FINGER.**  
 (b) The present condition thereof.

**SCAR HEALED NO DISABILITY.**

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war .. .. . **YES** .. .. .
  - (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? **APPEX MIDDLE FINGER R. HAND HAS BEEN REMOVED. RESULTING SCAR**  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)* **HEALED COMPLAINS OF PAIN ON STRIKING H AND.**

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.*

**J. B. O'RIEILLY CAPT. M.C.**

Medical Officer in charge of case.

Station .....

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

22. 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 part of the soldier .. .. . | .....               | .....             |
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
  - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

**NIL.**

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

**YES.**

Opinion of Military Member in case of disagreement

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

**NO.**

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—
- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

N.S. FRASER..... { President or Chairman.

Station ..... **ST. JOHN'S.** ..... J.S. TAIT, ..... { Members.

Date ..... **APRIL 10TH. 1919.** ..... L.PATERSON. MAJOR.

Discharge Approved Under Para. 392 (xvi) King's Regulations.

Station ..... **(SGD) CLUNY MACPHERSON. MAJOR.** ..... { Only applicable in cases of Patients in Hospitals.

Date ..... **APR 10 1919** ..... Officer in charge, Central Hospital.

Discharge Approved under Para. 392 ( ) King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

Date ..... O.C. Discharge Centre.

**APPROVED FOR 2% AS AN AMPUTATION HAS OCCURRED OWING TO G.S.W. IN ACTION.**

**(SGD) CLUNY MACPHERSON. MAJOR.**

No 3637



4 1<sup>ST</sup>. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, Stelme Bishop, Regl. No. 2931  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
..... Dollars and Sixty five 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 Oct 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3131</u>	<u>Mother</u>	<u>Helinda (Eli) Bishop</u>	<u>Long Bone C.B.</u>	<u>65</u>
Total Allotment, \$				<u>65</u>

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.) [Signature]  
Officer Commanding  
..... Company  
[Signature]  
Sep 25<sup>th</sup> 1917

(Sig.) Stelme Bishop  
(Rank) Private

ST. JOHN'S, Apr 29<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Pte. H. Bishop

Billeting Soldiers as undermentioned

from Mar 24<sup>th</sup> /19 to Apr 30<sup>th</sup> /19

3931. Pte. H. Bishop 39 30

ACCOUNT	
CH NO	<u>17189</u>
INITIALS	<u>EW</u>
IND LEDGER	
PAY LEDGER	
GEN LEDGER	<u>30</u>

Certified correct for \$ 39

R.J

Alfred Blawston  
for Billeting Officer.  
H. Burtol



# Royal Newfoundland Regiment.

EMPIRE BARRACKS HOSPITAL

Apr 28 1910.

To: B.P.C.

The marginally noted man,

3931 Bushon

1719

Discharged this a.m. from  
this institution.

He was admitted Apr 20  
for Op. on finger.

*[Signature]*  
Medical Officer.

1719

AUGUST 13th, 1926.

Mr. James A Short,  
HERMITAGE.

Dear Sir:-

I beg to acknowledge receipt of your letter of July 25th., and in reply, would state, that in order for you to have your case considered it will be necessary for you to forward a Medical Certificate showing the disability you claim to be suffering from, and to what extent you are disabled from earning a livelihood.

Yours very truly,

  
SECRETARY.

BT.



1719  
April 23th/21

Mr. Heber Bishop,  
Long Pond,  
Manuels Station.

Dear Sir:-

With reference to your communication of  
April 6th claiming pension on account of your hand.

It is regretted that we cannot do anything for  
you in this matter, unless you can forward us a  
Medical certificate stating that you are disabled to  
a greater extent than before. On receipt of this  
certificate, your case will be considered.

Yours faithfully,

Asst. Secy.

EBL.

