



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1409

Name in full Harrison Brake Age 20

Address Humbermouth

~~Married~~
Single

Height 5'6 1/2

Weight 144

Color

Dark Complexion

Hair

Brown

Eyes

Grey Brown

Other distinguishing marks

Nearest relative

Mother (Josephine)

Address

Humbermouth

Dependents

Occupation

Railroad Brakeman

Present Wage

\$4.50 per month

Previous service

Decorations

General Remarks

Date of Enlistment

April 9th 1915

I, Harrison Brake, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Harrison Brake

Declared before me this 19 day

of April 1915

J. [Signature]
Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1409

Name Harrison Brake

Apparent age 20 years _____ months. Height 5 feet 6 1/2 inches.

Chest measurement { Girth when fully expanded _____ inches.
 Range of expansion _____ inches.

Distinctive marks Colors: Dark complexion, Hairs: Brown, Eyes: Grey Brown.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Josephine Brake, Humbermouth, Bay of Islands.

| 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) Signature of Officer verifying entry from certificate.	
(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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>Ap. 9/15</u>									
Joined at <u>St. John's</u> on <u>Ap. 9/15</u>									
		<i>Promoted to Lt. Col. 18th Regt.</i>							
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1409

Name **Harrison Brake**

Apparent age **20** years _____ months. Height **5** feet **6 1/2** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Colors Dark complexion, Hairs Brown, Eyes Grey Brown.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Josephine Brake, Humbermouth, Bay of Islands.**

| 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) Signature of Officer verifying entry from certificate.	
(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

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					years	days	years	days	
Service towards limited engagement reckons from Apr. 9/15									
Joined at St. John's on Apr. 9/15									
<i>Discharged Adm. Sep 30 1918</i>									
<i>Embarked at St. John's, Newfoundland, Apr 20 15</i>									
<i>Disembarked Hamilton 24-16</i>									
<i>Attached 20th Coy Regt. 24-16</i>									
<i>Admitted 1st Coy 24-17</i>									
<i>Embarked for St. John's 24-18</i>									
<i>Disembarked 29-18</i>									
<i>Admitted Hamilton 10-2-17</i>									
<i>Embarked for St. John's 24-18</i>									
<i>Admitted Hamilton 18-18</i>									
<i>Embarked for St. John's 24-18</i>									
<i>Admitted Hamilton 11-9-18</i>									
<i>Discharged medically unfit 11-9-18</i>									
Total Service forfeited as above									
Total Service towards Engagement to 30-9-18 (date of discharge) 3 years 175 days									
" " " Pension " " " " " " " " " " " "									



Veterans
Affairs

Affaires des
anciens combattants

DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

0224048

NAME — NOM

Blake Harrison

SERVICE NO — MATRICULE

1409 Roy. Nfld
Regt WWI

DATE OF DEATH — DATE DU DÉCÈS

17/6/81

CPC NO — CCP N°

2600849

WVA — AAC. N°

PLACE OF DEATH — ENDROIT DU DÉCÈS

Brantford

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

DVA93 Hamilton

Y.S.

FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE DOSSIERS

2/10/81

DATE

C.R. 1409

J

Stumber Mouth
Newfoundland
June. 16/20.

Major W. Rendell
C. Capt. Staff Officer.
Dear Sir

as I sent in all Paper
for allowance for My Mother would you
Please advise Me if she is going
to get weather ter. or I didn't here
from anybody. Yet...
by doing this you
will: Oblige

Yours Off. Servant.
A. Biako

P.M. P.

Ready to pay
Ch. going full room

C.R. 1409

Extract from Nominal Roll of Newfoundland Regt.
Embarked ~~in~~ Devonport 13-3-16 for Egypt,
transferred to B.N.F. & disembarked Marseilles 3-4-16.

1409 L/Cpl. H. Brake.

C.R. 1409

Harrison Brake was attested for General service
with the NEWFOUNDLAND REGIMENT on **April 9th 1915...**
Regimental No**1409** was allotted to Pte. **H. Brake**

AUTHORITY:

Record Ledger,

Depts of Militia,

March 26th 1919.

all the day to them
I don't see why I can't
get it as well as the other
toys.

Sir will you please
see what you can do to
help me. Hoping this will
meet with your approval
& oblige your Obedt. Servant
please.

#1409... At Brake.
Humbermouth.
Bay of sold

C.R! 1409

Humbermouth

Jan. 12. 1920.

Lt. Col. Rindell.

Dear Sir

^{Not entitled} I am writing
you to ^{know} why that I'm Hon.
intitle to the 1914 & 15
Hibben. I went out with
just Drift. that went
to Egypt in Sept 1915.
I want also know am.
I got intitle to that
Dependence. allowance I
had my Mother & Father
to look after. I only had
one young brother when
I left for our Sea & I
had to leave most

C.R. 1409

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates

1409, Pte. H. Brake,

Discharged 30-9-18, Medically unfit

C.R. 1409

Extract from Daily Orders part 11
Depot St. John's dated ~~September~~ 9th. 1918.

1409 PTE. H. BRAKE.

Struck of the strength from 30-9-18.

Medically Unfit.

C.R. 1409

PRELIMINARY REPORT.

Extract from Medical Board held Sept 16th, 1918;

1409 Pte. Brake, H.

Recommended discharge--Permanently Unfit.

C.R. 1409

Extract from Daily Orders Part 11 Depot St. John's dated 12/9/18

1409 L/C H. Brake.

The above mentioned soldier reported at Depot St. John's for discharge
11-9-19.

CR. 1409

Extract from Daily Orders Part 11 St. John's Depot September 12th 1918.

#1409 L/C H. BRAKE.

Returned from Overseas and reported at Depot 11-9-18. for Discharge.

C.F. 1409

Extract of Cablegram received from Synoptical London,
Dated Aug. 27. 1918

The following embarked per Corsican, Aug. 24th, London
per Montreal.

SENT HOME FOR DISCHARGE

1409 Brake.

C.R. 1409

Extract from Casualties received from P.&R. Office,
London, Aug. 22'18.

The undermentioned has been granted extension of furlough
to 9.15 a.m., 24/9/18.

1409 Pte. Brake H.

Authority:

Officer i/c Records Hfld. Contgt.

C.R. 1409

Extract from Casualties received from Pay and Record Office
London, dated 12th August 1918.

#1409 Pte. H. Brake.

Ex 3rd. London General Hospital pro Discharge, granted fur-
lough from 21/8/18 to 10. a. m. 22/8/18, with orders to
report at the P. & R. O. on the later date for disposal.

C.R. 1409

Extract from Casualties received from P.&.R. Office London,
Aug. 12, 1918.

F&R REPATRIATION.

Following ex 3rd London General Hospital ~~for~~ discharge granted furlough from 12/8/18 to 10 a.m. 22/8/18 with orders to report at the P.&.R. Office on the latter date for disposal.

1409 Brake, H.

Authority: A.Fs. W. 3201 from 3rd L.G.H.

C.R. 1409

despatched to Synoptical,
Extract from Telegram ~~received from~~ London, dated
August 2, 1918.

Reference to your telegram July 29th 1409 Brake we
know of no objections

C.R. 1409

**Extract from Telegram received from London, dated July
29th, 1918.**

1409 Brake applies for cancellation of allotment
telegraph at once whether he should be permitted to.

C.R. 1409

Extract from Telegram despatched to Synoptical, London,
dated May 28, 1918

Pay to as follows:-

#1409 Brake,

£3.2/-.

C.R. 1409

April 26th, 1918.

Mrs. Josephine Brake,
Hambermouth

Dear Madam:-

Your wire of 25th inst. has been received. No further information has been received by this Dept. concerning No. 1409, L/Cpl. Brake, but in the event of any being received you will be notified.

Yours faithfully,



Major, G.S.O.

CR 1409

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. H Sent by WATER Rec'd by _____ Check 10/-

Place from St. John's 24

To J. R. Bennett

Actg. man of militia

Any further particulars
re 1409 Lance Corpl.

Harrison Brake reply,

Mrs Josephine Brake



NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 1409



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **April 20th, 1918.**

To **Mrs. Jos. Brake, Humbermouth, Bay Of Islands**

Regret to inform you that Record Office, London, officially reports **No. 1409, L/Cpl. Harrison Brake at Wandsworth G.S.W. right leg right shoulder right hand.**

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

J.R. Bennett

Acting Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND CONTINGENT

C.R. 1409

Extract of Nominal Roll of Draft No. 40, 80 Other Ranks from 2nd.
Battalion, Royal Newfoundland Regiment, ————— Winchester, to 1st
Battn Royal Newfoundland Regiment, N. S. F.
Embarked Southampton, 27/5/19.

1409 Pte. H. Brake.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

(NOT TRANSMITTED)

Signature of Sender

Address

Line Number	Rcd	By	Sent	Check

Dated February 13, 1917.

To Mrs. Josephine Brake,

Humbermouth

Regret to inform you that Record Office,

London, officially reports **No. 1409, L. Corp. Harrison Brake**, has been admitted to Wandsworth suffering from influenza and pleurisy.

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

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 1409

Extract of Casualty List received from Pay and Record Office London
Dated Feb. 12th. 1917.

1409L/C. H. Brake

1st. Nfld. Regt., Adm. 3rd. London General Hospital Wandsworth S.W.
10/2/17.....Influenza & Pleurisy. .

