



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 745

Name in full Sylvester Benson Age 22
North Ho. P.B.

Address _____

Married _____ Height 5' 7 1/2" Weight 145 lb
Single Sub

Color _____ Hair _____ Eyes _____

Other distinguishing marks Nedley

Nearest relative Robert Benson (Brother)

Address North Ho. P.B.

Dependents Wm. Mary Benson (Aunt)

Occupation Fisherman Present Wage 600⁰⁰ per year

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Dec. 18/14

I, Sylvester Benson, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Sylvester Benson
mark

Declared before me this 18 day
of Dec. 1914
Wm. Skye

Wm. Skye

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 745

Name Sylvester Brenson

Apparent age 22 years months. Height 5 feet 7½ inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Grey

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Hedley Brenson, North Harbour, P. Bay, Nfld.

Relationship Brother

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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	years | days	years | days	
Service towards limited engagement reckons from <u>18/12/14</u>									
Joined at <u>St. John's</u> on <u>18th December '14</u>									
Total Service forfeited as above									
Total Service towards Engagement to <u> </u> (date of discharge) <u> </u> years <u> </u> days									
" " " Pension <u> </u> (date of discharge) <u> </u> years <u> </u> days									

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 748

Name **Sylvester Bronson**
 Apparent age **22** years **0** months. Height **5** feet **7 1/2** inches.
 Chest measurement { Girth when fully expanded _____ inches.
 { Range of expansion _____ inches.
 Distinctive marks **Color: Dark, Hair: Dark Brown, Eyes: Grey**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Hedley Bronson, North Harbour, P. Bay, Nfld.**
 Relationship **Brother**

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 18/12/14									
Joined at St. John's on 18th December '14									
<i>Rechartered March 17th 1919</i>									
<i>Embarked S.S. Dominion of St. John's. Embarked N. C. F. 14th 1918. Landed Salva Bay, 12/18</i>									
<i>Admitted 3rd class. By H. Hudson. Participated 26th 1918. Transport & baggage 4 3/16. Admitted 2nd class 11/18. Ret.</i>									
<i>1-2-16 Invalided to England 23-3-16 Admitted Hantsport, 4th 16-16. Landed Hantsport</i>									
<i>10/16 24-7-16 2 Corporal 31-3-17 To Newfoundland for discharge 30-1-19</i>									
<i>Landed Newfoundland 8th 19</i>									
<i>Demobilization confirmed at St. John's 17-3-19</i>									
Total Service forfeited as above									
Total Service towards Engagement to 17-3-19 (date of discharge) 4 years 90 days									
" " " Pension " " " " " "									

1914
11th

No. *745* Name *Breuson S* Sqn., Batty., or Company } *C* Corps *1st Newfoundland* Date of enlistment } *20-12-14* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date } of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. } Company, etc. } Character

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

No. 745 Name *Brenson* } .Sqn., Batty., } *15* Corps *Newfoundland* Date of enlistment }
or Company } G.C. Badges } Service or Proficiency Pay }
Date of last entry in } No. and date } Period not reckoning towards } Sheet No. } Signature O.C. } Character
Company Conduct Sheet } of last drunk } freedom from extra fine } *1* } *W. D. H. H. H.* } *Capit*

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

Army Form B. 122

S. Benson

C.R. 145

P.K.O.

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. Regtl. No. *745* 3. Rank *Sgt*
4. Name *BRENSON*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity
(if any)

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

Statement of Case.

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

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

11. Date of origin of disability. *Oct/15 Typhoid fever*
12. Place of origin of disability. *Gallipoli*
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. *Oct/15 developed typhoid fever a few days before evac. of Gallipoli. Taken to 27th Gen. Hosp. Madras remained there one month. Trans. to Egypt. was there 2 1/2 months. Trans. 3rd L. G. H. there until Apr/16. Trans. Crocyden. remained 1 month placed in category A. 3.*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

- | | (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 part of the soldier | | |
- Give details:

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

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

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

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.)

General appearance good. complains of no disability except toes on Gallipoli. and the R. foot. which were frost-bitten. complains unable to wear boots except size larger than normally worn.

16. Was an operation performed? If so, when and what was its nature? *No.*
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— *Repatriation*
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Medical Officer in charge of case.

Station *Hazelton Camp*

Date *28-1-19*

* 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. _____

Date April 13th 1916

(1) To the Officer i/c Records,

58 Victoria St.

S.W.

(Station.)



(2) The Officer Commanding,

Newfoundland Cont.

Ayr.

(Station.)

(3) The Paymaster,

58 Victoria St

S.W.

(Station.)

Regimental No. 745

Rank and Name Pte Brenson. S.

Regiment or Corps 1st Infld.

has been granted a furlough from transferred on April 13th to

His address while on leave will be—

Addington Pk.

Con: Home

Croydon

I consider he is fit for Light Duty.

A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge Registrar, Hospital,
3rd London General Hospital,
WANDSWORTH, S.W. (Station.)

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

13/4/16



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Sydney - P...
I, _____, Regl. No. _____

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and _____ Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
				<i>50</i>
		<i>Cancelled 3/5/77</i>		
Total Allotment, \$				

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

(Sig.) _____
Officer Commanding
Company

(Sig.) _____
(Rank) _____

ORIGINAL



N.F./12.

Allotments.

NEW FOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

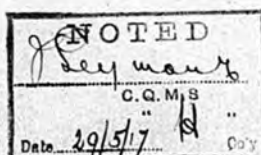
I, (No.) 445 (Rank) L/Cpl (Name) Brenson P.
 hereby apply for cancellation of Allotment made by me on
 N.F. 784 dated 23/1/15 in favour
 of M. Brenson North Star Placentia Bay \$ - cts 50
 per diem. Such cancellation to take place on the
21st day of May 1917

I agree to accept all risks and consequences of this application failing to reach headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Anty
May 29th 1917

J. Brewster
 Allotter.

Approved and Witnessed,
J. Lane
 O.C. " 11 " Company.



To be made cut in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.

NEWFOUNDLAND CONTINGENT



SEPARATION ALLOWANCE

To be Used in the Case of Men Already Married

The Officer Commanding Newfoundland Regt.

I have the honour to request permission to my past marriage, and your recommendation for the issue of Separation Allowance to my wife, Mrs Jane S. Branson

of Ferris Place New Brunswick N.S.

to whom I was married on twenty seventh July 1917 at New Brunswick

My wife's maiden name was Jane Sloss Edgar
Address at time of marriage Ferris Place New Brunswick occupation Laundry

Name and address of parents or Mrs Edgar, (Mother)
guardian at time of marriage Ferris Place New Brunswick N.S.

I attach hereby my marriage certificate, together with the necessary certificate as to my wife's character and general worthiness

from The Rev. Jas. M. Crawford,

I am not in receipt of a salary from the Newfoundland Government in addition to my Military Pay.

