

3039



# FIRST NEWFOUNDLAND REGIMENT

LL

## ATTESTATION OF

No. 3039 Name M. Bernard Brake Corps

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

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

I, Michael Bernard 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.

Michael B. Brake SIGNATURE OF RECRUIT.  
Chas. Aye Signature of Witness.

**OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.**  
 I, Michael Bernard 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 duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this ninth day of August 1916.  
Chas. Aye Capt Signature of Attesting Officer

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

2019

Name Michael Bernard Brake  
 Apparent age 18 years 3 months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Brake Maryston, P.S.  
 Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>24-8-16</u>									
Joined at <u>St John's</u> on <u>August 24<sup>th</sup> 16</u>									
<u>Discharged April 1919</u>									
<u>Embarked St John's for No. 10 31-1-17</u>									
<u>Disembarked Queen's 12-6-17</u>									
<u>Invalided to England and 3-10-17</u>									
<u>Admitted 1st Gen Hosp. French Front 4-10-17</u>									
<u>Surgeon then per. command depot upon 23-1-18</u>									
<u>Admitted 2nd Bathn 5-12-18</u>									
<u>Embarked for 156 K 10<sup>th</sup> 5/18</u>									
<u>Joined 10th Battalion in the field 17<sup>th</sup> 5/18</u>									
<u>Admitted to the 4th Depot 29<sup>th</sup> 9/18</u>									
<u>Dis to cont camp 11-10-18</u>									
<u>Arrived Queen's 13<sup>th</sup> 12/18</u>									
<u>Admitted 40<sup>th</sup> Depot 29<sup>th</sup> 12/18</u>									
<u>Embarked for 29<sup>th</sup> Depot 29<sup>th</sup> 12/18</u>									
<u>Admitted 40<sup>th</sup> Depot 15<sup>th</sup> 1/19</u>									
<u>Embarked for 29<sup>th</sup> Depot 29<sup>th</sup> 12/18</u>									
<u>Arrived 40<sup>th</sup> Depot 15<sup>th</sup> 1/19</u>									
<u>Demobilisation St John's 25-4-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>25-4-1919</u> (date of discharge) <u>2</u> years <u>245</u> days									
Pension .....									



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 Bernard Breake. Drake.

aged 18 - 3 mos. conducted at C. F. B.

Date: 27 August. 1916 Recruiting Officer:

NO OF TEST

FINDING

- 1 no.
- 2 no.
- 3 no.
- 4 no.
- 5 no.
- 6 no.
- 7 yes
- 8 yes
- 9 no
- 10 N - ~~no.~~
- 11 N
- 12 N
- 13 N
- 14 enlarged Testicles - To be operated on - fit when this is done.
- 15 N
- 16 N
- 17 N
- 18 N
- 19 No Bath
- 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 No.

*30/29*

33 ~~20~~ No

34 5.75 6.3

35 1500

36 8.75 - 38

37 150.00 per. six months

38 Father John A. Breake. Boy's Town.

39 Grandmother.

Signature of Medical Examiner:

*W. Borden*



**3 1st. NEWFOUNDLAND REGIMENT 13.**

**ALLOTMENTS**

I, Bernard B. Brake, Regl. No. 3039

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
— Dollars and Sixty - Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins Here is

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3154	Uncle	George Brake	Creston	60
		of Charles	Marlottown P.B.	
			Total Allotment, \$	60

**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.) Charles Ayré Capt  
 Officer Commanding  
J. Johnson  
 Mod 226  
 191

His  
nr. x B B Brake.  
 (Rank)  
Volunteer  
For Rank



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.....
2. Regtl. No. *3039* 3. Rank. *Pte*
4. Name *BRAKE* *Bernard*  
(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 ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity  
(if any)

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

### Statement of Case.

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

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

*Inflammation Right Foot. He*

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *He states that he gauled his foot whilst marching treated London cured*

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service .. .. .                      | Yes                 |                   |
| (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.e*

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

15. What is his present condition?

*Sound healed no disability*

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

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*repatriation*

*Wolvis mo*

ROYAL NEWFOUNDLAND REG

Medical Officer in charge of case.

Station *WIZLEY BURN CAMP* .. .. .

Date *1 JAN 1919* .. .. .

\* 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

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.  
(b) The present condition thereof.

22. State whether the disabilities are:—

- |  |                     |                   |
|--|---------------------|-------------------|
| (i) Service during the present war .. .. .                               | (a) Attributable to | (b) Aggravated by |
| (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 .. .. . | .....               | .....             |
- Give details:

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

23. Is the disability in a final 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 24.

N<sup>o</sup> 3836



# 3 1ST. NEWFOUNDLAND REGIMENT 12

## ALLOTMENTS

I, Bernard B. Brake, Regl. No. 3039.

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Sixty — Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> 6 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> 6 Persons concerned, viz.:

Allotment begins Hereby

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3154	Uncle	George Brake	Creston		
		of Charles	Marystown.		60
			P.B.		
				Total Allotment, \$	60

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

(Sig.) Charles Aye Capt.  
Officer Commanding  
J. Johns  
Company  
Nov 22 1916

Hrs  
M. X. B. Brake  
Rank P.B.  
Witness  
Bohmer



C.R. 3039

Extreat of Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated April 26th/19.

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The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records on

3039, Pte. Wl. Brake.

25/4/19.

C.R. 3039

Exybat from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, April 11th, 1919.

The discharge of the undernoted on demobilization  
has been ~~APPROVED~~ by O.C. Discharge Depot, 11-4-19.

3039 Pte. B. Brake.

C.R. 3039

Extract from ~~Manchester~~ Daily Orders Part II Unit  
The Royal R.F.M. Regt. St. John's, 11-2-19.

The Undersigned returned from ~~O~~<sup>V</sup>erona and reported to  
Regt 7-2-19.

RECORDED IN R.F.M. REGT.

3039 Pte. M. Brake.

*Brake*

C.R. 3039

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

3039 Brkks.

C.R. 3039

Extract of Casualties from Pay & Record Office London dated Jan.  
7/1/29.

The undermentioned was transferred from City of London Mil. Hospital  
Clapton, N.E., to 3rd London General Hospital., S.W., 6/1/19.

3039 PTE. B. Brake.

Sheet from A.B. 172 from City of L. Hospl.

