



FIRST NEWFOUNDLAND REGIMENT

122

ATTESTATION OF

No. 2957 Name John Thomas Burke Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Thomas Burke
2. What is your full Address? { Weymouth P.S.
3. Are you a British Subject? 3.
4. What is your age? 4. 25 Years Months
5. What is your Trade or Calling? 5. Logician
6. Are you Married? 6.
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps **FOR THE DURATION OF THE WAR**
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, John Thomas Burke do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Thomas Burke SIGNATURE OF RECRUIT.
Charles H. Cope Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Thomas Burke do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this day of July 1915.

Signature of Attesting Officer Charles H. Cope

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1915 } Approving Officer.
Place

† The signature of the Approving Officer is to be affixed in the presence of the Recruit. Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Thomas Burke

Apparent age 25 years 2 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion _____ inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Burke, Washington, DC
 Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pension " _____ [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT

RC

ATTESTATION OF

No. 2937 Name John Y. Brake Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Thomas Brake
2. What is your full Address? { 2. Wagynston, P.S.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Year 3 Months
5. What is your Trade or Calling? 5. Infantryman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes
to be signed by you if you are accepted? }

I, John Thomas Brake do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.
8. July 22nd/16. John Y. Brake SIGNATURE OF RECRUIT.
Chas. H. Ayle Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Thomas Brake do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this 22nd day of July 1916.
 Signature of Attesting Officer Chas. H. Ayle Capt.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.
 Date 191 }
 Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

C.R. 2937

Extract from telegram from Military to Rurality
dated April 24th 1920.

Hiscock recommended \$10.00 per month
for 12 months.

C.R.

2937

Extract from telegram received from Hurality,
London dated April 20th 1920.

Please expedite reply to my letter of Dec. 20th
No. 870 (No. 2937, Hiscock).

C.P. 2937

Extract from telegram from Murality, London to
Military, St. John's, dated 20th 1920.

Fraser, Hiscock, have been paid at rate of \$15.00
per month from Oct. 16th Dec. 28th respectively.

C.R. 2937

Extract from casualties from Pay & Record Office, London.

Dated 5/8/19.

REPATRIATION DRAFT NO. 93. A.

The undermentioned proceeded to destination stated, per
s.s. "Metagama" from Liverpool to Quebec on 3/8/19.

2937 ex-Pte. A.J. Holman and wife
to St. John's, NFLD.

Authority:

Chief Staff Officer, (London).

C.R. 2937

Extract from ~~Memorandum~~ Daily Orders Part 11 Unit
The Royal Nfld. Regt. St. John's, 11-2-19.

The Undernoted returned from O^Verseas and reported to
Depot 7-2-19.

Repatriated on A.F. B179.

2937 Pte. John Brake.

C.R. 2937

Extract from Nominal Roll of the Royal Nfld. Regt
Embarked S.S. Corsican, Jan. 30, 1919.

Brake
2937 *Brake*.

C.R. 2937

Extract from Daily Orders by Lt. Col., B. J. BARTON, D.S.O.
Commanding Ad., Battalion of the Royal Newfoundland Regiment
no date given.

The following having reported back from the 1st., Battalion
are taken on the strength and posted "H" as from 7-12-18.

2937 Pte. J. Blake.

C.R. 2937

Extract of Casualties received from the Pay and Record Office,
London dated Dec. 3rd 1918.

The undermentioned was discharged from 3rd London G. Hospl.
on 2-12-18 and was granted furlough to 11-12-18. All marked
fit for I Duty.

2937 Pte. J. Brake.

Authority:-

A.Fs W. 3016 from 3rd L.G.H.

CR 3037

Extract from Telegram from Synoptical, dated Nov. 25d., 1918.

3037 Hamen.

MISSING OCT. 25th.

BO.

C.R. 2937

Oct 16th, 1918

Mr. George Brake
Marystown, Burma

Dear Sir:-

I beg to inform you that additional information has been received concerning your son, No. 2937, Private John Brake, through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.

Chief Staff Officer

C.R. 2937

Extract from War Office. List No. G. 1710 dated 30/10/18.

2937 Pte. J. Brake.

m WOUNDED 28/9/18.

BC.

Ray

Form 1.

No.