C.R. 1409

Extract from Heraldo del Norte rebarbed at St. John's for Overseas, per
S.S. "Calgarian" June, 19, 1918. "7"

1409 Pts. Brake H.



M.F.A. 21

11409

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

October 8th, 1918.

Officer Commanding,
Royal Newfoundland Regt.,
Headquarters.

Sir,-

The undermentioned men have been discharged
on the dates given. Kindly note and post in Daily
Orders Part 11.

I have the honour to be,
Sir,
Your obedient servant.

Capt.
Paymaster & O.i/c Records.

1409	Pte.	Brake, Harrison	Sept. 30th, 1918	Med Unfit
2114	"	Johnson, Ralph	Oct. 5th, 1918	do.
2178	"	Pitcher, Gilbert	do.	do.
2258	"	Earl, Raymond	do.	do.
3596	"	Connell, Felix	do.	do.
1079	"	Dalton, Wm. F.	8th	do.



To be Noted {

- Part II. Orders
- Card Index
- Neminal Roll

St John's, Newfoundland

October 8th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR,-

The unmentioned men have been discharged on the
dates given. Kindly note and post in Daily Orders Part II.

I have etc.

(sgnd) J.M. HOWLEY,
Capt. etc.

1409	Pte. Brake, Harrison	30-9-18	Med. unfit
2114	" Johnson, Ralph	5-10-18	Do.
2178	" Pitcher, Gilbert	"	Do.
2258	" Earl, Raymond	"	Do.
3596	" Connell, Felix	"	Do.
1079	" Dalton, Wm. F.	8-10-18	

Reg. No. 1409 Rank L/Cpl. Name Brake H.

Attested Address. Humbermouth B. of S.

Allotment..... Allottee

Date of Allotment..... Returned from Overseas 11-9-18.

Embarked for Overseas Cause Discharge

16-9-18. See Ser - unfit

DISCHARGED - MEDICALLY UNFIT 30-9-18 Ser 1/5

Sept. 17th, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/o Records,
Militia Department

742 Sgt. Hiffen, H.
3178 L/C. Burke, J.
889 Pte. Spencer, R.
1121 " Starks, J.B.
1409 " Brake, H.

The marginally noted men were recommend-
ed for discharge as permanently unfit by Medical
Board held on Monday, September 16th.

I am sending them herewith for your
attention and necessary action, please.

GD&AO

H. Brake

1409

P.R. 10

Regimental Number 1409

Company E.

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's Forces under the following conditions:

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.

Signed H. Burke

Witness W.D. Ayne 2nd Lt.

Dated at



191

ORIGINAL



N.F/12.

Allotments.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 1409 (rank) Corporal (Name) Harrison Brake
hereby apply for cancellation of Allotment made by me on
N.F. 1350 dated 12-6-15 in favour
of Mother for \$ — cts to
per diem. Such cancellation to take place

on the Twenty-first day of May 1917

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the allotment continuing to be paid to the allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Parsons Ave
May 27th 1917.

Harrison Brake
Allotter.

Approved and Witnessed,

J. W. March Capt.
O.C. "E" Company.

NOTED
WR Martin
Date 31/5/17

NOTED
J. A. Delaney
C.Q.M.S.
Date 31/5/17 Coy

To be made out in triplicate and sent to the Paymaster & Officer in Charge of Records, who will forward original to Headquarters by first mail, duplicate by the following, and retain triplicate.

No. 4096

ORIGINAL



NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 4096 (Rank) Captain (Name) Harrison Braks
 hereby agree, until further notification by me, and in required form,
 to make an allotment of — dollars and Twenty cents
 per diem, from my pay, to and for the benefit of the undermentioned
 Person and/or Persons. Such payments to be made on proof of identity
 of the Person and/or Persons concerned, viz:-

Whether Wife Child, other Relative or Friend	NAME (In Full.)	ADDRESS	Amount (Each Person)	
			\$	¢
Mother	Josephine Braks	Humbermouth Beach Bay of Islands. Newfoundland.		70
			—	70

This allotment to take effect from and including June 1st, 1917.

Note:- This form must be completed and signed by the Soldier, counter-
 signed by the Officer Commanding his Company, and forwarded to the
 Paymaster in accordance with P.&R.O. C/L.10, 9/12/16.

(Sig.) J. W. March Capt
 Officer Commanding
 "E." Company.
 Dated at St. John's, Apr.

(Sig.) Harrison Braks
 Allotter.

May 27th 1917.

NOTED
G. S. Blundige
 C. Q. M. S.
 Date 27/5/17 Co'y

W. R. Marking
31/5/17.

No. 1054

ANGLO-AMERICAN

WESTERN UNION



DIRECT UNITED STATES

CABLEGRAM

Prefix _____ Code _____		At _____		FOR STAMPS	
WORDS	CHARGE	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
16		VIA ANGLO.			

25/10/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS E BRAKE
HUMBERMOUTH (Newfoundland)

CABLE FIVE POUNDS IMMEDIATELY THROUGH MINISTER OF MILITIA
LEAVING SCOTLAND

Handwritten initials in a box: H.P.

✓ BRAKE

Handwritten calculation:
16
2 1/2

32 1/2

Handwritten calculation:
40
3 1/4

36 3/4

*Charge to Brake.
14 09 p/l.*

NOTIFIED PER N.F.P. 54
2ND. BN. 291
By: *SP* CKD.

(Authorised)

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address 58 Victoria St. S.W. I.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

BRANCH
Redo
 ACTED UPON
 BY
 DATE & Record Office

24-10-17

Glenburn School
 Partrick

To The

Sir:-

Please cable this message for me immediately as I am on a draft, and oblige

To Mrs E. Brake
 Humbermouth
 Newfoundland

Cable five pounds immediately.
 Leaving Scotland.
 Brake

1409 Cpl. H. Brake

Glenburn School
 Partrick

181477 | 100000 | 100000
 PAY & RECORD OFFICE
 Ref. No. *6195*
 Recd. *NOV 1917*
 A/c'd.
 A/c'd.
 File No.

Cable 1054 sent

8495/198

3rd London Gen. Hospital,
Wandsworth.

20th May . . . 8

1409, Pte. A. Brake,

4846 . . .

Pay to 1409 Brake £5:2:0

No Receipt

N.B.—This Form must accompany any inquiry respecting this Telegram.



POST OFFICE TELEGRAPHS.

Office Stamp



If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 3d. being reckoned as 3d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.

Charges } s. d.
to pay }

Ref. Nos. *1441*
19 AUG 1918
Glasgow In.
Ack'd Ans'd
Ref. Nos. *001*

Handed in at *N. 120* .M. Received here at *1.13 p* .M.

TO	UPON
BLANCH	BY
Comd.	
P & A.	
R. & C.	
B. & F.	
P.S.	

*Reply Pd Paymaster New =
= Foundland Regt 58 Victoria St
Ldn*

*Will you
days or
Please grant 2
more extensions
H. Brake*

*145 Paisley Rd West Glasgow
1409 H. Brake*

OVER

Drake
- 245 Paisley Road Glasgow W. 11.

Report this Office 10AM 22nd

Synoptical.

POST OFFICE TELEGRAPH

EXTRACT OF TELEGRAM.

"Despatched 29/7/18 (980):

"Military. St, John's.

"409- Brake- applies for- cancellation of- allotment of pay- telegraph
"whether it- should be permitted- "

(Sgd) Synoptical."



From, O. C.,
3rd. London General Hospital.

To, The O. C.,
Records, 58 Victoria Street

In accordance with instructions contained in H. O. I.

2069 of 1916, I beg to report that:-- *Pte. H Brake*

No. *1409* *R Newfoundland Regt.*
will shortly be brought before a Medical Board and will probably,
be discharged from the Army or re-classified.

Duplicate documents will not be required, please.





FOR USE IN THE CASE OF A SOLDIER SENT TO HIS HOME
From a Hospital or Unit as "Medically Unfit."

R Newfoundland (Regiment)

No. 1409, Rank Private, Name Brake

has orders to proceed to his home:

(Address) 58 Victoria Street.

10 A.M. 22/8/18

S.W.

and there to await further instructions as to his discharge from the Service.

S.M. Singley Officer Commanding.

Place Wandsworth Capt. PAMEL Registrar, R.A.M.S.H.T. }

Date 12-8-18. 3rd London General Hospital }

*Here enter name of Hospital or Unit from which the Soldier proceeds.

11282/273

SUSPENSE | CLEARED

PK

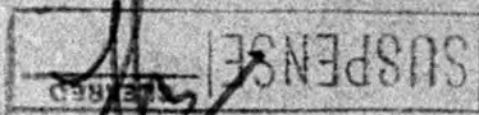
3rd. London General Hospital,
Handsworth, S. W.

13th, July

1409, Pte. H. BRAKE,
Royal Newfoundland Regt.

21 5.18. 4847

12800758



Officer i/o

Barham Military Hospital,
Weybridge,

8th August

8

1409, Cpl. H. Brake,

N. F!s.P.12, for completion and return, please.

No. _____

NEWFOUNDLAND CONTINGENT

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

Please remit to Major H. Blake

R. Y. S. D. Rgt

the sum of one pounds s. (£ 1)

on account of any balance that may be due to me.

Regtl. No. 1429 Rank Pvt

Name H Blake

Approved Grace Huxbery. Patton
Officer i/c.,

Barracks, Lodge Hospital.

