



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5407 Name Ralph Brake R. C.

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

1. What is your name? ..... 1. Ralph Brake
2. What is your full Address? ..... 2. Bay of Islands
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 29 years — Months
5. What is your Trade or Calling? ..... 5. Partner
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, Ralph 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.

M  
24-5-18  
Ralph Brake SIGNATURE OF RECRUIT.  
W. C. ... Signature of Witness.

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

I, Ralph 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 24th day of May 1918.

Signature of Attesting Officer Edwards Lieut.

### †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 ..... 1918

Place .....

} Approving Officer.

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5407

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

Name Ralph Brabe  
 Apparent age 19 years — months Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 27 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Brabe  
Curving B. of S. | Relationship Brother  
 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 military engagement reckons from <u>24-5-18</u>									
Joined at <u>St Johns</u> on <u>Monday 24-1918</u>									
<u>Discharged August 23-1919</u>									
<u>Embarked St Johns St. Columella to Halifax N.S. 22-7-18.</u>									
<u>Embarked for St. John's 22-11-18 Disembarked St. John's 25-11-18</u>									
<u>Joined B. B. Co. 5-19 transferred from Royal 22-4-19 Arrived Halifax 23-4-19</u>									
<u>Left for demobilization 22-5-19 Arrived Newfoundland 1-6-19</u>									
<u>Demobilization St. John's 3-9-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-9-1919 [date of discharge] 1 years 03 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5407

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, Depot St. John's, dated October 20th 1919.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by Officer i/c Records from noted date  
3-9-19.

5407, Brake, R.

C.R. 5407

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug 23rd 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot from noted date 9-8-19.

5407, Pte. Ralph Brake.

C.R. 5407

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 11th 1919.

Discharged from B.V. Hosp. 9-8-19, forfeiture of  
50¢ per day ceases from that date

5407, rte. R. Brake.

C.R. 5407

~~Extract~~ from ~~Intelligence~~ Daily Orders Part 11 Unit The Royal  
Nfld. Regt. July 4th, 1919.

5407 Pte. R. Brake.

Admitted to B.V. Hospital 2-7-19, forfeits 50¢ per day from  
that date.

C.R. 5407

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19;  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5407 Pte. R. Brake.

C.R. 5407

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

Date June 18th 1919.

5407, Pte. R. Brake.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool. May 22/1919.



C.R. 5407

Extract from Daily Orders part 11, from Unit The Royal  
N210. Reg. St. John's, dated July 25, 1918.

The following men embarked for overseas on R.M.S.  
"Columbello" July 28, 1918.

#5407 Pte. Ralph Brake.

C.R. 5407

Extract of Nominal Roll of draft No. 86 from the 2nd., Battalion  
Winchester to the 1st. Battalion of the Newfoundland Regiment

P. S. P. Embarked Spouthampton 23/11/18.

#5407 Pte. R/ Blake.

C.R. 5407

Extract from telegram from Syn. to Mil. dated July 8th.  
1919.

Remittan<sup>cc</sup> received as follows have not been paid -  
soldiers repatriated you can adjust:-

5407 Brake. £7.3.9.



C.R. 5407

**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

JULY 9th, 1918.

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**District Officer Commanding,**  
**Newfoundland.**

**#5407. Pte. Ralph Brake.**

**Reference above mentioned soldier and enclosed  
correspondence, herewith report from Senior Medical Officer,  
Depot.**

**Enclosure.**

A handwritten signature in cursive script, reading "R. H. Lair".

**CAPTAIN.**

**Acting O.C. Depot.**

Forms  
C. 345  
61

## MEMORANDUM.

From O.C. Refs

From

To B. M. O.

To

ANSWER.

July 5<sup>th</sup> 1918.July 8<sup>th</sup> 1918.

Referred to you, please.

R.H. Capt.

achy

This man was  
examined by me  
this date. He gives  
no history of appendicitis  
Complains occasionally  
of stitches in the side  
~~and~~ otherwise he con-  
dition is O.K.

He has never been  
laid up <sup>in bed</sup> with this  
supposed appendicitis.