Reply we can  
do nothing more unless  
he can show us what  
is desired to be fixed  
WHD

11871

April 6th  
1921

Dear Sir. (17)  
I am stating my case  
to you about my finger  
because my finger troubles  
me alot now and I cant  
do anything and I  
have not done a days  
work not since the  
15th day of october  
and I have a wife  
and child to support  
and not able to work  
to support them and all  
this winter I have been  
beholden to my poor  
old father to support  
us. and I cant put  
up with it any longer  
because he wants some

C27  
one to support him and  
what am I to do and  
if there is nothing done  
for me, both me and  
my child and wife,  
have to starve with  
hunger so I cant go to  
work with a finger  
like I have and I  
am always in pain  
and agony so I either  
got to go before a  
doctor or some  
support-ment found  
for me and if you  
dont see into it I  
will go to more trouble  
myself because I cant  
take nothing in my  
hand to work with  
and I have a chance  
of work and I

C37 177  
have to Refuse it on  
account of my finger  
and I am in a  
very poor condition  
both with hunger  
and clothing and  
I wouldn't be in  
condition if I am  
in now only for  
my wounded finger  
So please write  
and let me know  
what you are  
intending to do  
for us I remain  
yours truly  
Heber Bishop  
Gony Pond  
Manuel's Station

Heber Bishop 3931.

Boarded April 10th 1919 and granted a Gratuity of \$50.00 payable in two equal monthly instalments.

Entered Hospital for treatment to his hand April and discharged April 28th cured. He now makes application for full pension while he was in Hospital.

Rec. full pension while under treatment  
at the Institute Hospital.

Wm. Parsons

Lucifer

12/15/20

Heber Bishop 3931.

Boarded April 10th 1919 and granted a Gratuity of \$50.00 payable in two equal monthly instalments.

Entered Hospital for treatment to his hand April and discharged April 28th cured. He now makes application for full pension while he was in Hospital.

Rec. full pension while under treatment  
at the Institute Hospital.

13/5/20

Wm Parsons

J. C. [Signature]

~~copy~~

1719

Date May 7/20

No. 3931 Name Bishop H.

is being treated as \_\_\_\_\_ Patient

for \_\_\_\_\_ which

attributed } to service.  
not attributed }

Pension.

Board being paid by this department.

Recommend school during time of treatment, with extra allowance from your committee.

REMARKS:-

The above noted man was admitted to hospital April 20<sup>th</sup>, and discharged April 25<sup>th</sup> and to report for re-examination. Discharged cured. May 6<sup>th</sup>

*ms*

1719

March 15, 1920

Mr. Heber Bishop  
Bayley's Cove,  
Bonavista.

Dear Sir:-

In reply to your letter of March 1st.

If you will forward me a Medical Certificate,  
stating your condition, and that it is due to ser-  
vice, I shall be glad to take up your case.

Yours faithfully,

Secretary.

WHP/BT

March 1th  
1920

Person  
Commissioner

Dear Sir

I am stating to you on case of my  
Back finger what I had wounded to  
The war I am sorry to tell you  
that he his give out on me again  
And now I am laid up and cant  
do any work and I have wife  
and child and nothing to support  
them because I cant work for  
to get any supportment for them on account  
of my finger and I want to try and  
get to St Johns for to see the doctor  
about it and I havent got the way  
to get there and would you please  
send me my passage money to come

Yours truly  
Heber Bishop  
Bonavista Bayleys Cove  
NFLD



THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1719

Regtl. No. 3931 Rank Pte Name Robert Bishop

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 10-4-19

Pensionable disability 290 for - months

Pension granted:

~~\$ \_\_\_\_\_ per month for \_\_\_\_\_ months~~  
or Gratuity granted:

\$ 50.00 payable in 2 equal monthly insts.

Granted to:

Name Robert Bishop

Address Longford

*llh*

Date case disposed of MAY 21 1919

NOTED  
DATE 4/6/19  
INITIALS llh

Approved by:

Members of Board

*[Signature]*  
Chairman

*[Signature]*  
*[Signature]*  
W. N. Parsons.

Remarks:

*[Signature]*

*[Signature]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade }  
or Occupation }
2. Regtl. No. *2934* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *BISHOP* (Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
— (a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *Oct 17/18* *Accidentally wounded.*
12. Place of origin of disability. *Abbeville*
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. *Oct 17/18 at Abbeville, accidentally wounded by hand being caught in door of railway car, as result open of finger amputated at No 2 Dressing Station*

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i) Service during the present war                     | .. .. . <i>No</i>   | .....             |
| (ii) Previous active service                           | .. .. . <i>No</i>   | .....             |
| (iii) Climate in pre-war service                       | .. .. . <i>No</i>   | .....             |
| (iv) Ordinary military service before the war          | .. .. . <i>No</i>   | .....             |
| (v) Serious negligence or misconduct on the man's part | } <i>No</i>         | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *M. A.*

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? *Apex of middle finger rt. hand has been removed, resulting scar healed. Complains of pain on striking hand.*  
 (A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

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.

*John P. Smith Capt*

Station *Hayley Down Camp* \_\_\_\_\_ Medical Officer in charge of case.

Date *2-1-19*

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

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. *Amputation terminal phalanx middle finger*
- (b) The present condition thereof. *Scar healed, no disability*

22. State whether the disabilities are:—
- |   |   |                   |
|---|---|-------------------|
|   | (a) Attributable to                         | (b) Aggravated by |
| (i) Service during the present war                              | .. .. . <input checked="" type="checkbox"/> | .....             |
| (ii) Previous active service                                    | .. .. .                                     | .....             |
| (iii) Climate in pre-war service                                | .. .. .                                     | .....             |
| (iv) Ordinary military service before the war                   | .. .. .                                     | .....             |
| (v) Serious negligence or misconduct on the part of the soldier | .. .. .                                     | .....             |
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

*2%* *AS*

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

*Yes*

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

*No*

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

Station *St. John's* ..... *[Signature]* ..... { President or Chairman.

Date *Apr 10/19* ..... *[Signature]* ..... { Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... *[Signature]* ..... { Only applicable in cases of Patients in Hospitals.

Date *APR 10 1919* ..... Officer in charge, Central Hospital.

Discharge Approved under Para. 392 ( ) King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station ..... O.C. Discharge Centre.

Date .....

*Approved for 2% as an amputation has occurred owing to S.S.W. in action Chery Macpherson War*

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3931 Rank Private Name Bishop, H.  
 Intended place of residence Long Pond

2. Occupation Labourer  
 Classification of soldier B Medical Category F

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 (sgnd) H. Mews, Lt.  
 Date APR 28 1919 for 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 (sgnd) H. Bishop  
APR 29 1919 Signature of soldier  
 " A. M. Clouston, Lt.  
 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 (sgnd) H. Bishop  
APR 29 1919 Signature of soldier  
 " W. J. Eaton ROMS  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 4-8-17 No of days on Military  
 Discharged from service 30-4-19 plus 14 days Service 649

### 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. Sait Capt.  
APR 30 1919 Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.  
 Date .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place .....  
 Date .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

1719

155 Ash St.  
Brooklyn  
N York

23<sup>rd</sup> April.

Major Parsons,

Dear Sir,

Please make any further payments  
of pension to the Bank of Montreal in  
St John's & as regards to communicating  
about further medical boards the  
above address will find me.

1719

Yours sincerely,

(Ex Pte) J McNaughton.

Mr. Marshall  
New address please  
J.M.C.  
M.P.M.

	Date	Initials
	3.5.20	WSP
		CCO & sub

Wolfe C.M.B.

THE BOARD OF  
**PENSION COMMISSIONERS**  
FOR NEWFOUNDLAND

HON. J. A. CLIFT, K.C., C.B.E.,  
MAJOR W. H. PARSONS, M.C.,  
R.A.M.C.



In reply refer to

No. 1719

*St. John's,*  
April 29th., 1920.

To:- B. P. C.

3931, PTE. H. BISHOP.

Please note that the marginally noted man was  
DISCHARGED from the Granfell Hospital APRIL 24'20

AMB.

*A. M. B.*

*Noted  
Man*

THE BOARD OF  
**PENSION COMMISSIONERS**  
FOR NEWFOUNDLAND

HON. J. A. CLIFT, K.C., C.B.E..  
MAJOR W. H. PARSONS, M.C.,  
R.A.M.C.



In reply refer to

No. 1719

*St. John's,*

April 22nd., 1920.

To:- B. P. C.

3931, PTE. HEBER BISHOP.

Please note that the marginally noted man  
was ADMITTED to the Grenfell Hospital  
APRIL 20TH., 1920.

A. M. B.

AMB.



Date May 7/20

No. 3931

Name 13 istrop 14

is being treated as \_\_\_\_\_ Patient

for \_\_\_\_\_ which

attributed }  
not attributed } to service.

Pension.

Board being paid by this department.

Recommend school during time of treatment, with extra allowance from your committee.

REMARKS:-

The above noted man was  
admitted to hospital April 20<sup>th</sup>  
and discharged April 28<sup>th</sup>  
and report for addressing.

discharged (and) May 5<sup>th</sup>

17 1/11  
R. C. Lewis  
for man

Major W. H. Sargent  
7/19



Army Form B. 103.