Dated at July

27/18

1918

KB 27/18

[Handwritten signatures and notes on the left side of the document, including "1-0-0" and "2/7/18"]

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~full text~~
extract from MINISTER OF MILITIA No. A89Dated 3/8/18 (6961), Received 3/8/18Decoded by W.H.J. Checked by J.P.Branch Pay. Acted upon (Initial) _____

Acknowledged per No. _____ dated / /

332/ Reference your telegram 29th July -

1409 - Brake - as far as we know -no objection - Full stop.

ascertain and report - why - 1244 Sgt -

Kelly - stopped - allotment of pay -

Mother - Making enquiry (or make inquiry)

Military

see file

12895/56

NEWFOUNDLAND CONTINGENT

N.F.P./55.

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

To: Officer i/c

Barham Military Hospital,

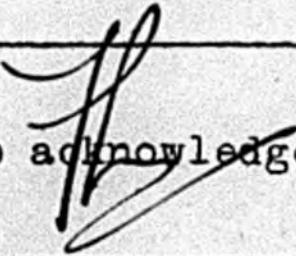
8th August 1918


Weybridge,

Reference 1409, Cpl. H. Brake,

Herewith N. F.P.12, for completion and return, please.

Please acknowledge receipt hereon

(Sig.) 

(Date) 


Chief Paymaster & Officer i/c Records.

BARHAM MILITARY HOSPITAL

OATLANDS PARK

Telephone 522

WEYBRIDGE

20. W/c Pay & Record Office.

This patient has returned to

3rd. Lond. Gen. Hosp. Wandsworth

Space Underberg.

Dation.

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. nos IN	72574
Rec'd	12 AUG 1918
Ack'd	Ans'd
Ref. Nos. GUI	
E	
Comd	
P &	
R. & C	
B & F	
P S.	

Op. Brate
Called 58 P.S.
2/8/18
that we should
proceed to offer to
wished to accept to
to remain in force
J.M.

2/8/18

EXTRACT OF TELEGRAMS

"Military, St. John's.

"29/7/18 (960)

"1409- Brake- applies for cancellation- of- allotment of pay- telegraph- whether
"it should be permitted."

"Synoptical."

No. 11282/273

NEWFOUNDLAND

From:

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

NEWFOUNDLAND CONTINGENT N.F.P./98.
PAY & RECORD OFFICE.
CONTINGENT 6534

To: Officer Commanding,

3rd. London General Hospital,
Wandsworth, S. W.

13th, July 1918

ALLOTMENT
1409, Pte. H. BRAKE,
No. Royal Newfoundland Regt.

With reference to the enclosed application for cancellation of Allotment of the above-named, 21 / 5/18 (4647), kindly ascertain and advise:-

1. Whether the Allotment is payable to a dependent as a sole or contributory means of support?
2. Whether Separation Allowance (in addition to Allotment) is being paid to any person in Newfoundland or elsewhere on his behalf, and if so, to whom?
3. The reason for cancellation.

Should the Soldier's reply to "2" be in the affirmative he should be informed that Allotment may not be cancelled without reference to the Minister of Militia in Newfoundland, to whom reason for cancellation will require to be submitted.

F. H. Meredith Major,
Chief Paymaster & O. i/c Records.



To Mother. Not as a sole or contributory means of support
Separation allowance is being paid to Mother in Newfoundland
So that Pte. H. Brake may have the money for his own use.

H. Suganbun

Registrar, R.A.M.C.
3rd London General Hospital,
WANDSWORTH, S.W.

Grace Neuberg
Nurse

The Commandant,
Barham Lodge Aux.Hosp,
Weybridge.

3 RD LONDON GENERAL HOSPITAL
No. _____
16 JUL 1918
WANDSWORTH, S.W. 18.

1409 Pte.E. Brake. R.Nfld.

With reference to the attached, will you kindly interrogate the above named Patient and fill in the enclosed form and return all papers to me as soon as possible please.

H. Lagan

A/Major R.A.M.C.(T) for
O.C. 3rd London General Hospital.

May 21/18.



3rd London 25th Regt

The Paymaster

Dear Sir -

Would you please change my allotment to draw the full amount beginning the first of June. As I can't get down myself to let you

know I am writing.

Yours truly

22 MAY 1918

H. Torrance

No 1409.

NEWFOUNDLAND RESISTANCE PAY & RECORD OFFICE

W. I. P. O.
No. 1409

COMM
NO. 1
NO. 2
NO. 3
NO. 4
NO. 5

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records _____

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Briake, Christian names Harrison
(in full)

Regt. No. and Rank 1409 Pte. Regt. or Corps Roy. Newfoundland
(If T.F. this should be stated)

His address on discharge will be Humber Mouth, Newf'ed

This information is for the Central Army Pension Issue Office only.

The Soldier states that _____ allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hosp. Wandsworth Sw. J. Morrison
Date 10th August 1918 President of Board
(Approving Officer)

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 1409 Rank Pte. Name Y / Unit Royal Newfoundland who was Repatriated
 to Newfoundland on 24. 8. 18 Authority Royal Newfoundland Cause Class A.

DR. STATEMENT OF ACCOUNT CR.

PERIOD: From 15/4/18 To 24/8/18

PARTICULARS					£	£	s	d	PARTICULARS					£	£	s	d		
Balance Dr. from									Balance Cr. from										
Allotment days @									Pay days @ \$ 12/4/18							5	10	2	
Cash Payments: 154					24	80	5	10	2	Field Allowance days @ \$ 100					154	00			
									124					124	00				
P & R. O.							20	0	0	Other Allowances days @ \$					107	02	30	5	2
Hospital Advances							3	0	0	Other Credits:									
Other Debits:							3	0	10	Ration Allowance Vz. 1594							1	7	1
Total Debits										Total Credits							57	2	0
Balance due by Paymaster							40	14	0	Balance due to Paymaster							57	2	0
																	5	7	0
							40	14	0								57	2	0

**DUPLICATE
MAIL COPY**

CHECKED, 24/8/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 191

Made up/Checked in accordance with information received in the Pay & Record Office _____ O.C. _____ Company, _____ to _____ and is therefore subject to amendment if and as may be found necessary. London 24. 8. 18

Pay & Record Office, London, _____
 191
 Chief Paymaster & Officer i/c Records.

24/8

FFV Copy

1409 Pte. Brake, H. Royal Newfoundland Reg. Class A. Repatriated
Newfoundland 24 8 18 A. F. B. 179

24/8/18

18/4/18

154	.20	24	80	5	10	2	12/4/18	134	1.00	134	.00	5	18	2
								134	.10	13	40			
P & R. O.				29	0	0				147	40	30	5	9
Hospital Advances				3	0	0								
				3	8	10								

Ration Allowance Vr. 1894 .. 1 7 1

40	18	0	37	9	0
			3	7	0
40	18	0	40	18	0

*FFV
24/8/18*

London 24 8 18

24/8

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 1409 Rank L/B

Name J. Brake

Pay	F. Allow	Working	Total
<u>105</u>	<u>10</u>		<u>115</u>
Less Allotment			<u>60</u>
Net Rate			<u>55</u>

Date	DEBITS			CREDITS		
	£	s	d	£	s	d
1917						
Balance						
P.M. ADVANCES:						
A.B. 64						
Acquittance Rolls	42	5				
Hospital Advances	17	0				
STOPPAGES:						
hospital dys =						
forfeited pay dys						
Miscellaneous						
Cables						
P. & R.O. PAYMENTS:						
Sundry Bills						
Cash						
Cash 28/7						
Cash 9/3/7						

Balance 27/10/17 £ 17 3 4

Pay @ Net Rate: 124

28/10/17 to 28/2/17 = 73 days

55 = \$ 68.20

1/3/17 to 9/3/17 = 9 days

55 = \$ 4.95

1/1 to 1/1 = days

32 3 "

0/1/12

Transfer Statement of Clothing and Necessaries.

INSTRUCTIONS—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units.

STATEMENT showing the Articles in possession of (Regimental No.,

Rank and Name) 1409 Pte Brake

proceeding from the 3rd LONDON GENERAL HOSPITAL

to the Rifle

Date of Enlistment _____ Date of Transfer _____ 191

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station WANDSWORTH Franklinson Capt & Qr. Mr. R.A.M.C.T.
3rd Gen. Hospital, &c.
 Date 12 AUG 1918 Royal Victoria Patriotic School,
WANDSWORTH.
 Name of Unit man is leaving.

(2) Station _____
 Commanding Squadron, Battery,
 or Company

Date _____
 Name of Unit man is joining.

Articles of Clothing & Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

Clothing	No.	Necessaries.	No.
Aprons, kilt	1	Badge cap	1
Boots, ankle, pairs	1	Bag, Kit	1
Caps, Service Dress	1	Braces, pairs	1
Caps, Glengarry	1	Brass, Button	1
Drawers, pairs	2	Brush, Brass	1
Frocks, Canvas	1	.. Blacking	1
Greatcoat, D.M.	1	.. Clothes	1
Jackets, Service Dress	1	.. Hair	1
Kilts	1	.. Polishing	1
Pantaloon, cord, pairs	1	.. Shaving	1
Putties, pairs	1	.. Tooth	1
Spurs, Jack, pairs	1	Cap, Comforter	1
Trousers, Service Dress, pairs	1	Comb, hair	1
Trousers, Canvas or Khaki	1	Disc, identity, with cord	1
Drill Overalls, pairs	1	Fork	1
Waistcoat, cardigan	1	Garters, Highland, pairs	1
Coat, waterproof	1	Holdall	1
Gloves, leather, pairs	1	Hose Tops, pairs	1
Gloves, Motor Cyclist, pairs	1	Housewife	1
Goggles, pairs	1	Knife, Clasp	1
		Knife, Table	1
		Laces, leather, spare, pairs	1
		Shirts, flannel	2
		Socks, worsted, pairs	2
		Spoon	1
		Titles, metal, pairs	1
		Towels, hand	1
		Wax Polish, tin	1

I certify that this statement is correct.