51

WESTERN UNION

ANGLO-AMERICAN



DIRECT UNITED STATES

CABLEGRAM

Prefix		Code		SENT		FOR STAMPS
WORDS	CHARGE	At	To	By		
140	2 1/2	VIA WESTERN UNION				THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

9/10/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS MARY J. BRAKE

MARYSTOWN (Newfoundland)

CABLE FIVE POUNDS THROUGH MINISTER MILITIA

2937 BRAKE

CHARGED
 PAY LEDGER
 Date 14/4/18 by JTR

28
2/11/18
3/5/18

CHARGED.
14/11/18

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. 1.**

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.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

R

Rec'd by

Mark

111

Place from

St Marys town 5

To

J. R. Bennett
 Men Militia N



Let me know as soon
 as you hear from
 my boy.
 Mrs Geo Brake

Counters No. 2937

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.
In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 5th, 1918

To Mr. George Brake, Marystown, Burin

Regret to inform you that Record Office, London, officially reports No. 2937, Private John Thomas Brake at 3rd London General Hospital, Wandsworth suffering from G.S.W. hands

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

J.R. Bennett

Minister of Militia.

C.R. 2937

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 26th 1919.

The discharge of the ~~th~~ undernoted on demobilisation has been
CONFIRMED by Officer i/c Records on
25/4/19

2937, Pte. John Brake.

25/4/19

C.R. 2937

Extract from Casualties received from Pay & Record
Office, London,

Admitted to ~~XXX~~ 3rd London General Hospital, Wandsworth.
2-10-18.

2937 Pte. J. Brake.

G.S.W. R. Hand.

M.M.

C.R. 2937

Extract from Casualties List No. 29599

2937 Pte. J. Brake.

Mfld. R. Admitted 18 Gen. H. DannesCamiers 29 Sept.18.
GSW Hands Slt.

H.M.S

C.R. 2937

Extract from Nominal Roll Draft (All Ranks) to 1st Br.
B.E.F. Embarked Southampton.

2937 Pte. J. Brake.

30-11-16.

C.R. 2937

Extract from Nominal Roll of Mfld. Regt. Draft No. 14 from
2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton
30-11-16.

2937 Pte. J. Brake.

C.R. 2937

Extract from Nominal Roll Embarked St. John's for Overseas,
28/8/16.

2937 Pte. J. Brake,

7

C.R. 2937

Extract from Daily Orders Part II Unit The Royal
Wilt. Regt. St. John's, April 11th, 1919.

The unconditional discharge of the undernoted on demobilisation
has been APPROVED by C.O. Discharge Depot from 11-4-19.

2937 Pte. John Brake.

C.R. 2937

The **John T. Brake** was attested for General Service
with the NEWFOUNDLAND REGIMENT on ... **July. 2nd. 1916.**

Regimental No. **2037** was allotted to Pte **J.T. Brake**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

J. Drake

C.R. 2937

~~PHD~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P, or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

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

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

Statement of Case.

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

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

11. Date of origin of disability. *28.9.18.*
Right hand fractured index finger
12. Place of origin of disability. *France.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Struck by splinter causing fracture of index finger right hand. Taken to 58th Gen Hosp. France later transferred 300 Lo S. H. Discharged to Depot 2-12-18.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war *Yes*
- (ii) Previous active service .. *No*
- (iii) Climate in pre-war service .. *No*
- (iv) Ordinary military service before the war .. *No*
- (v) Serious negligence or misconduct on the man's part. } *No*

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.A.*

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

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

Marked swelling of right index finger and shortening to extent about half an inch, unable to flex index finger and complains of pain during cold weather and inability to hold rifle

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

20. Do you recommend—

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

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

Reputation

J. B. ...

ROYAL NEWFOUNDLAND REG.

Station *Hayesley Down Camp*

Medical Officer in charge of case.

Date

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

NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No. 2937 Rank Pte.

Name Brake T

Pay	F. Alice Working	Total
<u>100</u>	<u>10</u>	<u>110</u>
Less Allotment		<u>60</u> ✓
Net Rate		<u>50</u>

Date 1917	DEBITS	£	s	d	CREDITS	£	s	d
	Balance				Balance			
	P.M. ADVANCES:							
	A.B. 64.				Pay @ Net Rate:			
	Acquittance Rolls				23/2/16 to 19/6/17 = 179 days. ✓			
	Hospital Advances				@ 50 = \$ 8.950 ✓			
	STOPPAGES:				1/1 to 1/1 = days.			
	Hospital dys @ =				@ = \$			
	Forfeited Pay dys @				1/1 to 1/1 = days			
	Miscellaneous				@ = \$			
	Cables							
	P. & R.O. PAYMENTS:							
	Sundry Bills							
	Cash							

10/5/17

[Handwritten signature]

Signature of Soldier

John J. BrakeBook opens on 25-11-1916 (For the Net Daily Rate of Pay see pages 3 and 4, and Note on page 5).