Regimental Number **C.R. 3931**

**Casualty Form—Active Service.**

Regiment or Corps *Royal Newfoundland Regt.*  
 Rank *Pte* Surname *Bishop* Christian Name *St*  
 Regiment *Salvation Army* Age on Enlistment *21* years *3* months  
 Enlisted (a) *4.8.17* Terms of Service (a) *duration* Service reckons from (a) *4.8.17*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation *Miner* *Lt. of Ordnance 2nd Line* 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 ...	27 MAR 1918	
			Disembarked...	29 MAR 1918	
	<i>38 CES</i>	<i>As Inf Corp.</i>	Joined Battalion	<i>4-4-18</i>	
			<i>Ficed</i>	<i>27-8-18</i>	<i>E.D. 60621/18</i>
<i>28<sup>th</sup></i>	<i>2. Com. 841</i>	<i>Army - Inf. Corp. hand R</i>		<i>28.8.18</i>	<i>N.3034</i>
<i>St. David</i>		<i>To England</i>		<i>5-9-18</i>	<i>N.3083</i>
			<i>Officer i/c 1 Section</i>		<i>RECORDED</i>
			<i>G.H.Q., Brit.</i>	<i>EXP.</i>	<i>10131</i>

(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, Shoening-Smith, &c. W. 11814—M1188 10000 1/17 (17227) S.P. & Co. Ltd. Forms B./103/4 E./354. (P.T.O.)

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet First

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Diskopf Alder</u>	Age on	<u>21</u> years <u>3</u> months	<u>Labourer</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<u>St. Johns</u> <u>14-8-17</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date		} with Colours <u>284</u> years.	
		} with Reserve <u>365</u> years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>St Johns</u>	<u>22-8-17</u>	<u>Plt.</u>		<u>Absent from Picquet 11<sup>PM</sup></u> <u>22-8-17.</u>	<u>Cap. Christian</u>	<u>3 Days extra</u> <u>Picquet.</u>	<u>23-8-17</u>	<u>Major Montgomerie.</u>	<u>Forfeits 1 Day Pay</u> <u>by R.W. not</u>
<u>St Johns</u>	<u>22-9-17</u>	<u>Pte.</u>		<u>negled of Duty.</u>	<u>Sgt Messer.</u>	<u>one extra Guard.</u>	<u>22-9-17</u>	<u>J. D. Hadley, Cap.</u>	<u>[Signature]</u>
<div style="font-size: 1.5em; font-family: cursive;">Demobilized St. Johns, 14<sup>5</sup> 79</div>									

To be carried over



## 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 *Heber Bishop*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3931*

Intended address *Long Pond.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Eli*

Christian name of Mother *Blinde*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Long Pond, 31st May, 1897*

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 <sup>correct</sup>

(Soldier's signature in full) *Heber Bishop*  
*mark* Witness, *Ed. Healy* No. (Rank)  
 Station *St. John's* Date *9-4-19*

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

13931

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5931 Rank Private Name Bishop, Selby  
 Date of Enlistment 11-8-17 Address Conception Bay District St. John's  
 Occupation Farmer Classification for Discharge B Medical Category F1  
 Recommendation S.M.B. Unfit for Service Disability Rating Nil

Passed to Demobilization Officer with following documents:—

N.F. P36	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 28-11-19 O. C. Discharge Depot H. M. St.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Bishop*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00

(b) Clothing Supplied Wool Coats

Date 29-4-19

O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 1345 to his home at Long Pond and Release Certificate No. 2193 issued.

Date 29. 4. 19 *J.A. Crawford*  
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 14-5-19

Date 29-4-19 *H. News*  
Depot Paymaster.

Discharge approved for 30. 4. 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		

Date 29-4-19 *J.A. Crawford*  
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 APR 30 1919 *R. J. ...*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date May 5 1919 *Amel ...*

Reg. No. *8931* Rank *Plt* Name *Bishop A.*

Attested ..... Address *Long Pond* *Manuels*

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

Date of Allotment ..... Returned from Overseas *24-3-19*

Returned on S.S. *Train* Cause *Discharge*

*24. 4. 19.* FACED TO DEMOBILIZATION OFFICER

*30. 4. 19.* DISCHARGE APPROVED ON DEMOBILISATION.