



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4714 Name George Bradbury Corps Mothers

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. George Bradbury
2. What is your full Address? 2. Harbour Grace N.B.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 19 Years 9 Months
5. What is your Trade or Calling? 5. Labourer
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, George Bradbury 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.

A
26.4.18

George Bradbury SIGNATURE OF RECRUIT.
James Arkle Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Bradbury 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 Harbour Grace on this 26 day of April 1918

Signature of Attesting Officer James Arkle

†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 George Bradbury
 Apparent age 19 years 9 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Rebecca Bradbury, 76 Grace
 | Relationship mother

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>26-4-18</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>April 26-1918</u> | | | | | | | | | |
| <u>Discharged July 9/19</u> | | | | | | | | | |
| <u>Embarked St. John's train to Halifax N.S. 11-6-18</u> | | | | | | | | | |
| <u>Embarked for St. John's 26-10-18</u> | | | | | | | | | |
| <u>Disembarked St. John's 26-10-1918</u> | | | | | | | | | |
| <u>Joined B.M. 3-11-1918</u> | | | | | | | | | |
| <u>Transferred from Reconn 22 to Armd Searcher 23 79</u> | | | | | | | | | |
| <u>to No 1000 Land for demob 22-5-1919</u> | | | | | | | | | |
| <u>Armed Searcher Band</u> | | | | | | | | | |
| <u>Demobilization St. John's 9-79</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>9-7-1919</u> (date of discharge) <u>1</u> years <u>75</u> days | | | | | | | | | |
| " " Pensions " " " " " " " " " " " " | | | | | | | | | |

C.R. 4714

Extract from Daily Orders Part II Unit Royal
Newfoundland Regiment, dated 12-7-19. Depot
St. John's.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
9-22-7-19.

4714, Etc. G. Bradbury.

C.R. 4714

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt. St. John's, June 27th, 1919.

The Discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 25-6-19

4714 Pte. Geo. Bradbury.

C.R. 4714

Extract from Daily Orders Part II Depot. St. John's,

Date June 18th 1919.

4714, Pte. G. Bradbury.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4714

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.

W4714 Pte. G. Bradbury.

C.R. 4714

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkestone
26/10/18, from 2nd Batta, Royal Newbundred Regiment, Haslepy Down Camp,
Winchester, to 1st Batta, Royal Newbundred Regiment, B.E.F.

4714 Pte. Bradbury, G.

HP.

C.R. 4714

Extract from Daily Orders Part II. 1918 The Regt. 1918.

Regt. by Lt. Col. F. S. Nathan, D.S.O. 1st Div. 4-11-18.

The following joined the Regt. 3-11-18.

4714 Pts. G. Bradbury

A Goy

C.R. 4714

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

4714 Pte G. Bradbury

Embarked for Overseas with draft 11-6-18.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 29, 1918.

#4714 Pte. G. Bradbury.

Attested for General Service with the Royal Nfld. Regt.
from 26.4/18.

A. D. Bradley

C.R. 474

PRD

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 West Kent* } 7. Former Trade or Occupation } *Bookman*
2. Regtl. No. *4714* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bradbury Lovell* } (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *19*
6. Posted for duty on *26/1/18* at *Ad. Hm.* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service (b) Date of Discharge ;
- (c) on duty (d) off duty ? (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (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. *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?

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

Repatriation
W. E. Proctor
1919
Capt Rame

Station .. *Hazeley Down*

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

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. ~~4714~~ *4714* 3. Rank. *Pte*
4. Name *Broadbent* *Geo.*
 (Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fabrician*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (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.
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

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of the disability

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

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

Repatriation

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

Station *Hazelton*

Date *8.14.19*

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

FORM K



No 4360



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Bradbury, Regl. No. 4714
hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and Sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
concerned, viz.:

Allotment begins 8-6-18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|--------------------------------------|------------------------------|----------------------|
| <u>4126</u> | <u>Mother</u> | <u>Mrs George (Rebecca) Bradbury</u> | <u>Walsley St. Hr. Grace</u> | <u>60</u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total Allotment, £ | <u>60</u> |

