



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 476 Name James King Corps Co. 1st

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James King
2. What is your full Address? 2. 100 St. John's St.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years Months
5. What is your Trade or Calling? 5. None
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 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.

..... SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this day of 191

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
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)



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4786 Name Leander Bray Corps Capt.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? Leander Bray
- 2. What is your full Address? 41 Macdonald St.
- 3. Are you a British Subject? Yes
- 4. What is your age? 37 Years 11 Months
- 5. What is your Trade or Calling? Farmer
- 6. Are you Married? No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? No
- 8. Are you willing to be vaccinated or re-vaccinated? Yes
- 9. Are you willing to be enlisted for General Service? Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 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? Yes

I, Leander Bray 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.

29-4-18 Leander Bray SIGNATURE OF RECRUIT.
J. J. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Leander Bray 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 and 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 29 day of April 1915.
Signature of Attesting Officer [Signature]

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 29 April 1915
Place St. John's } 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

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

Name Leander Bray
 Apparent age 18 years 8 months. Height 5 feet 0 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Martha Bray
St Grace D B | Relationship Mother

Particulars as to Marriage

(a) Christian and surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) 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 L'epot	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 (i. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-4-18</u>									<div style="font-size: 2em; font-family: cursive;">Lance Sept 14 18</div>
Joined at <u>St Marks</u> on <u>April 29-1918</u>									
Discharged <u>St Marks</u> Jan 1919									
Granted leave from <u>30-5-18</u> to <u>7-6-18</u>									
Granted leave from <u>5-8-18</u> to <u>9-8-18</u>									
Reported Sick at <u>St Marks (St Leon)</u> <u>15-8-18</u>									
Returned from leave <u>9-11-1918</u>									
Recommenced discharge and commuted to <u>16th Regt</u> Nov. 30 18									
Demobilization <u>St Marks</u> 9-1-1919									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-1-1919</u> (date of discharge) in <u>25 1/2</u> years									
Pensions _____									

C.R. 4786

Extract of Daily Orders Part II, dated Jan.10th 1919.

DEMOBILIZATION.

The discharge of the undernoted has been confirmed by
the Officer i/c Records on noted date.

4786 B/c Leander Bray

Discharged 9-1-19

C.R.

~~7186~~
4786

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's, Dec. 13th, 1918.

The undernoted Non-Commissioned Officer discharges on demobilization has been approved by O.C. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending confirmation by Officer i/c Records.

4786

~~2496~~ L/Cpl. Bray, Leander.

12-12-18.

C.R. 4786

Extract from Medical Board held on Saturday Nov. 30th, 1918.

4786 L/C. Bray L.

Recommended Discharge - Permanently Unfit.

M.M.

C.R. 4786

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 30, 1918.

#4786 Pte. L. Bray.

Attested for General Service with the Royal Newfound-
-land Regiment, from 29/4/18.

Bray, Leander

4786

May Sept.

January 9th., 1919

#4786 L/Cpl. Leanler Bray.

Harbor Grace.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 346."

Yours faithfully,

Paymaster & Officer i/c Records.
Captain,

Enc 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4786 Rank Sgt. Name Leander Bray
 Intended place of residence H. Grace
2. Occupation Shos. Carter
 Classification of soldier B. Medical Category F.
3. The above named man is discharged in consequence of Demobilization
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place DEC 11 1918
 Date
- W. H. C. C. C.
 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
Dec. 11-12-18

Leander Bray
 Signature of soldier
W. H. C. C. C.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date St. John's
Dec. 11th 1918

Leander Bray
 Signature of soldier
T. Raymond St. J.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29. 11. 18 No of days on Military
 Discharged from service 18. 12. 18 plus 2 days Service 256 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date DEC 12 1918

R. H. C. C. C.
 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 January 9/1919
2079/346

M. Bowley, Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

2
31
30
31
31
30
31
31
30
31
286

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4786 Rank L/C Name Bray Leander
 Date of Enlistment 29.4.18 Address Harbour View District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Perm unfit Disability Rating Total - 3 months

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	2	N.F. Med.	D.F. 1	1	M&I Sewing Board 1
B 178	W 3494	B 122	2	Board 1st	" 2	3	
B 178a	D 400A	B 1915	2	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	2		" 6		
B 179c	B 120	M 93					

Date 10/12/18

W. S. [Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Leander Bray

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied *Joseph H. [Signature]*

Date 11-12-18

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 193..... to his home
at J. Chase..... and Release Certificate No. 275 issued.