If the soldier was in debt on the above date, the amount to be recovered from the next pay due to him should be stated.

Debt £ _____ s. _____

John J. Brake Capt O. C. Company, &c.

Cash Payments.

Date	Place or in the Field. When on Active Service enter in the Field only.	Amount		Signature of Officer
		£	s.	
191				
7/2/16	in the field	5	frances	H. J. Charter Capt
24/2/16	Do	15	frances	Amason Thorne Lt
6-1-17	Do	15	frances	Amason Thorne Lt
12-1-17	In the field	15	frances	Amason Thorne Lt
23-1-17	Do	15	frances	L. J. Murphy Lt
3-1-17	Do	15	frances	W. H. Rendell Capt
11-2-17	In the field	15	frances	W. H. Rendell Capt
16-2-17	Do	15	frances	W. H. Rendell Capt
6-3-17	Do	15	frances	L. J. Murphy Lt
23-3-17	Do	20	frances	A. B. ... Lt

Signature of Soldier

John J Brake

Book opens on

2-11-1916

1916

(For the Net Daily Pay)

Cash Payments made to

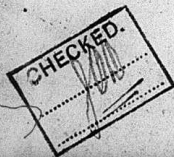
Date	Place or in the Field, when on Active Service enter in the Field only.	Amount	Signature of Officer
31.3.17	Do	£ 15 ⁰⁰	D. Cordey / W
9-4-17	In the Field	25 ⁰⁰	A. Blinco / W
23/4/17	Do	5 ⁰⁰	D. Cordey / W
30/4/17	Do	15 ⁰⁰	D. Cordey / W
May 10	do.	15 ⁰⁰	D. Cordey / W
5/6/17	Do	20 ⁰⁰	D. Cordey / W
15/6/17	Do	15 ⁰⁰	D. Cordey / W
25/6/17	Do	30 ⁰⁰	W. H. Cook / W
31/7/17	Do	25 ⁰⁰	W. H. Cook / W
18-8/17	Do	15 ⁰⁰	W. H. Cook / W
26-8/17	Do	10 ⁰⁰	W. H. Cook / W
1.9.17	Do	5 ⁰⁰	W. H. Cook / W
12.9.17	Do	5 ⁰⁰	W. H. Cook / W
28.9.17	Do	30 ⁰⁰	D. Cordey / W
7.10.17	Do	50 ⁰⁰	W. H. Cook / W
17.10.17	Do		

No. 2997 Rank Plt Name Brakey J.

Pay	F.A.	Wkg	Total
100	10		110
Less: Allotment			60
Net Rate			50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d			
						From	To								
Balance					Balance		8/6/17					11	13	4	
Acquittance Rolls	11	8	4		Pay @ net Rate	9/6/17	27/10/17	20	2	50	101	00	20	15	1
Hospital Advances					Ration allowances	25/11	8/12						1	4	6
A.B. 64					14 days @ 2 1/4	28/12	31/12	4		80	2	00	8	3	
P. & R.O. Payments	17	10	0		4-14-7										
Rate of last entry of acquittance rolls 2529	10/11/17				5-2-10										

28-118-4



23-12-11

34-1-2

No. 2937 Rank Pte. Name Brake, J. J.

Pay	F.A.	Wkg	Total
100	10	-	110
Less: Allotment			60
Net Rate			50

I.R.P. 35.

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d	
						From	To						
Balance					Balance							11 13 4	
Acquittance Rolls	11	17	4		Pay @ Net Rate	9/6	24/11	169	50	84	50	17 7 3	
Hospital Advances					Ration Allow			14	1/9			1 4 6	
A.B. 34 45 fcs.	1	13	0		14 days								
P. & R.O. Payments													
						25 th	6 th 12 th	12	50	65	1	6 50	30 5 1
								12	50	6 00	1	4 8	31 9 9
<i>45/3</i> Cash		16	0		(16 14 1) ✓								
<i>13-10-4</i>					(1 19 5)								
<i>29-10-4</i>					(2 1 7)								
Cash Receipt 4633		1	10	0	(1-19-5)								

4-8
21
CHECKED
30/1/17

No 5 Ward.