Date 12 AUG 1918

Signature of the Soldier J. Bracke

No. 1409 Rank Pte. Name Brake A.

Pay	F.A.	Wkg	Total	N.F.D. '73
100	10		110	1/18
Less Allotment			20	
Net Rate			90	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
						From	To			\$	£	s	d	
Balance					Balance						5	16	2	
Acquittance Rolls					Pay @ Net Rate	26	8	140	90	126	00	25	17	10
Hospital Advances		3	5	10	P. A.	12	8	11	2/1					
A.B. 64.						12	8	11	2/1					
P.&.R.O. Payments		1	0	0	mistake in the temporary acct. The balance should be from the 12-4-18 rate as above stated. P.A.									
cheque 8795	12/18	28	0	0	Pay	13-8-18	24-8-18	12	90	10	80	2	4	5
Voucher No 8381		3	0	0	R. A.	23-5-18	24-8-18	2	2/1				4	2
					23.6.8									
					28.11.1									
					2.19.8									

~~27.12.6~~
~~32.16.11~~
35.5.6

~~4.5.10~~
~~52.5.10~~
35-5-10
W.B.

~~4.1.18~~
£ 3-7-0

Brake, Harrison

1409

Hay Sept

COPY

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Brake Harrison*
Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT.
Regimental Number *1409*
Where born (Parish, Town and County), and when *Humbermouth, Newfld*
Intended address *Humbermouth Newfoundland*
Height on discharge *5* Feet *4* Inches
Colour of Hair on discharge *Brown*. **Colour of Eyes** *Grey*
Descriptive marks *Scars on R. Thigh & Shoulder* **Complexion** *Fresh*
Figure on discharge *Medium* *R Face*
Christian name of Father *Edward*
Christian name of Mother *Josephine*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *Electrical Engineer*



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) *Brake Harrison*
 Station *WANDSWORTH S W* (Rank) *Pte*
 Date *5-8-18*

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.

3rd London General Hospital *W. C. ...* Medical Officer i/c Hospital.
 Station *WANDSWORTH S W* Date *5-8-18*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }					
Sums due on account of public debts ...						

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges **Medals**
 Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.

DUPLICATE ORIGINAL LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 1207 Rank pte. Name Brake, H. Unit Royal Newfoundland was Repatriated to Newfoundland on 24.8.18 Authority A.F.B. 179 Cause 245 Class A.V.

DUPLICATE

DR. STATEMENT OF ACCOUNT

9 - SEP 1918

		PARTICULARS					PARTICULARS					CR.				
		£	s	d	£	s	d	£	s	d	£	s	d	£	s	d
	Balance Dr. from							Balance Cr. from								
	Allotment days @ <u>154</u>							12/4/18								
	Cash Payments:							Pay days @ <u>134</u>								
	<u>24/8/18</u>							Field Alice days @ <u>154</u>								
	P & R. O.							Other Allice days @ <u>154</u>								
	Hospital Advances ..							Other Credits:								
	Other Debits:							Ration Allowance Vr. 1594.								
	<u>15/4/18</u>															
	Total Debits							Total Credits								
	Balance due by Paymaster							Balance due to Paymaster								



CHECKED:
[Signature]
24/8/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 191

Made up/checked in accordance with information received in the Pay & Record Office _____ O.C. Company. _____ London to 24.8.18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

[Signature]
Chief Paymaster & Officer i/c Records.

24/8 191

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 1409 Rank Pte. Name Brake, H Unit Royal Newfoundland who was Repatriated to Newfoundland on 24/ 8/ 18 Authority A. F. B. 179 Cause Class A,

STATEMENT OF ACCOUNT

Table with columns: DR., PARTICULARS, £ s d, PARTICULARS, £ s d, CR. Rows include: Balance Dr. from, Allotment 134 days @ .20, Cash Payments (P & R. O., Hospital Advances, Other Debits), Total Debits, Balance due by Paymaster, Balance Cr. from 12/4/18, Pay 134 days @ \$ 1.00, Field Allowance 134 days @ \$.10, Other Allowances, Other Credits (Ration Allowance Vr. 1594), Total Credits, Balance due to Paymaster.

PERIOD: FROM 13/4/18 TO 24/8/18

CHECKED. 24/8/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) (Date) 191 O.C. Company. Made up/checked in accordance with information received in the Pay & Record Office London to 24 / 8 / 18 and is therefore subject to amendment if and as may be found necessary. Chief Paymaster & Officer i/c Records.

DUPLICATE ORIGINAL



NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

27289

I, (No.) 1409 (Rank) Corporal (Name) Harrison Brake
hereby apply for cancellation of Allotment made by me on
N.F. 1350 dated 12/6/15 in favour
of Motka for \$ — cts 60⁹
per diem. Such cancellation to take place on the

Thirty-first day of May 1917.

I agree to accept all risks and consequences of this application failing to reach headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Racecourse, N.Y.
May 27th 1917.

Harrison Brake
Allotter.

Approved and Witnessed,

J.W. March Capt.
O.C. "E." Company.

NOTED
W.C. Martin
A.D.C. Capt.
Date 31/5/17

NOTED
G. J. Cloude
C.Q.M.S.
Date 20/5/17 Coy

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.

March 1st 1919.

1409. Harrison Brake.

This man is not on Weekly Pay Roll, he is a student under the Civil
Re-establishment Committee.

BB/EB

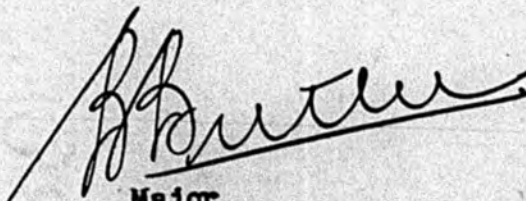
November 4th 1919.

To:- Major Howley,
O. I. C. Pay and Records.

From:- V. O.

2409 H. Brake.

The above named man has completed his course under this Committee, and will be starting business on his own in the near future.

A handwritten signature in cursive script, appearing to read "H. Brake", written over a horizontal line.

Major

For V. O.

From:- V. O.
T, :- Captain Howley, Officer in charge of
Pay and Records.

MR. Harrison Brake, #1409
Mr. Edmund Brake, #1653

I beg to make the very same request in relation
to these two men as in the case of Mr. Harry Roper.
They are now in Toronto learning nickle plating and
their monthly gratuities would be of great service to them.

W. J. Mitchell.
V. O.

WWB/ME

October 8. 1919.

To:- Major Howley,
U. I. C. Pay and Records.

From:- Vocational Officer.

HARRISON BRAKE

Enclosure.

Herewith enclosed is cheque for one hundred and ninety five dollars on account of pension money received on behalf of the man named in the margin. Kindly place this to the credit of the Civil Re-establishment Committee.



W. J. Meckell
Vocational Officer.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harrison Brake, Regl. No. 1409
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
50 Dollars and 50 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.:

Identity Certificate No.	Whether Wife, Child or Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
934	Mother	Josephine Brake	Stumbersmouth	60
Total Allotment, £				60

Emergency Dec 12th

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.) [Signature]
 Officer Commanding
 Company
[Signature]
 191

(Sig.) Harrison Brake
 (Rank) Pl

SEPARATION ALLOWANCE.

Claimant. *Josephine Brake* *Mother*

On account of *Harrison Brake* No. *1409* Rank *Pte.*

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

Date. *June 11/1920*

~~*William S.*~~
W. S. G.
1st Lieutenant Col.
McDowley, Major

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

Allotment of *60th* per day payable to *Josephine Brake*
his *Mother* from *12/6/18* to *30/6/18*.
Discontinued on account of being discharged.

R. G. Sumner

19- 7
12
12
9

19 40 20
67 800.00

133
114

1273

800.00
12 67

812.67

\$ 180.00 W S G

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

1409 Brake

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 Parson or Justice of the Peace, 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 Harrison Brake Rank Pte. Reg't or Unit 1st Nfld Reg't No. 1409
- (2) Age of soldier 25 Married or single single
- (3) Name in full of mother Josephine Brake Age 67 Occupation — Permanent Address Thumber Mouth Bay - of Islands
- (4) Give name of your husband Edward Brake Age 80 Occupation Fisherman Where employed Thumber Mouth
- (5) If your husband is not supporting you give the reason. Old age
- (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). Old age
- (7) If you are a widow, state date and place of death of your husband no
- (8) Have you married again since death of above mentioned husband? —
- (9) Names of your other children. Address Age. Occupation, Married in full 40 or single
- | | | | | | |
|-----------------------|---------------------------------------|-----------|-------|-------|----------------|
| <u>Maud Dubart</u> | } <u>Thumber Mouth Bay of Islands</u> | <u>40</u> | | | <u>Married</u> |
| <u>Walter Brake</u> | | | | | |
| <u>Thomas Brake</u> | } <u>Somerville Mass.</u> | <u>37</u> | | | |
| <u>Sarah Farnell</u> | | | | | |
| <u>Beatrice Widdn</u> | } <u>Thumber Mouth Bay of Islands</u> | <u>38</u> | | | <u>single</u> |
| <u>Fannie Hunter</u> | | | | | |
| <u>Gladys Brake</u> | | | | | |
- (10) State amount earned by (a) Yourself nothing
(b) Your husband nothing
- (11) State amount and source of any other income no income

(12) State value of real property belonging to you and your husband

\$ 500.00

(13) State value of personal property belonging to you and your husband

\$ 500.00

(14) If husband is dead state value of real and personal property left by him

not dead

(15) Actual amount contributed by soldier during the year prior to his enlistment

all earnings

(16) Was this amount contributed weekly or monthly

monthly

(17) Did this amount include payment of son's board, etc?

yes.

