



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4774 Name Uriah Bray Corps Cape

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Uriah Bray
- 2. What is your full Address? 2. His grade
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. ?? Years Months
- 5. What is your Trade or Calling? 5. Industrious
- 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, Uriah 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.

Uriah Bray SIGNATURE OF RECRUIT.
James SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Uriah 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 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 29 day of April 1918

Signature of Attesting Officer James

†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 April 29 1918

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 Walter Gray
 Apparent age 22 years 0 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Gray
St. Grace. | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-4-18</u>									
Joined at <u>St. John's</u> on <u>April 29-1918</u>									
Embarked for England August 11-1919									
Embarked St. John's train to Halifax N.S. 11-6-1918									
Embarked for St. John's 26-10-18									
Disembarked St. John's 26-10-18									
Joined Battalion 2-11-18									
Transferred from Queen's 22-4-1919 Arrived Newcastle 23-4-19									
to Newfoundland for demobilization 24-6-1919									
Arrived Newfoundland 1-7-1919									
Total Service forfeited as above..... <u>demobilization St. John's 4-1919</u>									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>98</u> days									
Pensions " " " " " " " "									

C.R. 4774

November 14th 1919

K2 Grace

To Mr & E Hickman Esq
Minister of Militia

Dear Sir would you
please send me my
Service Ribbon

you will Oblige me
By so doing

My address is

no 4774 - pte Wriah Bray
Royal Ar & L Co Regt

A Company

K2 Grace

Harvy Street

Weymouthland

Sent 13/11/19

2

C.R. 4774

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated Aug. 12th 1919.

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

4774, pte. Uriah Bray.

C.R. 4774

extract from daily orders part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919

The discharge of the underno ted on demobilisation has been
APPROVED by U.S. Discharge Depot with effect from following
date 21-7-19.

4774, rte. Uriah Bray.

C.R. 4774

Extract from Daily Orders Department Unit The Royal Field,
Regt. St. John's, July 3rd, 1919.

4774 Pte. W. Bray.

Reported at Headquarters 1-7-19 on "Cassantra" which
sailed Glasgow June 24th, 1919.

C.R. 4774

Extract from Daily Orders Part 1122222222 by Lt. Col.
B. J. Barton, D.S.O. Commanding the 2nd Bn. Royal WFLD. Regt.
10-6-19.

The following having reported to this Camp, is taken on the
strength and posted to G. Company.

4774 Pte. M. Bray

6-6-19.

Extract from Nominal Roll from 1st. Battalion

C.R. 4774

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.

#4774 Pte. U. Bray.

C.R. 4774

Extract from Daily Orders Part II ^{Unit} the Royal Field.
Regt. by Lt. Col. F.G. Mathias, D.S.O., Commanding 1st
Bn. 3-11-18

The following joined the Bn. 3-11-18

4774 Pte. U. Bray.

A Coy.

C.R. 4774

Extract from Nominal Roll Re-enforcement Draft No. 55 Embarked Folkestone
26/10/18, from 2nd Batta, Royal New Brunswick Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal New Brunswick Regiment, B.E.F.

4774 Pte. Bray, U.

MR.

C.R. 4774

Extract from Daily Orders Part 11. from Unit The Royal Newfoundland
Regiment, St. John's, dated June 14th 1918.

4774 Pte H. Bray

Embarked for Overseas with draft 11-6-18.

C.R. 4774

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

#4774 Pte. W. Bray.

Attested for General Service with the Royal Newfoundland Regiment, from 29/4/18.

U. Bray

C.R. 4774

1190

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* Former Trade or Occupation } *Schmer*
2. Regtl. No. *4772* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name... *Bragg* (Surname) *U.* (Christian Names)
5. Age last birthday... *22*
6. Posted for duty on... *Apr 24/18* at *St John's* 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 (b) Where (d) Particulars of Pension or Gratuity (if any)
(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. } *na*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

na
Soft. Chancery (case)

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

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?

Reparation

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

W. Procunier. Cap-Rance

Station *Hazley D Camp*
 Date *18/6/19*

Medical Officer in charge of case.

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

TO, - The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W..

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4774	Pte	Bray ^W	\$250	W Bray

I have the honour to be, Sir,
~~for the Committed,~~
Your obedient servant.

W Bray

Date

July 1/18

No. 15902/1692.

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

To:

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

October 3rd, 1918

9 OCT 1918 191

Subject: 4774, Pte. N. Bray,

With reference to the following telegram (8486) from the Hon. Minister of Militia, received

"Pay to 4774, Pte. N. Bray, £2.0.0.

Draft £ 2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Marshall
Chief Paymaster & O. i/c Records.

Witness

P. M. ...

Receipt hereunder.

Cham

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding.
Royal Newfoundland Regiment

LIEUT. COLONEL.

Received the sum of £ 2.0.0

Two pounds on account of cable remittance from Newfoundland.

N. Bray + the mark

No. 4774 Rank Pte

Bray, Uial

4774

Ray Sept.

August 4th 1919.

#4774, Pte Uriah Bray.

Hr. Grace.

Dear Sir:

Enclosed please find Discharge Certificate
3489.

Yours truly,

Capt & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4774 Rank. Pte Name. Bray Thos
 Intended place of residence. St John's

2. Occupation Fisherman
 Classification of soldier. E Medical Category. A 1

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 19 1919

[Signature]
 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 19 1919

[Signature: Thos Bray]
 Signature of soldier
[Signature]
 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 19 1919

[Signature: Thos Bray]
 Signature of soldier
[Signature: James O'Brien]
 Signature of witness SPT

STATEMENT OF SERVICE

7. Enlisted for service. 29-4-18 No. of days on Military
 Discharged from service. JUL 21 1919 Plus 14 days Service. 462

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

[Signature: D.R. Cooke Capt]
 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

[Signature: M. Bowley Capt]
 Officer in Charge Records
 The Royal Newfoundland Regiment

[Handwritten: OMB 2049/3489]

3
31
30
31
4
99

The Royal Newfoundland Regiment

Class for Demobilization: *86*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 18/19*

Regimental No. *4724*

Name *Bray, D.*

Address *No. Grace*

Present Medical Category *A1*

Recommended for: {

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

J. Paterson
Senior Medical Officer

Geo. Berdew
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.

Ray W.

Signature of Man.

McLonsky

Reg. No. 4774

Signature of the Vocational Officer or his Representative.

Place

at Johns

Date

19. 7. 19

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1774 Rank Pvt. Name Bray, Hugh
 Date of Enlistment 29-4-18 Address H. Gray District H. Gray
 Occupation Fisherman Classification for Discharge E Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 18.7.19O. C. Discharge Depot. H. Gray

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

H. Gray
W. J. P. P. P.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable. #6000

(b) Clothing Supplied

H. Gray

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82487 to his home
 at Styralle and Release Certificate No. 3744 issued

Date 19-7-19

Ambrose
 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 19-7-19

11/11/19
 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.
F 178.	W 3494	B 122.	Board 1st.	" 2.
F 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.		

Form B

Date 19-7-19

Ambrose
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

JUL 21 1919

Eligible for War Service Gratuity

Date

L. R. COOPER, CAPT.
 O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname Bray OF Christian Name Urial

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>St. Grace</u> County <u>Wilt.</u>		<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
Examined	on <u>29</u> day of <u>April</u> 191 <u>8</u>	on	day of	191	
	at <u>St. John's, Wilt.</u>	at			
Declared Age	<u>22</u> years — days		years		days
Trade or Occupation	<u>Fisherman</u>				
Height	<u>5</u> feet <u>7</u> inches		feet		inches
Weight	<u>135</u> lbs.				lbs.
Chest Measurement	Girth when fully expanded... <u>36½</u> inches				inches
	Range of Expansion... <u>4½</u> inches				inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	—	<u>(One)</u>			
When Vaccinated	<u>5 years ago</u>				
Vision	R.E.—V= <u>46</u>		R.E.—V=		
	L.E.—V= <u>46</u>		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>L. Smith</u>				
(Rank)	<u>Major</u>				
	Medical Officer.				Medical Officer.
Enlisted	at <u>St. John's, Wilt.</u>	at			
	on <u>29</u> day of <u>April</u> 191 <u>8</u>	on	day of	191	
Joined on Enlistment	<u>The Royal Wilt. Regt.</u>		Corps.		Regtl. No.
	<u>4774</u>				
Transferred to					
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 *Urick Bray*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4774*

Intended address *St Grace*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Richard*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Grace, Feb 14th, 1895*

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) *Urick Bray*

Pte
(Rank)

Witness *W. P. Underbury*
Date *17-7-19*

Station *ST. JOHN'S.*

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.



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 Newfoundland*
2. Regt. No. *4172* 3. Rank. *Plt*
4. Name *Bray* *W*
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *Apr 24/18* at *St John*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Where (d) Particulars of Pension or Gratuity
(c) Opinion of Court (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 .

n.a.

Sgt Cluere (Armed)

n.a.

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

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

15. What is his present condition ?

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

He complains of no disability.

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

n.a.

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

n.a.

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

n.a.

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

n.a.

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Reprobation

W.D. Proemier. Ciphams

Medical Officer in charge of case.

Station

Hareley D Camp

Date

17/1/14

* 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.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (rvi 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 } *Fisherman*
2. Regtl. No. *4274* 3. Rank *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Boyd* *Wriah* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*
6. Posted for duty on *Apr 29/18* at *St. John's*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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

na

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 ?

na

na

na

na

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. Proctor Capt R.A.M.C.
 Medical Officer in charge of case.

Station Seely 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

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. *11th Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4774* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bray* *unah* } (a) Former Regts. or Corps; }
(Surname) } with Regtl. Nos. }
(Christian Names)
5. Age last birthday. *23*
6. Posted for duty on *apl 29/18* at *H. Johns.*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

The Complaint 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*

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. Proemin - Capt RCRC
 Medical Officer in charge of case.

Station *Hazley Down*

Date *27/4/19*

* 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

Casualty Form—Active Service.

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.

Rank Plc Surname Bray Christian Name Urias

Religion C. E. Age on Enlistment 22 years — months

Enlisted (a) 29/4/18 Terms of Service (a) DURATION Service reckons from (a) 29/4/18

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

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

Occupation Fisherman H. M. Evers Signature of Officer

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.218, Army Form A.26, or other official documents.
Date	From whom received			
		Embarked ... <u>26 Oct 1918</u>		
		Disembarked ... <u>3 NOV 1918</u>		
		Joined Battalion		
		Arrived in UK	<u>12/4/19</u>	

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

Next of Kin

Father

Richard Bray
St. John's, Newfoundland.

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... *Wriah* 2. Surname... *Bray*

3. Rank... *Pvt* 4. Regtl. No... *4774*

5. Address in full to which future payments of gratuity are to be forwarded... *St. George, C.B.*

6. Date of enlistment in the Regiment... *April 29/18*

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

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 Hfld. If so, give dates and particulars of such service... *Overseas*

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

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.

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

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

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.

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

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

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

to
Aug 27/19
Demol

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.

Cyprus
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:

W. A. X. Brown

Place of Residence:

Harbor Grace CB

Declared before me at:

St. John's

This

19 day of *July* 191*9*....

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

John W. Gentry

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

August 11th 1919.

Mr. Uriah Bray.

Mr. Grace. C. 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 W War Service Gratuity.

Yours truly, y

Capt. &
Paymaster.

RB-.

Receipt for Army Book 64

No. 4774 ... Name ... Bray W.

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

Arthur W. O'Keefe

Name..... ^{he}
Clayton Gray.....
_{head}

Date July 13, 1920

Place Lebanon, Mo.

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

Clayton Gray is at Lebanon

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4774 Rank Plt Name Bray, upright
 Date of Enlistment 29-4-18 Address H. Chase District H. Chase
 Occupation Postman Classification for Discharge 1/1 Medical Category 1/1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1916	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 18.7.19 O. C. Discharge Depot Mrs H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. H. Chase
W. H. Chase
W. H. Chase

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 _____

W. H. Chase

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112487 to his home at Mr. Spall and Release Certificate No. 3744 issued Al Johnson

Date 19-7-19

Al Johnson
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 11-7-19

Al Johnson
Depot Paymaster.

Discharge 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	2 Form B
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 19-7-19

Al Johnson
Demobilization Officer.

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

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 1 1919

Al Johnson

Reg. No. *4774* Rank *Plt* Name *Gray, Wriat*
Attested Address *42 Grace*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Camden* Cause *Discharge*

1919
21 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION