



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5594 Name Robert Bishop Corps Foot

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

- 1. What is your name? ..... 1. Robert Bishop
- 2. What is your full Address? ..... 2. Indian Head, St. John's
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 36 Years 0 Months
- 5. What is your Trade or Calling? ..... 5. Gasfitter
- 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, Robert 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.

Robert Bishop SIGNATURE OF RECRUIT.  
W. J. Baynes Signature of Witness.

3/6/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Robert 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's on this 3 day of June 1918.

Signature of Attesting Officer W. B. Dickson Lieut

### †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..... } 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

5594

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

Name Robert Birby  
 Apparent age 26 years 0 months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Amrose L. Birby  
Indian Bay, Ingham, N.S. 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>3-6-18</u>									
Joined at <u>St. John's</u> on <u>June 3-1918</u>									
Discharged <u>July 12-1919</u>									
Embarked <u>St. John's S.S. Co. Lunenburg</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>St. John's</u> <u>23-11-18</u>									
Spine taken <u>St. John's</u> <u>28-11-18</u>									
Joined <u>Det. 549</u>									
Transferred from <u>Queen</u> <u>22-7-19</u> Arrived <u>Det. 549</u> <u>23-7-19</u>									
to <u>St. John's</u> for demobilization <u>22-5-19</u>									
Arrived <u>Newfoundland</u> <u>1-6-1919</u>									
Demobilization <u>St. John's</u> <u>12-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 12-7-1919 (date of discharge) 1 years 40 days  
 Pensions " " " " " " " "

No. *5594* Name *Bixby R.*

Sqn., Batty.,  
or Company

*DA* Corps *R. Newfoundland*

Date of  
enlistment

*3/6/18*

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.

*W. J. [Signature]*

Character

*[Signature]*

Army Form B. 122.

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>Rouen</i>	<i>16.2.19</i>	<i>Pte</i>		<i>Deficient of Vest</i>	<i>P. A. S. Williams</i>	<i>Pay for Leave</i>	<i>20.5.19</i>	<i>Major General</i>	<i>Rs. Value 5/10</i>
<i>do</i>	<i>15/4/19</i>	<i>"</i>		<i>do Ret.</i>	<i>do</i>	<i>do</i>	<i>15.4.19</i>	<i>do</i>	<i>do 2/8 1/4</i>

C.R. 5594

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, July 16th, 1919.

The discharge of the Underneted on demobilization has been  
CONFIRMED by Officer i/c Records from 12-7-19

5594 Pte. Robt. Bixby.

C.R. 5594

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. Discharge Depot with effect from 27-6-19.

5594 Pte. Robt. Bixby.

C.R. 5594

Extract from Daily Orders Part A1 Depot, Sjt. Johns,

Date June 18th 1919.

5594, Pte. R. Bixby.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5394

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5594 Pte. R. Bixby

C.R. 5594

Extract from Nominal Roll received from Pay and Record Office  
London, of Draft No. 56 from the 2nd., Battalion, Winchester  
to the 1st., Battalion B. E. F., Embarked Southampton 23/11/18..

#5594 Pte. R. Bixby.



C.R. 5594

Extract from Daily Orders part 11, from Unit The Royal  
Field. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5594 Pte. Robert Bixby.

C.R. 5594

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

#5594 Pte. R. Bixby.

Attested for General Service with the Royal Nfld. Regt.  
from 3.6.18

R. Bixby.

C.R.

5594

1110

**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. *H.Q. Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *1594* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bixby* *Robert* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday. *26*
6. Posted for duty on *June 3/18* at *St. Johns*  
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  
(b) Where (if any)  
(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. *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.)*

*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 ?

*na*  
*na*  
*na*  
*na*

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. ...*  
*... Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *St. George's D. Camp...*  
 Date *29-4-19*

\* 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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Robert Parsby*, Regl. No. *5714*  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and *15* 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 *August 1st 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4946</i>		<i>John Parsby</i>	<i>St. John's</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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.) *A.C. James*  
 Officer Commanding  
*F* Company  
*St. John's*  
*July 30th 1918*

(Sig.) *Robert Parsby*  
 (Rank) *Pte*  
*4283 Pte. L. Randall*

No 6358



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Bixby, Regl. No. 5594, hereby agree, until further notification by me, and in similar official form to make an Allotment of          Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <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 August 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4494	Father	John Bixby	Indian Island Fort Det	60
Total Allotment, \$				60 <sup>00</sup>

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.) H. G. James 2/1st  
 Officer Commanding  
St. Johns F Company  
July 26 1918

(Sig.) Robert Bixby  
 (Rank) Pte  
Witness: Pte L. Randall  
4283

Bisby, L

5594

Hay Dept.



July 12, 1919

#5594 Pte. Robert Bixby

Indian Islands,

Pogo Dist.

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 & O. I. c records

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 *Roberts* ..... 2. Surname *Bisby* .....

3. Rank *Pte* ..... 4. Regt. No. *5594* .....

5. Address in full to which future payments of gratuity are to be forwarded. *Jordan Islands, 709, Victoria* .....

6. Date of enlistment in the Regiment. ....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....  
*Not applicable*

8. Relationship of such dependents. ....

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? .....