C.R. 3039

Extract of ORDERS, by LT. COL. B.J. BARTON, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,  
17/1/19.

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The following having reported back from the 1st Battalion  
is taken on the strength and posted to "H" Company from  
15/1/19.

#3039 Pte. H. Brake.

C.R. 3039

Extract of Casualties from Pay & Record Office,  
London dated 17/1/19.

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The following soldier was transferred from 3rd  
London General Hospital, Wandsworth, to 2nd Bn.  
Winchester, for repatriation to Newfoundland  
15/1/19.

#3039 Pte. B. Brake.

Auth:

Memo from Hospital.

C.R. 3039

Extract of DAILY ORDERS, PART 11, ROYAL NEWFOUNDLAND  
REGIMENT, in France, Jan. 16th 1919.

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Embarkation. to U.K.

~~5/1/19. Sick/~~

29-12-18

#3039 Pte. M. Brake.



C.R. 3039

Extract from telegram received from Synoptical  
London, Dec. 31st, 1918.

City London Military Hospital Clapton  
I.C.T. Foot

3039 Brake.

C.R. 3039

Extract from War Office List No. H.A. 33301..

Adm. 3 Can. Gen. H. Boulogne 19th., December 1918.

#3039 Pte, M. B? Brake,

ICT. R. Foot Mild.

C.R. 3039

Extract from Casualties received from Pay & Record  
Office, London, Dec. 1, 1918.

Admitted to City of London Military Hospital, Lower Clapton  
France.  
29th, Dec. 1918.

3039 Pte. Bernard Brake.

I.C.T. Foot.

C.R. 3039

Extract from List of Sick and Wounded N.C.Os. and Men of the  
Expeditionary Force - France, dated 22 Nov. 1918.

List No: H.A. 31805.

3039 Pte. M. Brake

1 Newfoundlands..... PUO.....Dis. 5 Rest Camp St Martins  
Boulogne on 10 Con. Dep. 9 November 18/

C.R. 3039

Extract from War Office List No. H.A. 31273.

ADMITTED 7 CON .DEP. BOULOGNE2nd., ~~DEC.~~ 1918.

#3039 Pte. M. Brake

P.U.O.

C.R.I 3039

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

No. H.A. 31797.



MACHINE GUN CORPS.

ADM. 10 CON DEP. ECAULT, 4 NOV'1918.

15131	Cpl. Baxter W.	104	MG Bn x W Drag.	Influenza Mild
154574	Pte Leslie P.	15	do x 9 B. Watch.	Lac. Hand acc. Mild
145057	" Gittings W.	29	do x 4 DOLI.	Spr. ankle acc. "
156159	" Baynes H.	74	do x 11 RB.	Diarrhoea. "
113762	Spr. Duckett T.	30	do x 1/10 M'wax.	Bronch. Mild.
124032	Pte Bowerman F.	30	MG Bn. x 4 RW. K.	Influenza Mild
48504	" Johnson A	9	MGB x 16 Gies	do. "

ADM. BY (NEW DISEASE SUPERVENING) 10 CON DEP. ECAULT, 4 NOV'1918.

67230 Pte McLeod D. .... 61 MG Bn. x 2 Seaf. .... ICT. Axilla.

DIS TO 5 REST CAMP ST MARTINS, BOULOGNE, EX 10 CON DEP. 4 NOV'1918.

119975	Dvr. Dawson A.	37	MG Bn x 3 Leics.	Albuminuria.
146721	Pte. McKenzie S.	41	do x 8 Ldns.	ICT Feet.
89498	" Shepherds W.R.	39	do 34 THB.	Spr. Ankle L.
154875	" Eland F.G.	9	do 87 do	Gassed Shell
81658	" Russell S.	14	do 25 Ldns.	P.U.O.
136863	Pte Burnham C.H.	19	MGC.	Gassed Must.
48223	Pte Millikin G.D.	52	MGC. 1/7 SRfls.	Influenza.
3198	" Coles A.	15	do 5 R. In. Fis.	Diarrhoea.
99898	" Corlett J.	15	do. 5 K.L'pools.	Gas Pois. Must.

*later*

NEWFOUNDLAND - EXPEDITIONARY FORCE.

No. H.A. 31797.

ADM. 10 CON DEP. ECAULT, 4 NOV'1918.

X 3039 Pte Brake M. .... 1 I. Newfld. .... P.U.O.

SICK AND WOUNDED N.G.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 3039



LIST No.H.A.30199.

WESTER - RECORD OFFICE.

DIS. TO 5 REST CAMP ST. MARTINS BOULOGNE EX. 10 CON. DEP. 11th OCTOBER 1918.

44672	Pte. Goreham, A.J.	11- K.R.R.C.	Myalgia.
87125	Warfield, H.	2/16- Londons.	Bay.Wd.R.Knee Acc.
25117	L/C.Nellis, W.	18- K.R.R.C.	T. & T. Ankle L.Wd.
47895	Pte. Perkins, G.P.	12- do.	P.U.O.
3678	" Lipyard, J.	18- do.	Wd.Gassed.
305131	Pte. West, C.V.	1- L.R.B.	Spetic Toe R.
573286	" Bowyer, A.	2/17- Londons.	Abras & Mult.Wds.
R/12268	" Watts, J.A.	2- K.R.R.C.	Wd.Gassed Pois.
41277	" Evans, E.	1/28- Londons.	G.S.W.Back. . Dis.to Duty New Disease Supervening ex.10 Con.Dep.Ecault 11th Oct'18.
41147	" Messonbird, J.H.	12- Roy.Bde.	Wd.Gassed M. . Dis.to Duty New Disease Supervening ex.10 Con.Dep.Ecault 11th Oct'18.
303867	" Evans, D.W.	8- Londons.	Wd.Gassed Shell.Adm.8 Sty.H.Wimereux 10th Oct'18. Blue Mild.
422949	" Hayes, A.	10- do.	G.S.W.Leg L.Sev.Adm.8 Sty.H.Wimereux 10th Oct'18.

*M*

1991

SOUTH AFRICAN RECORD OFFICE.

LIST No.H.A.30199.

17168 Pte.Gray, B. 4- S.A.Inf. Debility . . Dis.to 5 Rest Camp.St.Martins Boulogne ex.10 Con.Dep.11 Oct'18.

FOOT GUARDS.