THIRD LONDON GENERAL HOSPITAL,

WANDSWORTH, S.W. 18.

October 7th 1918.

TELEPHONE:
BATTERSEA 3035.

To Officer in Charge,
Pay & Records Office,
58 Victoria Street.

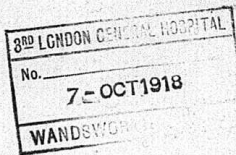
Please pay on demand

No 2934 Private BRAKE John Thomas.

Royal Newfoundland Regiment, the sum of
One pound (£1) and reduce same from his
account.

approved

W. W. W. W. W.
Cap. Rauer



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

C.R.

£ 1-0-0

7/10/18 W.R.

Receipt No. 9045

NEWFOUNDLAND CONTINGENT

N.F.P./45.

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

Please remit to

Private J. Brake

the sum of one pounds 00 shillings (£ 1. 00.)
on account of any balance that may be due to me.

Regtl No. 2937 Rank Private

Name

J. Brake

Approved

[Signature]

Officer i/c.,

Dated at

Essex

Hospital.

Nov. 5

1918

AC

P.L.D.

*O.K. £ 1-0-0 N.F.P. 5/11/18
Receipt No. 9519*

O.R. £2-0-0 N.R. 12/14/18

Receipt No. 9402

NEWFOUNDLAND CONTINGENT

N.F.P./45.

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

Please remit to

Pay. Brack.

the sum of Two pounds 00 shillings (£ 2.00)
on account of any balance that may be due to me.

Regtl No. 2937 Rank Private

Name W. Brack

Approved H. Talbot

Officer i/c.,

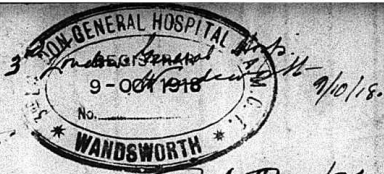
Dated at Essex

Hospital.

Nov 12 1918

P. 01.

To Paymaster
Newfoundland. Poly.



Please pay No. 2937 P. J. Braker

The sum of £1-0-0 and oblige

O.K.
£1.0.0
M. R. 9/10/18

Wm. R. Braker

Witnessed by
E. W. Braker

Approved

Cap. Kauer

Receipt No. 9072

Wm. R. Braker
Registrar

3rd London General Hospital

WANDSWORTH, H. S. W.





3rd London General Hosp
Wandsworth.
25/10/18.

No. 1
* *Superintendent*
WANDSWORTH
Newfoundland Conty.

Please pay
No 2937 The J. Brake.
The sum of £100-00 one
pound and 00/100.



*approved
Schaff
Capt*

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

OK £100 W.S.R. 25/10/18 9336
Receipt No

NEWFOUNDLAND CONTINGENT

N.F.P./45.

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

Please remit to

Pte J. Brake

the sum of one pounds 00 shillings (£ 1. 00)
on account of any balance that may be due to me.

Regtl No. 2937 Rank Pte

Name J. Brake

Approved [Signature] Officer i/c.,

Dated at 29/10/18

Hospital.

Esher. 1918



Handwritten notes:
O.P. £1-0-0
AW. 30/10/18
Receipt no 9397

Handwritten initials:
P.P.A.

Admitted 2 10 18

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



No. _____ Date 2. 12. 18.

- * (1) To the Officer i/c Records } 58 Victoria St.
- * (2) The Officer Commanding } R. Med Wmch...
- * (3) The Paymaster } 58 Victoria St Station.

* Strike out that which is inapplicable.

Regimental No. 2937

Rank and Name ~~Pte Brake J~~

Regiment or Corps ~~R. Med Wmch...~~

has been granted } 2 12 18 to 11 12 18
a furlough from }

His address while } 58 Victoria St
on leave will be } SW

I consider he is fit for

* Strike out that which is inapplicable.