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

12. Give total length of time which you served on active service, whether in field or overseas. ....  
*1 1/2*

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

.....  
.....  
.....

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.

.....  
.....

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

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

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

.....

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

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

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

.....  
.....

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....

.....  
.....

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.....

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:

Place of Residence:

*Indian Islands, Pogo District*

Declared before me at:

*St. John's, Nfld.*

This

*14th*

day of

*June 1919.*

*John McCordy*

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

POST DISCHARGE PAY.				Net amount
Date paid	Sold	Sold	War Service Classify.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

July 12, 1919

#5594 Pte. Robert Bixby,

Indian Islands,

Fogo Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #2974.

Yours truly

Captain,  
Quaymaster & O.i/c Records

**The Royal Wld. Regiment**

**DEMOBILIZATION**

No. *5594* Rank \_\_\_\_\_

Name *Burby J*

Warned for demobilization on

JUN 14 1941

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5394 Rank PC Name Bixby R  
 Intended place of residence Ingram Falls
2. Occupation Fisherman  
 Classification of soldier E Medical Category A1
3. The above named man is discharged in consequence of DEMOBILIZATION

## Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S  
 Date JUN 14 1919
- H. Mous H.  
 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, at Newfoundland, of all financial responsibility in my connection.
- Place and date ST. JOHN'S  
JUN 14 1919
- Robt X Bixby  
 Signature of soldier
- Am 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  
JUN 14 1919
- Robt X Bixby  
 Signature of soldier
- James O Newman  
 Signature of witness STJ

## STATEMENT OF SERVICE

7. Enlisted for service 3-6-18 No of days on Military  
 Discharged from service 28-6-19 Ten 14 days Service 405

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S  
JUN 28 1919
- R. H. Sait Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place A. J.opus. Nfld.  
July 12 1919
- M. Bowley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment.

A 7 B 2079/2974

# The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 5594

Name Bisby Robert Rank Pte

Address Indian Island Logo

Present Medical Category A1

Recommended for: { (a) Immediate discharge  
(b) ~~Standard Medical Board~~

Members of Board {

R.H. Cart  
O.C. Discharge Depot.

H. Paterson  
Senior Medical Officer

M. G. Depot  
M. G. Depot



# The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5394 Rank Plt Name Dusky R  
 Date of Enlistment 3-6-18 Address Indian St District 400  
 Occupation Truckman Classification for Discharge A Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	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 14-6-19 P.O. C. Discharge Depot Miss H

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Wm Jewmans R + Bix by mark

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
- (b) Clothing Supplied Chilton

Date 14-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 67389739 to his home at Seldon Cove Ky and Release Certificate No. 2792 issued.

Date

14-6-19

*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 12-19

Date

14-6-19

*J.A. Snow*  
Depot Paymaster.

Discharged approved for

28-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	<u>2</u> N.F. Med	D.F. 1
B 178	W 3484	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
B179c	B 120	M 93		

2 Form B

Date

14-6-19

*J.A. Snow*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 28 1919

Date

*R.H. Salt*  
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.

*Birley R*

Signature of Man.

Reg. No. *5594*

*J. H. Snow*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*5594-6-19*

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

# MEDICAL HISTORY

Surname Bixby OF Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish Indian Grants, St. John's County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	3rd	June	1918	191
at	St. John's		at	
Declared Age	26	years		days
Trade or Occupation	Fisherman.			
Height	5	feet	3	inches
Weight	140	lbs.		lbs.
Chest Measure (Girth when fully expanded)	37	inches		inches
Range of Expansion	3 1/2	inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	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>Lammont Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	St. John's	at	
	on	3rd day of June	on	day of 191
Joined on Enlistment	Corps.	Royal Nfld.	Corps	
	Regtl. No.	Regiment.	Regtl. No.	5594.
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				





## 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 *Bosby Robert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5394*

Intended address *Indian Isld Fogo.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Med*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Indian Isld 17 July 1895*

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) *Bosby Robert*

*Frank* Witness *Adams*

(Rank) *R*

Station *St John*

Date *12-6-19*

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



**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* } Former Trade or Occupation } *Seaman*  
2. Regtl. No. *5594* 3. Rank... *pl* }  
4. Name *Bainy Robert* }  
(Surname) (Christian Names)  
5. Age last birthday... *26*  
6. Posted for duty on *June 3/18* at... *St. John's*  
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  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.

12. Place of origin of disability.

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*  
*nil*  
*nil*  
*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? *na.*

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

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. Procter* Capt Rame

Station *Hayley Barr*

Date *29/4/19*

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



## Casualty Form - Active Service.

Regiment or Corps: Newfoundland  
 Rank: Pte Surname: Bisby Christian Name: R.  
 Religion: Methodist Age on Enlistment: 26 years \_\_\_\_\_ months  
 Enlisted (a): 3/6/18 Terms of Service (a): Duration Service reckons from (a): 3/6/18  
 Date of promotion to present rank: \_\_\_\_\_ Date of appointment to lance rank: \_\_\_\_\_  
 Extended: [ ] Re-engaged: [ ] Qualification (b): \_\_\_\_\_  
 or Corps Trade and Rate: \_\_\_\_\_  
 Occupation: Fisherman Signature of Officer: M. Deane

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.215, Army Form A.36, or other official documents
	From whom received	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.			
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batl.		5 JAN 1919	
		Armed in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c

(12591.) Wt. W 1887-P 1184. 1,000,000, 8/18. P &amp; S. Form B/103, (E. 1255.)