(18) State your son's trade or occupation prior to enlistment

Brakeman

(19) State amount of his wages per week

\$ 12.00

(20) State name and address of his last employer

R. R. Co.

(21) State amount of monthly support from son since enlistment

all support

(22) State amount of allotment received by you from son since enlistment

\$ 18.00 per month

(23) State from what date did you receive Allotment?

June 1st 1915

(24) Actual amount contributed by other children

Weekly

Monthly

nothing

nothing

(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.

dependents of their own

(27) With whom are you residing at present?

my own home

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

did not know separation allowance was given

(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 *Mrs Josephine Drake*

Place of Residence *St. John's Mouth*

Declared and subscribed before me at *Bay of Islands* this *26th* day of *February* 19*20*

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

Levi Marable M.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

Harry Alley Peltor
Owen Brown

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } 1459
2. Name and age of said soldier. } ^{father or other relative} 80 father 69 mother
25
3. Is said ^{relative} a chronic invalid and totally incapacitated. } yes
4. Of what nature is disability? } Rheumatism & old age
5. From what date has this total incapacity been existent? } In fact - six years
6. How long is total incapacity likely to continue and what will be the effect on earning power. } During remainder of his life nil.
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. } —
8. Are you the regular attending physician? } yes
9. Relationship to soldier of applicant? } Brother

I certify that the above statements are correct.

.....*Carling*.....Place,

.....*Feb. 26th 1920*.....Date.

.....*F. Fisher*.....
Physician.

May 7, 1920

Mrs. Josephine Brake,
Humbermouth,
Bay of Islands.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to request that you furnish me with Marriage Certificates of your sons Walter and Thomas, or else certified extracts from Parish Register showing dates of their marriages.

Yours truly

Major

Raymaster.

Humbermouth.
May. 12/20

Capt. Howley:

Dear Sir

Please find inclose Marriage
certificates of my two sons copy from Registrar
Both on one sheet.

Yours Truly

Mrs. Josephine Brake
Humbermouth
Bay of Golds.

Vol III. p. 11.

Marriage solemnized at Daltry Cove in the Parish of Bay of Islands
in the Diocese of Newfoundland.

to take the said same solemnize as follows: Walter James Beakes Bachelor Fisherman
21 Oct 14th Thomas Beake 24 Bach. Fisherman Richard Edward Beake
1902 Edith Beake 18 Spin. Luke Beake

Married in the Church of St Mary The Virgin by Rev. H. Gordon Pegg
This marriage was solemnized between } Thomas Beakes in the presence of George Beakes & his wife
as } Edith Beakes } Matthew Beakes # 9. 1902

page 15. Marriage solemnized at Daltry Cove in the Parish of Bay of Islands
in the Diocese of Newfoundland

to 30. April Walter James Beake 25 Bachelor Fisherman Richard Edward Beake
27th Elizabeth Alice Lovell 21 Spinster M'Donoghue Thomas Lovell

Married in the Church of St Mary The Virgin by Rev. H. Gordon Pegg

This marriage was solemnized between } Walter James Beake in the presence of William Beakes & his wife
as } Elizabeth Alice Lovell } Beatrice Beakes

I certify this is a correct extract from the Parish
Registers Bay of Islands
May 11th 1920 Henry Selley Beakes

JMH/LM.

June 25, 1920

Mrs. Josephine Brake,
Humbermouth,
Bay of Islands.

Dear Madam:

With reference to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for \$812.67, being amount due you to date of your son's Discharge.

Yours truly,

Major
Paymaster.

Enc.

unable to
give information

Humbermouth.
Bay of Islands.
Oct 9th /17.

Mr. Maddick
Lieut. Deputy Paymaster.
1st Newfoundland Regiment

Dear Sir.

I respectfully
beg to ask you if you can
tell me of the whereabouts of
my son. Lance Corporal
Harrison Brake No 1409.
A. Company. First Newfound-
land Regiment. He has not
been heard from for three
months which is very strange
as letters were received from
him often. when last heard
from he was at the 3rd Scottish
General Hospital Glasgow.
Scotland If you will kindly

let me know where he is
you will oblige
Mrs Josephine Brake.
Humbermouth
Bay of Islands

October 15th.

7.

Mrs Josephine Brake,
Humbermouth,
Bay of Islands.

Dear Madam:-

I am in receipt of your letter of October 9th. regarding the whereabouts of your son, I/Cpl. Harrison Brake. I regret to inform you that I am unable to give you the necessary information, as we have no record here of finding out the whereabouts of any of our men on the other side.

If you would write him and address a letter as per shown below, the letter will be forwarded to him, and no doubt in due time you will receive a reply.

I/Cpl. Harrison Brake,
No.
Company,
First Newfoundland Regiment,
w/o Pay & Record, Office,
88, Victoria Street,
London, S.W.
England.

Yours faithfully,

Lieut.
Deputy Paymaster.

BB/EB

November 6, 1919.

Major Howley,
O. I. C. Pay and Records.

Kindly pay to Harrison Brake 1409,
the sum of Twenty five dollars,
on account of pension for month of November, made payable in
error to the Civil Re-establishment. Charge same to the
Civil Re-establishment Committee.

\$25.00

ACCOUNT	19140	<i>Howley</i>
CH. NO.		
IND. LEDGER		
PAY LEDGER		
GEN LEDGER		

H. Howley

Major

For V. O.

O. I. C.

H. Brake

BB/EB

November 4, 1919.

To:- Chief Staff Officer

From:- V. O.

1653, E. Brake

1409, H. Brake.

The two men named above have been taking courses for the past eight months in electroplating at Toronto, and hope to start business in this work as soon as possible. During the time they have been attending this instruction, their War Service Gratuity has been held up, as in the case of all our students, and I hereby wish to recommend that they receive the War Service Gratuity in lump sum, as they require it very badly at the present time. Will you kindly do the necessary for them.

Sgd. B. Butler.


Dec. 30th. 18.

Pte. H. A. Brake,
Humbermouth, B. of I.

Dear Sir,-

Referring to your letter of Dec. 21st.
I enclose herewith cheque for \$85.20, being three
months Post Discharge Pay due you.

Yours truly,


Capt. & Paymaster.

St. John's, Oct 8th / 18

Royal Newfoundland Regiment.

Billeting Account,

To Mr. H. Brake

Billeting Soldiers as undermentioned

from Sept 20th / 18 to Sept 30th / 18

1409 Mr. H. Brake 10 50

B 4 m.
3671 Pen

Certified correct for \$ 10.50

A.S. Dicks

Billeting Officer.

H. Brake

Humber Mouth.
Dec. 21 - 18

C.C. Oke...
Pro. Secretary.

Dear Sir.

I'm writing you for the
3 Months Pay that all discharged
Sailors is supposed to get.
I was talking to one of our Sailors
which got it of scope this will
meet with your approval.

C. P. F. C. Brake
Humber Mouth.
Bay of Suez

Paymaster's
for attention
C.P.

1918. — 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 31.94

Oct 7th 1918

Received from the First Newfoundland Regiment
the sum of thirty one $\frac{94}{100}$ Dollars.
~~on account~~
balance of Pay.

H. Braken

Ch. No.	3670	Initials.....	EW
Pay Ledger.....	28	Initials.....	Wn
Gen. Ledger.....		Initials.....	

Regtl. No. Rank

[Signature]

No. 1409

Rank PC

Name Brake H

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 85 $\frac{20}{47}$

Dec 27 1918

Received from the First Newfoundland Regiment
the sum of Eighty five $\frac{20}{47}$ Dollars.
on account of Pay. P. D. O.
balance

Ch. No. 7457	Initials. Ew.
Pay Ledger. 20	Initials. awx,
Gen. Ledger.....	Initials.....

Regtl. No.

Rank 

No. 1409

Rank

OB

Name

Beake H

~~1~~

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15⁰⁰

Sept 17th 1918

Received from the First Newfoundland Regiment

the sum of ten Dollars.

on account ~~balance~~ of Pay.

J. B. Snake

Ch. No. 2665	Initials. <i>ew</i>
Pay Ledger 288	Initials. <i>wn</i>
Gen. Ledger.....	Initials.....

D

Regtl. No. Rank.....

No. 1409

Rank PL

Name Brake. H.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ $\frac{15.00}{100}$

Sept 12 1918

Received from the First Newfoundland Regiment

the sum of Fifteen $\frac{00}{100}$ Dollars.
on account of Pay.
balance

J. Burke

Ch. No. 2390	Initials. EW
Pay Ledger. 288	Initials. RW
Gen. Ledger.....	Initials. J

Regtl. No. 1409 Rank.....

No. 1409

Rank Pi

Name Brake. H.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

Consecutive No.

OTTAWA ^{AK.} October, 1924. 192.....

Newfoundland Government
in account with

DOMINION OF CANADA

FOR SERVICES RENDERED OR PAYMENTS MADE TO THE FOLLOWING BENEFICIARIES

Regimental Number	Rank	SURNAME and INITIALS	Service Unit	Period Covered or Date Service Rendered				Amount	REMARKS
				From	To	Days	Rate		
1409	Pte.	Brake, H.	Hfld. Regt.	24-10-19				88.34	One first class single fare & one lower berth, also 12 meals. Returning from Vocational Training from Toronto to St. Johns. SCR.#49064.



CERTIFICATION - It is certified that the expenditure above detailed has been incurred by the Department, and that the charges are fair, reasonable, and not in excess of those payable in respect of members of the Canadian Expeditionary Force in similar circumstances.

S. W. M. L...

FOR DIRECTOR OF ADMINISTRATION.

Handwritten signature/initials

44794480

7.2 Robert Street
Toronto Ont.
Canada.

Capt Howley.

Dear Sir.

Dr. W. W. Blackall send me
this paper to fall out of send to
you. I would be very pleased if

you would send this money to
me at the above address as
I'm here at present at least for
the summer. I wish for all the
money to be send to me if
you send it to my mother she
won't keep it she will send to
me as she won't take anything
from me.

Hoping this will meet with
your approval. I remain

Yours truly
Harrison Drake

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 dashed. If any question 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 & RECORDS OFFICE, ST. JOHN'S.

- Christian names. *Marrison*..... 2. Surname. *Becker*.....
3 Rank. *Capt.*..... 4 Regt. No. *1409*.....
5 Address in full to which future payments of gratuity are to be forwarded.....
72 Pabst Street
Toronto Ont Canada
6. Date of enlistment in the Regiment... *9th April 1915*...
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *was put*
in Bank to Mrs. E. Becker..... *Not depending on me*
8. Relationship of such dependents... *Mother*.....
9. Address in full, of such dependents... *Lumber Mouth*
Bay of St. John's Newfoundland
10 Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*...
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Not applicable*.....
.....
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *3 Years & 175 Days*
England & France.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*

15. Have you been issued with a War Service Badge? *Yes: (Imperial)*

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? *Not applicable.*

(b). If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable.*

19. Are you now serving in the Regt.? *No.* If not give:- (a) Date of discharge. *30th Sept. 1918.* (b) Reason for discharge. *Wounds Received in Action.*

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. *Yes*
France, Egypt, Belgium. Dates: 1916, 1917, 1918.

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. *Yes.*

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.
H. Duke.

Signature of Applicant: *Harrison Brake*
 Place of Residence: *72 Robert Street Toronto Canada*
 Declared before me at: *Toronto*
 This *25th* day of *March* 19*19*.

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

[Handwritten Signature]

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.			Paymaster.	

COPY.

This space to be left blank for the Chelsea Number.

[Blank space for Chelsea Number]



Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>1409</u>	Army Rank <u>Private</u>
Name <u>Brake Harrison</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>September 30th 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. Description at the time of discharge.	
Age <u>24</u> years _____ months Height <u>5</u> feet <u>4</u> inches Chest measure { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>fresh</u> Eyes <u>grey</u> Hair <u>brown</u> Trade _____ Intended place of residence <u>St. John's Nfld.</u> (To be given as fully as practicable) <u>Bay of Islands</u>	Descriptive marks. <u>Scar on right thigh</u> <u>right shoulder add</u> <u>right side of face</u> <u>loss of right thumb</u>
2. The above-named man is discharged in consequence of <u>being no longer</u> <u>physically fit for war service on account of</u> <u>wounds received in action.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— _____ 4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____	
<small>To be filled in on the soldier quitting the Colours.</small>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* _____	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Four horizontal lines for listing campaigns, medals, and decorations.

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Batta. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) William R. Johns

H. B. Blake (Signature of Soldier.)

(Date) 8/10/19

W. Newbery Corp. (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him, for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations

H. Brake.

Witness W. Newbery Cook

Originals



Army Form B. 268.

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>1409</u>	Army Rank <u>Private</u>															
Name <u>Blake Harrison</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>																
Battalion, Battery, Company, Depot, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>																
Date of discharge _____																
Place of discharge _____																
1. Description at the time of discharge.																
Age <u>24</u> years _____ months Height _____ feet _____ inches Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence { _____ (To be given as fully as practicable)	Descriptive marks. <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="3">COPIES SENT</th></tr> <tr><td>To</td><td>No</td><td>DATE</td></tr> <tr><td>M. OF M.</td><td><u>13513/134</u></td><td><u>23 AUG 1918</u></td></tr> <tr><td>O.C., 1st. Bn.</td><td></td><td></td></tr> <tr><td>" 2nd. Bn.</td><td></td><td></td></tr> </table>	COPIES SENT			To	No	DATE	M. OF M.	<u>13513/134</u>	<u>23 AUG 1918</u>	O.C., 1st. Bn.			" 2nd. Bn.		
COPIES SENT																
To	No	DATE														
M. OF M.	<u>13513/134</u>	<u>23 AUG 1918</u>														
O.C., 1st. Bn.																
" 2nd. Bn.																
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>																
2. The above-named man is discharged in consequence of _____ _____ _____																
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>																
3. Military character:— _____																
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____																
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.																
_____ Initials of Commanding Officer.																
Army Form B. 2088 has been issued to* _____																

To be filled in on the soldier quitting the Colours.



Medical Report on an Invalid

3rd London General Hospital, WANDSWORTH, S.W.

Station _____

Date _____

9/8/18

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *1409*
- 3. Rank *Private*
- 4. Name *Brake Harrison*
- 5. Age last birthday *24*
- 6. Enlisted *on March 1915*
at St Johns

- 7. Former Trade or Occupation } *apprenticed to Engineering*
- 7A. If with previous service in Army, state
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge. } *M/A.*

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. causing loss of Right Thumb, & impairment of movement of R. Shoulder. R. Elbow & loss of feet

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to other causes.

- 9. Date of origin of disability. *12th Apr. 18.*
- 10. Place of origin of disability. *Americas*

COPIES SENT	
To	No.
M. OF M.	<i>3513</i>
O.C. 1ST BN.	<i>134</i>
" 2ND BN.	
DATE	
<i>23 AUG 1918</i>	

- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *While holding up the German advance he was hit in R. hand, R. shoulder, & R. thigh by machine gun bullets. He was taken to the 62nd C.C.S., & the broken fragments of bone were removed from the stump of the thumb which had been amputated the day before at the first aid post. At the same time metallic & Bs were removed R. shoulder & R. hip region. Transferred to 12th Gen. Hospital & thence here, where he has remained ever since.*

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to, or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Active Service of G.S.W.

No

13. What is his present condition? *joint. The thumb has been amputated at the metacarpo-phalangeal joint. The stump is healed, but is hyper-sensitive. He feels cold very much in it, & parasthesia sensations extending up the forearm when it is touched.*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—
 (a) In action? *Yes*
 (b) On field service? *Yes*
 (c) On duty? *Yes*
 (d) Off duty? *✓*

Wound of R. shoulder healed, but there is limitation of movement on account of involvement of its deltoid muscle. Unable fully to flex fingers of R. hand or to grasp. Unable to hold a knife or fork — ~~less~~.

15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where? *No*
 (c) Opinion?

16. Was an operation performed? If so, what?
*1. Amputation of thumb.
 2. Removal of 7. B.S. & cleaning up wounds*

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.
He has a small healed punctured wound of the face.

Wound of R. thigh healed. Some limitation of movement of hip, although it is not marked. He can walk about 500 yards without a stick.

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England? *Yes*

W. L. Holtz
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Wandsworth* *N. E. Druce*
 Officer in charge of Hospital.

Date *10/8/18* *Col A.M.S.*

Comdg. 3rd. London Gen. Hospital.

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

yes
=
no
no
p.c.v.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

—

23. Is the disability permanent?

yes

24. If not permanent, how soon do the Board recommend re-examination?

—

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

100

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

v. s. d. b.

27. Do the Board recommend—

- (a) Discharge as permanently unfit; or
- (b) ~~Change to England?~~

yes.

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

— As an out-patient in a hospital.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

no
no

30. Does the man require the constant attendance of another person?

Signatures:—

Station Wandsworth

Date 10 - VIII - 18

[Signature] President.
[Signature] Members.

Approved.

Station Wandsworth

Date 10 - VIII - 18

[Signature]
Administrative Medical Officer.

Information to be obtained from a Soldier (Regular or Territorial) from whom it is proposed to discharge or to transfer to the Reserve Section W or W(I) in substitution for a man fit for General Service.

No. 1409 Rank Pte Regiment Royal Newfoundland Land Rgt
 Name Brake Harrison
 (Surname first)

1. State what special qualifications you have for employment in civil life.

Engineering exper

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" 2ND. BN.		

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

~~R.R.C.~~ R. N. C. O.

St John

Newfoundland

Two years

Engineering exper

3. What is the nature and locality of the employment?

Electronic engineer

Newfoundland

4. What is the name of your Approved Society?

No

5. Have you been employed whilst with the Colours? If so, in what capacity?

No
Infantry only

Date *August 3rd 1918* Signature *J. B. Wake*

NOTE. (This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harrison Brake, Regl. No. 1409

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seven Dollars and 50 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.:

Identity Certificate	Whether Wife, Child, or other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
93		Josephine Brake	Bumbermouth	60
		Cancelled 31/5/17 Serial 4696		
		<u>Bumbermouth</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.) [Signature]
Officer Commanding

(Sig.) Harrison Brake
(Rank) PL

COPY.