H. Peterson  
S.M.

of Dept. 4

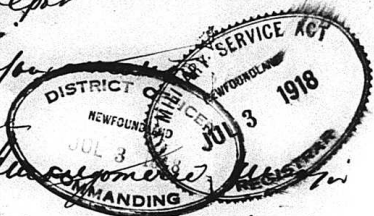
Petries King.

To: You

Bay of Islands.

June 29, 1918.

pleas



The Military Service Board.  
St. John's.

Dear Sirs.

Re. Private Ralph Brako. 5407

I beg to call your attention to this young man's condition. He is still under age and I am his guardian.

For the past three years he has been suffering from severe pains in the side at intervals, which I fear is developing into appendicitis. Even while home on furlough last week he was in the grip of this pain for almost an hour. He was fearful of being rejected at the medical examination, and when questioned concerning this weakness of the side he denied it. Taking the facts as they are, and particularly his fear of rejection, I think it would be in the highest interests of all to have an independent medical examination, for which I respectfully ask. If it be proved that appendicitis threatens it seems to me that it would be a useless expense on the Dominion to send overseas a man in such a condition. asking your early attention.

Yours respectfully, John Brako.

C.R. 5407

Extract from Daily Orders part 11, from Unit The Royal  
Field Regt. St. John's, dated May 27th, 1918.

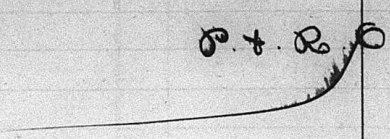
#5407 Pte. R. Brake.

Attested for General Service with the Royal Field Regt.  
from S.A.S.10

R. Brake

5407

P. + R. 0





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 F., 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. *5407* 3. Rank. *Private*
4. Name *Brake* *Ralph*  
(Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on *May 20/18* at *St John's*  
in category (or grade) *Private*
7. Former Trade or Occupation } *Fisherman*
- 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) Where  
(c) Opinion of Court  
(d) Date of Discharge;  
(e) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)

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. *he*
12. Place of origin of disability. *he*
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*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs when 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.)*

*The complaint for disability*

16. Was an operation performed? If so, when and what was its nature? *No.*
17. If not, was an operation advised and declined? *No.*
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? *No.*
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? *No.*

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*  
*Signed D. E. Brownie*  
*1st Lieut.*  
*Capt. J. A. M. G.*  
 Medical Officer in charge of case.

Station *Hazeley D. Camp*  
 Date *29. 4. 19*

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





No. 14878/1525

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From: \

To:

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

Officer Commanding,

2/Bn. R. Nfld. Regt.,  
Winchester.

17th, September 1918

Sept 18<sup>th</sup> 1918

Subject: 5407, Pte. R. Brake

With reference to the following telegram ( 8109 ) from the Hon. Minister of Militia, received

\*Pay to 5407 Brake £5. 2. 9

Draft £5. 2. 9 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Murray*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*J. Murray* for LIEUT. COLONEL,  
2nd Bn. R. Nfld. Regt.,  
203rd Batt'n  
Royal Newfoundland Regiment

Received the sum of Five

Pounds & Ten Shillings on account of cable remittance from Newfoundland.

R. Brake

No. 5407 Rank Private

Witness: J. Murray

To. John Brake  
Curling

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Bay of Islands

Newfoundland

Cable six pence through

Militia.

5407, Pl. R. Brake.

P.  
No. 17981/1957

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From: \

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

To:

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



6th November 1918

Nov. 8th 1918

Subject: 5407, Pte. R. Brake,

With reference to the following telegram (9545) from the Hon. Minister of Militia, received

Pay to 5407 Brake £4:2:2

Draft £ 4:2:2 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Minniss Maj.*  
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

*Frank J.* **LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**

Officer Commdg. 2<sup>nd</sup> Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Four Pounds  
two Shillings 2d on account of  
cable remittance from Newfoundland.

R. Brake  
No. 5407 Rank Private

Witness A. L. Carter, Pte.

No 5768/282

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
1st Batt. Ryl. Nfld. Regiment.  
B.E.F.

11th April 191 9

Subject: 5407. Pte R. Brake

With reference to the following telegram ( 130 ) from the Hon. Minister of Militia, received

5407 R. Brake

£4. 2. 2.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

*M. J. ...*  
Chief Paymaster & O. i/c Records.

29-4 1919

ANSWER.

*5407. Pte. R. Brake.*

*The a/c man wishes this sum to be placed to his credit in the P. & R. O. please*

*Reported*



Brake, R

5407

Hay Sept.

Sept 3, 1919

#5407 Pte. Ralph Brake,  
Curling,  
Bay of Islands.

Dear Sir:-

Please find enclosed Discharge Certificate #3823.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5407 Rank PLC Name Brake Ralph  
 Intended place of residence Curling ST George

2. Occupation Freeman  
 Classification of soldier E Medical Category A<sup>2</sup>

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 Aug 9<sup>th</sup> 1919

H.R. Cooke Capt  
 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, ST. JOHN'S

Date 9-8-19

Ralph x Brake  
 Signature of soldier

J.A. Knowlton  
 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, ST. JOHN'S

Date 9-8-19

Ralph x Brake  
 Signature of soldier

James Cheeman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military  
 Discharged from service 9-8-19 Plus 14 days Service 457

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

**AUG 9 1919**

Date

R.H. East Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 28/1919

M. H. Cooley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

Ans B 2079/5823

4  
31  
24  
9

COPY

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—

**X E**

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No. **5407**

Name **Brake, Ralph** Pte

Address **Curling**

Present Medical Category **Ai**

Recommended for:— (a) Immediate discharge \_\_\_\_\_  
(b) ~~Standing Medical Board~~ \_\_\_\_\_

Members of Board

**L. R. COOPER, CAPT.**

O. C. Discharge Depot.

(sgnd) **L. Paterson**

Senior Medical Officer

" **F. W. Burden**

M. O. Depot

Military Service: **457 days**

# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

To Pensions Board

Please receive documents as indicated below

No. RANK AND NAME

N. F. P. 36 Non-effective account.  
 B. 178 Medical history sheet.  
 B. 178a Nfld. medical history sheet.  
 B. 170 Medical report on an invalid.  
 B. 208 Proceedings on discharge.  
 W. 3684 Civil life qualification.  
 D. 400A Descriptive return.  
 B. 103 Active service casualty form.  
 B. 120 Regimental conduct sheet.  
 B. 121 Company conduct sheet.  
 B. 122 Field conduct sheet.

Report of Newfoundland Medical Boards

Attestation paper

Identity certificate

Allotment papers

Headquarters Travelling Board

Proceedings on discharge

B. 1915

Form L

Form K

A. F. W. 3463

D. F. 2

D. F. 1

5709 H. Drake, Ralph

Received above noted documents,

Dated \_\_\_\_\_ 19 \_\_\_\_\_

Signature of Officer forwarding documents

Date Aug. 29<sup>th</sup> 1919



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 407 Rank Pt Name Brake Ralph  
 Date of Enlistment 4.5.18 Address Burling District St Georges  
 Occupation Fisherman Classification for Discharge F Medical Category A I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	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 8.1.19

J.P. Cohen Capt  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Ralph X Brake  
Wt. Inman

Particulars passed to Vocational Officer for information and action.

Date .....

**Eligible for War Service Gratuity**

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied able bodied

Date 9-9-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P 2535 to his home at Swelling, Mysore and Release Certificate No. 3795 issued.

Date 9-8-19

J. A. Snowball  
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 23-8-19

Date 9-8-19

J. A. Snowball  
Depot Paymaster.

Discharge approved for 9-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 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 9-8-19

J. A. Snowball  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

AUG 9 1919

Date .....

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

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

Date .....

# 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 5407

Name Brake Ralph Rank Pte

Address Curling

Present Medical Category E A1

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

Members of Board { \_\_\_\_\_  
O.C. Discharge Depot. H. R. Coope Capt.  
\_\_\_\_\_ H. Johnson  
Senior Medical Officer  
\_\_\_\_\_ Geo. Burden  
M. O. Depot



## 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

Barbara A.

Signature of Man.

Reg. No. 6407.

J. H. Shaveloff

Signature of the Vocational Officer or his Representative.

Place

M. Johns

Date

9. 8 72.

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

# MEDICAL HISTORY

Surname Brake OF Christian Name Ralph

Table I.—GENERAL TABLE.

Birthplace:—Parish Curling, Bigg's County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24 <sup>th</sup>	May	1918	191
at	St. John's		at	
Declared Age	19	years		days
Trade or Occupation	fisherman			
Height	5	feet	6	inches
Weight	131			lbs.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		4	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated	6/6 6/6			
Vision	R.M.—V=		R.E.—V=	
	L.E.—V=		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)	<i>[Signature]</i>			
(Rank)	Major			
Enlisted	at	St. John's	at	
	on	24 <sup>th</sup> day of	May	1918
Joined on Enlistment	Corps.		Regtl. No.	
	Royal Nfld Regiment		5409	
Transferred to				
Became non-effective by	on	day of	191	on
(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 case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Empire</i>	<i>4</i>	<i>7</i>	<i>15</i>	<i>9</i>	<i>9</i>	<i>19</i>	<i>V. N. S.</i>	<i>35</i>	<i>6 - 608 Sgt. - 6 Mearns</i>	

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 Signatures
25-5-18	Vacc. <i>HP</i>
13-6-18	TAB) <i>HP</i>
27-6-18	TAB) <i>HP</i>
4-7-18	TAB) <i>HP</i>
<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>E</u> for Discharge on invalidation. Medical category <u>AT</u></i></p> <p><i>9-8-19</i> <u><i>JR Coyle</i></u> Captain  <small>Date of T.M.B. Director General Medical Services</small></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



## 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 *Ralph Brake*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5407*

Intended address *Curling*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Dark brown*

Descriptive Marks           

Figure on discharge *Medium*

Christian name of Father *Ben*

Christian name of Mother *Ellen*

Wife's maiden name in full           

Date and place of marriage           

Christian names of children           

Place and date of soldier's birth *Curling 6-7- age 21 - 1898*

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) *Ralph Brake*

(Rank) *Private*

Station *St. Johns*

Date *July 2-7-19*

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

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

## Casualty Form - Active Service.

Regiment or Corps Newfoundland

Rank Pte Surname Brake Christian Name P.

Religion Ang. C. Age on Enlistment 19 years — months

Enlisted (a) 24/5/18 Terms of Service (a) Duration Service reckons from (a) 24/5/18

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

Extended (.....) Re-engaged (.....) Qualification (b).....

or Corps Trade and Rate.....

Occupation Fisherman Signature of Officer M. 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 ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		23/4/19	

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

(b) Signaller, Shoeing-Smith, &amp;c.

(17502.) Wk. W 1887-P 1124, 1,000,000, 6/18. D &amp; S. Form B/103. (E. 1256.)

[P.T.O.]

Next of Kin: Brake John Curling: Bag of Deland N.C.S.D.

**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 Gloucesters*.....
2. Regtl. No. *S. 4. 7* 3. Rank. *plc*.....
4. Name *Borah* *Ralph*.....  
(Surname) (Christian Names)
5. Age last birthday. *20*.....
6. Posted for duty on *May 24/18* at *P. 25th*.....  
in category (or grade).....
7. Former Trade or Occupation } *Jesterman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
- (b) Date of Discharge ;  
(c) Cause of Discharge.
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 (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 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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

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

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

He complains of no disability.

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W.E. Prosser. Capt R.A.M.C.  
 Medical Officer in charge of case.

Station Hazelley Barracks.

Date 29/4/49.....

\* 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



No. *8407* Name *Brake - R.* Sqn., Batty., or Company } *D* <sup>B</sup> Corps *R. Newfoundland* Date of enlistment } *24/5/18* G.C. Badge } Service or Proficiency Pay } *8*

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } *W. L. ...* Character } *Good*

Army Form B. 132.

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>Fidd.</i>	<i>5/1/19</i>	<i>Pte</i>		<i>Deficient of 1 Lance Rifle - 19</i>	<i>12nd W. ...</i>	<i>Admonished</i>	<i>6/1/19</i>	<i>Lt. ...</i>	<i>Pay for deficiency</i>
<i>v</i>	<i>20/2/19</i>			<i>Absent from 9.30 AM parade</i>	<i>Lt. ...</i>	<i>2 days O.B.</i>	<i>20/2/19</i>	<i>Lt. ...</i>	<i>Pay for deficiency</i>
<i>Revere</i>	<i>25/3/19</i>			<i>Deficient of Black Rifle</i>	<i>62nd ...</i>	<i>Admonished</i>	<i>29/3/19</i>	<i>Lt. ...</i>	<i>Pay for deficiency</i>

Oct.14,1919

#5407 Pte. Ralph Brake,  
Curling,  
Bay of Islands.

Dear Sir:-

Referring to your application I enclose <sup>two</sup> cheques  
for Seventy dollars (\$70.00) respectively, being amount  
of first and second payments due you on account of War  
Service Gratuity.

Yours truly

Major  
Paymaster.

DEPARTMENT OF MILITIA,  
WAR SERVICE GRATUITY.

St. John's, Newfoundland,

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

Christian name..... *Raepl* ..... Surname..... *Brake* .....  
3. Rank..... *Pte* ..... 4. Regtl. No..... *5407* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Curling Bay of Islands* .....

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

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

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

8. Relationship of such dependents.....

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?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fifteen months* .....

..... *1.2* .....

*7593*  
*12764*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.  
*Not applicable*

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

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Rest? *No* If not give:- (a) Date of discharge *August 23/19*

(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 and Germany*

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

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: *Ralph <sup>his</sup> X Brane*  
 Place of Residence: *Cureni Bay of Islands,*  
 Declared before me at: *St John's Nfld*  
 This *9<sup>th</sup>* day of *August* 19*19*.....

Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits. *John McCarthy*  
*J.M.*

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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ralph Brahe, Regl. No. 5407

hereby agree, until further notification by me, and in similar official form to make an Allotment of          Dollars and 75 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 July 15<sup>th</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4516	Brother	John Brahe	Curling Bay of Islands	50
			Total Allotment, \$	50

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.) L. Watson <sup>Lieut</sup>  
 Officer Commanding  
E Company  
St Johns  
June 26 1918

(Sig.) Ralph X Brahe <sup>Hon</sup> <sub>Magt</sub> <sup>Major</sup>  
 (Rank) Pte

5

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland Number of Sheet one  
Signature of O.C. Company C. D. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5107 Brooke Ralph</u>	Age on	<u>19</u> years <u>        </u> months	<u>Fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion		
Joined	Date		<u>24<sup>th</sup> 2<sup>nd</sup> 18</u>	<u>R.C.</u>		
Joined	Date	Period of	with Colours	Place of Birth		
Joined	Date		<u>10<sup>3</sup></u> years.		<u>Antigua</u>	
			with Reserve			
			<u>3<sup>1</sup>/<sub>2</sub></u> years.	<u>1919.</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>3</u>	<u>9</u>		

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment 95407

## DEMOBILIZATION OF

Reg. No. 5407 Rank Pte Name Brake Ralph  
 Date of Enlistment 24-5-18 Address Curling District St Georges  
 Occupation Trickman Classification for Discharge E Medical Category A.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36. ....	B 268. ....	B 121. ....	1	N.F. Med. ....	D.F. 1. ....	1
B 178. ....	W 3494. ....	B 122. ....	1	Board 1st. ....	" 2. ....	
B 178a. ....	D 400A. ....	B 1915. ....	1	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 9-8-19

S.R. Cooper Capt  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

## 1. Civil Re-Establishment.

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

Ralph x Brake  
Trickman

Particulars passed to Vocational Officer for information and action.

Date .....

**Eligible for War Service Gratuity**

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied .....

Date 9-8-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P 2533 to his home at Swelling Road and Release Certificate No. 3795 issued.

Date 9-8-19

J. F. Lawrence  
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 23-8-19

Date 9-8-19

J. F. Lawrence  
Depot Paymaster.

Discharge approved for 9-8-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-8-19

J. F. Lawrence  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date AUG 9 1919

R. H. Jait MAJOR  
O. C. Discharge Depot.

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

Date Aug 30 19

R. H. Jait

Reg. No. *1107* Rank..... Name..... *Brake L*

Attested ..... Address.....

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas.....

Returned on S S..... Cause.....

*Adm. to Barracks 7.5.4 Hosp 2.7.19 forfeit  
204 per day from that date  
Discharge from B.V. Hospital 9.8.19  
Forfeiture of 500 per day ceases from  
that date*

*9-8-19* PASSED TO DEMOBILIZATION OFFICER

*9-8-19* DISCHARGE APPROVED ON DEMOBILISATION.