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

Sig.) A. G. Summers
Officer Commanding
B¹ Company
8-6-1918

(Sig.) George Bradbury
(Rank) Private

01
099297
N6416/964

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt Ryl. Fld. Regiment
Winchester

29th April 1919

~~May 18th~~ 1919

4714 Pte. G. Bradbury

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (154)

J. W. Waterman
Officer Commdg. Batt'n.

"Pay to-4714 G. Bradbury
£5. 0. 0.

Received the sum of Five

Cheque £ 5. 0. 0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

pound (£ 5.0.0) in respect of
telegraphic remittance from the
Minister of Militia.

A. S. Munnell
Chief Paymaster & O. i/c Records.

Bradbury
No. 4714 Rank Pte

Witness J. H. Anks Sgt

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

Sir:-

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

Commencing on the 1st July 1918.

| Regtl. No. | Rank | Name | Amount | Signature |
|------------|------|-------------|--------|-------------|
| 4714 | Pte. | Bradbury G. | \$250 | G. Bradbury |

I have the honour to be, Sir,
~~Yours faithfully,~~
Your obedient servant,

Date

July 1/18

G. Bradbury

Bradbury G

4714

Pay Dept

July 9, 1919

#4714 *to George Bradbury,

Harbor Grace.

Dear Sir:-

Please find enclosed Discharge Certificate

#2858.

Yours truly

Captain
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4714 Rank Pte Name Bradbury G.
 Intended place of residence The Grace
 2. Occupation Labourer
 Classification of soldier E Medical Category A 1

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 JUN 24 1919
 Date ST. JOHN'S
 H. Mussett
 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 JUN 24 1919
ST. JOHN'S

 G. Bradbury
 Signature of soldier
 W. E.
 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 24 1919

 G. Bradbury
 Signature of soldier
 James
 Signature of witness SM

STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military
 Discharged from service 25-6-19 **PLUS 14 DAYS** Service 440

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 25 1919
 Date
 R. H. ... Major
 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
July 19 1919
 Date
 M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

a 9B 2079/2858

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 4714

Name Bradley, Geo.

Rank Pte

Address Hr. Grace

Present Medical Category A1

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

R. H. J. J. J. J.

O.C. Discharge Depot.

Members of Board

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military service: 440 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

Division's Board

Please receive documents as indicated below

| No. | RANK AND NAME | N. F. P. 306 | Non-effective account. | Medical history sheet. | Nfld. medical history sheet | Medical report on an invalid. | Proceedings on discharge. | Civil life qualification. | Descriptive returns. | Active service casualty form. | Regimental conduct sheet | Company conduct sheet | Field conduct sheet | Report of Newfoundland Medical Boards | | | | | Attestation paper | Identity certificate | Allotment papers | Headquarters Travelling Board | Proceedings on discharge | D. P. 2 | D. P. 1 | | |
|-----|-------------------|--------------|------------------------|------------------------|-----------------------------|-------------------------------|---------------------------|---------------------------|----------------------|-------------------------------|--------------------------|-----------------------|---------------------|---------------------------------------|-----------|-------|---------|--------|-------------------|----------------------|------------------|-------------------------------|--------------------------|---------|---------|--|--|
| | | B. 178 | B. 178a | B. 179 | B. 206 | W. 3404 | D. 400A | B. 103 | B. 120 | B. 121 | B. 122 | 1st Board | 2nd Board | 3rd Board | 4th Board | Board | B. 1015 | Form L | Form K | A. P. W. 3463 | | | | | | | |
| 474 | H. Braden, G. Co. | | | | | | | | | | | | | | | | | | | | | | | | | | |

Received above noted documents, _____

Dated _____ 19 _____

Signature of Officer forwarding documents: _____

Date *4.7.* 19*17*

The Royal Newfoundland Regiment

Class for Demobilization: 8.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 21.6.19

Regimental No 4714

Name Bradbury Geo Rank Pte

Address H. Grace

Present Medical Category A1

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

Members of Board

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

H. Peterson
Senior Medical Officer

S. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4714 Rank Plt Name Bradbury G.
 Date of Enlistment 26-1-18 Address St. George District St. J.
 Occupation Labourer Classification for Discharge F Medical Category A
 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 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 24-6-19

G. Bradbury
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

G. Bradbury

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 _____

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1922 to his home at St. Grace and Release Certificate No. 2988 issued.

Date 2-6-19 *J.A. Knowlton*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-7-19

Date 24-6-19 *J.A. Knowlton*
Depot Paymaster.

Discharge approved for 25-6-19
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 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 |
| B179c | B 120 | M 93 | | |

J.A. Knowlton
O. C. Discharge Depot.

Date 24-6-19 *J.A. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUN 25 1919 *R.H. Sait* MAJOR
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,

G. Bradburn
Signature of Man.

Reg. No. 4714

J. A. Shaw
Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

24-6-18

191

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

MEDICAL HISTORY

Surname Bradbury Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Andrew's County Nfld.

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|---|---|---|---|
| | Right | Left | Right | Left |
| Examined | on <u>26</u> day of <u>Apr</u> 191 <u>8</u> | on <u>26</u> day of <u>Apr</u> 191 <u>8</u> | on <u> </u> day of <u> </u> 191 <u> </u> | on <u> </u> day of <u> </u> 191 <u> </u> |
| | at <u>St. John's</u> | at <u>St. John's</u> | at <u> </u> | at <u> </u> |
| Declared Age | <u>19</u> years <u> </u> days | <u>19</u> years <u> </u> days | <u> </u> years <u> </u> days | <u> </u> years <u> </u> days |
| Trade or Occupation | <u>Labourer</u> | | | |
| Height | <u>5</u> feet <u>74</u> inches | <u>5</u> feet <u>74</u> inches | <u> </u> feet <u> </u> inches | <u> </u> feet <u> </u> inches |
| Weight | <u>135</u> lbs. | | | |
| Chest Measurement { | Girth when fully expanded. | | Girth when fully expanded. | |
| | Range of Expansion. | | Range of Expansion. | |
| | <u>34</u> inches | | | |
| | <u>31</u> 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) | <u>Laminat Peterson</u> | | | |
| (Rank) | <u>Major</u> | | | |
| | Medical Officer. | | | |
| Enlisted | at <u>St. John's</u> | at <u>St. John's</u> | at <u> </u> | at <u> </u> |
| | on <u>26</u> day of <u>Apr</u> 191 <u>8</u> | on <u>26</u> day of <u>Apr</u> 191 <u>8</u> | on <u> </u> day of <u> </u> 191 <u> </u> | on <u> </u> day of <u> </u> 191 <u> </u> |
| Joined on Enlistment. | <u>1st Regt</u> | <u>1st Regt</u> | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| | on <u> </u> day of <u> </u> 191 <u> </u> | on <u> </u> day of <u> </u> 191 <u> </u> | on <u> </u> day of <u> </u> 191 <u> </u> | on <u> </u> day of <u> </u> 191 <u> </u> |
| [Signature] | | | | |
| [Rank] | | | | |

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

| Date | Brief Details, and Signature |
|---------|------------------------------|
| | |
| 26.4.18 | Vae <i>AB</i> |
| 17-5-18 | T. A. B. <i>AB</i> |
| 25-5-18 | T. A. B. <i>AB</i> |
| 5-6-18 | T. A. B. <i>AB</i> |

This has been certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for discharge on immobilisation. Medical category I

24.6.19
Date of T.M.B.

H. M. Smith
Date of T.M.B.

Table IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|----------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| | | | | | |



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 *George Bradbury*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *4714*
 Intended address *St. Grace*
 Height on discharge *5* Feet *7*
 Color of hair on discharge *Light Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks _____
 Figure on discharge *Medium*
 Christian name of Father *(Dead)*
 Christian name of Mother *Rebecca*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth *St. Grace, July 29, 1899*

Nature and locality of civil employment required

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

(Soldier's signature in full)

George Bradbury (Rank) *Pte*

Station

Date *23-6-17*

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

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

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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4714* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bradbury* *George* (a) Former Regt. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *19*
6. Posted for duty on *Apr 26/18* 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 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*
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, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Recompleins 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?

Repatriation

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

W. S. Proctor Capt R.A.M.C.

Medical Officer in charge of case.

Station *Bazeley 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

Casualty Form—Active Service.

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.

Rank Pte Surname Bradbury Christian Name George
 Religion meth Age on Enlistment 19 years 19 months
 Enlisted (a) 24/4/18 Terms of Service (a) 5 years Service reckons from (a) 24/4/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended Re-engaged Qualification (b)
 or Corps Trade and rate
 Occupation Labourer Wm. E. Curran Capt. Signature of Officer

| Report | | Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.219, Army Form A. 35, 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.219, Army Form A. 35, or other official documents. |
|--------|--------------------|---|-------------------|------------------|--|
| Date | From whom received | | | | |
| | | Embarked | 26/06/1918 | | |
| | | Disembarked | 3/11/18 | | |
| | | Joined Battalion | 26/4/19 | | |
| | | Arrived in UK | | | |

(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, Shoeing-Smith, &c.

Printed by Messrs. W. & A. G. & Co. Ltd., 21/17 (40511) C. P. & S. Ltd., Form B/103 E/1097.

P.T.O.

Next of Kin Mother
Mrs Rebecca Bradbury
St Grace, Newfoundland.

July 18, 1919

#4740 Pte. George Bradbury,
Harbor Grace.

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 & C.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... *George* 2. Surname... *Bradbury*

3. Rank... *Private* 4. Regt. No. ... *4740*

5. Address in full to which future payments of gratuity are to be forwarded... *Hr. Grace*

6. Date of enlistment in the Regiment... *April 1918*

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... *not applicable*

9. Address in full of such dependents... *not applicable*

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 Mfld. If so, give dates and particulars of such service... *not applicable*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *One year and two months*

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

not applicable

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

no

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

no

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

no

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

no

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

no

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

not applicable

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

Jan. 24/19.

penalized

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?

no - no

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

Signature of Applicant: *George Bradburn*

Place of Residence: *Ho Grace*

Declared before me at: *St Johns*

This *25th* day of *June* 19*19*.....
Robert also

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

POST DISCHARGE PAY.

| Date paid | Soldier | Dependent | War Service Classify. | Net amount due |
|-----------|---------|-----------|--------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

Certified correct.

Paymaster

9738

Department of Militia

St Johns

Dear Sir

In reply to your communication
of Feb 16 Requesting the information
concerning my son I beg to state
that he is in the army. His
number is as follows: 4714

Pte George Bradbury 4714

Royal Wfld Regiment

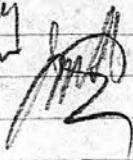
Yours Truly

Feb 23/90
He Gears

Mrs George Bradbury
Water Street

G. R. C.

Presumably
asked for form

A stylized handwritten signature or set of initials, possibly reading 'J. R. C.', written in dark ink.

SEPARATION ALLOWANCE.

Claimant. *Rebecca Bradburn*..... *Mother*

On account of *Geo. Bradburn*..... No. *4714*.. Rank. *Pte.*..

Decision..... *Approved*.....
.....
.....
.....

Date..... *April 7/1920*.....

W. R. Russell Lieut. Col
Mr. Howley Maj.

Instructions.....
.....
.....
.....

Allotment of *60^{cts}* per day payable to *Mrs Geo Bradburn*
his *mother* from *6/6/18* to *9/7/19*.
Discontinued on account of *being discharged*.

R. J. Cummings

~~\$227-24~~
\$261-23

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster
Separation Allowance Branch
St. John's, Nfld.

- (1) Name in full of soldier George Bradbury Rank Pte. Reg't or Unit Royal Nfld. R. 4714 Reg't No. _____
- (2) Age of soldier 20 years Married or single Single
- (3) Name in full of mother Rebecca Bradbury Age. Occupation 66 - Housewife Permanent Address Water Street West
Harbour Grace
- (4) Give name of your husband _____ Age. Occupation _____ Where employed _____
- (5) If your husband is not supporting you give the reason. _____
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). _____
- (7) If you are a widow, state date and place of death of your husband Wusham died 23rd May 1912
at Harbour Grace, Nfld
- (8) Have you married again since death of above mentioned husband? No.
- (9) Names of your other children. Address in full Age. Occupation, Married or single
Sarah Thomas — Alberta Canada - 35 — Unmarried
Lennie Bradbury — Harbour Grace, Nfld 27 Immigrant Single
- (10) State amount earned by (a) Yourself Nil
(b) Your husband _____
- (11) State amount and source of any other income None

(12) State value of real property belonging to you and your husband *Only widows' interest in the home*

(13) State value of personal property belonging to you and your husband *About 100⁰⁰ as above (12)*

(14) If husband is dead state value of real and personal property left by him *About \$ 400⁰⁰*

(15) Actual amount contributed by soldier during the year prior to his enlistment *An average of about 75⁰⁰ per m. out of which he had to get his own support*

(16) Was this amount contributed weekly or monthly *Monthly -*

(17) Did this amount include payment of son's board, etc? *No.*

(18) State your son's trade or occupation prior to enlistment *No trade - getting employment as laborer, where he could*

(19) State amount of his wages per week *Average about \$ 3.75 -*

(20) State name and address of his last employer *Dominion I & Co
Bell Island*

(21) State amount of monthly support from son since enlistment *~~None~~ J.C.*

(22) State amount of allotment received by you from son since enlistment *18⁰⁰ per month*

(23) State from what date did you receive allotment? *July 8th 1918*

(24) Actual amount contributed by other children *Weekly Monthly Nil*

(25) Are any of these children in the employ of you or your husband? *No.*

(26) If not receiving support from other children, state cause. Explain fully. *My brother has a young family come help me - my daughter is a widow -*

(27) With whom are you residing at present? *In my own home*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

No,

Did not know of Allowance till after Armistice

Signed

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

No,

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

No,

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

No,

(32) In what capacity and in what place?

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

No,

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant

Rebecca L. Buckley

Place of Residence

Wade Street near St. Stephen's

Declared and subscribed before me at

Harbor Grace

this *23rd*

day of *March* 191*0*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

John Casey, J.P.

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee

W. Henry Browning
John Trapnell, M.M. Minister, Harbor Grace.

April 21, 1920

Mrs. Rebecca Bradbury,
Water Street West,
Harbor Grace.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for Two hundred and sixty one dollars and thirty three cents (\$261.33), being amount due you to the date of your son's discharge.

I also enclose cheque for One hundred and twenty dollars (\$120.00), being amount due on account of War Service Gratuity

Yours truly

Major

Paymaster.

ST. JOHN'S, JUN 24 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte. G Bradley

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

| | |
|---------------------|-------|
| 4714 Pte. G Bradley | 25.00 |
|---------------------|-------|

| | |
|-------------|----------|
| ACCOUNT | BTM |
| CH NO | 24853 |
| IND. LEDGER | INITIALS |
| PAY LEDGER | INITIALS |
| GEN. LEDGER | INITIALS |

Certified correct for \$ 25.00

[Signature]

Billeting Officer.

G Bradley

6/25/19

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 01

Regiment of Royal Newfoundland

Signature of O. C. Company W. Churchill

| | | | | | | | |
|----------------------------|--------------------|--|------------------|-------|---|----------------------|--|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | | |
| No. | <u>B. D. No. 4</u> | Age on | 19 | years | months | <u>Sabotier</u> | |
| Joined | Date | Place and Date of Enlistment | <u>St John's</u> | | Religion | <u>Meth.</u> | |
| Joined | Date | Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3/8</u> years. | <u>St John's</u> | | Place of Birth | <u>Halifax N. B.</u> | |
| Joined | Date | | | | | | |
| Joined | Date | | | | | | |

| 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>Demobilized</u> | <u>St John's</u> | <u>9⁷/₁₉</u> | | | |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

4714

DEMobilIZATION OFFICER *11-d-118*

Reg. No. *11714* Rank *Plt* Name *Bradbury G.*
 Date of Enlistment *26-11-18* Address *H. Gage* District *H. Gage*
 Occupation *Labourer* Classification for Discharge *F* Medical Category *A1*
 Recommendation *S, M, B* Disability Rating *11-1-11*
 Passed to Demobilization Officer with following documents:—

| | | | | |
|-----------|--------|--------|-----------|---------|
| N. F. 136 | 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 *24-6-19* O. C. Discharge Depot. *M. O. C. Discharge Depot.*

PARTICULARS FOR DEMOBILIZATION

I. Civil Re-Establishment.

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

G. Bradbury

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 *Complete*

Date O i/c. Re-clothing

The Royal Newfoundland Regiment

DEMobilIZATION OF *1-D-118*

Reg. No. *4744* Rank *Plt* Name *Bradley G.*
 Date of Enlistment *26-4-18* Address *H. Grace* District *H. Grace*
 Occupation *Labourer* Classification for Discharge *F* Medical Category *A1*
 Recommendation S. M. B. Disability Rating
 Passed to Demobilization Officer with following documents:—

| | | | | |
|-------------|--------|--------|-----------|---------|
| N. F. P[36] | B 268 | B-121 | N. F. Med | D. F. 1 |
| B 178 | W 3494 | B 122 | Board 1st | " 2 |
| B 178a | D 400A | B 19[5 | do 2nd | " 3 |
| B 179 | D 400H | 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 *24-6-19* P. O. C. Discharge Depot. *M. W. H.*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

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 *Complete*

Date O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 11922 to his home at 142 Grace and Release Certificate No. 2988 issued.

Date 24-6-19 *J.P. Knowlton*
Demobilization Officer

4. Pay and Allowances.

A The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-7-19

Date 24-1-19 *J.P. Knowlton*
Depot Paymaster.

Discharge approved for 9-5-6-19
Forwarded with following documents to O.C. Discharge Depot.

| | | | | |
|----------|--------|--------|-----------|--------|
| 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 170a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | | " 6 |
| B179c | B 120 | M 93 | | |

2 Form B

Date 24-6-19 *J.P. Knowlton*
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**

Date JUN 25 1919 *R.H. [Signature]* MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot *[Signature]*
Date July 8/19 *[Signature]*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 11922 to his home at 112 Grace and Release Certificate No. 2988 issued.

Date 24-6-19 *J. H. Knudsen*
Demobilization Officer

4. Pay and Allowances.

A The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 24-1-19

Date 24-1-19 *J. H. Knudsen*
Depot Paymaster.

Discharge approved for 25-6-19
Forwarded with following documents to O.C. Discharge Depot.

| | | | | |
|----------|--------|--------|------------|--------|
| N.F. P36 | B 268 | B 121 | N.F. Med | D.F. 1 |
| B 178 | W 3494 | B 122 | Board Ist. | " 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 24-6-19 *J. H. Knudsen*
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

Date JUL 25 1919 *R. J. [Signature]* MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date July 27/19 *[Signature]*
[Signature]

Reg. No. *X 114* Rank *Pvt* Name *Bradbury, G. G.*

Attested Address *St. Louis.*

Allotment Allottee

Date of Allotment Return in Overseas *29.5.19.*

Returned on S.S. *Consolidated* *Discharge*

24.6.19
25.6.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.