I have the honour to be, Sir,
Your obedient Servant,

Walter Branson

Regtl No 745 Rank 2/cpl

I hereby approve of the marriage of the above named Soldier, and recommend that separation allowance be granted to his wife.

I have personally investigated the above application and am satisfied as to the wife's good character and consider her worthy to receive the benefits of Separation Allowance.

The Soldier has assigned at least 50% of his pay in favour of his wife.

CERTIFIED COPY OF PT. II ORDERS No 315 Dated 1st Dec 1917

PERMISSION TO MARRY The marginally named is granted permission to marry with effect 22nd July 1917.
745 4/cpl. J. Branson (Auth. DOs No 315 1/2/17)

The written evidence upon which my decision is based is enclosed for your disposal together with the marriage certificate.

Signature

A. Whitehead **LIEUT. COLONEL**
COMMANDING 2ND BN. NEWFOUNDLAND REGT.

Dated Nov. 30. 1917. Commanding

This document must be signed personally by the Officer Commanding the Unit. Soldier's application must accompany this form.

allotment 80% in favour of wife

X

Copy of Marriage Certificate

No.	No	When where how.	Signatures Parties	Age	Residence	Parents	Witnesses	Where Registered	
21.	21	1917 On the 29/7/17 at St. Nicholas Church Prestwicks after Banns according forms & established Church Scotland	(Signed) Syvester Branson his X mark Ed. Martha B Crawford Witness. Margaret Crawford Engineer. (Rt) 1st Wld. Bachelor.	25	Bary Camp Dundee	Joseph Branson Retired Sea Capt Mary Branson M. S. Payleit (Deceased)	(Signed) Jas. M Crawford	1917 July 30th at Prestwicks	
			(Signed) Jane Sloss Edgar Spinster.	25	Ferris Place New Prestwicks	Andrew Edgar. Gardener (Deceased) Elizab. Edgar M. S. Mc Nea	(Signed) Ann Barrington Witness Elizab. Edgar Witness	(Signed) Mary Boyd Asst Registrar (Ink) M.B.	
Parish of Montrose						Mary Boyd Asst Registrar.			

No. 2999

N.F.P./11

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 745 (Rank) Sergeant (Name) Bunson Sylvester hereby agree, until further notification by me, and in required form, to make an allotment of _____ dollars and Eighty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz:-

Whether Wife Child, other Relative or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person) \$
Wife	Mrs Sylvester Bunson	Ferris Place Prustwick Hill New Prustwick Near. Apr 1913.	80
			80

This Allotment to take effect from and including December 12th 1917

NOTE:- This Form must be completed and signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the Paymaster in accordance with P. & R.O. C.L./10, 9/12/16.

(Sig.)

J. W. March Major
Officer Commanding
"51" Company.

Dated at

Prustwick Apr 1913
December 12th 1917

(Sig.)

S/Plt Sylvester Bunson
Allotter.



CANADIAN PACIFIC-ALLAN LINES.

THE CANADIAN PACIFIC OCEAN SERVICES LTD.

Managers and Agents.

To be surrendered when embarking on

Steamship Corsican Date Dec 30 1919

No. 745 Rank 1st

Name Wm. J. Macdonald

Res. Unit Royal Newfoundland Regt Orig. Unit

Sign here _____

This Card must be given up when going on board ship.

745 Branson

S. Nicholas Parish Church

That Jane Ross Edgar, wife of Sylvester
Branson 2/1, when found lame Regt,
is of excellent character, held in
high esteem by all who know
her & in business circles where
she was employed prior to
her marriage, is hereby
Certified.

San. W. Crawford
Parish Minister

29 Nov 1917.

2889/290.

O. C.,

2/1 Newfoundland Regiment,

Newton-on-Ayr,

Scotland.

H.T./N.M.

20, July, 6.

NO.745 PTE.S.BRANSTON.

Postal Order £2/13/-, balance due
to this man to the 13/7/16, was sent
to the Old Waverley Hotel, Edinburgh,
at his request on that date, please.

Capt.

Paymaster & O. i/c Records.

2756/1

July 13th 1916

745, Pte. S. Branston, 1st. Newfoundland Regiment,
Old Waverly Hotel, Edinburgh.

Reference to your letter of 10th. inst.
Herewith enclosed Postal Money Order for Two pounds,
thirteen shillings, (£2. 13. 0), representing balance
at credit of your account to date. Please sign and
return the enclosed receipt form.

Capt.

Paymaster & O i/e Records.

F.M/W.F.

Telegraphic Address
"WAVERLEY, EDINBURGH"

Telephones
"Office" . . . 1006 Central
"Visitors" . . . 3659 ..

L 2.13-1

OLD WAVERLEY HOTEL
43 PRINCES STREET
EDINBURGH

12/7/16

July 10/6/16

Also
NEW WAVERLEY
18 Waterloo Place
EDINBURGH
Telegraphic Address
"IVANHOE, EDINBURGH"

Hotels
Recommended
GLASGOW
WAVERLEY
172 Sauchiehall Street
Telegraphic Address
"WAVERLEY HOTEL,
GLASGOW"

LONDON
WAVERLEY
Southampton Row
Telegraphic Address
"ROBSART,
WESTCENT, LONDON"

KENILWORTH
Great Russell Street
Telegraphic Address
"EVERYONE,
WESTCENT, LONDON"

IVANHOE
Bloomsbury Street
Telegraphic Address
"REDGAUNTLET,
WESTCENT, LONDON"

Dear Sir
I am now writing you
to ask you to do me
a favour by sending
me the money that
is due to me if
possible I am on leave
as you know &
I want to stay here
in Edinburgh as long
as my leave last
I know that if
I go back to the
Dept I could draw
the money that
is coming to me.

EST. N. WICKHAM
PAY RECORD OFFICE
2280
JUL 1 1916

(2)
I thought it just as well
to write & ask you
if you could send it
to me. I would be
very glad if you could do
so. I oblige yours Truly

745. Pte S. Branston

C. Coy originally

A. Coy Attached

745¹ Pl. S. Brinson

POST OFFICE



TELEGRAPHS

NEWFOUNDLAND CONTINGENT

Ref. Nos IN

895

Office Stamp



This Form must accompany any inquiry respecting this Telegram.

Office of Origin and Service Instructions.

Prestwick

Charges

s. d.

Ref. Nos to pay

Handed in at

10/32

Received here at

11-33

TO

Reply Chief Registrar
Pay and Record Office
58 Victoria St. Edm.

Received warrant this morning
yes I accept opportunity please
wire immediately if suitable one month
pay in advance and oblige
Jan S. Brinson Ferris
Place Newportwick



Reply 27/1/19

Departure all a
all about to ~~depart~~ 14 Feb
Mailed this morning

No.

195/42

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM

Prefix _____ Code _____		SENT		FOR STAMPS	
WORDS		At _____		To _____ By _____	
CHARGE		To _____ By _____		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
VIA WESTERN UNION					

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

Casualty Cablegram.3/4/16 *W.S.M.*

To COLONIAL SECRETARY,

ST. JOHN'S.

(NEWFOUNDLAND)

745 BRENSON CONVALESCENT ENTERIC 21 GENERAL HOSPITAL ALEXANDRIA**7 FEBRUARY 992 BOONE FIT FOR DUTY 19 DECEMBER.****SYNOPTICAL.**
**NOT TO BE
TELEGRAPHED.**

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58, Victoria Street, S.W.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

NEWFOUNDLAND CONTINGENT

NFP/92.

SEPARATION ALLOWANCE

1. Regimental No. and Rank	<u>745 S/cpl.</u>
Name	<u>Sylvester Branson</u>
Unit	<u>2/1st Newfoundland Regt.</u>
2. Full Name of Dependent.	<u>Jane Sloss Branson</u>
3. Address	<u>Ferrie Place New Brunswick N.S. Afr.</u>
4. Have you made previous claim for Separation Allowance? If so, state particulars.	<u>No.</u>
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	<u>No.</u>
6. Date of Marriage.	<u>Twenty seventh of July 1917</u>
7. Name and Address of your last Employer.	<u>C.A. & W. Company, Miller Town Newfoundland.</u>
8. The amount of your salary or wages immediately prior to Enlistment.	<u>45 Dollars per month.</u>
9. Are your wages or any portion being paid by your employer during your absence?	<u>No.</u>
10. If paid, what is the amount per month?	<u>No.</u>
11. Name of Corps prior to enlistment in the Nfld Contingent.	<u>Nil.</u>

I CERTIFY that the above is a true statement.

Sylvester Branson

Signature of Officer forwarding this application.

A. W. White LIEUT. COLONEL
COMMANDING 2nd BN. NEWFOUNDLAND REGT.

Unit _____
Date Nov. 30 1917.

NEWFOUNDLAND CONTINGENT

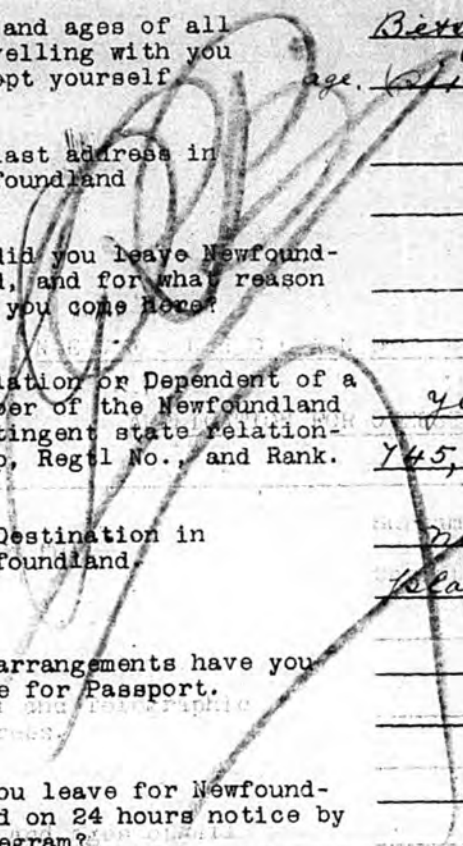
N.F.P./75.

APPLICATION FOR OVERSEAS TRANSPORT



1. Name in full Surname *Branson*
Christian Names *Jean Sless*
2. Postal and Telegraphic Address. *Ferry Place*
New Preswicks, near, Ayr,
Ayrshire.
3. Names and ages of all travelling with you except yourself *Betty Edgar Branson*
age. *(18 months)*
4. Your last address in Newfoundland _____
5. When did you leave Newfoundland, and for what reason did you come here? _____
6. If Relation or Dependent of a Member of the Newfoundland Contingent state relationship, Regtl No., and Rank. *Yes, Wife, of.*
745, 2/cpl. Sylvester Branson
7. Your Destination in Newfoundland. *North Harbor*
Blacunia Bay
8. What arrangements have you made for Passport. *None.*
9. Can you leave for Newfoundland on 24 hours notice by telegram? *Yes,*

MSP 76
24/1/19



10. No Government or Department can accept responsibility for safety of passengers or baggage, but is understood that the usual ocean passengers' baggage may be carried.

Date *15/1/19* Signature *Jean S. Branson*

THIS FORM TO BE COMPLETED AND RETURNED TO:
 Chief Paymaster & Officer i/c Records,
 Newfoundland Contingent,
 58, Victoria Street, London, S.W. 1.

7. Your Destination in

Brenson, S.

745

Gay. Sept.

April 24, 1919

#745 L/Corpl. Sylvester Brenson,
#249 Wellington Street,
Ottawa, Ont.,
Canada.

Dear Sir:-

Please find enclosed "Discharge Certificate
No.1647."

Yours truly

Capt.
Paymaster & Officer i/o Records

DUPLICATE
ORIGINAL



N.F./12.
Allotments.

NEW FOUNDLAND CONTINGENT

²⁷²⁹¹
CANCELLATION OF ALLOTMENT

I, (No.) 745 (Rank) Lieut. b/pl. (Name) Bremson S.
hereby apply for cancellation of Allotment made by me on
N.F. 784 dated 23/1/15 in favour
of Mrs M. Bremson, North Harbor, Placentia Bay for \$ — cts 50
per diem. Such cancellation to take place on the
31st day of May 1917

I agree to accept all risks and consequences of this application
failing to reach headquarters, St. John's, by mail in time to become
operative at above nominated cancelling date; and that in the event
of such non-delivery by mail, and thereby the Allotment continuing to
be paid to the Allottee, I also agree to such further stoppage as may
be thereby necessary being made against me in the Pay Books, or other-
wise to refund such overdrawn amount or amounts.

Dated at Ayr
May 29th 1917

S. Denton
Allotter.

Approved and Witnessed,
J. Kane
O.C. "A" Company.

NOTED
W.R. Martin
4/6/17

NOTED
S. Hale b/pl.
- dety. C. Q. M. S.
" H "
Date 29/5/17

To be made out in TRIPLICATE and sent to the Paymaster & Officer
in Charge of Records, who will forward Original to Headquarters by
first mail, Duplicate by the following, and retain Triplicate.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 745 Rank 1/Corpl Name Byron Bromson A.
 Date of Enlistment 14.12.14 Address St Johns District St Johns
 Occupation Underminer Classification for Discharge B Medical Category E
 Recommendation S.M.B. Physically Unfit Disability Rating Total Return Hosp
 Passed to Demobilization Officer with following documents:—

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

Date..... 1-3-19 H. Mews Lt Col
 C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Burton

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
- (b) Clothing Supplied.....

Joseph H. Snow

Date..... 3-3-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R649(?)* to his home
 at *Ottawa Canada* and Release Certificate No. *1322* issued.

Date *3-3-19* *Ad* *Asst. Dir. Call*
 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 *17-3-19*

Date *3-3-19* *for H. News H*
 Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for *4.3.19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36	B 268	B 121	N.F. Med.	D.F. 1.	1 Form B
E 178	W 3494	B 122	Board 1st.	" 2.	
R 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 *6 3 19* *Asst. Dir. Call*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *MAR 4 1919* *R.H. Sait Capt.*
 O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 745 Rank Lt. Col. Name Bronson, S.
 Intended place of residence 249 Wellington St St. John's, Ontario
 2. Occupation Fisherman
 Classification of soldier B Medical Category E

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 for H. Mews H
 Date MAR 3 1919 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Place and date ST. JOHN'S A. Benson
3. 3. 19 Signature of soldier
 C. P. Dicks 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 and Date ST. JOHN'S Benson S
3-3-19 Signature of soldier
 W. J. Eaton R. Q. M.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14. 12. 14 No of days on Military
 Discharged from service 3. 3. 19 Service 1555

APPROVAL OF DISCHARGE

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

Place St. John's R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date MAR 4 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's Regd. M. Bowley Capt
 Date March 17 1919 Officer i/c Records
 The Royal Newfoundland Regiment

14
31
28
90

A. B. 2097 1674

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

MEDICAL HISTORY

Surname Bryinson OF Christian Name Sylvanus



Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	day of	191
Examined	at	at		
Declared Age... ..	22	years		
Trade or Occupation....	Fisherman.			
Height	5	feet		
Weight	143	lbs.		
Chest Measurement {	Girth when fully expanded...	25 1/2	inches	
	Range of expansion..	3 1/2	inches	
Physical Development... ..				
Vaccination Marks {	Right	Left	Right	Left.
	Arm			
When Vaccinated	Never			
Vision	R.E.—V=	N	R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b) Must wear denture		(b)	
Approved by (Signature)	Cunning Macpherson			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at	at		
	on	on		
	18 th	day of		
	Dec.	191		
Joined on Enlistment	1 st	Regt		
		745		
Transferred to... ..				
Became non-effective by.				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 th LONDON GENERAL HOSPITAL WANDSWORTH.	4	4	16	13	4	16	Dysentery.	10	Cause. Active service (Mudros). Re-cause. Convalescence from dysentery. Result. Transferred to Exeter.	J. W. C. M. Capt. R. G. M. 17.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
1st. 24. 2. 15	S. 9
2nd. 8. 3. 15	7
28. 4. 15	Vac. Ch. V.
4. 10. 16	Fit for foreign Service 2 tons for Electric Negative 3rd Scottish General Stobhill J. G. W.
8/1/19.	Recommended Revaluation Prohibitory. A. O.

NEWFOUNDLAND REG.

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category F. 1

22. 2. 19.
Date of S.M.B.

H. M. Woodhouse
Captain
Assistant Adjutant
Discharge Depot—Newfoundland

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. Johns	Dec 18/14	Feb. 5/15			
F. d. Dominion	Feb 5/15	- 16/15			
Edinburgh Casite	" 16/15				

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.

Hon. J. A. Clift, K.C., C.B.E.,
(Minister Agriculture and Mines)
Capt. W. H. Parsons, R.A.M.C.



In reply refer to

No.....

St. John's

March 5/19

To :- Capt. Dicks, Demobilization Officer, Barracks.
From:- The Board of Pension Commissioners.

745 L/Cpl. Brenston

This N.C.O Has permission to proceed to Canada
and if necessary for treatment to come under the
care of the Invalided Soldiers' Commission there.

W. H. Parsons

Secretary.

WHP/LBD.

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 clerk.

Amos S.

Signature of Man.

Charles C. ...

Signature of the Vocational Officer or his Representative.

Reg. No. *745*

Place

St. John's

Date

8/3/19

191

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

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

1. Unit and Corps. *Royal New Zealand Land*..... 7. Former Trade }
or Occupation }
2. Regtl. No. *745* 3. Rank. *S. Sgt.*..... 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *BRENSON*.....
(Surname) (Christian Names)
5. Age last birthday.....
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) Where
(c) Opinion of Court
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *Oct '15 Typhoid fever*

12. Place of origin of disability. *Gallipoli*

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. *Oct. '15 developed typhoid fever a few days before evac. of Gallipoli*

Taken to 27th Gen. Hosp. Mudros, remained there one month trans. to Egypt. was there 2 1/2 months trans. 3rd L. G. H. there until April '16 trans. to Croxden remained 1 month placed in category A. 3.

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

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

15. What is his present condition? *General appearance good. Complaints of no disability except toes on right foot which were frost-bitten in Gallipoli. 2nd toe right foot flexed condition and ulcerated. Complaints unable to wear boots except size larger than normally worn.*

(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? *No*
17. If not, was an operation advised and declined? *N. E.*
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. E.*
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. E.*

20. Do you recommend— *Re-patriation*

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Produce me

RECEIVED

Station *Magdalen Down Camp*

Date *8-1-19*

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

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

Frost-bite right foot

See sect 15.

22. State whether the disabilities are:—

- (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 part of the soldier

(a) Attributable to

(b) Aggravated by

Yes

No

Give details:

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

Frost bite

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

Total while in Hospital

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? *Yes*
- OR
- (b) In what other grade do the Board place him? *A III E*
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? *Yes*

28. Is treatment being recommended on Army Form B. 179c? *requires operation*

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:

Station *St Johns* *W. H. Jones* } President or Chairman.
 Date *Feb 22/19* *W. H. Jones* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations. *W. H. Jones* } *Major*
 Station *W. H. Jones* } Only applicable in cases of Patients in Hospitals.
 Date *No.* *W. H. Jones* }
 Officer in charge, Central Hospital.

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

3463
A.D.W.H.

Temporary

M. 37 (1) Fed

ARMY FORM B. 178

Wald 1145

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



MEDICAL HISTORY of

Surname Brenson Christian Name Sylvester

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 ,
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... (a) _____

(b) Slight defects but not sufficient to cause rejection ... (b) _____

Approved by (Signature) _____
(Rank) _____

Medical Officer.

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

Joined on Enlistment	Corps.	Regt. No.
	<u>Newfoundland</u>	<u>445.</u>
Transferred to		

Became non-effective by ... _____

on _____ day of _____ 191 .

(Signature) _____
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
ADDINGTON PARK WAR HOSPITAL	13	4	16	9	5	16	Enteric Fever	20	Faecal Tests:— 15/4/16 - 19/4/16 - 26/4/16 Urinary Tests:— 17/4/16 - 25/4/16 - 1/5/16 Negative of Typhoid Paratyphoid & Dysenteric Organisms This man was admitted here with a Record of 1 Faecal & Urinary neg. tests at Wandsworth.	J. Macarum. M.D. 1/2
ENTRIG DEPOT, WOLDINGHAM	9	MAY	1915	22	6	16	Enteric	45	Certified that three double tests were sent to Addington Park War Hospital and were examined by them with negative results	M. W. Devons Capt. R.A.M.C.

Casualty Form—Active Service.

Regiment or Corps Newfoundland RegtRegimental No. 745 Rank Pte Name Sylvester BrensenEnlisted (a) 18/12/14 Terms of Service (a) Wa Service reckons from (a) "Date of promotion } _____ Date of appointment } _____ Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLd.		3/2/15.	
		Disembarked Gallipoli		1/12/15	
12/2/16.	21st. Genl. Alexandria.	Admitted	21st. Genl. Hosp., Alex.	7/2/16.	R 1816.
		<i>Wounded to Eye.</i>		<i>23/2/16</i>	<i>B 980</i>

all clerk - Captain for Lt. Col
Office 1/6 Records Infantry Section,
Gallipoli, New Zealand, N.Z.F.

6/5/16.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Temporary

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^a to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname BRENTON Christian Name S

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____

(Rank) _____ Medical Officer.

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

Joined on Enlistment ... { Corps. Infantry Regt. Regtl. No. 945

Transferred to ... _____

Became non-effective by _____

on _____ day of _____ 191

(Signature) _____

(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
The Castle, EDINBURGH.	30	7	15	30	7	15	GONORRHOEA.	1	To Military Hospital, Glencourse for treatment.	<i>M. L. Lytle</i> Captain. R.A.M.C.
Glencourse.	31	7	15	6	8	15	L. Y. D., U. S.	7	These cases treated to h. a. type for further treatment	<i>W. Lewis</i> Capt. R.A.M.C.
Military Hospital Newcastle on Tyne Workhouse	6	8	15	7	9	15	Syphilis Gonorrhoea.	2		<i>H. Hodgson</i> Capt. R.A.M.C.

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

Date	Brief details, and signature
	<p style="text-align: center;"> <i>T. A. B.</i> { <i>30. 4. 17.</i> <i>W. S. Smith</i> <i>2</i> { <i>9. 5. 17.</i> <i>C. S. Jones</i> </p>

Table IV.—Service Table.

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

May 30, 1919

Mrs. Sylvester Brenson,
#133 Elm Street,
Ottawa,
Ontario, Canada.

Dear Madam:-

Referring to your husband's letter
of May 17th., I enclose cheques for Sixty dollars (\$60.00),
being amount of two payments due you, on account
of the "War Service Gratuity."

Yours truly

Captain,
Paymaster & U. i/c Records

133 Elm Street
Ottawa
Ontario
Canada
17/5/19

Sir,
I am notifying you
of my change of address.

from 249 Wellington Street

To, 133 Elm Street, Ottawa,
Ontario Canada, Sir

would you please enquire
why. I only received

Two cheques for 70 Dollars
instead of 100 Dollars.

I quite understand that
\$25 Dollars was kept of

April's Cheque for my Wifes
Ticket from Sidney, but
I really expected 100 Dollars
in my last cheque. But only
\$70. came, & my wife did
not receive any this month.

Sir would you please
give me particulars
& also have not received

my discharge Badge

yet,

Hoping to hear from

You.

I am

Your Obedient Servant

Sylvester Brewster

84. (745)

PM please R

6220

133. Elm Street
Stoua
Ontario
Canada
11/8/19

Dear Sir,

I am writing you regarding my Wife's cheque. she received one in June & has not received one since I received mine quite alright in July. I trust this won't put you to any trouble.

I am

Your Obedient Servant

Sylvester Brenson.
Rt. 745. R/cpl.

all cheques cleared 17/8/19
Brenson

133 Elm Street.

Ottawa

Ontario

Canada

17/6/19

5577

To, Capt. J. M. Howley.

Paymaster,

St. Johns. Newfoundland.

Sir,

I am again writing
you, to say I have not
received my cheque
this month,

my wife received her
cheque for \$60., many
thanks for same,

I do not like to be
troubling you all the
time, Sir, would

kindly see why I
have not received
my Discharge Badge,
as yet, as I would
like to have it
soon. & oblige

I am

Your Obedient Servant

(Lt. 745 L/cpl.)

Sylvester Brewson

133 Elm Street

Ottawa

Ontario

Canada

Cheque mailed June 10/1919

to 247 Wellington St

Ottawa, Ont.

Dep't of Militia - St. John's

Passage for my wife has been arranged from North Sydney to Ottawa. Cost of passage will be \$28⁸⁵ with meals and sleeping reservation in addition. Please deduct cost from my War Service Gratitude to pay Reid's bill.

St. John's Nfld.
6th March 1919

W/15 #745 Reverses

W. S. Brennan

14323

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 question 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... *Sylvester*... 2. Surname... *Brenson*.....

3. Rank... *Senior Corporal*..... 4. Regl. No. ... *745*.....

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded... *247 Wellington Street, Ottawa, Ontario, Canada*.....

6. Date of enlistment in the Regiment... *November ~~October~~ 1914*.....

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

8. Relationship of such dependents..... *Wife*.....

9. Address in full of such dependent (*Present*)... *64 Bannerman St. St. John's*
(Future Address)... *247 Wellington St. Ottawa, Ont. Canada*,

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*.....

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Over seas 4 years*.....
On Active Service in Gallipoli.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *one month in N.S.W.*.....
four years Over seas.....

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. *yes*

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. *Have not received any Gratuity*

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.? *yes* If not give:- (a) Date of discharge..... (b) Reason for discharge.....

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. *yes*

Syva Bay Gallipoli 7th September 1915

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee. *no*

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

Signature of Applicant: 745 S/cpl. Sylvester. Brenson
 Place of Residence: in Meantime, 64 Bannerman St, S. Johns
 Declared before me at: A. John's, Ufld.
 This 27th, day of February 1919

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due	
.....	6 mos.	6.00.00	.....
.....
.....
Certified Correct.				Paymaster.	

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This day of 19...

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

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This day of 19...



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Sylvester Brennan , Regl. No. 744⁵

hereby agree, until further notification by me, and in similar official form, to make an Allotment of
Dollars and 50 Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
concerned, viz. :

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
745	Aunt	Mrs Mary Brennan	St. John's N.F.L.	50

Total Allotment, \$

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

(Sig.) Ene Shyne Capt
Officer Commanding
Company St John's
Feb 1 1915

(Sig.) Sylvester Brennan
(Rank) Private

249 Wellington Str.

Ottawa

Ontario

Canada,

16/4/19

4691

To
Capt. J. M. Howley,

Paymaster, & C. /c. Records,
Dept. of Militia
St. John. N. S. W.

Sir,

I beg to draw your
attention to the fact that
it is now the 16th of the
month & I have not as yet
received my cheque.
I received my discharge cert.

on the 13th inst. my wife
received her money alright.
only 25 Dollars should be
deducted from my cheque
towards my wife's passage
from Sidney to Orono.
which was arranged
with me before leaving
St. Johns. Newfoundland.
Please give this your
kind attention
& oblige

Yours Truly,
745, Lt. Col. Sylvester Benson
249 Wellington Street
Orono
Ontario
Canada

Sent
JTB

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 100 ⁰⁰/_{XT}

Mar 6 - 1919

Received from the First Newfoundland Regiment
the sum of one hundred ⁰⁰/_{XT} Dollars.
on account of Pay. W. S. G.
balance

Received

Ch. No.	12238	Initials	JH
Pay Ledger	102	Initials	EW
Gen. Ledger		Initials	

Regtl. No.

Bank

J. C. G.

No. 745

Rank

Sep.

Name

S. Benson.

P.M.

745 L/Corp! S. Brenson

Above and wife leaving by Sagona
today or tomorrow for Canada. Please pay
first payment war service gratuity. Minister
agrees.

6/3/19

W.F.H.
J.C.S.



1ST NEWFOUNDLAND REGIMENT

Sylvester Benson ALLOTMENTS

744

I, _____, Regl. No. _____

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
745		<i>Aunt Mary Benson</i>	<i>St. John's</i>	<i>50</i>
Total Allotment, \$				

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

(Sig.) _____

 Officer Commanding

 Company

(Sig.) *Sylvester Benson*

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To L/C. S. Bremson

Billeting Soldiers as undermentioned

from Feb 21st /19 to Feb 28th /19

<u>745. L/C. S. Bremson</u>	<u>7</u>	<u>20</u>
-----------------------------	----------	-----------

Certified correct for \$ 7.20

R.J.

[Signature]
Billeting Officer.

ST. JOHN'S, MAR 7 - 19

Royal Newfoundland Regiment.

Billeting Account,

To L/C. S. Benson

Billeting Soldiers as undermentioned

from Feb 28th /19 to Mar 3rd /19

745 L/C. S. Benson

3 30

Benson

ACCOUNT	<u>B.M. Per</u>
GR. NO.	<u>12237</u>
IND. LEDGER	
RAY LEDGER	
GR. LEDGER	

Certified correct for \$ 3. 30

Joseph H. Snowfoot
Billeting Officer.

Fold Here

ON HIS MAJESTY'S SERVICE

To the ~~Officer~~ in Charge of Records,

Royal Nfld. Regt.,

Dept. of Militia,

St. John's, Nfld.

Fold Here

June 19th., 1921

The accompanying King's Certificate, on his discharge,

(No. 295), is forwarded herewith to

Lance Corporal Sylvester Brenson

in respect of his service as No. 745 Rank L/Cpl.

Name Sylvester Brenson Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Sylvester Brenson

Signature L/cpl Sylvester Brenson

Date 4/July/21 

Address 164 Rochester Street Ottawa
Canada

ST. JOHN'S Nfld.
SEP 28 1921

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

OTTAWA
SEP 28
1921
ONT.



Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 12 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Sylvester Brenson

in respect of his service as No. 745 Rank Pte.

Name S. Brenson Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received _____

Signature Sylvester Brenson

Date 24 Sept 1921

Address 164 Rochester Street
Oranora Ontario Canada
[P.T.O.]

Receipt for Army Book 64

No. 245 Name Brenson S.

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

Name Sylvester Brenson

Date 12/7/20

Place 164 Rochester Street Ottawa Ontario Canada.

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

RECEIPT.

C.R. 745

I hereby certify that I have received the 1914-1915

STAR.

No 745 Name Sylvester Brunson,

Witness Jean S. Brunson (Mrs)

Date 15th Dec. 1919.

Place 133 Elm Street

Ottawa Ont. Canada,

C.R. 745

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

I certify that I have received a issue of 5 inches
of Riband of British War Medal-1914-1919.

NAME.....*Sylvester Brewson ex. 745,*

(Date).....*31st December 1919*

(Place).....*133 Elm Street*

Oxowa Ont, Can,

C.R. 745

CIRCULAR LETTER

St. John's,

March 15th 1919.

JAS.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. G. Readell
Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli & Egypt* from *September 1915 to May 1916.*

(Date).....(NO). *745*... (Rank) *1/cpl.* (Name) *Sylvester Brenson*
(Place) *Gallipoli, Mudros, Lemnos, Silya Bay & Cape Allen*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

Return Posted 23/5/19

C.R. 745

Mar. 25th 19

To: Paymaster

From: Chief Staff Officer.

With reference to the attached bill from Reid Newfoundland Coy. for passages supplied, please note that:

1.. Passage for the wife of No. 745, L/Cpl. S. Brenson is to be charged against his War Service Gratuity account as per his request.

2. In the case of No. 763, Pte. P.J. Constantine the Government was under obligation to provide passage for this soldier's wife from the United Kingdom to this port; Constantine decided to return to the United Kingdom for civil work, and signed a release for responsibility on the part of the Government to provide the passage to this country for his wife, and in lieu thereof passage was provided from Newfoundland to Ayr, Scotland for him.

3. Lieut. Crawford is returning on duty

Lieut. Col.,
Chief Staff Officer.

C.R. 745

Extract from D.O. Part II, Depot St. John's dated April 7th 1919.

The discharge of the u/n on demobilization has been CONFIRMED by
O. i/c Records on ~~noted date~~.

17/3/19

#745 L/C. Syl. Brenson.

C.R. 745

Extract from Daily Orders part II, Depot St. John's
dated March 7th., 1919.

The discharge of the undernoted on demobilization has been
APPROVED by Officer Commanding discharge depot on noted date.

745 L/C. S. Brenson.

4-3-19.

C.R. 745

March 6th., 1919.

General Passenger Agent,
Reid Newfoundland Co., Ltd.,
City.

Dear Sir:-

Please arrange 1st Class passage with meals and sleeping reservations from North Sydney to Ottawa, for the wife of No. 745, Lance Cpl. Sylvester Brenson, who will likely be leaving by "Sagona."

Yours faithfully,

Lieut. Col.,

CHIEF STAFF OFFICER.

C.R. 745

Mar 5th 1919

General Passenger Agent

Reid Newfoundland Coy., Ltd

Dear Sir:-

Please provide 1st Class passage
with meal and sleeping reservations from St.
John's to Ottawa for the wife of No. 745, L/Cpl.
Sylverter Brenson. Mrs. Brenson is leaving
with her husband by tomorrow's train.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 745

Extract from Medical Board held Saturday Afternoon
Feb. 22nd, 1919.

745 L/C. S. Brenson.

Recommended Discharge from the Army. E. REQUIRES
OPERATION.

C.F. 745

Extract from telegram from Sjn. to Mil. dated Feb. 3rd. 1919.

Cable No. 5 CORSICAN

Embarked at Liverpool Jan. 30th. 1919.

Wife of 745 Brenson and child.

C.R. 745

Extract from Nominal Roll of the Royal Nfld. Rgmt
Embarked S.S. Corsican, Jan. 30, 1919.

745 L/C. Brenson.

58

Form 3

Newfoundland Postal Telegraphs.

Office Stamp and Date.

Prefix _____ SERVICE MESSAGE

NOV 15 1917

Time received _____ by _____ Time sent _____ by _____

From

To

Casualty Clerk

Sound told notified yours
of 15th Breason North Hr
undelivered, no immediate
chance. Expressage will
cost \$ 1.25 Postal

FOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender John M. Stirling Address London

Line Number	Rcd	By	Sent	by	Check

Dated November 15, 1917.

To Mr. Hedley Brenson,

North Harbor, P.B.

Replying my enquiry, Record Office, London, today reports No. 745, Private Sylvester Brenson at the Depot.

R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

Similar message to Mr. Chas. Brenson, Witless Bay, Ferryland.

58

TRANSLATION OF CODE MESSAGE TO SYNOPTICAL

Nov. 12, 1917.

Report by telegraph present condition of Lieut.
Rendell. What is address of, report by telegraph present
condition of 1288 Ryan, 3161 Neil. Relatives anxious
for news of 614 Small. Telegraph whereabouts of
745 Brenson, 3180 Rice.

GOL. SEC.

C.R. 745

Extract from Schedule of Separation Allowance payable
in U.K. from P.R.O. London.

#745 L/Cpl. S. Benßen

Married 1-9-17

1 NUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender Lud M. Hedley Address _____

Line Number	Rcd	By	Sent	Check
		<i>for Depot Secy</i>		

Dated 16th November, 1916.

To Mr. Hedley Brenson,
North Harbor, P.B.

Record Office London today reports No. 745 Private
Sylvester Brenson at the Depot.

COLONIAL SECRETARY.

Similar message to
Mr. Charles Brenson,
Witless Bay.

COPY OF CODE TELEGRAM SENT TO SYNOPTICAL,
LONDON, NOVEMBER 14th, 1916.

770 Bennett has telegraphed for \$5 stating that
he is in trouble telegraph any available informa-
tion Report by telegraph present condition of
1846 Baldwin Report by telegraph nature of wounds
of Report by telegraph present condition of What
is address of 1714 Edney 2370 Thistle Relatives
anxious for news of 280 Taylor 1831 Bishop 745
Brensen.

COPY OF CODE TELEGRAM SENT TO SYNOPTICAL,
LONDON, NOVEMBER 14th, 1916.

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tion Report by telegraph present condition of
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of Report by telegraph present condition of What
is address of 1714 Edney 2370 Thistle Relatives
anxious for news of 280 Taylor 1831 Bishop 745
Brensen.

58

foundland Postal Telegraphs

Office Stamp and Date

SEP 02 1914

Prefix **SERVICE MESSAGE**

Time received by Time sent by

From

To

Postal Casualty Clerk

Sound bell notifies
your date to Brimstone
re-delivered. will
forward first chance

57

Newfoundland Postal Telegraphs

Office Stamp and Date

Prefix..... SERVICE MESSAGE

Time received..... by..... Time sent..... by.....

SEP 25 1916

From

To Casualty Clerk

Sound Isld notified
yours 20th to Brenson
forwarded 23rd by mail
Postal

B - 58

Newfoundland Postal Telegraphs.

Office Stamp and Date.
SEP 21 1916

Prefix _____ **SERVICE MESSAGE**
Time received _____ by _____ Time sent _____ by _____

From
Postal

To
Col Seely

Sound Island notifies your message yesterday to Mr Hedley Breenson north H.F.P.B. undelivered no immediate chance

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender *L. M. ...* Address _____

Line Number	Rcd	By	Sent	by	Check
				<i>for Dept. Secy</i>	

Dated 20th September, 1916.

To Mr. Hedley Brenson,
North Harbor, P.B.

Replying to my enquiry Record Office London reports No. 475
Private Sylvester Brenson at the Depot.

COLONIAL SECRETARY.

NORFOLK ISLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender *Frederick M. ...* Address _____

Line Number _____	Rcd _____	By <u><i>Frederick M. ...</i></u>	Sent _____	by _____	Check _____
-------------------	-----------	-----------------------------------	------------	----------	-------------

Dated 20th September, 1916.

To Mr. Hedley Brenson,
North Harbor, P.B.

Replying to my enquiry Record Office London reports No. 475
Private Sylvester Brenson at the Depot.

COLONIALSECRETARY.

2
Miss

Translation of Code Message sent to SYNOPTICAL.
18th September, 1916.

Relatives anxious for news of 1668 Brinston 1361 O'Driscoll
1571 Johnson Relatives anxious for news of What is address
of 1685 Murrin 745 Brinston.

Brinson

CR

745

Extract from Nominal Roll, 1st Draft to M.E.F.
received from Governor July 8, 1916.

#745 Pte. S. Brenson.

C.R. 745

Extract of Casualty List received from P.&.R.O.
22/6/16.

745, Pte S.Brenson. ✓

The following man is discharged from Woldingham Enteric
Depot and is granted 6 weeks furlough to 2/8/16.

G. 78
MAY 13 1916

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 745, Private S. Brenson, who was previously reported at Wandsworth suffering from Enteric, April 6th, was transferred to Addington Park Conv. Home, Croydon, April 13th.

This information has been received by mail.

Yours faithfully,

Mr. Hedley Brenson,
North Arm, P. B.

Colonial Secretary.

C.R. 745

Extract from Casualties received from the Pay and Record Office
/London, April 14th 1916.

#745 PTE. S. BRENSON.

TRANSFERRED FROM THIRD LONDON GENERAL HOSPITAL TO ADDINGTON PARK
CONVALESCENT HOME, CROYDON 13-4-16.

--*-*-*

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender Frederick M. Hedley Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **April 6, 1916.**
To **Mr. Hedley Brenson,**
North Harbour, P.B.

Record Office, London, today reports No. 745, Private Sylvester Brenson, has been admitted to the Third London General Hospital, Wandsworth, suffering from enteric.

J.R. BENNETT,
Colonial Secretary.

C. & R. 745

Extract from Casualties received from P & R Office London,
Apr. 6, 1916.

3rd, London General, Wandsworth. Admitted 4/4/16

745 Pte. Brenson, B.

Enteric.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Fred M. Sturley

Address

Line Number	Rcd	By	Sent	by	Check

Dated April 4, 1916.

To Mr. Hedley Brenson,
North Harbour, P. B.B.

In reply to an enquiry cabled by me on the first instant, Record Office, London, today reports that No. 745, Private Sylvester Brenson, was convalescent after enteric at the twentyfirst General Hospital, Alexandria, on February seventh.

J. R. BENNETT,

Colonial Secretary.

278

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL,

April 1, 1916.

What is address of; report by telegraph present condition of 745, Brenson, 992, Boone? Has anything been heard of, relatives anxious for news of 90, Hann? What was date of death of 1160, O'Brien?

Colonial Secretary.

M

March 31, 1916.

Dear Sir,

I am in receipt of your letter of the 15th instant, regarding your son, Sylvester, and I shall at once advise you of any further particulars regarding him that are received by me. I shall make enquiry as to his condition, but it will probably be some time before a reply can be received. You may be sure that no news is good news. AS soon as I receive particulars, I shall again advise you.

Yours truly,

Colonial Secretary.

Mr. Hedley Brinstone,
North Harbour, P.B.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 17 Sent by Gm Rec'd by _____ Check 13/ No. _____

Place from Sound Isld

31
MAR 31 1916

To Am J R Bennett

please ask Headquarters
how late Sylvester Branson
745 from north H. is
will reply
Hedley Branson

C.R. 745

Extract from War Office List No.H.7421.

745 Pte.Branson, S.

1/Nfld.R.

To England per HS Dunluce Castle ex 21 Gen.Hospital 23 Mar'16.

North Str P. B. ^{Wyd} March 15th 1916

Mrs J. R. Bennett
Colonial Secretary

Dear Sir

I received yours of Feb 26th acquainting me of Sylvester's admittance to the Third Canadian Stationary Hospital, Mudros West on Dec 26th.

I thought that something must be wrong with him as I have had no word from him since November.

I heard from him regularly up till that time, I know he must be very ill or I should have had word from him long ere this.

I would be thankful if you would make immediate

enquiry as to his condition

Hoping that you will
attend to this matter

for me

I am respectfully yours

Hedley Brinstone

His No. is 745

C.R. 745

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P & R. O. Feb. 29th. 1916.

745, Pte S. Brenson.

1/Newfoundland Conval Enteric Trans to HS Delta for Egypt ex 27 Gen. Hos.

4th February 1916.

✓

C.R. 745

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. & R. O. Feb. 27th. 1916.

745, Pte S Brenson. ✓

1/Newfoundland Regt. Enterica Slt Adm. 21 GH. Alexandria 7th Feb. 1916.

B 18

February 26, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 745, Pte. Sylvester Brenson, was admitted to the Third Canadian Stationary Hospital, Mudros West on December 26th suffering from paratyphoid. This information has been received by mail.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Hedley Brenson,
North Harbour, P.B.

Colonial Secretary.

Extract of Casualty List received from Pay and Record office London
dated Jan. 31st. 1916.

745 Pte. S. Brenson

1st Nfld. Regt. Para Typhoid Dis. to 27th. B.G.H. Mudros W.ex 3 Can. S. 1
30th. Dec. 1915.

C.R. 745

Extract from Casualty List received from Pay & Record Office,
London, dated January 29, 1916.

#745 Pte. S. Brenson.

Paratyphoid. Admitted 3rd Canadian Stationary Hospital,
Mudros W. 26th December 1915.

C.R. 745

Extract from Reassignment Draft to 1st Lt. H.H.V. Subsequent to
for Billings 14-11-15.

745 Pte. S. Brenson.

BOARD OF

C.R. 745

Extract from Nominal Roll Embarked St. John's per S.S. "Dominion"
"C" Company Feb. 2, 1915.

745 Dte. Brenson S.

C.N.

745

S. BRENSON was attested for General Service
with the NEWFOUNDLAND REGIMENT on ... Dec. 18th 1914.
Regimental No. 745 was allotted to Pte S. BRENSON.

AUTHORITY:

Record Officer

Dept. of Militia,

March 20th 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. D. Collins & Sons Ltd., Printers, Old Bailey, E.C.
 (432) W 19571/001 400m 3/158-1 83 53
 Forms B. 121. 39.

Number of Sheet 1

Regiment of

1st Newfoundland

Signature of O. C. Company

[Signature]
[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No. <u>745</u>	<u>Breuson S.</u>	Age on	<u>22</u> years — months	<u>Gas Fitter</u> <u>Zacherman</u>	<u>Promoted L/Cpl. 3/3/17.</u>		
Joined <u>1st N.F.L.I.</u> Date <u>July</u> 19 <u>16</u>		Place and Date of Enlistment		Religion			
Joined _____ Date _____		<u>St John's</u> <u>18/1/14</u>		<u>Methodist</u>			
Joined _____ Date _____		Period of		Place of Birth			
Joined _____ Date _____		with Colours <u>90</u> years.		<u>Newfoundland.</u>			
Joined _____ Date _____		with Reserve <u>4</u> <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>Hazley Barr</u>	<u>21-12-18</u>	<u>L/Cpl</u>		<u>1/ Gambling in barracks</u>					
				<u>7 Refusing to give an order given by the Police</u>	<u>Pls. James D. W. B.</u> <u>" Haffey "</u>	<u>Reprimanded</u>	<u>24/18</u>	<u>Lt. Col. Barker 950</u>	<u>DBB</u>
				<u>Demobilized St John's</u>					<u>17 3/19</u>
				To be carried over					

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 745 Rank S/Corpl Name Ernest Brenson
 Date of Enlistment 14.12.14 Address St Johns District St John's
 Occupation Interpreter Classification for Discharge B Medical Category F
 Recommendation S.M.B. Physically unfit Disability Rating Total Whitehurst Hosp
 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 1-3-19 H. Mews Clerk
for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Brenson

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 A. Mews Clerk

Date 3-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R6-9* to his home at *Ottawa Canada* and Release Certificate No. *1322* issued.

Date *3-3-19* *A.S.* *Asst. Dir. Gen.*
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 *17-3-19*

Date *3-3-19* *H. Mews H*
for Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for *4-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36	B 268	B 121	N.F. Med	D.F. 1
B 178	2 W 3494	B 122	Board 1st	" 2
B 178a	1 D 400A	B 1915	do 2nd	" 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		

Form B

Date *4 6 3 19* *Asst. Dir. Gen.*
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 *MAR 4 1919* *R.H. Sait Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date *March 5/1919* *Asst. Dir. Gen.*