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

I Duty

Officer in charge ~~G. S. ... Capt.~~ Registrar, R.A.M.C.F. Hospital.

copies to be made, and one copy sent to each Officer mentioned, above and one in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

*2nd Bn Royal Newfoundland Regt
Hazelton Camp
Windsor*

Regd. No. R.L.S.
Jan 19/1918

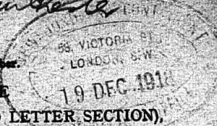
Any further letter should bear this number.

LONDON POSTAL SERVICE

(RETURNED LETTER SECTION),

MOUNT PLEASANT,

LONDON, E.C.1



*Answered
19¹²/₁₈
Sir*

17th Dec 1918

I HAVE to inform you that there is remaining in this Office a Postal Packet addressed _____

*2937 Pte John F. Brake, 1st Royal
N. F. L. D. Regt. D. Coy. B. C. F. France.
Pay & Record Office.*

[Large handwritten mark]

I shall be obliged if you will supply me with ~~any information~~ ^{the present} address ~~tion~~ which may enable me to deliver it to the owner.

A cover is enclosed for your reply.

*The Officer in Charge
Pay & Record Office
58 Victoria St.
L.P.S. (R.L.S.)—No. 24.*

I am,
Your obedient Servant,
R. BRUCE,
Controller.

Brake, John

2937

Aug. - Sept.

ST. JOHN'S, Apr 4th /19

Royal Newfoundland Regiment.

Billeting Account,

To *Mr. J. Brake*

Billeting Soldiers as undermentioned

from *Feb 14th /19* to *Mar 28th /19*

2937 - Mr. J. Brake *48 20*

B. J. M.

RECEIVED	
NO. <i>15115</i>	INITIALS <i>EW</i>
IND. <i>20</i>	
PAY <i>20</i>	
CERT. <i>48</i>	

Certified correct for

W. H. Houston
Billeting Officer.

A. J. Brake, John

April 25, 1919

#2937 Pte. John T.Brake,

Marystown.

Dear Sir:-

Please find enclosed "Discharge Certificate
No.2002."

Yours truly

Captain,
Paymaster & U.i, c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2937 Rank Private Name Brake John
 Intended place of residence Marysborne
2. Occupation Fisherman
 Classification of soldier B Medical Category C2
3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S
 Date APR 4 1919 *H. Mus. J.*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date ST. JOHN'S
4-4-19 *John Brake*
 Signature of soldier
J. A. [unclear]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date ST. JOHN'S
4-4-19 *John Brake*
 Signature of soldier
W. J. Galois
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-7-16 No of days on Military
 Discharged from service 11-4-19 Plus 14 days Service 1027

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S *R. H. Lant Capt*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date APR 11 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place *Johns. [unclear]* *M. Howley Capt*
 Officer i/c Records
 The Royal Newfoundland Regiment
- Date April 25/1919

5
31
30
3
69
365
69
296

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2937 Rank Plt Name Brake John
 Date of Enlistment 3-7-16 Address Marystown District
 Occupation Tickerman Classification for Discharge B Medical Category E
 Recommendation S.M.B. physically unfit Disability Rating Less than 5%
 Passed to Demobilization Officer with following documents:—

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

Date 3-4-19 O. C. Discharge Depot H.M. [unclear]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Brake J

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #65.00
 (b) Clothing ~~Supplied~~ AM [unclear]

Date 11-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1171 to his home at Maryestown and Release Certificate No. 1964 issued.

Date 4-4-19 *J.A. Crawford*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 25-4-19

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

Discharge approved for 11-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1	
B 178	W 3494	B 122	Board 1st	" 2	1	<i>21.11.19</i>
B 178a	D 400A	B 1915	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 4-4-19 *J.A. Crawford*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date APR 11 1919 *R.H. Sait*
O. C. Discharge Depot

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

Date 11-4-19

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation
(Fishing)

Brake, John
Signature of Man.

Reg. No. *2937*

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

Place **ST. JOHN'S.**

Date *4-3* 19*19*

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

MEDICAL HISTORY

OF

Surname Brake

Christian Name John



Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	3 rd	July		191
at	St. John's		at	
Declared Age	23	years		days
Trade or Occupation	Jackman			
Height	5	feet 7	feet	inches
Weight		140		lbs.
Chest Measurement	Girth when fully expanded	38 1/2		inches
	Range of expansion	8.		inches
Physical Development				
Vaccination Marks	Right	3	Right	
	Left	3	Left	
When Vaccinated	5 years ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	Lamont Paterson			
(Rank)	Major			
Enlisted	at	St. John's	at	
	on	3 rd day of July	on	day of 191
Joined on Enlistment	Corps.	10th Newfoundland Regiment	Corps.	
	Regtl. No.	1127	Regtl. No.	
Transferred to	ROYAL NEWFOUNDLAND REGIMENT			
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In 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				
57 Leaden General Hosp. Wandsworth.	2	10	18	2	12	18	C.S.W. lacer. fracture of subcutaneous R.I. 9 th finger 5 mm. of flesh -	61	Wounded in France 28-9-18. - Satisfactory progress.	S. M. S. R. C. R. A. M. C.

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
29-7-16	Inoculation <i>TH</i> <i>SP</i>
12-8-16	2 nd " <i>SP</i>
21-8-16	3 rd " <i>SP</i>
31-8-16	Vacc. <i>SP</i>
13-11-16.	Fit. for foreign service <i>J. H.</i>
25.11.16	Dental treatment complete.
8/11	<p>Recommended Reappointed <i>M. H. H.</i> ROYAL NEWFOUNDLAND REG.</p> <p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>14-19</u> Date of S.M.B. <u>14-19</u> <i>J. H. H.</i> Captain Discharge Agent</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

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

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

1. Unit and Corps... *Regal Newfoundland* } Former Trade }
or Occupation }
2. Regtl. No. *2977* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *BRAKE*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *28-9-18*

12. Place of origin of disability. *France*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

Struck by Sprocket causing fracture of index finger right hand. Taken to 5th 6th General Hosp. France later transferred 3rd London Gen. Hosp. discharged 15 Sept 21 - 2-12-18

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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

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

15. What is his present condition? *Marked swelling of right index finger and shortening when it is likely to afford evidence of the progress of the disability.) in such a manner as to be unable to hold rifle*
finger and complaints of pain during cold weather and inability to hold rifle

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

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

J. Bodley M.D.
 ROYAL NEWFOUNDLAND REG.

Station *Magdalen Down Camp* Medical Officer in charge of case.

Date

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *S.S.W. index finger right hand*
- (b) The present condition thereof.

See Dec 15

22. State whether the disabilities are:—
- | | | |
|---|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i) Service during the present war | <i>Yes</i> | |
| (ii) Previous active service | | |
| (iii) Climate in pre-war service | | |
| (iv) Ordinary military service before the war | | |
| (v) Serious negligence or misconduct on the part of the soldier | <i>No</i> | |
- Give details:

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

23. Is the disability in a fixed stationary condition? If

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

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

less than 5%

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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

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

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

29. Does the soldier require:—

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

Signature

Station *S. Johns*

Date *Apr. 1st 1919*

[Signature]
 } President or
 } Chairman.
[Signature]
 } Members.
[Signature]

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

Station *APR 1 1919*

Date *Not*

[Signature]
 } Only applicable
 } in case of
 } Patients in
 } Hospitals.
 Officer in charge, Central Hospital.

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

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

Station

Date

O.C. Discharge Centre.



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full

John J Burke.

Regiment from which discharged

Royal Newfoundland

Regimental number

2937.

Intended address

Mary Stein

Height on discharge

5 Feet *3*

Color of hair on discharge

Black.

Complexion

Dark.

Color of eyes

Brown.

Descriptive Marks

—

Figure on discharge

Medium

Christian name of Father

George

Christian name of Mother

Mary.

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Mary Stein 9th Dec. 1893

Nature and locality of civil employment required

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

(Soldier's signature in full)

*St Johns**John Burke*

Date

3-3-17.

Mc.
(Rank)

Station

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

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

Station

Date

Rank Pte Regiment or Corps 2/1 Newfoundland Regt
 Surname Brake Christian Name John J. 2053
 Religion Roman Catholic Age on Enlistment 25 years 3 months.
 Enlisted (a) St John's Terms of Service (a) Duration Service reckons from (a) 2/7/16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { } Re-engaged { } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.

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	<u>Southampton</u>	<u>30/11/16</u>	
		Disembarked ...	<u>Porten</u>	<u>1/12/16</u>	
	<u>Unit</u>	<u>Joined Battalion</u>	<u>France</u>	<u>12/12/16</u>	<u>Bas.</u>
			<u>With BATT. 28. I. IV</u>		
<u>21-1-18</u>	<u>88 Mts</u>	<u>Leave to act</u>	<u>22-1-17 to 3-12-17</u>		<u>Memo</u>
<u>27-4-18</u>	<u>—</u>	<u>Rapid unit</u>	<u>—</u>	<u>26-4-18</u>	<u>Bas</u>
		<u>Wounded in Action</u>	<u>28-9-18</u>		
<u>1/2</u>	<u>28 Pa</u>	<u>As per band pass</u>	<u>3 Aus Cds</u>	<u>20-9-18</u>	<u>E 207299</u>
	<u>129 Guss</u>		<u>Navvies</u>	<u>29-9-18</u>	<u>456. 29509</u>
	<u>"David" D. England</u>		<u>Hold</u>	<u>29-9-18</u>	<u>2053</u>
			<u>for</u>		
			<u>O 1/6 No 1 Infantry Section,</u>		
			<u>3rd Echelon, G.H.Q. B.E.F.</u>		

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

(b) Signaller, Shoeling-Smith, &c.

[P.T.O.]

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 2937

Name Brake, John J.

Address Manly, N.S.

Present Medical Category A I E

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

(b) ~~Standing Medical Board~~ S.M.B.

Members of Board

R.H. Sant Capt
.....
O.C. Discharge Depot.

L. Pulliam
.....
Senior Medical Officer

Geo. Burdett
.....
M. O. Depot

April 26, 1919

#2937 Pte. John Braks,

Marystown,

Burin Dist.

Dear Sir:-

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

Yours truly

Paymaster & C. i. c. Records Captain,

1928

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- 1. Christian name *John S.* 2. Surname *Braks*
- 3. Rank *Che.* 4. Regtl. No. *2937*
- 5. Address in full to which future payments of gratuity are to be forwarded. *Marytown, Barin District*
- 6. Date of enlistment in the Regiment. *July 16/16*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*
- 8. Relationship of such dependents. *—*
- 9. Address in full of such dependents. *—*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
- 11. Were you on active service only in field, if so, give dates and particulars of such service. *Overseas*
- 12. Give total length of time which you served on active service, whether in field or Overseas. *From July 16/16 to Mar 2/19 date of temporary discharge*

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

No

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

No

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

No

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

No

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

No

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

No

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

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

*Year 2/19
Temporary*

No

(b) Reason for discharge
Demobilization

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

*France + Belgium - from Nov 1916 to Sept 29/18
C. Coy. 1st Bn. 1st Div. 1st Army
St. Mauch, Cambrai*

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

No

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

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?

No

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

No

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

No

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

No

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

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

*War 2/19
Temporary*

No

(b) Reason for discharge
Demobilization

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

*France & Belgium - from Nov 16 to Sept 28/18
Eperlecques, Bagny-en-Tergnois, Paschendale,
Mouchy, Cambrai*

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

No

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

John J. Burke

Signature of Applicant:

Place of Residence:

Marys town, Barin District

Declared before me at:

N. John's field

This

31st

day of

March 1919

John McCarthy

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5 mes.</i>	<i>350.00</i>
.....
.....
Certified Correct.			Paymaster.	<i>W</i>



3 1st. NEWFOUNDLAND REGIMENT 12

ALLOTMENTS

I, John Thomas Brake, Regl. No. 2797
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins Aug 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2794</u>	<u>Sister</u>	<u>Mrs Ellen Mary Brake</u>	<u>Mary's Town J. B.</u>	<u>60</u>

Total Allotment, \$

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.) Chas. H. Aye Capt.
 Officer Commanding
July 28th 1916
St John's Company
6

(Sig.) John Thomas
 (Rank) J. B. Brake



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of

John Blake (Blake)

aged

23

conducted at

C. L. B.

Date:

July 3rd 1916

Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *n - no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *teeth to be attended to*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/6*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

2937

yes two arms & scars 5 years ago
5 ft 4 ins
140 lbs
35 1/2 38 1/2
250 dollars
Father George Blake Marystown
Nobody

See report of 13

Signature of Medical Examiner:

Geo. Gordon
Leut

At Laws

C.R. 2937

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

DATE. *Jan 25 1920*
PLACE. *Indryestown*.....

NO. *2937* NAME. *John J. Brake*

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here

July 5th. 1921. 1919.

The accompanying King's Certificate, on his discharge,

(No. 1046), is forwarded herewith toJohn T. Brake,in respect of his service as No. 2937 Rank Pvt.Name J. T. Brake, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received ~~August~~ certificateSignature John T. BrakeDate Aug. 5th 1921Address Baytown P. O.

Receipt for Army Book 64

No. 2937 Name Brake V. T.

To Certify that I have received the AB 64 of the above
named Soldier.

Name John T. Brake

Date July 26 1920

Place Marystown

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

1951

ST. JOHN'S Nfld.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

NEWFID
PC
A W N

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

ST. JOHN'S

1951

Address

10.7.91

SEP 12 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

John Thomas Brake

in respect of his service as No. 2937 Rank Pte.

Name J. T. Brake

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Medals of Return

Signature John T. Brake

Date Oct 4th

Address Marystown P.O.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (66) W-017/2124 1000m @16s 82 66

Forms
B. 121.
85.

Regiment of

Newfoundland.

Number of Sheet

First

Signature of O. C. Company

[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay				
No.	Name	Age on	years	months	Religion				
Joined	Date	Place and Date of Enlistment			Place of Birth				
Joined	Date	Period of							
Joined	Date	with Colours	years	with Reserve	years				
2957	Brake J. J.	23	3	3	Fishermen				
Depot	6/9/16	St John's		R.C.					
		2-7-16		St John's					
		2	2 1/2	3	3 1/2				
				St John's					
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
				Demobilized	St John's	25	19		



To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2937 Rank Private Name Brake, J.
 Intended place of residence Marytown

2. Occupation Fisherman
 Classification of soldier B Medical Category B

3. The above named man is discharged in consequence of Demobilization

ELIGIBLE FOR WAR SERVICE GRATUITY

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

Place (sgnd) H. Mews, Lt.
 Date APR 4 1919 for Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date (sgnd) Brake, John
APR 4 1919 Signature of soldier
 " J. H. Snow, Lt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date (sgnd) John Brake
APR 4 1919 Signature of soldier
 " W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-7-16 No of days on Military
 Discharged from service 11-4-19 plus 14 days Service 1027

APPROVAL OF DISCHARGE

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

Place (sgnd) R. H. Tait, Capt.
 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
 Date APR 11 1919

CONFIRMATION OF DISCHARGE

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

Place Officer in Charge of Records
 Date The Royal Newfoundland Regiment

52937

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2937 Rank Pltr Name Brake, Jesse
 Date of Enlistment 3-7-16 Address Marystown District Parsons
 Occupation Fisherman Classification for Discharge B Medical Category 1
 Recommendation S.M.B. Physically Unfit Disability Rating Hesitant 5%

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 3-4-19

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Brake, J.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable: \$60.00
- (b) Clothing Supplied A.M. H. M. H.

Date 4-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *21271*..... to his home at *Warrington*..... and Release Certificate No. *1964*..... issued.

Date *4-4-19*.....

J.A. Brown
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *25-4-19*.....

Date *4-4-19*.....

J. H. News
Depot Paymaster.

Discharge approved for *11-4-19*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
B 178a	D 400A	B 1915		do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date *4-4-19*.....

J.A. Brown
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 11 1919

Date

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date *12/4/19*.....

J.P.G.
for Officer in Charge of Records

Reg. No. 2937 Rank Plt Name Brade, John
Attested Address Marystown Durin
Allotment Allottee
Date of Allotment Returned from Overseas 2-19
Returned on S.S. Cause Discharge

1.3.19 see his from the army

3.4.19

PASSED TO DEMOBILIZATION OFFICER

11.4.19

DISCHARGE APPROVED ON DEMOBILISATION.

ROYAL WARTIME SUPPLY DEPARTMENT

STATE OF NEW YORK DEPARTMENT OF TAXATION

LONDON

Name of Bank, Inventory of Kit of No. of Company, Depot: THE ROYAL NEWBURN AND REGIMENT

on day of 1911

2937 Pte. Brake, J. Dr. Bal. £1-11-3

Received from Received into

Quantity PERSONAL EFFECTS Quantity REQUISITE NECESSARIES

Articles, 2, D. Canteen, 2, D.

THIS TRANSFERRED BY OFFICE 7-4-19

Prison, Great Coat, Kit Bags, Blanket, Hat, Boot, Trench, Cloth