



# FIRST NEWFOUNDLAND REGIMENT

4357

## ATTESTATION OF

No. 4357 Name Wayward Bradbury *S.V.*

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Wayward Bradbury</u>         |
| 2. What is your full Address? .....  | 2. <u>Bay Roberts</u>              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Miner</u>                    |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.....                                      | 10. { Name .....                   |
|  | { Corps .....                      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Wayward 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.

Wayward Bradbury SIGNATURE OF RECRUIT.  
W 28-2-18 Wayward Bradbury  
Robt Edwards SIGNATURE OF WITNESS.

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

Wayward 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 St Johns on this 28 day of Feb 1918

Signature of Attesting Officer W. H. ...

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the †.....

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

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Raymond Bradbury  
 Apparent age 18 years 1 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Grand Bradbury  
Country R. Bay Roberts. | 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>28-2-18</u>									
Joined at <u>St John's</u> on <u>February 28</u> 1918									
<u>Discharged July 9</u> 1918									
<u>Embarked St John's train to Halifax N.S. 28<sup>th</sup></u>									
<u>St. J. 23-11-1918</u> <u>Joined</u> <u>Batter 5</u> <u>1-1-1919</u> <u>Arrived in UK</u>									
<u>from St. J. 22-4-1919.</u> <u>to fight for demobilization</u> <u>22-5-1919</u>									
<u>Arrives to Newfoundland</u> <u>1-6-1919</u>									
<u>Demobilization</u> <u>St John's</u> <u>9</u> 1919									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-7-1919</u> [date of discharge]					1 years		132 days		
Pensions " " " " " " " " " " " "									

C.R. 4357

Extract from Daily Orders Part II Royal Newfoundland

Regiment, Depot St. John's, dated 12-7-19.

The discharge of the undernoted on demobilization  
has been CONFIRMED by Officer i/a Records from  
noted date <sup>2</sup>~~12~~-7-19,

4357, Pte. H. Bradbury.

C.R. 4357

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

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 28th-19.

4357 Pte. H. Bradbury.

C.R. 4357

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.

#4357 Pte. H. Bradbuty.

C.R. 4357

Extract from Nominal Roll of draft No. 56 from the 2nd., Battalion  
of the Royal Newfoundland Regiment., Winchester to the 1st., Battalion  
of the Newfoundland Regiment, /E.E.F.  
Embarked Southampton 23/11/16.

~~4357~~  
Pte. H. Bradbury.

C.R. 4357  
~~4357~~

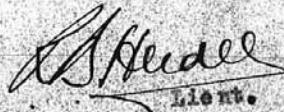
June 1st, 1918.

Dear Mr. Bradbury:-

I regret to inform you that your son #4557 Pte. Hayward Bradbury was admitted Hazley Down Hospital on 1/5/18 suffering from Measles.

This report was received by mail from our Record Office, London, and if it was at all serious we would <sup>have</sup> received news by cable.

Yours faithful ly,

  
Lieut.

for Lieut. Col. C.S.C.

Mr. Abram Bradbury,  
Country Road,  
Bay Roberts.

C.R. 4357

Extract from Casual Roll Embarked St. John's for Overseas,  
Mar. 28, 1916.

4357 Pte. Bradbury



C.R. 4357

Extract of Daily Orders part 11, from Unit The  
Royal Nfld. Regiment, Headquarters, St. John's,  
dated March 1st, 1918.

#4357 Pte. H. Bradbury.

Attested with the 1st Nfld. Regiment, for General  
Service with effect from 1/2/18.

N. Bradley

C.R. 4357

~~110~~

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 } *Miner*
2. Regtl. No. *4357* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bradbury* *Hayward* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on *Apr 21/18* at .....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(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 .. .. .                          | na                  | .....             |
| (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.P. Procress*  
*1919*  
 Capt R.A.M.C.  
 Medical Officer in charge of case.

Station *Scamp. D. Scamp.*

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



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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the R.N.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
4357	Plt	Bradbury, A.	\$2.50	

I have the honour to be, Sir,  
~~Comdant of the Regiment~~  
Your obedient servant,

Date

June 26<sup>th</sup> 1918

Raymond Bradley

Non 16054/1722

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. Royal Nfld. Rgt.,  
Winchester

October 7th, 1918

Oct 9 1918

Subject: 4357, Pte. H. Bradbury,

Receipt hereunder.

With reference to the following telegram (8545) from the Hon. Minister of Militia, received

*Wmarch major* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. 2nd Batt'n  
Royal Newfoundland Regiment

"pay to 4357, Pte. H. Bradbury, £5.0.0.

Received the sum of Five  
Pounds — on account of

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

cable remittance from Newfoundland.

*A.A. Minors Maj.*  
Chief Paymaster & O. i/c Records.

Harward Bradbury  
No. 4357 Rank Private

Witness: *James P.G.*

Officer Commanding,  
2nd. Bn. Royal Wld. Rgt.,  
Winchester

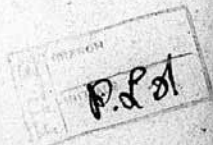
October 7th, 1918.

4357, Pte. H. Bradbury,

✓  
8545

"pay to 4357, Pte. H. Bradbury, £5.0.0.

£ 5 - 0 - 0





To.

~~A.~~ <sup>tram</sup>  
A. Bradbury

Bay Roberts

Newfoundland

Cable nine pounds  
through Melita

4357. A. A. Bradbury

212

No. 5964/297

From: NEW FOUNDLAND

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

CONTINGENT

N.F.P./80.

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

16th April 1919

191

4357 Pte. Bradbury H.

With reference to the following telegram from the Minister of Militia, / / ( 137 )

"Pay to-4357 Bradbury

£5. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A.A. Minshall Maj.*  
Chief Paymaster & O. i/c Records

*Deposited*

Bradbury, A

4357

Aug 20pt.

July 9, 1919

#4257 Pte. Hayward Bradbury.

Bay Roberts.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2871.

Yours truly

Captain  
Raymaster & O.I./C records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4357 Rank Plt Name Bradbury H  
 Intended place of residence Bay Roberts  
 2. Occupation Miner  
 Classification of soldier F Medical Category A 2

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 ST. JOHN'S  
 Date ST. JOHN'S ST. JOHN'S  
 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  
 Signature of soldier Harvard Bradbury  
 Signature of witness J. A. Sawley

### 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 JUN 24 1919  
ST. JOHN'S  
 Signature of soldier Harvard Bradbury  
 Signature of witness Jam. Clewley

### STATEMENT OF SERVICE

7. Enlisted for service 28-2-18 No of days on Military  
 Discharged from service 25-6-19 PLUS 14 DAYS Service 497

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 25 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

2482079/2171

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 4357

Name Bradbury, H.

Rank Pte

Address Bay Roberts

Present Medical Category AM

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

*R.H. Tait Cpl.*

Members of Board

O.C. Discharge Depot.

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 497 days



# 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. 4357

Name Bradburn H. Rank Pte.

Address Bay Roberts

Present Medical Category A.1

Recommended for: — { (a) Immediate discharge \_\_\_\_\_  
(b) Standard Medical Board \_\_\_\_\_

Members of Board {

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

H. H. H. H.  
Senior Medical Officer

A. W. Burden  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4357 Rank Plt Name Bradley A  
 Date of Enlistment 28.2.18 Address Bay Roberts District St. John's  
 Occupation miner Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 208	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	256 1	

Date 24.6.19 P. O. C. Discharge Depot. #11111111

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

A Bradley

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied \_\_\_\_\_

W. M. B. W. S. H.

Date \_\_\_\_\_

O i/c. Re-clothing

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4357 Rank PTE Name Bradbury A.  
 Date of Enlistment 28 2 18 Address Bay Roberts District St. John's  
 Occupation miner Classification for Discharge 2 Medical Category A I  
 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
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	256 1	

Date 24.6.19

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

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

H. 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 \$6.00

(b) Clothing Supplied \_\_\_\_\_

W. M. L. W. H. H.

Date \_\_\_\_\_

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1920 to his home at Bay Roberts and Release Certificate No. 3002 issued.

Date 24-6-19

*J.A. Crawford*  
Demobilization Officer

**4. Pay and Allowances.**

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

Date 24-6-19

9-7-19  
*H. J. News*  
Depot Paymaster.

Discharged 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 1st	" 2	/
B 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
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		<u>256-1</u>		

Date 24-6-19

*J.A. Crawford*  
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. 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.

*H. Bradbury*

Signature of Man.

*J. A. Snowball*

Signature of the Vocational Officer or his Representative.

Reg. No. 4359

ST. JOHN'S.

Place

Date

24-6-19

191

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

# MEDICAL HISTORY

OF

Surname Bradbury Christian Name Hayward

Table I.—GENERAL TABLE.

Birthplace:—Parish Bay Roberts County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>28</u> day of <u>July</u> 191 <u>8</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>18</u> years <u>1</u> month		years _____ days _____	
Trade or Occupation	<u>miner</u>		_____	
Height	<u>5</u> feet <u>7</u> inches		feet _____ inches _____	
Weight	<u>141</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>56</u> inches		inches _____	
	Range of Expansion... <u>4</u> inches		inches _____	
Physical Development	_____		_____	
Vaccination Marks	Arma	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	<u>4/10</u>	R.E.—V=	_____
	L.E.—V=	<u>4/6</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>[Signature]</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Headquarters</u>		at _____	
	on <u>28</u> day of <u>July</u> 191 <u>8</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>Royal Newfoundland</u>	<u>4357</u>	_____	_____
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)	_____		_____	
(Rank)	_____		_____	

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions, of treatment
	Day	Month	Year	Day	Month	Year			
<i>Hazeley Down</i>	<i>1</i>	<i>5</i>	<i>18</i>	<i>20</i>	<i>5</i>	<i>18</i>	<i>Measles</i>	<i>19</i>	<i>Isolation.</i>

tal or to the sick list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

*Isolation, Diet, Medium, Recount, Discharged to duty*

*H. Lawson Capt. R.M.C.*







## 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 *Bradbury Hayward*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4507*

Intended address *Bay Roberts*

Height on discharge *5* Feet *7* 10

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Med. Bell*

Figure on discharge *Abraham*

Christian name of Father *Sarah*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *Bay Roberts, 30 Dec. 1898*

Place and date of soldier's birth *—*

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) *Hayward Bradbury*

(Rank) *[Signature]*

Station *[Signature]*

Date *23-6-19*

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 } *none*
2. Regtl. No. *4357* 3. Rank. *plts* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bradbury Hayward* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on *Apr 21/15* 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 (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

Accomplish the disability. 7 mo

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

Repatriciation

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.

W. P. Proemer, Capt RMC  
 Medical Officer in charge of case.

Station ... Hazelton, B.C.

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



MORNING SICK REPORT

Army Form B 256

MEDICAL INSPECTION REPORT

Unit 2nd Batt Royal Newfoundland Regt  
 Squadron, battery, or company \_\_\_\_\_

Station and date Hydey Down Camp May 31 1918

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of		Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's remarks and signature.
		Age	Service.							
4357	16 Bradbury, H.	18	3 1/2	Ca.					Defective Vision	The Oculist Winchester

8/6/18  
 Glasses issued  
 MILITARY HOSPITAL  
 OPTHALMIO DEPARTMENT  
 WINCHESTER  
 CAPT RAME  
 B.A.M.O.

WINCHESTER  
 MILITARY HOSPITAL  
 OPTHALMIO DEPARTMENT  
 4/18/18

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.  
 \* Strike out whichever is not applicable.

Arbuckle Sgt Orderly N.O.O.

July, 29th 1919.

Mr. Hayward Bradbury,  
Country Rd. Bay Roberts.

Dear Sir:

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

Yours truly,

Capt. & Paymaster.

RS/.



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

..... *enlisted in navy* .....  
..... *and re-joined* .....  
.....

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?.....

19. Are you now serving in the Regt.? *no*... If not give:- (a) Date of discharge *July 9, 1919*. (b) Reason for discharge.....

..... *Demobilization* .....

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

..... *France in Rouen, 3 months* .....  
..... *Held on the Rhine, Germany* .....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

..... *no* .....

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



Signature of Applicant: *Harvard Bradbury.*

Place of Residence: *Country Road, Bay Roberts.*

Declared before me at:

This *14th* day of *July* 19*.19*...

*Charles E. Russell, Counr Affidavits*  
Signature of Barrister of the *Supreme Court*  
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Disability.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster



**ROYAL NEWFOUNDLAND REGIMENT**  
(Separation Allowance Branch)

NOTICE

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.

- Ryher*
- 
1. Name in full of soldier, Rank. Regt. or Unit. Regt. No.  
*Hayward Bradbury. Pte. Nfld. Regt. 4357.*
- 
2. Age of soldier. *18 years* Married or single. *Single*
- 
3. Name in full of Mother. Age Occupation. Permanent address  
*Sarah Jane Bradbury. 56 yrs. Housewife. Country Road Bay Roberts*
- 
4. Give name of your husband. Age. Occupation. Where employed  
*Abraham Bradbury. 58 yrs. Laborer. Bell Islands.*
- 
5. If your husband is not supporting you, state the reason. \_\_\_\_\_
- 
6. If your husband is a chronic ~~invalid~~ 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.)
- Allowment correct for 60 cents per day commencing April 1, 1918. B.B.*
- 
7. If you are a widow, state date and place of death of your husband. \_\_\_\_\_
- 
8. Have you married again since death of above mentioned husband \_\_\_\_\_
- 
9. Names of your other children. Address in full. Age. Occupation. Married or single.  
*No other children.*
- 
10. state amount earned by (a) yourself. *None.*  
(b) your husband. *About \$200.<sup>00</sup> a year.*

11. state amount and source of any other income. \_\_\_\_\_
12. State value of real property *about* belonging to you and your husband. *1 \$500.00.*
13. State value of personal property belonging to you and your husband. \_\_\_\_\_
14. If husband is dead state value of real and personal property left by him. \_\_\_\_\_
15. Actual amount contributed by soldier during the year prior to enlistment. *About \$200.00 a year.*
16. Was this amount contributed weekly or monthly. *Monthly,*
17. Did this amount include payment of soldier's Board etc. *Yes.*
18. State your son's trade or occupation prior to enlistment? *Laborer.*
19. State amount of his wages per week. *About \$40.00 a month.*
20. State name and address of his last employer. *Whitney River, Bell Isd. Not sure name of Co.*
21. State amount of monthly support from son since enlistment. *~~\$18.00 per month.~~*
22. State amount of allotment received by you from son monthly. *\$18.00 per month.*
23. State from what date did you receive allotment? *Commenced for month of May, 1918.*
24. Actual amount contributed by other children.  Weekly  Monthly.
25. Are any of these children in the employ of you or husband? \_\_\_\_\_
26. If not receiving support from other children, state cause. Explain fully. \_\_\_\_\_
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.*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *No.*

31. Was the soldier at the time of his enlistment and employee of the Nfld. Government? *No.*

32. In what capacity and in what place? *No*

33. Is he in receipt of a salary as such while serving in the 1st. Nfld, Regt. If so, how much \_\_\_\_\_

34. 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, *J. W. St. John, <sup>NY</sup> St. John's, <sup>NS</sup> Bradbury.*  
Witness: *C. E. Russell, J.P.*  
Place of residence..... *Country Road, Bay Roberts.*

Declared and subscribed before me at..... *Bay Roberts aforesaid*  
this *Sixteenth* day of *July* 1918.....

Signature of Barrister or the Supreme Court, Stipendiary Magistrate, notary, Public or Justice of the Peace } *Charles E. Russell Justice of the Peace*

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 above soldier first mentioned, is the ~~own~~ support of ~~his~~ the applicant.

Signature of Clergyman..... *J. W. St. John, <sup>NS</sup> St. John's, <sup>NS</sup> Commandant*  
Signature of Member of Patriotic Fund Committee ..... *C. E. Russell*

A Conception Bay Advertising Medium

Fine Job Printing

∴

Guardian Ads Pay

# The Guardian

\$1.00 per year in advance

U. S. subscriptions \$1.50 in advance

C. E. RUSSELL, Proprietor

Water Street, Bay Roberts, Nfld.

1290

June 11/18.

Militia Dept.

Separation Allowance Branch  
St. John's

Dear Sirs:- Mrs. Sarah Jane  
Bradbury, Country Road, number  
of no. 4357 Pte. Hayward  
Bradbury, wishes me to apply  
to Dept. for Separation  
Allowance on account  
of her son.

Yours truly  
C. E. Russell,  
Proprietor of the Press



ST. JOHN'S, JUN 24 1919

# Royal Newfoundland Regiment.

Billeting Account,

To PT. H Bradley

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

4357 PT H Bradley 25.00

ACCOUNT	<u>Bm</u>
CH. NO.	<u>24851</u>
IND. LEDGER	INITIALS <u>Lu</u>
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 25.00

W. Blouster

Billeting Officer.

H Bradley

Clor



Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*  
*JOHN'S, Nfld.*

Fold Here

OCT 15

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

Hayward Bradbury

in respect of his service as No. 4357 Rank Pte.

Name H. Bradbury

~~Royal Nfld. Regt.~~

Receipt of the same should be acknowledged hereon.

Received

Victory medal and British war medal

Signature

Hayward Bradbury

Date

October 14<sup>th</sup> 1921

Address

Country Rd, Bay Roberts, Nfld.

[P.T.O.]

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form  
B-121  
29.Number of Sheets one.

Regiment of

Royal Newfoundland

Signature of O. C. Company

W. B. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.		Age on						
4357	Bradbury, A.	18 years	1 months	None.				
Joined	Date	Place and Date of Enlistment		Religion				
Joined	Date	St John's	28-2-18	S. A.				
Joined	Date	Period of	with Colours	Place of Birth				
Joined	Date		1 1/2 years.					
			with Reserve					
			3 1/2 years.					

Place	Date of Offence	Rank	Class of Offence	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Nazler Camp	18-9-18	Pvt		I Falling out while on a route march. II Inattention on Parade St John's		5 days CB	1908	Capt McKenna	W. B.
				Demobilized St John's					9-7-19

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4357 Rank Pte Name Bushby A  
 Date of Enlistment 28.2.18 Address Bay Roberts District St. John's  
 Occupation Miner Classification for Discharge E Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93	<u>256 1</u>	

Date 24.6.19 for O. C. Discharge Depot. H. M. 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 \_\_\_\_\_

Date \_\_\_\_\_ O i.c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_  
 at Bary Roberts and Release Certificate No. 3002 issued.

Date 24-6-19 *J.A. [Signature]*  
 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 24-6-19 *J.A. [Signature]*  
 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 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		

*256-1*

*2 Form B*

Date 24-6-19 *J.A. [Signature]*  
 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  
 O. C. Discharge Depot.

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

Date July 8/19 *[Signature]*