Army Form W. 3494.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(I) in substitution for a man fit for General Service.

No. 1409 Rank Pte. Regiment ROYAL NEWFOUNDLAND REGIMENT

Name Blake Harrison
(Surname first)

1. State what special qualifications you have for employment in civil life.

Engineering Appren.



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*R. H. Co.
St Johns
Newfoundland*

*Two Years
Engineering Appren.*

3. What is the nature and locality of the employment you desire?

Electric Engineer

Newfoundland.

4. What is the name of your Approved Society?

No. _____

5. Have you been employed whilst with the Colours? If so, in what capacity?

No
Infantry only.

Date *3-8-18*

Signature *Sgd/ H. Brake.*

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

COPY

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT
 Rank Private Surname Brake Christian Name Amison
 Religion Church of England Age on Enlistment 20 years 8 months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Brakesman Gd W Lloyd Woods Lieut Signature of Officer.



Report	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
			Embarked ...	27/3/18
			Disembarked...	29/3/18
	<u>Wounded in Action</u>			13/4/18 B213 24/4/18
<u>57 FA</u>	<u>Ad Gswt Land trans</u>	<u>CCS</u>	13/4/18	ED164 14/4/18
<u>24 Gen Ap</u>	<u>do</u>		15/4/18	W 3034 15/4/18
<u>Stad Antwerpen</u>	<u>Transferred to England</u>		18/4/18	W 3083
	<u>Gd M F Filgate Cap/Major</u> <u>O/C Ho1 Infy Sect</u> <u>GHA 3rd Echelon</u>			

(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.

COPY.

Army Form B. 103.

Regimental Number 1409

Casualty Form—Active Service.

ROYAL NEWFOUNDLAND REGIMENT.

Rank AC Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT.
 Surname Brake Christian Name A

Religion Age on Enlistment years months

Enlisted (a) 9/4/15 Terms of Service (a) War Service reckons from (a)

Date of promotion to present rank Nov 4/15 Date of appointment to lance rank Nov 4/15

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate.....

Occupation Signature of Officer.....



Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked...	<u>Marseilles</u>	<u>3/4/16</u>	
	<u>Unit</u>	<u>Joined Batta</u>	<u>France</u>	<u>8/4/16</u>	<u>B213</u>
	<u>do.</u>	<u>Attached Div Res Co</u>	<u>do</u>	<u>14/7/16</u>	<u>B213</u>
	<u>do</u>	<u>With Batta</u>	<u>do</u>	<u>4/5/16</u>	<u>B213</u>
		<u>do</u>		<u>13/1/17</u>	
	<u>34 CCS</u>	<u>Adm Influenza</u>	<u>France</u>	<u>23/1/17</u>	<u>ED 19237</u>
	<u>1 Anst GH</u>		<u>Rouen</u>	<u>24/1/17</u>	<u>How Roll</u>
	<u>As "Dunluc cle" Invalided to England</u>			<u>9/2/17</u>	<u>W 3083</u>
		<u>(Sgd) M Birchell Capt for</u>			
		<u>of No 1 Reg Infy Sect.</u>			
		<u>GHQ 3rd Echelon</u>			

(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, Shoing-Smith, &c. W.13863—M1477 1000M 1/17 (27612) SP & Co, Ltd. Forms B./103/4 E./354. (P.T.O.)

Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank *Private* Surname *Brake* Christian Name *William*
 Religion *Church of England* Age on Enlistment *20* years *3* months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation *Brakesman* Signature of Officer *H. Lloyd*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty.	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... 27 MAR 1918		
			Disembarked... 29 MAR 1918		
		Wounded in Action		13/4/18	B213 22/4/18
	<i>57 Pk</i>	<i>at Guelph Head trans</i>	<i>668</i>	<i>12/4/18</i>	<i>85164 12/4/18</i>
	<i>24 Gen Svt</i>	<i>do</i>		<i>5/4/18</i>	<i>W3034 5/4/18</i>
	<i>Had Ankersper</i>	Transferred to England		<i>18/4/18</i>	<i>W3033</i>
		<i>n J Filgate</i>	<i>Capt for</i>		
			MAJOR		
			Infantry Section		
			G.H.Q., 3rd Division		

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" 2ND. DN.		

(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.

Casualty Form—Active Service.

Regiment or Corps NewfoundlandRegimental No. 1409 Rank L/Corp Name H. BeateEnlisted (a) 9.4.15 Terms of Service (a) war Service reckons from (a)Date of promotion to present rank } Nov. 4/15 Date of appointment to lance rank } Nov. 4/15 Numerical position on roll of N.C.Os.

Extended _____ Re-engaged _____ Qualification (b) _____



Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Disembarked	Marseilles	3.4.16	
		Unit joined	Battalion	France	8.4.16 B 213
		Do	Attached Dev Res Co	Do	14.7.16 B 213
		Do	With Battalion	Do	4.7.16 B 213
	34 CCS.	Admitted Influenza	With BATT	23.1.17	1780 19237.
	1 Asst. G.H.	Admitted Influenza etc.	France.	23/1/17	Non Roll.
			Rouen	24/1/17	
	AS 'Dunluce Co'	Invalided to England		9/2/17	W 3083

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O.C. 1st BN.	134	
.. 2ND BN.	124	

H. Beate
 CAPTAIN.
 for Officer i/s No. 1 Regular Infantry Section
 General Headquarters, 3rd Echelon.

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

No. 1409 Name Becker, H. Sqn., Batty., or Company } E Co Corps Newfoundland Date of enlistment } 9.4.15 G.C. Badges } — Service or Proficiency Pay } —
 Date of last entry in Company Conduct Sheet } — No. and date of last drunk } — Period not reckoning towards freedom from extra fine } — Sheet No. Clear Signature O.C. Company, etc. } J. G. Benoit Character 2. Fair

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>L/Cop.</u>							

Army Form B. 122

No. *1409* Name *Harrison Brake* Sqdn. Batty., or Company } *H.* Corps *Royal Newfoundland* Date of enlistment } *9-4-15* G.C. Badges } *1* Service or Proficiency Pay } *150*
Date of last entry in Company Conduct Sheet } *26/3/18* No. and date of last drunk } *2* Period not reckoning towards freedom from extra fine } *26-3-18* Sheet No. *1* Signature O.C. Company, etc. } *H. Lloyd Woods* Character } *Fair.*

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

Army Form B. 153

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (1933) W12571/604 40cm 3/15-1 93 56

Forms
B. 121.
29.

Number of Sheet 1

Regiment of 1st Newfoundland

Signature of O. C. Company J. G. Burnett

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay			
No.	<u>1409 Drake Harrison</u>	Age on	<u>20</u> years <u>8</u> months	Trade	<u>Appointed</u> 2/cpl 4.11.15 5- a/cpl 6.5.17 <u>Reduced to Pte</u> 26-3-18				
Joined	Date	Place and Date of Enlistment	<u>St. John's 9.4.15</u>	Religion				2/cpl 26-3-18	
Joined	Date	Period of	<u>3 1/2</u> years <u>3 1/2</u> years	Place of Birth					
Joined	Date			<u>Bay of Islands Nfld.</u>					

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>Gaile</u>	<u>Feb 25</u>	<u>4/c</u>	<u>2074/5</u>	<u>Absent from tattoo until 6:00 p.m. Flynn 7 am Feb 26</u>			<u>26/7/16</u>	<u>Capt J. Heddergham</u>	<u>forfeit of day pay</u>
<u>Barr Camp</u>	<u>6/8/17</u>	<u>6/cpl</u>		<u>Absent from 8:00 AM Parade</u>	<u>6/cpl King</u>	<u>Reprimanded</u>		<u>St. Col. Whitaker</u>	<u>4 M.</u>
<u>Glendon School</u>	<u>11/1/17</u>	<u>"</u>	<u>1</u>	<u>Drunk while on duty.</u>	<u>2/cpl. P. Kay</u> <u>Sgt. J. Dec.</u>	<u>Reprimanded</u>		<u>Major March. M.C.</u>	<u>M.C.</u>
<u>Hayes Down</u>	<u>23/3/18</u>	<u>"</u>	<u>2</u>	<u>Drunk in Bridge Street about 10:30 P.M.</u>	<u>2/cpl B. Perry</u> <u>M.F. Pollock</u>	<u>Reduced to private</u>	<u>26/3/18</u>	<u>St. Col. P. A. Burners D.S.O.</u>	<u>M.J.C.</u>
				<u>Violently resisting the M.F. Police!</u>	<u>Sgt. Burnett</u> <u>M.F. Police.</u>				

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" 2ND. BN.		

Medically Unfit St. John's 30 9/18

To be carried over

COPY

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4
 (1454) W5937/Mf2389 25cm 7/17a ss 56

Forms
 B. 121.
 41.