LIST No.H.A.30199.

4139 Pte.Rawlinson, W.E. 1- Welsh Gds. I.C.T.Foot L. .Dis.to 5 Rest Camp.St.Martins Boulogne ex.10 Con.Dep.11 Oct'18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No.H.A.30199.

X 3039 Pte.Brake, M. 1- Newfoundland. G.S.W.Arm. . Dis.to 5 Rest Camp.St.Martins Boulogne ex.10 Con.Dep.11 Oct'18.

C.R. 3039

Extract of Casualties from list of sick and wounded N.C.Os and  
men of the Expeditionary Force - France, received from the Pay  
and Record Office, London, dated Nov.6th ~~1918~~

3039 Pte.Brake, M.

Influenza Mild..... Adm.3 Gen.Gen.H.Boulange 29th Oct.18.



C.R. 3039

Extract from War Office List No. H. A. 29868 dated 11 Oct. 1918.

ADMITTED 2 CON DEP. H. ETAPLES 2 October 1918.

45039 Pte. M. Brake.

G.S.W., ARM RIGHT.

C.R. Register No. 3039

# 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 10th, 1918**

To **John Brake, Marys Town**

Regret to inform you that Record Office, London, officially reports **No. 3039, Private Michael Brake at 20th General Hospital Dames, Camiers, Sept. 29th suffering from G.S.W. right arm mild**

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.

**FOR TYPEWRITER**

C.R. 3039

Extract from <sup>u</sup>Casualties <sub>c</sub> List.No.H.A. 29842.

3039 Pte. Brake, M.

Adm. 10 Con. Dep. Esault 4th Oct. 1918. 1/Nfld.  
G.S.W. Arm.

MM.

Q.R. 3039

Extract from War Office List No. 9. 1710 1890/18/18.

43039 Pte. M. Brake.

WOUNDED 28-9-18.

BC.

WOUNDED & SICK N.C.Os & MEN OF THE EXPEDITIONARY FORCE - FRANCE

ER 3039

ARMY SERVICE CORPS

LIST NO.H.A. 26513

-----  
 ADMITTED 14 GEN. H. WIMEREUX 18th JULY 18.  
 -----

T/066367 Dvr. Hawley, A.	ASC. att 180 SBAC.	Debility Mild.
M/237231 Pte Healy, M.	ASC. MT. 488 S.Bty. RGA.	Enteritis Mild.
308879 Cpl. Vass, W.H.	ASC. att 2/3 NM. Fld. Amb.	Bronchitis Mild.
-----		
SA/342352 Pte. Gooding, A.J.	ASC. EFG.	Influenza Mild. Dis. to Duty Cl. A ex 14 Gen. H. Wimereux 18 July 18.
SA/391616 Pte. Hughes, T.P.	ASC. EFG. 37 Canteen.	Erysipelas. Dis. to Duty ex 20 Gen. H. Dannes Camiers 18 July 18. Face Mild.
T30908 Dvr. Cross, J.	ASC. 1/Co. 8/Div.	NYD PUO. Tr. .... Adm. 39 Gen. H. Havre 18 July 18. Fever.
T35834 Dvr. Turnbull, J.	ASC. HT. 1/AHTD.	-do- Adm. 39 Gen. H. Havre 18 July 18.
T4/278029 Pte, Webb, E.A.	ASC. att 4/Army Sup. MT. Co.	VDG. .... Dis. to Reinf. Havre ex 39 Gen. H. Havre 18 July 18.
T4/110407 Pte. Gransby, A.J.	ASC. Sup. Harfleur.	Scabies. .... Dis. to Reinf. Havre ex 39 Gen. H. Havre 18 July 18.



1523

NEWFOUNDLAND EXPEDITIONARY FORCE

LIST NO. H. A 26513

-----  
 3039 Pte. Brake, M. 1/R. Newf. Rgt. Scabies Mild. .... Adm. 20 Gen. H. Dannes Camiers 18 July 18.  
 -----

NO. TWO RECORD OFFICE - WARLEY

LIST NO. H. A. 26513

-----  
 27049 Pte. Tubb, J. 1/Herts. NYD Mild. .... Adm. 39 Gen. H. Havre 18 July 18.  
 -----

MACHINE GUN GUARDS

LIST NO. H. A. 26513.

-----  
 5358 Cpl. Blagg, J. RHGs. MGBn. Colitis Mild. .... Adm. 14 Gen. H. Wimereux 18 July 18.  
 -----

C.R. 3039

Extract from Nominal Roll of Irish to A.B.F. embarked  
Southampton 10-5-14.

8

#3039 Pte .M. B. Brake .

**NEWFOUNDLAND POSTAL TELEGRAPHS.**

CR 3039

**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*      **Jan. 2nd, 1918**

*To*          **John Brake, Marystown,**

Regret to inform you that Record Office, London,  
officially reports No. 3039, Private Michael Bernard  
Brake a City of London Military Hospital Clapton  
England suffering from inflammation connective tissue

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.

**FOR TYPEWRITER**

C.R. 3039

Extract of Casualties from list of sick and wounded N.C.Os  
and men of the Expeditionary Force / France, received from  
Pay and Record Office, London, dated Jan.12th 1918. ~~List~~

~~Matrix~~

O.C., 1st London General Hospital, S.E., Reports,

Discharged Hospital 12/1/18, furlo' to 21/1/18,

3039 Pte.Brake, B. Fit for 11, Command Depo

Authority:-

A.Fs W.3016 from Hospitals.



C.R.

3039 Pte. M. Brake.

---

Extract of "Daily Orders" Newfoundland Regiment part 2,  
G. H. Q. 3rd Echelon, B. E. F. dated October 20, 1917.  
Invalided to England , 3/10/17, Sick.

# 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 \_\_\_\_\_

Line Number	Rcd	By	Sent by	Check

*Dated*                      **October 6, 1917.**

*To*                              **Mr. John Brake,**

**Marystown.**

Regret to inform you that Record Office  
London, officially reports      **No. 3039, Private**  
**Michael B. Brake, is at First London General Hospital,**  
**suffering from trench fever.**

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

~~JOHN R. BENNETT,~~      **R.A. SQUIRES**

Colonial Secretary.

**FOR TYPEWRITER**

No. 3039, Pte. M.B.Brake.

1021

Extract casualty list received Oct. 6th. 1917.

"At 1st London General Hospital, Trench Fever."

C.R. 3039

Extract from War Office List No.H.A. 26959.

3039 Pte. Brake, M.B.

1/Nfld.R..Scabies Mild..Dis.to Duty Etaples.ex 20 Gen.Hos.

28th July, 1918.

C.R. 3039

Extract from Nominal Roll of Draft No. 25; Embarked Southampton 11/6/17  
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland  
Regiment B. F.

3039 Pte. Brake, M.B.

MP.

C.R. 3039

Extract of Nominal Roll of Officers and men embarked  
16-4-17.

St. John's 51-7-17 Sailed Halifax S. S. AUSONIA.

#3039 PTE. M. B. BRAKE.

C.R. 3039

M chael B.Brake was attested for General service  
with the NEWFOUNDLAND REGIMENT on August..24ty.1916  
Regimental No 3039 was allotted to Pte. M.B?Brake

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

Blake, M. B.

3039

Pay Dept



ST. JOHN'S, APR 1 - 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Plt. B. Brake

Billeting Soldiers as undermentioned

from Feb 21<sup>th</sup> /19 to Mar 28<sup>th</sup> /19

3039. Plt. B. Brake 36 00  
B.M.

DUPLICATE  
DU NO 14990  
IND ...  
PAY LABEL ...  
GEN ...

Certified correct for \$ 36.00

J. A. Snow  
Billeting Officer.

B Brake

April 25, 1919

#3039 Pte. Michael B. Brake,

Marystown, Placentia.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 1937."

Yours truly

Capt.  
Paymaster & O. i/ c Records.

copy

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No) 3039<sup>39</sup> (Rank) Pvt. (Name) Michael Braks.

hereby apply for cancellation of Allotment made by me on N.F.P/11  
No. 2836 dated October 1918. in favour of

Uncle. George Braks.  
for \$      cts 60 per diem.

Such cancellation to take effect on the Thirtieth day of  
May 1918.

2. I agree to accept all risks and consequences of this applica-  
tion failing to reach Headquarters, St. John's, in time to become  
operative at above nominated cancelling date; and that in the  
event of such non-delivery, and thereby the allotment continuing  
to be paid to the Allottee, I also agree to such further stoppage  
in the Pay Books as may be necessary, or otherwise to refund such  
overpaid amount or amounts.

Dated at  
Windsor  
St. John's  
4-5-1918

*[Handwritten signature]*

NOTED  
*[Signature]*  
C.C.M.S.  
Date 3/6/18. Coy

*His witness*  
M. B. Braks W. P. Wilson  
Allotter.

Approved and Witnessed:  
*[Signature]*  
O.C. "G" Company.

NOTED  
G. J. Clancy  
C.C.M.S.  
9/1/18

To be made out in TRIPPLICATE and delivered at the Pay & Record  
Office not later than date of cancellation, in accordance with  
P. & R.O. C.L./10, 9/12/16.

April 26, 1919

#3039 Pte. Bernard Brake,

Marystown,  
Barrin 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

Raymaster & Co. i/c Records  
Captain.

1777

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 20th. 1919.

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

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

Christian name *Bernard* 2. Surname *Brake*

3. Rank *Plt* 4. Regtl. No. *3039*

5. Address in full to which future payments of gratuity are to be forwarded *Marytown Burn District*

6. Date of enlistment in the Regiment *Aug 24/16*

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 *No*

9. Address in full of such dependents *No*

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 Aug. 24/16 to Mar. 31st. 1919 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, (b) Reason for discharge.

*No*

*Mar 31/19  
Temporary*

*Reassigned*

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 & Germany from June 1/17 to Dec. 20/18, Egypt.*

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

*No*

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

Signature of Applicant: *B Broke*  
 Place of Residence: *Marystown, Burin Nfld.*  
 Declared before me at: *R. Johns, Nfld.*  
 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 mos.</i>	<i>250 00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Paymaster.	

*2*

M. B. Brake

3039

P.R.C.



No. 3039 Name H. B. Brake Sqn., Batty., or Company A. (P) Corps Royal Newfoundland Date of enlistment 24/8/16 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. 1 Signature O.C. [Signature] Company, etc. \_\_\_\_\_ Character V. good

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>Field</u>	<u>20.5.18</u>	<u>Private</u>		<u>Duty Breach</u>	<u>Capt Hyslop</u>	<u>1 day C.B.</u>	<u>20.5.18</u>	<u>Capt Hyslop</u>	<u>MC</u>

Hospital 24.5.18

Army Form B. 129

N.F.P./45.

NEWFOUNDLAND CONTINGENT

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

OK 11/12/14  
JOW £20.00  
Rect No 4756

3039

Please remit to Mr. M. B. Brake, U.A.P. Hospital,  
Beech House, 16 The Avenue, Brandebury Cr, W.C.

the sum of Twenty pounds — shillings, on  
account of any balance that may be due to me.

(£ 2 0/0).

Regtl No. 3039 Rank Private

Name Mr. B. Brake

Approved E. Marsden (Matron)  
Officer i/c.,

Beech House Military Hospital.

Dated at London  
15 Dec 1914

Back House  
Bronxbury  
Park.

My dear  
Mr. [unclear]  
[unclear]

||

3-1-18

Ret. M. Brake No 3039

Newfoundland Regt

\$20.00

Edith Marsden  
(Matron)

Telephone

Wk 300

Ret 5064

4222/2/R.&.C.

*Enclosure*



MEMORANDUM.

From

From

To

To

Officer Commanding,  
1st London G. Hospital,  
Camberwell, S.E. 5.

ANSWER.

Pay & Record Office,

15th March, 1918

191

3039, PTE. M. B. BRAKE,  
Royal Newfoundland Rgt.

With reference to attached:  
will you be good enough to  
recover the Medical History  
Sheet and forward it to this  
Office?

*A. D. Minnam* Major

Chief Paymaster & O. i/c Records.

HA/JC

## NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

PAY &amp; RECORD OFFICE.

58, VICTORIA STREET,

LONDON, S.W..

11 MAR 1918

191

CABLES AND TELEGRAMS:  
"SYNOPTICAL,"  
LONDON.TELEPHONE:  
VICTORIA 147.COMMUNICATIONS TO BE ADDRESSED TO THE  
PAYMASTER & OFFICER I/c. RECORDS.  
AND THE FOLLOWING NO. QUOTED:

To *Medical Officer in charge*  
*1<sup>st</sup> London General Hosp.*  
*8. Camberwell S.E. 5*

SUBJECT: *Medical History Sheet*

*Kindly forward to this Office completed  
Medical History Sheet relating to the following  
Soldier, discharged from your hospital 12.1.18.*

*3039 Brake R. B. Plt  
R. Newfoundland Regt*

NEWFOUNDLAND CONTINGENT.

*H. A. Anderson Lieut*  
CHIEF PAYMASTER & OFFICER I/c

3842

Chief Paymaster and  
Officer i/c Records,  
Newfoundland Contingents,  
58, Victoria Street, S.W.



Reference reverse, this Medical History Sheet has been  
forwarded to O.C. Depot, Newfoundland Contingents, Windsor,  
please. 7/3/18.

St. Gabriel's College,  
Camberwell, S.E. 5.

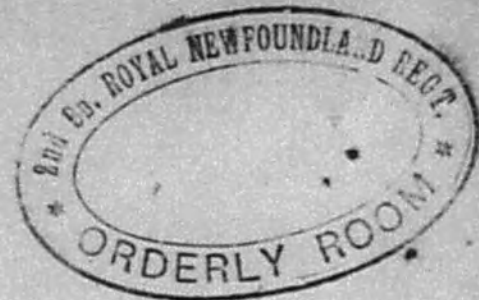
12/3/18.

NEWFOUNDLAND CONTINGENT,  
PAY & RECORD OFFICE

Ref. Nos. IN 2474  
Rec'd 13 MAR 1918  
Ack'd Aus'd  
Ref. Nos. 001

ACTED UPON	
BRANCH	DATE
Comd.	
P & A.	
R & C. ✓	
B & E	
P.S.	

*Robert Woodhouse*  
Lt. Col. R.A.M.C. (T.)  
REGISTRAR, 1st LONDON GENERAL HOSPITAL



The Chief Paymaster

royal Newfoundland Regt.

London, S.W.

Herewith A.F.B 178 of 5039

Pte. Brake, B. as requested by Register, 1st  
London General Hospital, Camberwell, S.E.5

*R. B. Berman*

LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

*Over*

NEWFOUNDLAND GOVT. QMNT.  
PAY & RECORD OFFICE.

Ref. Nos. IN *2678*

Rec'd *21 MAR 1918*

Ack'd *Ans'd*

Ref. Nos. OUI

---

ACCTD *Hazelton Down Camp,*

BRANCH *Manchester*

Comd.

P & A.

R & C ✓

B & F

P.S.

*March 20th 1918-*



O.C. 2nd Bn.

R. Nfld Regt.

Hazelton Down Camp.

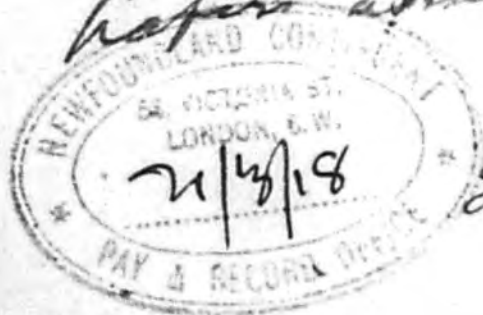
3039 Brake

4585

Ref. & reverse and attached: M.H.S. in question was required by your M.O. who asked this office for it 2/3/18. It is returned herewith for him please - kindly acknowledge receipt and return other papers attached.

NEWFOUNDLAND CONTINGENT.

*J. R. Dinnell* Maj.  
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.



The Chief Paymaster  
Royal Nfld. Regt.

Medical History Sheet received  
Paper returned as requested  
*J. R. Dinnell*



23 MAR 1918

LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

O.C. Depot,  
Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

---



Reference attached, kindly forward this Medical History Sheet direct to Records, as it was sent to you 8/3/18, please.

*as per instructions*

*W. Col*

Major, R.A.M.C. (T.)

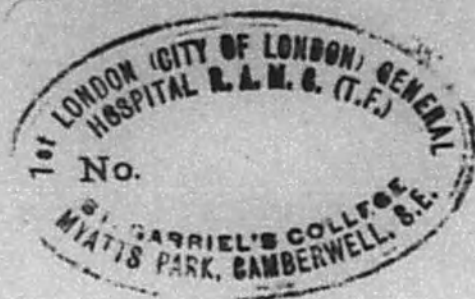
REGISTRAR 1st LONDON GENERAL HOSPITAL

St. Gabriel's College,  
Myatt's Park,  
Camberwell, S.E. 5.

18/3/18.

From Officer in Charge,  
1st London General Hospital,  
Gamberwell, S.E.5.

---



Date: 12. 1. 18.

To No. 3039. Pki Brake. B.

*1/ Newfoundlanders*

You are hereby directed to report yourself at your  
Depot this day, at *58. Victoria St. W.*

*James Woodward*  
Lt. Col  
Commanding Officer, R.A.M.C.T.,  
Registrar, 1st London Gen. Hospital.

4222/2/R. & C.



Officer Commanding,  
1st London G. Hospital,  
Camberwell, S.E. 5.

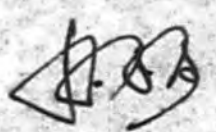
Pay & Record Office,  
15th March, 8

3039, PTE. M. B. BRAKE,  
Royal Newfoundland Rgt.

With reference to attached:  
will you be good enough to  
recover the Medical History  
Sheet and forward it to this  
Office?

Major,  
Chief Paymaster & O. i/c Records.

*M.H.S. in question  
was sent by 1st Lt. G.H.  
to Winchester 7/3/18,  
from Winchester to  
P.R.O. 20/3/18 and  
from P.R.O. to  
Winchester 21/3/18.*

*Note Harvey and  
file.   
21/3/18*

HA/JC

### Statement of Accounts

No. 3039 Rank Pte Name Bruce, B.

Company, etc. Pay \$1.00 F.A. 10 Total \$1.10

From \_\_\_\_\_ to \_\_\_\_\_ Alot .60  
Nett rate. (dates) 50

DEBITS				CREDITS			
Date				Date			
	30th Pay	2.20	90 ✓	8/17	Balance		6 5 ✓
	Acq Ralls Travel	2 17 2	✓		Pay		
	Corp advances	1 17 6	✓		9 <sup>6</sup> / <sub>11</sub> - 12/18		
	P & R Payments	14 - -	✓		518 days @ 50¢		
12/18	Cheque 7396	14 10 -			\$109-00	22 7 11 ✓	
					Ration allow	1 - -	✓
	Creditor Balance		<del>14 10 8</del> ✓		Debtor Balance		
	Total £	23 14 4	✓		Total £	23 14 4	✓

C. R.  
12/1/18

Certified correct,

Station \_\_\_\_\_

Date \_\_\_\_\_

Paymaster.

No. ....

Regtl. No. 3039

Rank Pte.

Name Brake B.

Regiment 1<sup>st</sup> N.F.L.D.

Date from 12/1/18 1918

to 22/1/18 1918

To proceed to London

or elsewhere

I/c 1<sup>st</sup> L. G. Hospital

Station London

Date 12/1/18

Address whilst on furlough to which any orders will be sent.

Kilburn

Brondesbury, G.

M. B. & A.

Willenden Lane N.W.6

ORIGINAL



NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No) 3029<sup>3</sup> (Rank) Private (Name) Michael Brake  
hereby apply for cancellation of Allotment made by me on N.F.P/11  
No. 3736 dated October 1916 in favour of  
Uncle George Brake  
for \$ — cts 60 per diem.

Such cancellation to take effect on the Thirtyfirst day of  
May 1918.

2. I agree to accept all risks and consequences of this applica-  
tion failing to reach Headquarters, St. John's, in time to become  
operative at above nominated cancelling date; and that in the  
event of such non-delivery, and thereby the allotment continuing  
to be paid to the Allottee, I also agree to such further stoppage  
in the Pay Books as may be necessary, or otherwise to refund such  
overpaid amount or amounts.

Dated at

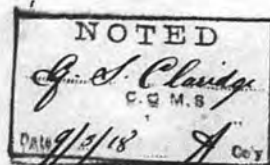
Winchester  
Hants  
9-5-1918



M. B. Brake <sup>His Witness</sup> W. P. Wilson  
Allotter.

Approved and Witnessed:

J. C. ...  
O.C. "H" Company.



To be made out in TRIPLICATE and delivered at the Pay & Record  
Office not later than date of cancellation, in accordance with  
P. & R.O. C.L./10, 9/12/16.

O.K. of 1-0-0 N.R. 8/1/19  
Receipt No 308.

8-1-19.

To Chief pay master  
R. Kuyld. Regt.  
Please pay.

To 3039. 1<sup>st</sup> Lt. Broke. B.

Sum. 14. one pound  
& believe from account  
1<sup>st</sup> Lt. Broke. B.

*[Signature]*  
Capt.

*[Signature]*





No. 4987/361

From:

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

*# 027528*  
NEWFOUNDLAND CONTINGENT

N.F.P./79

To:

Officer Commanding,  
2/Bn Royal Newfoundland Regt.  
Winchester.

2nd April 1918

Subject: 3039, Pte. M. Brake,

With reference to the following telegram (2983) from the Hon. Minister of Militia, received 29/ 3 /18

Pay to 3039 Brake £2:1:0

Draft £2:1:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*[Signature]*  
Chief Paymaster & O. i/c Records.

April 8th 1918

Receipt hereunder

*[Signature]*  
COMMANDING 2ND BATTN ROYAL NEWFOUNDLAND REGT. LIEUT. COLONEL

Officer Comdg. 2nd Battn  
1st Newfoundland Regiment

Received the sum of Two

pounds One Shilling on account of cable remittance from Newfoundland.

M. B. Brake

No. 3039 Rank Private

11 - 1 - 19

To. Chief Pay Master

Please Pay To

No 3039. The Brake

The sum of £8 (eight pounds)

+ Delivered from account

The Brake B.

approved with understanding that his name  
is required for purchase of clothes before proceeds  
are sent out.

W. W. M. Capt.  
Registrar, R.A.M.O.I.

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

OK £8-0-0  
Receipt 392  
11-1-19  
SEA

No. 3039 Rank Pvt Name Briate M.B.

PAY	W.A.	WKE	100	110
Loss	10			
Net				110

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d			
						From	To								
Balance					Balance		19/6/18					10	✓		
Acquittance Rolls		15	7	10	Pay @ Net Rate	11/8/18	31/5/18	21	50	10	50				
Hospital Advances						1/4/18	18/1/19	232	10	255	20	57	11	11	
<i>Hosp. Payment</i>		1	0	0						265	70	47	16	3	
A.B. 64.															
P.&.R.O. Payments		9	0	0	<i>After Allowance.</i>								10	5	
<i>Com. under R.A.</i>				2											
					<i>Grant Prod.</i>								48	7	5
					<del>£25-11-4</del>	19/4/19	24/4/19	6	10	6	60	1	7	1	
					<del>29-13-0</del>										
					<i>R.A.</i>	17/4/19	21/4/19	5	7/1					10	5
					<i>Grant Prod.</i>										
					<del>£30-10-6</del>										
													57	0	10

£20-10-4

W.H.  
18/1/19

Cash Recept 11526/18/19 3010 6

NEAL ON DRAFTS COMPANY

Reg. No. 3039. Rank *Pl* Name *Grade B*

Attested ..... Address *Maytown*

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

Date of Allotment ..... Returned from Overseas *7.2.19*

Returned on S.S. *Corsican* Cause *Exchange*

*31.3.19.*  
*11.4.19.*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

C.R. 3039

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL 1914-1919

---

I certify that I have received a issue of  $\frac{3}{8}$  inches  
of Riband of British War Medal-1914-1919.

Name *W. B. Blake* .....

(Date) *Jan 13 1920* .....

(Place) *Marystown* .....

**Casualty Form—Active Service.**

Regiment or Corps Royal Newfoundland

Private Surname Bryke

Christian Name Michael Bernard

Religion Roman Catholic

Age on Enlistment 18 years 3 months

Enlisted (a) St. John's Terms of Service (a) Duration Service reckons from (a) 24/12/16

Date of promotion to present rank..... Date of appointment to lance rank.....

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

Occupation Fisherman Signature of Officer J. J. [Signature]



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 ...	10-5-18		
		Disembarked	13-5-18		
		<u>James [Signature]</u>	17-5-18		
31-7-08	20 Gen WOO	adm. Seabie's Mill	Barnes Barracks	18-7-18	1/6 16513
12 <sup>5</sup> / <sub>25</sub>	20. J. O. S.	Dis to duty re 20 8H.	Staples	28-7-18	H.A. 26939
		<u>Wounded in Action</u>	28-9-18		
	287 a	Adm. W. R. [Signature] [Signature]	36 Col. S.	28/9/18	To 7299 1/2
	20 Gen W. P.		Daguerre	29/9/18	H.A. 27727
	D. W. P.	Arrived in [Signature]	Kayser	13/10/18	Rou.
	O. S.	Res. [Signature]	Feld a	19/10/18	H.A. 213
	44 C.C.I.	No Influenza		26/10/18	O.D. 8401
	3 Can Gen W. P.		Boulogne	29/10/18	H.A. 3042

*S.P.*

(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.

3039 Pt. M. Brake

Report  
Date From whom received  
7C D  
D. A. B.

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.

Adm P.O.  
Arrived

Boulogne

17/1/18 No. 2173

Joined

Sd. Coy. 4th

Kaew  
Field 27-11-18

13/12/18 E.O. 509

17.1.19.

44 C.C.S.  
Loo.

Adm: 3. Coy. 9. Coy. do.

Boulogne.

19.12.18 No. 3361.

15.1.19.

No. 22.  
Bataillon de Comtee.

Embka for Lt.

Boulogne

29.12.18 65083

Attached

for Lt Col

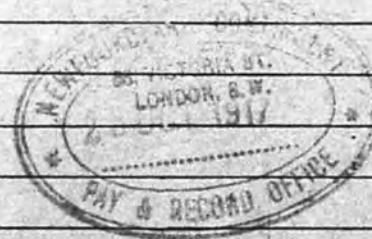
S.P.

1/0 Coy 1, Infantry Battalion.  
E. B. Coy 3rd Battalion.

**Casualty Form—Active Service.**

Regiment or Corps 1st Newfoundland  
 Rank PC Surname Brake Christian Name Michael 2817  
 Religion R.C. Age on Enlistment 18 years 3 months  
 Enlisted (a) 24-8-16 Terms of Service Duration of War Service reckons from (a) 24-8-16  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation Fisherman J.E. Fox 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
Date	From whom received				
		Embarked <u>Shampton</u>		<u>17.6.17</u>	
		Disembarked... <u>Rover</u>		<u>12.6.17</u>	
		Joined Battalion		<u>2 JUL 1917</u>	<u>B 213</u>
<u>15.9.17</u>	<u>89 EA</u>	<u>Ad. Lymphatitis? Diphtheria trans. 61 &amp; 62</u>		<u>9.9.17</u>	<u>E.A. 686</u>
	<u>H. Gen. Sp.</u>	<u>P. U. D. Severe</u>	<u>Dauvesbovic</u>	<u>24.9.17</u>	<u>MA 14413</u>
	<u>Mrs. Jan Breyall</u>	<u>Inv to England</u>		<u>3/10/17</u>	<u>W 3082.</u>



J. Kearney  
 2/for MAJOR  
 Infantry Section  
 G. H. Q. 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) Signaller, Shoeing-Smith, &c. (6228) W.13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 886) [P.T.O.]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

 Forms  
B 121.  
39.

Number of Sheets

*First*

Regiment of

*1<sup>st</sup> Newfoundland*

Signature of O. C. Company

*Chas. R. Ayre, Capt.*

Regimental Number and Name	
No.	<i>3039 Brake M.B.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>18</i> years <i>3</i> months
Place and Date of Enlistment	<i>St. John's N.F. 24.8.16</i>
Period of	(with Colours) <i>2<sup>3/4</sup></i> years.
	(with Reserve) years.

Trade	<i>Isleman</i>
Religion	<i>R.C.</i>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

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>Demobilized St. John's 25.4.19</i>					

To be carried over

3039

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3039 Rank Plt Name Brake B.  
 Date of Enlistment 24.8.16 Address Manpower District Placentia  
 Occupation Fisherman Classification for Discharge E Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 31.3.19

*[Signature]*  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*B Brake*

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~~

*Attestation*

Date 1-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home at Maunabo and Release Certificate No. 1927 issued.

Date 1-6-19 ..... *J.A. Crawford*  
Demobilization Officer

4. Pay and Allowances.

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

Date 1-4-19 ..... *H. W. Smith*  
for 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
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 1-4-19 ..... *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 Capt.*  
O. C. Discharge Depot.

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

Date APR 12 1919 .....

*J.A. Crawford*  
for Officer i/c Records

# The Royal Newfoundland Regiment

Class for Demobilization:

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *31.3.19* .....

Regimental No. *3039* .....

Name ..... *Brake B.* .....

Address ..... *Marystown B.* .....

Present Medical Category ..... *A1* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Lait Capt*  
.....  
O.C. Discharge Depot.

*Patonson*  
.....  
Senior Medical Officer

*W. Burden*  
.....  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3039 Rank Plt Name Brooke B  
 Date of Enlistment 24.8.16 Address Marathon District Placentia  
 Occupation Fisherman Classification for Discharge E Medical Category A-1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 31.3.19

*H. M. S. H.*  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action. *B Brooke*

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied

*Am. Allow. for linen*

Date 1-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1133 to his home at Manington and Release Certificate No. 1927 issued.

Date 1-2-19

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 1-4-19

H. M. H.  
Depot Paymaster.

Discharge approved for 11-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1	
B 178	W 3494	B 122	Board 1st	" 2	1	<u>5.00</u>
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 1-4-19

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 Capt.  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

*To resume former occupation  
(Fishing)*

*B Baepa*

Signature of Man.

Reg. No. *3039*

*J. A. Shaw*

Signature of the Vocational Officer or his Representative.

**ST. JOHN'S.**

Place

**APR 1 - 1919**

Date

191

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.....   | 7. Former Trade }<br>or Occupation }                                 |
| 2. Regtl. No. <b>3039</b>  | 7a. If the soldier claims previous service in Army, he should state— |
| 3. Rank. <b>Pte</b>  | (a) Former Regts. or Corps;<br>with Regtl. Nos.                      |
| 4. Name <b>BRAKE Bernard</b><br>(Surname) (Christian Names)  |  |
| 5. Age last birthday.....  |  |
| 6. Posted for duty on..... at.....<br>in category (or grade).....  |  |
| 8. If the disability is an injury was it caused<br>(a) in action (b) on field service<br>(c) on duty (d) off duty? | (b) Date of Discharge;<br>(c) Cause of Discharge.                    |
| 9. If a Court of Inquiry was held on an injury state:—<br>(a) When<br>(b) Where<br>(c) Opinion of Court            | (d) Particulars of Pension or Gratuity<br>(if any)                   |

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

### Statement of Case.

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

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

*Information Right foot*

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

*He states that he gauled his foot while marching. Treated London Cured.*



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~~ ? .. .. .  
man's part.
- 14 (a). If not due to any of these causes, to what } *M.A.*  
specific condition do you attribute it ?

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

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

*Great cured. no disability*

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

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

*Bohler no*

Station *HAZELEY DOWN CAMP* .. .. .

Date *15 JAN 1919* .. .. .

Medical Officer in charge of case.

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

*Temporary*

Army Form B. 178<sup>A</sup>

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY OF

Surname Brake Christian Name kn

TABLE I.—General Table.

Birthplace { Parish .....  
County .....  
Examined { on ..... day of ..... 191...  
at .....  
Declared Age ..... years ..... days.  
Trade or Occupation .....  
Height ..... feet ..... inches  
Weight ..... lbs.  
Chest Measurement { Girth when fully Expanded ..... inches  
Range of Expansion ..... inches  
Physical Development .....  
Vaccination Marks { Arm ..... RIGHT | LEFT  
Number .....  
When Vaccinated .....  
Vision { R.E.—V = .....  
L.E.—V = .....  
(a) Marks indicating congenital peculiarities or previous disease—  
.....  
(b) Slight defects but not sufficient to cause rejection—  
.....

Approved by .....  
Rank .....  
Medical Officer.

Enlisted { at .....  
on ..... day of ..... 191...

Joined on enlistment	Corps	Regtl. No.
	<u>Newfoundlands</u>	<u>3039</u>
Transferred to		

Became non-effective by .....  
on ..... day of ..... 191...  
(Signature) .....  
(Rank) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
<u>5-3-18</u>	<u>Dat. D.3</u>  <i>[Signature]</i> Lt. Col. ...



TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3039 Rank Plt Name Brake B.  
 Intended place of residence Marystown, Placentia
2. Occupation Fisherman  
 Classification of soldier E Medical Category A.I.
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 1 1919  
 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  
1-4-19  
 Signature of soldier B Brake  
 Signature of witness J.A. Crawford

### 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  
1-4-19  
 Signature of soldier B Brake  
 Signature of witness E. Wilson Sgt.

### STATEMENT OF SERVICE

7. Enlisted for service 24-8-16 No of days on Military  
 Discharged from service 18-4-19 plus 14 days Service 975

### APPROVAL OF DISCHARGE

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

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
 Date April 25/1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*C.F.B. 3077/1934*

8  
30  
31  
31  
31  
45  
45

Regional No. .... **MEDICAL HISTORY of** ... A.F. B.178  
 Regimental No. 3039 ... Region.....  
 Surname Baabe ... Christian Names Bernard .....

TABLE I.—General Table.

Birthplace { Parish \_\_\_\_\_  
 County \_\_\_\_\_  
 Examined { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
 { at \_\_\_\_\_  
 Declared Age \_\_\_\_\_ years \_\_\_\_\_ days.  
 Trade or Occupation \_\_\_\_\_  
 Height \_\_\_\_\_ feet \_\_\_\_\_ inches. Weight \_\_\_\_\_ lbs.  
 Colour of Hair \_\_\_\_\_ Complexion \_\_\_\_\_  
 " Eyes \_\_\_\_\_

Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches.  
 { Range of expansion \_\_\_\_\_ inches.

Physical Development \_\_\_\_\_

Vaccination Marks { Arm, RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_  
 { Number \_\_\_\_\_

When Vaccinated \_\_\_\_\_

Vision { R.E.—V= \_\_\_\_\_ With Glasses { R. \_\_\_\_\_  
 { L.E.—V= \_\_\_\_\_ { L. \_\_\_\_\_

Identification Marks, such as Tattoo, Moles, Scars, etc:—  
 \_\_\_\_\_  
 \_\_\_\_\_

Defects or Ailments:—  
 \_\_\_\_\_  
 \_\_\_\_\_

Examined and found—

Fit for Grade { I  
 II  
 III  
 IV

(Strike out those which do not apply.)

Signature \_\_\_\_\_  
 Chairman of Medical Board.

Re-examined for posting at \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_ 191

Enlisted { at \_\_\_\_\_  
 { on \_\_\_\_\_ day of \_\_\_\_\_ 191

Joined on enlistment	Corps <u>B bersop</u>	Regtl. No. <u>3039</u>
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Transferred to { \_\_\_\_\_  
 \_\_\_\_\_

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature
17. 1. 15.	<u>Recomm. Dep. ...</u> <u>mm</u> <u>17. 1. 15. D. H. B. P.</u>

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been certified as fit for discharge in Discharge Medical category.*

21. 3. 19  
 Date of T.M.B. [Signature]  
 Assistant Adjutant General  
 Directorate of Medical Services

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_





## Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Drake Bernard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3059.*

Intended address *Marystown R.B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark.*

Complexion *Dark.*

Color of eyes *Brown.*

Descriptive Marks *Scar on R Arm.*

Figure on discharge *Mag.*

Christian name of Father *Samuel.*

Christian name of Mother *Annie.*

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

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

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

Place and date of soldier's birth *Marystown 17 April. 1899.*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full) *B Drake*

Station *A John*

Date *31-5-19.*

(Rank) *R.O.*

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 of the Hospital.  
 Unit, or Command Depot.