Next of Kin: Father: Bisby Ambrose J. Indian Islands. Fogo Dist. N. S. S. D.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Bixby, Regl. No. 5594,  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Allotment begins August 1st / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4746	Father	John Bixby	Indian Islands Top Dist.	60
Total Allotment, \$				60 <sup>c</sup>

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

(Sig.) H. G. James 2/18  
 Officer Commanding  
F Company  
St. John's  
July 28th 1918

(Sig.) Robert Bixby  
 (Rank) Pte  
 Witness: Wm. L. Randell  
4-283.

The Department of Militia:

The sum of

*five Dollars*

*5:00/100*

Mr.

*Aquillia Bixby*

*Indian Sold.*

*Fogo - Dist. Molar Post*

Reg. No.

*1594*

Rank.

*Pte*

Name.

*P. Bixby*

*Seldan*

to

*Indian Island Fogo*

*amount for 5:00/100*

ACCOUNT	<i>Trans</i>
CH. NO.	<i>8886</i>
DATE	<i>Full</i>
INT. DEPT. IS DUE	
GEN. COS.	



*J. H. Snow*

Captain  
Demobilization Officer

*2-9-19*

No.

*G* 730

TRAVELLING WARRANT

Date

*14-6-19*

The Royal Newfoundland Regiment

*General*

Please issue 1st Class Passage and Meals for

No.

*5594*

Rank

*Plt*

Name

*Briley R*

From

*Seldom*  
~~ST. JOHN'S~~

To

*Indian Isles*

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*J. H. Howlett*

SIGNATURE OF ISSUING OFFICER.

Discharge Depot - Newfoundland

1 Fair from  
and Meals for

Seldom

To Indians Islands

of \$50 fine Dollars

Aquillie Bisby

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

SIGNATURE OF ISSUING OFFICER

Sept. 12, 1919

Mr. Aquillia Bixty,  
Indian Island,  
Fogo.

Dear Sir:

I enclose herewith cheque  
for \$5.00 amount due you for conveying Pte.  
R. Bixty from Seldom to Indian Island, Fogo.

Yours truly,

Capt.  
Paymaster

LM/  
Enc. 01

C.R. 5594

REQUIREMENT FOR ISSUE OF  
RIBBAND OF BRITISH WAR MEDAL 1914-1919

---

I certify that I have received a issue of 3 inches  
of Riband of British War Medal-1914-1919.

Name..... *Robert Bixby* .....

(Date)..... *Nov 25<sup>th</sup> / 19* .....

(Place)..... *Indian Islands* .....





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company C. A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No. <u>1594</u>	<u>Brady Robert</u>	Age on <u>26</u> years <u>0</u> months		<u>Saberman</u>					
Joined _____	Date _____	Place and Date of Enlistment <u>S. John's</u>		Religion <u>Meth.</u>					
Joined _____	Date _____	Period of } with Colours <u>1</u> <sup><u>40</u></sup> years.	with Reserve <u>3</u> <sup><u>6</u></sup> years.	Place of Birth <u>St. John's Nfld</u>					
Joined _____	Date _____								
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>Demobilized</u>	<u>S. John's</u>	<u>12</u>	<u>7</u> <u>79</u>		

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5394 Rank Plt Name Dwight P

Date of Enlistment 3-6-18 Address Spokane B.C. District Yaggs

Occupation Soldier Classification for Discharge Ex Medical Category A1

Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	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 14-6-19 for C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.  
W. J. Newman R. X. Bixby

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 14-6-19 O i.c. Re-clothing

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 61363739 to his home at Seldom Come by and Release Certificate No. 2792 issued.

Date 14-6-19 *J.A. Shawliff*  
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

Date 14-1-19 *J.A. Shawliff*  
Depot Paymaster.

Discharge approved for 28-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P[36]	B 268	B 121	<u>2</u>	N.F. Med	D.F. 1	<u>1</u>
B 178	W 3494	B 122	<u>1</u>	Board 1st	" 2	<u>1</u>
B 178a	D 400A	B 1915	<u>1</u>	do 2nd	" 3	<u>2</u>
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	
B179c	B 120	M 93				

*Form B*

Date 14-6-19 *J.A. Shawliff*  
O. C. Discharge Depot.

### APPROVED.

Documents as above forwarded to:—

Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

*R.H. Sait Capt.*

Date JUN 28 1919  
O. C. Discharge Depot.

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

Date July 10/19 *Amelchak*  
*Board of Records*

Reg. No. 5594 Rank Pfc Name Wiskey L.

Attested ..... Address Indian Island.

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

Date of Allotment ..... Returned from Overseas 29.1.19.

Returned on S.S. Corvica Cause Discharge

14.6.19  
28.6.19

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