Date 1.1.1918.....

O. B. Dick Capt.
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 9-1-19.....

Date 11-12-18.....

W. Stanley Capt.
Depot Paymaster.

Discharge approved for 12-1-18.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-12-18.....

O. B. Dick Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 12 1918.....

R. H. [Signature]
O. C. Discharge Depot.

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

Date Dec 13/1918.....

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

MEDICAL HISTORY

OF

Surname Gray

Christian Name Leander

Table I.—GENERAL TABLE.

Birthplace:—Parish Harbor Grace County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	29	Apr		191
Declared Age	18	years		days
Trade or Occupation	Fisherman			
Height	5	feet	5	inches
Weight	123 lbs.			lbs.
Chest Measurement	34 inches			inches
	1 1/2			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	1, 2, 3, 4		
	Number			
When Vaccinated	5 yrs ago			
Vision	L. E.—V= 6/6		R. E.—V=	
	6/6		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammie Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at		at	
	on	29 day of Apr 191	on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	The Royal W 786			
Transferred to	Nfld Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 work as shoe-cutter

Leander Bray

Signature of Man.

P. B. D. K. A. C. M.

Signature of the Vocational Officer or his Representative.

Reg. No. *4786*

Place *St. John's*

Date *11/12/18* 191

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

DEC 2 1918

Date

Regimental No. 4786

Name Bray Leander

Address Harbour Grace

Present Medical Category E

Recommended for:—

- (a) ~~Immediate discharge~~
- (b) Standing Medical Board

*Proceeding of S.M.B.
in file*

Members of Board

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

Watson
Senior Medical Officer

DeWarden
M. O. Depot



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 *Bray Leander*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1786*
 Intended address *St Grace*
 Height on discharge *5* Feet *5*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks */*
 Figure on discharge *medium*
 Christian name of Father */*
 Christian name of Mother *M. Martha*
 Wife's maiden name in full */*
 Date and place of marriage */*
 Christian names of children */*
 Place and date of soldier's birth. *St Grace March 12th 1900*
 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) *Leander Gray*

Station *St Johns*

Date *Nov 26/18*

(Rank) *L/C*

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.

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

Station *St Johns*

Date *Nov 26/18*

Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. John's*

Date *Nov. 25/18*

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>18 years.</i> |
| 2. Regimental No. <i>1786</i> | 6. Enlisted on <i>April 29th</i> |
| 3. Rank <i>A. Corp.</i> | <i>1918</i> at <i>St. John's</i> |
| 4. Name <i>Barry L. Scudder</i> | 7. Former trade or occupation <i>Shoemaker.</i> |

8. Disability

Influenza. Erythema Nodosum

9. History *learn*
On Nov. 14th at St. John's was taken sick with influenza and ~~afterwards~~ Erythema Nodosum. Was confined to his home for six weeks reported to Barracks 19.11.18.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General condition fair
Complains of pain & weakness
in his legs—
Pulse 105 Temp 98°
Heart normal.
Rales over right chest back &
front.
Wet slight cough.

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as permanently unfit?

Yes

Signature

L. P. Peterson

Rank or Qualification

M. A. P.

Remarks if any by Officer in Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x.
Erase inapplicable words

13. For pension purposes, the disability x may be considered as ~~aggravated by~~ due to

(a) ~~Service during this war.~~ (b) ~~Climate~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

Total 3 months

Remarks if any:—

16. Is the disability permanent? no

17. Has the disability been aggravated by (a) Intemperance no (b) Misconduct no

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con- *Yes*
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend ~~discharge from~~ retention in the Army *permanently unfit.*

Remarks if any:—

.....
President
Signatures *J. Anderson, Capt.*
T. B. Peterson, Major

Place *St. Johns*

Date *Nov. 30/18*

APPROVED

Station

Date



Clayton Macpherson
Administrative Medical Officer

COPY



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Nov. 26th, 1918

Regimental No. 4786

Name Bray, L.

Address Br. Grace

Disease or Disability Erythema Nodosum and Influenza

Finding of last Standing Medical Board, _____

held on _____ 19____

Present Condition _____

Recommendation S M B

Category B

Members
of
Board

(sgnd) L. Paterson

O. C. Depot

D. D. M. S.

(sgnd) F. W. Burden

M. O. Depot

C. CRON, M.D., C.M.

Office and Residence:

Victoria Street, Harbor Grace.

For

Rx Jm Cron M.D. S.M.B.

This is to certify
that no 4786 Pte
L. Bray had
Influenza (severe)
and Erythema nodosum

H. Grace C. Cron M.D.

Nov 16th / 18/



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Nov 26 1918

Regimental No. 4756

Name Bray, J

Address St Grace

Disease or Disability Erythema nodosum
following and Influenza

Finding of last Standing Medical Board,
held on 19.....

Present Condition.....

Recommendation Standing Medical Board

Category E

Members
of
Board

O. C. Depot

H Paterson

D. D. M. S.

Geo Burdett

M. O. Depot

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 Leander Bray
aged 18 years conducted at No Quarters
Date: April 29/18 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
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 n
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 yes 3 yrs ago 1 scar left arm
- 34 5 ft 8"
- 35 125 lb.
- 36 29 1/2 - 34.
- 37 Mother Martha Harton Grace Don Ray
- 38 no
- 39 no

[Handwritten initials]

[Handwritten note: 6 both.]

Signature of Medical Examiner:

[Handwritten signature]

[Handwritten initials]

NOTICE

No allotment to create

Newfoundland Regiment
Separation Allowance Branch

Mother's name

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:

THE PAYMASTER
Separation Allowance Branch,
St. John's, Nfld.

1.	Name in full of soldier.	Rank.	Regt. or Number.	Regt. No.	
	Leander Gray	Private	R. Nfld.	4486	
2.	Age of soldier.	Married or single.			
	18	Single			
3.	Name in full of mother.	Age.	Occupation.	Permanent address.	
	Martha	69	Housewife	Harbour Grace	
4.	Give name of your husband.	Age.	Occupation.	Where employed	
	William Gray		Deceased		
5.	If your husband is not supporting you, state the reason.		Deceased		
6.	If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)		Deceased		
7.	If you are a widow state date and place of death of your husband.		4th June, 1907 Harbour Grace		
8.	Have you married again since death of above mentioned husband?		No.		
9.	Names of your other children?	Address in full.	Age.	Occupation.	Married or single.
	Sally Gray	Grand Falls	56	Milk work.	Married
	Norman Gray	New York	34	Steel Factory	Married
	Hansley Gray	Harbour Grace	32	B. & S. Pottery	Married
	William Gray	"	30	Yardman	Married
	Walter Gray	"	28	Labourer	Married
	Ernie Knight	"	26	Housewife	Married
	Edith Pike	Leam's Cove	24	"	"
	Charles Gray	Regiment	21	Regiment	Single
10.	State amount earned by		(a) yourself - I did not work, but now only my own lotting		
			(b) your husband. Deceased		
11.	State amount & source of any other income. - None				

12. State value of real property belonging to you and your husband *Have house and land enough but to travel expenses.*
13. State value of personal property belonging to you and your husband *Nothing*
14. If husband is dead, state value of real and personal property left by him. *Nothing*
15. Actual amount contributed by soldier during the year prior to enlistment *\$5 a week.*
16. Was this amount contributed weekly or monthly. *Weekly.*
17. Did this amount include payment of son's board etc. *Yes.*
18. State your son's trade or occupation prior to enlistment. *Boat & Shore Hoisting work.*
19. State amount of his wages per week *\$5 week*
20. State name and address of his last employer *W. B. Boat & Shore Hoisting Co. etc.*
21. State amount of monthly support from son since enlistment *Daughter sent me \$26; he has one pay day since he joined.*
22. State amount of allotment received by you from son monthly. } *No allotment made; my emp. promised to allot me \$20 a day of his pay.*
23. State from what date did you receive allotment } *No allotment received.*
24. Actual amount contributed by other children. Weekly () monthly. *Nothing whatsoever.*
25. Are any of these children in the employ of you or husband. } *No.*
26. If not receiving support from other children state cause. Explain fully *All have families. Have been away from me for years.*
27. with whom are you residing at present *In my own house*
28. Have you made a previous claim for Separation allowance? If not why? Give particulars. *No; this is the first*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *No.*

31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government? *No.*

32. In what capacity and in what place? *Home.*

33. Is he in receipt of a salary as such while serving in the Royal Nfld. Regiment. *Is so, how much? No.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant..... *Martha Pray*

Place of residence..... *Harvey Street West Harbor Grace*

Declared and subscribed before me at *Harbor Grace Nfld.* this *27th* day of *June* 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace... *Melham A. Oke Esq. Mag.*

This application must be signed by two responsible parties one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of ~~their~~ their knowledge and belief after careful investigation, the above statements are correct, and the above soldier first mentioned is the sole support of the applicant.

Signature of Clergyman... *Wm P. G. Higgin (Rector of Holy Grace)*

Signature of Member of Patriotic Fund Committee... *Wm Ward J.P.*



WWB/EB

May 1st 1920.

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

Leander Bray 4786.

Kindly pay to the marginally noted man, the sum of four dollars
and ninety five cents,
on account of board and transportation to Harbor Grace. Charge same
to the Civil Re-establishment Committee.

\$4.95

ACCOUNT	36491	INITIALS	
CX NO			
INR LEDGER		INITIALS	
PNY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

E. C. McKell
Vocational Officer.

Leander Bray

GGB/ME

April 29. 1920

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

478

Please pay to Leander Bray
the sum of six dollars and ninety five cents
on account of transportation and maintenance from
Harbour Grace to St. John's
and charge the same to the Civil Re-establishment.

\$6.95

AMOUNT	36365	INITIALS	
IN. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

J. C. S.
J. W. Marshall.
Vocational Officer.

Leander Bray

ST. JOHN'S,

FEB 14 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mrs Bray

Billeting Soldiers as undermentioned

from Aug 15th /18 to Nov 19th /18

4786 . Mc. L. Bray

96 20

ACCOUNT	<u>B & M</u>
GN NO	<u>10077</u>
INITIALS	<u>Kew</u>
PAY LEDGER	
DATE	

Certified correct

for \$

96.20

as per Certificate

of ad. budget out.

[Signature]
Billeting Officer.

V

Paymaster & O.C. Record.

Herewith I send
Board Ticket as requested.
I know nothing personally
of this case and have acted
on the certificate from
the Assistant Adjutant.

W. Duke Capt

13. 2. 19

Billet - office

A. C. D.

4786

L-12-11

The Rectory.
St Francis.
Newfoundland.

Dear Sir

I am writing you on behalf of one
of my parishioners - Mrs Wm. Bray.
Her son Leander is now in Waterford
Hall having been discharged from
the Army but having to stay hospital
for treatment. Mrs Bray wants to know
whether she can receive money for
the period that her son was home sick
last summer from Aug 5th to Nov 15th?
(Sick pay). She has some idea that
Board money ought to be granted her
for this period. I. whether her son
is receiving any money now whilst
he is in hospital?

I hope I am not bothering you too
greatly.

I believe me to be.

Yours faithfully,
Wm R. J. Figgitt.

II

OC.

Headquarters

Will you please give me a reply to the first portion of this enquiry.

J. Bowley, Capt.

Mr.

III

This man was home sick from Aug 15th to Nov 19th & I take it that Hulseberg's acct is payable if claimed. His Regimental Pay was squared up in full before his demobilization.

FEB 4 1919

H. Hulseberg
Assistant Adjutant General
Discharge Department

IV
Billing Officer.

Was board paid covering this period? If not, please let me have voucher.

J. Bowley, Capt.
Paymaster


March 4, 1919

Mrs. William Bray,
HARBOUR GRACE.

Dear Madam:

I enclose herewith cheque for
\$96.20 being amount due you on account of
your son's board, from Aug. 15. to Nov. 19th.

Yours truly,


Capt.
Paymaster

LM/

Enc. 1-

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121,

Forms
B 121.
39.

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>Promoted 2/6/18 14-8-18</u>
No.	<u>1786</u>	Age on	<u>18</u> years <u>11</u> months	<u>Seaman</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>29.11.18</u>		<u>C of E</u>	
Joined	Date	Period of		Place of Birth	
Joined	Date	} with Colours <u>26</u> years.		<u>Harbour Grace</u>	
		} with Reserve <u>36</u> years.			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>	<u>9/19</u>				

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4786 Rank L/C Name Bray, Leander
 Date of Enlistment 29.4.18 Address Harbour Grace District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Perm. unfit Disability Rating Total 3 months
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	2	N.F. Med.	D.F. 1	1	A2 Travelling Board 1
B 178	W 3494	B 122		Board 1st	" 2	3	
B 178a	2 D 400A	2 B 1915	2	do 2nd	" 3		
B 179	2 D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	E 103	ME 2	2		" 6		
B 179c	B 120	M 93					

Date 10/12/18 Joseph Capt
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Leander Bray

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~~ Joseph H Snowling

Date 11-12-18 O i/c. Re-clothing.....

DEC 18 1918

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 193* to his home at *J. Case* and Release Certificate No. *271* issued.

Date *11-12-18*

O. B. Dicks Capt.
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 *9-1-19*

Date *11-12-18*

W. H. Money Capt.
Depot Paymaster.

Discharge approved for *12-12-18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	✓ 11	N.F. Med	D.F. 1	✓ 1	
F 178	W 3494	B 122		Board 1st	" 2	✓ 1	<i>2000</i>
B 178a	✓ 11 D 400A	✓ 11 B 1915	✓ 12	do 2nd	" 3	✓ 2	
B 179	✓ 11 D 400B	Form L		do 3rd	" 4		<i>2000</i>
B 179a	D 400C	Form K		do 4th	" 5		<i>2000</i>
B 179b	B 103	ME 2	✓ 1		" 6		
B 179c	B 120	M 93					

Date *11-12-18*

O. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date *DEC 12 1918*

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

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

Date *Dec 18/1918*

W. H. Money Capt.
O. C. R.

Form No. —



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. — Sent by — Rec'd by — Check —

No. —

Place from —

To —

Shipshead
pte Bray
Off Surg
pinkes



Under Care Dr Cron
Report soon as possible

Mrs E. M. Bray

Dec. 12th, 1918

From Asst. Adjutant,
Discharge Depot

To 4786 L/C. Leander Bray,
Harbour Grace

Hospital Treatment

When you were boarded on 30-11-18 you were recommended for treatment in Naval & Military Convalescent Hospital. After demobilization it was intended to send you to the Board of Pension Commissioners for this to be arranged, but same was overlooked in the rush of the 11th inst., and you proceeded home without any instructions re same.

You will, therefore, please write to the Secretary, Board of Pension Commissioners, and ask him to give you the necessary instructions, so that you may be admitted to the Hospital for treatment.

OOD/AG

Dec. 12th, 1918

From Asst. Adjutant,
Discharge Depot

To Secretary,
Board of Pension Commissioners.

4786 L/C. Leander Bray

Above noted man was before the Standing Medical Board on 20-11-18 and recommended for discharge as permanently unfit and admission to Naval & Military Convalescent Hospital, with total disability for three months. His discharge on demobilization has been approved from 12-12-18 and he has left the Depot for his home in Harbour Grace, having left here before getting instructions to report to Pensions Dept. for disposal.

In view of the large waiting list for this Hospital it is probable he would have gone home anyway pending his admission there. Will you please communicate with him at his home regarding his Hospital treatment.

I am writing him today instructing him to report to you in writing for orders.

OCD/AC

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To Pension's Board

Please receive documents as indicated below

No. RANK AND NAME

4786 L/Cpl. Bray. Leander.

S.F.P. 36	Non-effective account
B. 178	Medical history sheet
B. 178a	Nfld. medical history sheet
B. 179	Medical report on an invalid
B. 268	Proceedings on discharge
W. 3494	Civil life qualifications
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
1st Board	Report of Newfoundland Medical Boards
2nd Board	
3rd Board	
4th Board	
Board	
B. 1915	Attestation paper
Form L	Identity certificate
Form K	Allotment papers
Form I	Kit issue on payment
	Headquarters Travelling Board

H/O B. 1782.
1. 1. 18

Received above noted documents,

Date _____ 19____



Signature of officer forwarding documents:

Date 13-12-18 1919



Reg. No. 4786 Rank Pte Name Bray, L.

Attested 29-4-18 Address No Grace Co. D.

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

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

Embarked for Overseas..... Cause.....

Recd 30/4/18. 1st Indoe 13th/8
A. Leave 30-5-18 to 4-1-18 Returns 4-6-18
B. Leave 5-8-18 to 9-8-18
14-8-18 Promoted to L/Cpl
15-8-18 Reported Sick at No Grace. (50 brown)
Returns from leave 19-11-18.
30-11-18 Recommended Discharge permanently
with admission to Caval & Military Coy
Hospital.

10/12/18 PASSED TO DEMOBILIZATION OFFICER

12-12-18 DISCHARGE APPROVED ON DEMOBILIZATION.