Regiment of **ROYAL NEWFOUNDLAND REGIMENT**

Signature of O. C. Company

Number of Sheet



Regimental Number and Name 1409 Cook Harrison		Enlistment Age on 20 years 8 months		Trade Bookbinder	Good Conduct Badges, Service Pay or Proficiency Pay Appointed Sgt 4-11-15	
Joined _____ Date _____		Place and Date of Enlistment 19-4-15		Religion C of E	do Sgt 6-5-17	
Joined _____ Date _____		Period of _____ years		Place of Birth Bay of St. John's Nfld	Reduced to Pte 26-3-18	
Joined _____ Date _____		with Colours _____ years				
		with Reserve _____ years				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Gailes</i>	<i>Feb 25</i>	<i>Pvt 4/5</i>		<i>Absent from tattoo until 7am Feb 26th</i>	<i>Corp Flynn</i>		<i>16/2/18</i>	<i>Capt Redington</i>	<i>10 days</i>
<i>Army Camp</i>	<i>6/8/17</i>	<i>Corp</i>		<i>Absent from 8am parade</i>	<i>Capt King CSM Moly</i>	<i>Reprimanded</i>		<i>Lt Col Whitaker</i>	<i>AM</i>
<i>Leadburn School</i>	<i>7/4/17</i>	<i>"</i>	<i>1</i>	<i>Drunk while on duty</i>	<i>Sgt J. Lee</i>	<i>Reprimanded</i>		<i>Major March Inc</i>	<i>AM</i>
<i>Wageley Home</i>	<i>23/5/18</i>	<i>"</i>	<i>2</i>	<i>Drunk on Bridge Street about 10.30 pm</i>	<i>Sgt B. Perry M.F. Police</i>				
				<i>Violently resisting the M.F. Police</i>	<i>Sgt Burne & M.F. Police</i>	<i>Reduced to Private</i>	<i>16/3/18</i>	<i>Lt Col M. M. M. M.</i>	<i>1/2</i>

To be carried over

Army Form B. 121.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Newfoundland Regiment,

Department of Militia,

St. John's Newfoundland.

Fold Here



June 24th 1921 1917.

The accompanying King's Certificate, on his discharge,
(No. 529), is forwarded herewith to

Private Harrison Brake

in respect of his service as No. 1409 Rank Pvte

Name Harrison Brake Corps Royal Hfld Regt.

Receipt of the same should be acknowledged hereon.

Received

Good condition

Signature

H. Brake

HJB

Date

July 6/21

Address

Families Mouth

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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.
Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Brake Harrison*
Regiment from which discharged *R. Newfoundland*
Regimental Number *7409*
Where born (Parish, Town and County), and when *Humber, North Nfld.*
Intended address *Humber North Nfld.*

Height on discharge *5 Feet 4 Inches*
Colour of Hair on discharge *Brown* **Colour of Eyes** *Grey*
Descriptive marks *Scars on R. & L. Shoulder & Face* **Complexion** *Fairish*
Figure on discharge *Medium*
Christian name of Father *Edward*
Christian name of Mother *Josephine*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *Electrical Engineer*

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" 2ND. BN.	<i>134</i>	

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) *3rd London General Hospital* *Brake Harrison*

Station *WANDSWORTH, S.W.* **(Rank)** *Private* **Date** *5. Aug. 18.*

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.

3rd London General Hospital, *W. R. Holywell* **Medical Officer i/c**
Station *WANDSWORTH, S.W.* *Capl. R. S. ...* **Hospital.**

Date *5. Aug. 18.*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }					
Sums due on account of public debts ...						

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges **Medals**
Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

admitted 15/4/18.

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's Regtl. No. } 1409. Rank _____

Name Brake A
(Surname first)

Corps or Regiment (also Unit if known) } Rifed

To Officer i/c of Record 58 Victoria St Sw

Regimental Paymaster _____



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 10-8-18, has been sent to ~~his home~~ *the address below*

~~to~~ to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and sent of plain clothes~~

He proceeded on (date) 12/8/18

to (full address) 58 Victoria St Sw

Date 12/8/18 g c Hall { Officer Comm.

Place Wandswell Capt Registrar, R.A.M.C.I. Hospital.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

admitted 15/4/18.

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's Regt. No. } 1409. Rank Private

Name Brake A.
(Surname first)

Corps or Regiment (also Unit if known) } Rt. Inf.

To Officer i/c of Records 58 Victoria St. S.W.

Regimental Paymaster "



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 10-8-18, has been sent to his home to await instructions as to his final discharge; he has been given £1 (one pound) advance under certificate of plain clothes.

He proceeded on (date) 12/8/18

to (full address) 58 Victoria St. S.W.

Date 12/8/18 G. C. Hall { Officer
Comm.

Place Wandsworth Capt. M. J. Registrar, R.A.M.C.F. Hospital,

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

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

MEDICAL HISTORY

Surname Brake OF Christian Name Harrison

Table 1.—GENERAL TABLE.

Birthplace:—Parish Dumburnmouth County



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>9</u> day of <u>apl</u> 191 <u>5</u>	on	on	on
	at <u>St Johns</u>	at	at	at
Declared Age	<u>20</u> years	<u>20</u> days	years	days
Trade or Occupation	<u>R.A. Brakerman</u>			
Height	<u>5</u> feet	<u>6 1/2</u> inches	feet	inches
Weight		<u>144</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	<u>36</u> inches		inches
	Range of expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks {	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V==	<u>W</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>Geo W. Burden</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>	at	at	at
	on <u>9</u> day of <u>apl</u> 191 <u>5</u>	on	on	on
Joined on Enlistment	<u>Keppeler</u>	<u>1409</u>		
Transferred to	<u>Royal Newfoundland</u>			
Became non-effective by	on	day of	on	day of
	191	191	191	191
(Signature)				
(Rank)				

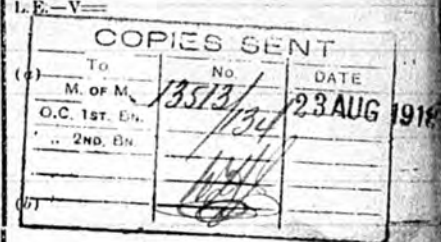


Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 th LONDON GENERAL HOSPITAL WANDSWORTH.	10	2	17	28	2	17	Influenza.	18	Reported sick in France Jan 1917. history of vomit & jaundice + acute symptoms had subsided when he was admitted. Labelled Influenza. Typhoid	J. W. Stanley Capt Ramey
3 rd SCOTTISH GENERAL	6	17	18	7	17	^{no} G. m. m. h. o. n.		45	Complicated by acute tonsillitis & glandular	Dr. J. W. Stanley Capt Ramey
3 rd London General Hospital, WANDSWORTH, S. W.	14	4	18				G. S. W. loss of R. thumb & impairment of movement of R. shoulder & of R. hand. loss of grip		Board held — see overleaf Disability — G. S. W. loss of R. thumb & impairment of movement of R. shoulder & of R. hand, loss of grip. Cause — G. S. W. on Active Service Total — Inability to earn a livelihood at present.	J. B. Swan Captain Ramey 3 rd London General Hospital, WANDSWORTH, S. W.

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
<p>May 18th 1915 June 7th 1915 - 25th 1915</p>	<p>1st Inoculation 500 Million 2nd " 1000 Vaccinated at Sea B</p>
<p>10. 8. 18.</p>	<p style="text-align: center;"> <u>T. A. B.</u> <u>2</u> </p> <p style="text-align: right;"> 4 MAY 1917 18 MAY 1917 <i>Newington</i> <i>CPT. R.A.M.C.</i> </p> <p>Board held Permanently unfit Board - approved 10/8/18</p> <p style="text-align: center;"> <i>B. S. Khan</i> - Captain R.A.M.C. for 3rd London General Hospital, WANDSWORTH, S. W. </p>

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
<p><i>St John's</i></p>					

No. *1409* Name *Blake H* Sqn., Batty., or Company } *A* Corps *Newfoundland* Date of enlistment }
 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } *Robinson* } Character *all* }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks												
				<i>Invalided to England 9-17-17 H.S.</i>																	
				<div data-bbox="908 547 1519 924" data-label="Text"> <p style="text-align: center;">COPIES SENT</p> <table border="1"> <tr> <td>To</td> <td>No.</td> <td>DATE</td> </tr> <tr> <td>M. M.</td> <td><i>19513/34</i></td> <td><i>23 AUG 1918</i></td> </tr> <tr> <td>B. E. 1st Div.</td> <td></td> <td></td> </tr> <tr> <td>2nd Div.</td> <td></td> <td></td> </tr> </table> </div>						To	No.	DATE	M. M.	<i>19513/34</i>	<i>23 AUG 1918</i>	B. E. 1st Div.			2nd Div.		
To	No.	DATE																			
M. M.	<i>19513/34</i>	<i>23 AUG 1918</i>																			
B. E. 1st Div.																					
2nd Div.																					
								<i>Quarantined</i>													
								<i>12-3-1</i>													
								<i>R.H.</i>													

Army Form B. 122

Temp sheet

C.R. 1409

June 23rd, 1920

Mr. H. Brake
Humber Mouth

Dear Sir:-

I have your letter of June 16th reference to a claim for Separation Allowance filed in this Dept. by your mother, on your account; and I may state in reply to your enquiry that your application has been accepted and cheque for the amount of allowance due will be forwarded by the Paymaster in the course of a day or two.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

C.R.

1409

Feb. 16th..1920

No. 1469 H. Braks

Dear Sir:-

I am in receipt of your letter of Jan..12th, and in reply I have to state that as you were not in an actual theatre of war prior to the 31st Dec. 1915, you are not entitled to the 1914-15 Star. I am attaching a claim form for Separation Allowance which should be filled in by your mother and returned to this Department as soon as possible.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer