



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6060 Name Samuel Brake Corps Be. Co.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------|
| 1. What is your name? | 1. <u>Samuel Brake</u> |
| 2. What is your full Address? | 2. <u>Marys Town</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>29</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Samuel 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.

Samuel Brake SIGNATURE OF RECRUIT.
J. H. Snow Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 on this 19 day of August 1918.

J. H. Snow 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 20-8 1918
 Place St. John's

J. H. Snow } 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

6060

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

Name Samuel Brake

Apparent age 20 years 0 months. Height 6 feet 2 inches

Chest Measurement { Girth when fully expanded 30 1/2 inches
 Range of expansion 1 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Brake
Margs Town | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged Aug 4/1919</u>									
<u>OR</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days

" " Pensions " " " " " " " " " " " "

C.R. 6060

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 10th, 1919.

The discharge of the undermoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 19-7-19.

6060 Pte. S.Brake.

STANDARD QUALITY
C.R.6060

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

The discharge of the undernoted on demobilization
~~is~~ has been CONFIRMED by Officer i/c Records from
noted date 4-8-19.

6060, pte. Saml. Brake.

C.R. 666

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 2nd 1919.

6060 Pte. S. Brake.

Reported at Headquarters 1-7-19 ex "Dassandira" which sailed
Glasgow 24th June 1919.

C.R. 6060

Extract from Nominal Roll Entained at St. John's ~~Self~~
Overseas Sept. 22, 1918. "B"

6060 Pte. Brake Samuel.

C.R. 6060

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#6060 Pte. S. Brake.

"A" Company.

C.R. 6060

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, dated August 20th, 1918.

6060, Pts. Saml. Brake.

Attested for general Service with The Royal Wfld. Regt.

19-8-18.

S. Drake

C.R.

6060

11/10

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

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

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Yusuf*
2. Regtl. No. *6060* 3. Rank... *plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brake* *Samuel* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *21*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ?
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."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

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

No complaint of no disability

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.)

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?

Repatriation

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?

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

W. E. Proctor *Capt Rame*

Medical Officer in charge of case.

Station *Hazely Down*

Date *9/4/19*

* 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. 3024/441.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.

Winchester.

21st February 1919

February 24th 1919

6060. Pte S. Brake.

With reference to the following telegram from the Minister of Militia / / (38)

"Pay to 6060. Brake.

£7.0.0.

Cheque £ 7.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minahan
Chief Paymaster & O. i/c Records.

Receipt hereunder.

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

Received the sum of Seven pounds in respect of

telegraphic remittance from the Minister of Militia.

S. Brake
No. 6060 Rank Private
Witness A. Rocketts

No. 6710/1060

N.F.F. / 100.

From. NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment

Winchester

999
3rd May 1919

May 12th 1919

3060 Bte S. Brake

With reference to the following telegram from the Minister of Militia / / (102.

Receipt hereunder.
J. Seymour
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT
Officer Commdg. 2 Batt'n.

"Pay to- 6060 S. Brake

£5-0-0

Received the sum of £5.0.0

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

Five pounds in respect of telegraphic remittance from the Minister of Militia.

R. A. Munnell
Chief Paymaster & O. i/c Records.

Samuel Brake
No. 6060 Rank Pt
Witness Geo. Perry

3024/441.

2nd/Bn. Ryl Nfld Regt.

Winchester.

21st February 9

6060. Pte S. Brake.

38

6060. Brake.

£7.0.0.

7.0.0.

Brake Intl.

6060

Key rept

August 4th 1919.

#6060, Pte. Samuel Brake,
Marystown P.B.

Dear Sir:

Enclosed please find Discharge Certificate
3328.

Yours truly

RS/.

Capt. & Quinmaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6060 Rank Pt. Name Brake Samuel
 Intended place of residence Wanplowen Placeria

2. Occupation Furberman
 Classification of soldier E Medical Category A¹

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 JUL 7 1919

J. M. W. St.
 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 JUL 7 1919

Samuel X Brake Pts.
 Signature of soldier

J. A. [unclear] Capt.
 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 JUL 7 1919

Samuel X Brake
 Signature of soldier

James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-8-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 366

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, 28 days from date.

Place, ST. JOHN'S

Date JUL 21 1919

J. R. Cooke Capt.
 for: 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 4/1919

M. Howley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

and B207913328

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 4.7.19

Regimental No. ... 6060

Name Brake Samuel

Address Marys town

Present Medical Category A 1

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

Members of Board {

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

W. Paterson
Senior Medical Officer

W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *6060* Rank *Pvt.* Name *Brooker, Samuel*
 Date of Enlistment *19-8-18* Address *Marystown* District *Placentia*
 Occupation *Fisherman* Classification for Discharge *F 4* Medical Category *A1*
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	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	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 *4-7-19*

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Mr Newman

Samuel + Brooker
mark

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~~

[Signature]

Date *5-7-19*

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁹⁸³⁶ to his home at Manystown and Release Certificate No. 3216 issued.

Date

7-7-19

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 4-8-19

Date

7-7-19

H. W. Lewis
Depot Paymaster.

Discharged approved for

Forwarded with following documents to O. C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Form B

Date

7-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 21 1919

N.R. Coofie
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.

Brake Sr

Signature of Man.

Reg. No.

6660

J. A. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place

21- Johns

Date

7-7-19.

191

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

MEDICAL HISTORY

Surname

Brooke

Christian Name

Samuel

Table I.—GENERAL TABLE

Birthplace :—Parish

St. John's

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>19</i> day of <i>Aug</i> 191 <i>8</i>	on day of 191	on day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>20</i> years	days	years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet	<i>9</i> inches	feet	inches
Weight		<i>114</i> lbs.		lls.
Chest Measurement	Girth when fully expanded	<i>36 1/2</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>16/6</i>	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>Samuel Peterson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St. John's</i>	at		
	on <i>19</i> day of <i>Aug</i> 191 <i>8</i>	on day of		191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>Regal 11482 6060</i>			
Transferred to	<i>Payment</i>			
Became non-effective by	on day of	191	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 Samuel*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6060*

Intended address *Marytown P.B.*

Height on discharge *5 feet 3*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Short*

Figure on discharge *Slim*

Christian name of Father *William*

Christian name of Mother *Lizzie*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Marytown 22 Oct. 1897*

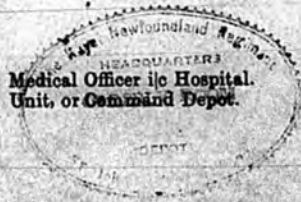
Nature and locality of civil employment required _____

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) *Samuel Drake* (Rank) *Private*

Station *Marytown* Date *14/7/19*

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.



Station _____ Date _____

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

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

1. Unit and Corps. Royal Newfoundlands } Former Trade or Occupation } Fisherman
2. Regtl. No. 6060 3. Rank. Pt E 7a. If the soldier claims previous service in Army, he should state—
4. Name Brake } Samuel }
(Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday. 21
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (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 Complaints of no disability

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.)

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?

Repatriation

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

W. E. Dennis *Capt*
Rame

Station .. *Mozley, Bonn*

Medical Officer in charge of case.

Date *9.14.19*

* 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

August 11th 1919.

Mr. Samuel Brake,
Marystown. P.B.

Dear Sir:

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

Yours truly,

Capt. a P
Paymaster.

ES/.

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... *Samuel* 2. Surname... *Prake*
3. Rank... *Pte* 4. Regt. No... *60 60*
5. Address in full to which future payments of gratuity are to be forwarded... *Marystown P.S.*
6. Date of enlistment in the Regiment... *19 August 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
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?.....
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... *Eleven months*
- 1. *1*

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?

no

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

July 18/19

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.

England

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: - *Samuel Drake*

Place of Residence: *Newrytown R B*

Declared before me at: *St Johns*

This *7* day of *July* 19*15*...

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Registrar	

.....
.....
.....

Certified correct.

Registrar

6060

St George

6425.

Shallop boat

Dear Sir

Just as per to
Report my
Budge & Co fall in
the matter and
Broke the Risk
of yesterday
Reply of
Mr Campbell
Broke

Budge & Co

Y

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet 52
Signature of O. C. Company Joseph H. Snow

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6060 Samuel Brake</u>	Age on	<u>20</u> years <u>0</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. Johns 1948-18</u>	Religion <u>RC</u>	
Joined	Date	Period of	with Colours <u>35</u> years. with Reserve <u>35</u> years.	Place of Birth <u>Marystown</u>	
Joined	Date				

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 St. John's 4⁸ 19</u>					

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6060 Rank Pr. Name Brake, Samuel
 Date of Enlistment 19-8-18 Address Marystown District St. John's
 Occupation Fisherman Classification for Discharge F 1 Medical Category A 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 4-7-19

O. C. Discharge Depot. Musk

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am hit in a position to resume civilian occupation Li
hit Freeman Samuel + Brake
mark

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 None

Date 5-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁹⁸³⁶ 3216 to his home at Maryslover and Release Certificate No. 3216 issued.

Date 7-7-19

J.A. Shwabert
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 7-7-19

Date 7-7-19

W. M. ...
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	<i>E. Farn B</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 7-7-19

J.A. Shwabert
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUL 21 1919

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

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

Date July 21, 1919

[Signature]

Reg. No. 6060 Rank Pte Name Brake Samuel
Attested 19-8-18 Address Marytown
Allotment 50 Allottee Wm Brake of Chas
Date of Allotment 1-9-18 Returned from Overseas
Embarked for Overseas SEP 22 1918 Cause

Vac 20.8-18 1st 26 8-78, 2nd 3-9-18.
S. leave 4-9-18. 20 14-9-18.