



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3605 Name Percy Brett Corps Methu

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Percy Brett</u>              |
| 2. What is your full Address? .....  | 2. <u>Bishops Falls</u>            |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Clark</u>                    |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....                   |
|  | { Corps .....                      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Percy Brett 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.

Percy Brett SIGNATURE OF RECRUIT.  
A. W. Coughlan Signature of Witness.

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

I, Percy Brett 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 Bishops Falls on this 16<sup>th</sup> day of April 1917  
 Signature of Attesting Officer W. Brass Magist

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date.....191.....  
 Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

## DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Percy Brett  
 Apparent age 19 years 1 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ralph Brett  
Bishops Falls | 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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3605

Name Percy Brett

Corps Infantry

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

1. What is your name? ..... 1. Percy Brett
2. What is your full Address? ..... 2. Bishops Falls
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years 1 Months
5. What is your Trade or Calling? ..... 5. clerk
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, Percy Brett 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.

Percy Brett SIGNATURE OF RECRUIT.  
S. M. Conaghan Signature of Witness.

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

I, Percy Brett 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 Bishops Falls on this 16 day of April 1917

Signature of Attesting Officer [Signature]

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....  
Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

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





C.R.

3605

June 26th 1919.

W. 5/11.  
Percy Brett, Esq.,  
Bishop's Falls.

Dear Sir:

Your letter of the 24th inst. will have prompt attention, and I shall write you again in a few days.

Yours faithfully,

Minister of Militia.

CR. 3605

Bishop Falls

Sep 30<sup>th</sup> 19

Dept of Militai  
Room 3

Ok.

Dear Sir

Will you please send  
me my issue of Girl  
Service Ribbon

I enlisted April 1917  
& was discharged April 1919  
I served four months in  
France

Yours Truly

Peray Bond

Posted 2/10/19  
H.S.F.

3605

C.R. 3605

Extract from Daily Orders part II, Depot St. John's dated 7-4-19.

The discharge of the u/n on demoblization has been CONFIRMED  
by O1/C. Records on 5-4-19.

#3605 Sergt. P. Brett.

C.R.

3605'

Extract from Daily Orders part 11, Depot St. John's  
dated January 23rd., 1919.

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The Discharge of the undernoted on demobilization  
have been APPROVED by O. C. Discharge Depot from  
noted date .

#3605 Sgt. P. Brett

21-1-19.

C.R. 3605

Extract from Medical Board held Jan. 14th, 1919.

3605  
~~3605~~ Sgt. P. Brett.

Recommended Discharge as Permanently Unfit.

AND ADMISSION TO N & M DONVELSECEPT HOSPITAL.



C.R. 3605

Extract from Nominal Roll of repatriation draft No. 79,  
per S. S. CORSICAN which embarked at Tilbury Docks, 12/12/18  
from the 2nd., Battalion of the Newfoundland Regiment.

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#3605 A/Sgt. P. Brett.

C.R. 3605-

Extract from Daily Orders part 11, Depot St. John's  
dated December 23rd., 1916.

The u/m returned from Overseas and reported to Depot 21-12-16

#3605 Pte. P. Brett.

C.R. 3605

Extract from Daily Orders part II, Winchester, by Lt. Col.,  
B. J. Barton, Officer Commanding 2nd., Battalion of the  
Royal Newfoundland Regiment. 4-11-18

The undernoted to be acting Sergt. from 7-11-18.

#3605 Cpl. P. Brett..

C.R. 3605

Extract from Daily Orders part 11 Unit By, Lt. Col B.J.  
Barten, D.S.O. Commanding 2nd Bn, Royal Nfld Regt, 10-7-18.

3605 L/C. Brott, F.

To be Acting Corporals.

C.R. 3605

April 15th, 1918.

Mr. Ralph Brett,  
Bishop Falls.

Dear Sir:-

I acknowledge by direction your wire of 12th April concerning No. 3605, L/Cpl. Percy Brett, and beg to inform you that message has been received from the Record Office, London stating that this soldier is now at depot, Winchester.

Yours faithfully,

  
Major, C.S.C.



C.R. 3605

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 3605 Sent by W. A. Bennett Rec'd by \_\_\_\_\_ Check 12/12 No. \_\_\_\_\_

Place from \_\_\_\_\_

To \_\_\_\_\_

ANSWERED

APR 15 1918

APR 12 1918

Can you give any  
more information 3605-  
to Percy Brett was  
transferred

Ralph Brett.

Transferred from B.E.F. classified base,  
Nov 27<sup>th</sup> Nov at depot Winchester.

C.R. 3605  
Counter No.

# 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.

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 \_\_\_\_\_ Address Dept of Militia.

Line Number	Recd	By	Sent	by	Check

Dated April 11th, 1918.

To Mr. Ralph Brett, Bishop Falls

Req to inform you Record Office, London reports to-day  
No. 3605, Lt Col. Percy Brett transferred from B.E.F. march  
27th classified base.

J.R. Bennett

Acting Minister of Militia.

CR. 3605

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. ~~St. John's~~, G.H.Q. 3rd Echelon, dated March 31, 1918

#3605 L/Cpl. P. Brett.

Transferred to England March 27, 1918 classified "B"

C.R.

3605

Extract from Casualties received from Pay & Record Office,  
London, dated March 22, 1918.

#3605 B/Cpl. P. Brett.

Sick....Trans. to 5th Rest Camp ex 1st Un. Dep. Boulogne  
15th March 1918.

C.R. 3605

Extract from List of Sick and Wounded N.C.Os. and Men of the  
Expeditionary Force - France, dated 23rd Feb. 1918.

3605 Cpl. P. Brett

1 Newfoundland Regt..... D.A.H. Mild

Admitted 14 Sty. Hos. Wimereux 18th. Feb. 1918.



C.R. 3605

Extract of Casualties received from Pay & Record Office,  
London, dated February 23, 1918.

#3605 L/Cpl. P. Brett. ✓

D.A.H. Mild.

Admitted 14th Stationary Hospital, Wimereham 18th Feb.'18.

C.R. 3608

Extract of Daily Orders part 11, from Unit 1st Field.  
Regiment, 3rd Echelon, B.E.F., dated 26/1/18.

#3605 Pte. P. Brett, B.Co.,

Appointed Lance Corporal 26/12/17. ✓

C.R. 3605

Extract of Casualties received from Eny & Record Office,  
London, dated January 14, 1918.

#3605 L/Cpl. P. Brett. ✓

Tapeworm mild, Admitted NZ. Stationary Hospital, Wisques

January 8, 1918.

C.R. 3605

Extract from Nominal Roll Draft No.34: 52 Other Ranks from 2/1st  
Newfoundland Regiment, Apr. 1/1st Newfoundland Regiment B.S.F.  
Embarked Southampton 1/18/17.

3605 Pte.Brett, P.

M.P.

C.R.

~~3605~~  
3605

Major J.R. Meiklejohn, D.S.O.  
Extract of Baily Orders Part 11/ by ~~Major J.R. Meiklejohn, D.S.O.,~~  
commanding Newfoundland Regiment. 27/12/17.

~~3605~~ Pte. P. Brett, B.Co.,

3605

to be paid Lance Corporals.

C.R. 3605

Extract from Nominal Roll, embarked St. John's for Overseas 19<sup>51</sup>/~~4~~-17.

#3605 PTE. P. BRETT



3605'

C.R.

Extract from Daily Order: Pass 11 Unit the Royal Nfld.  
Regt. St. John's, Apl. 16th, 1917.

3605 Pte. Percy Brett.

Attached to strength from April 16th, 1917.

C.R. 3605

WOUNDED & SICK N.C.O.s & MEN OF THE EXPEDITIONARY FORCE - FRANCE.



F C Y A L E N G I N E E R S .		LIST NO H.A. 18921.	
213570	Spr. Benn, T.	RE. 497/Fd. Co.	ICT. Knee R..... Dis. to Duty ex NZ. Sty. H. Wisques 24 Jan. 18.
156684	Pnr. Cooper, F.	RE. "G" Spec. Co.	Scabies..... Dis. to Duty ex NZ. Sty. H. Wisques 24 Jan. 18.
129220	Pnr. Rogers, G.W.	RE. -do-	NYD. VD..... Adm. NZ. Sty. H. Wisques & Trans. to 4 Sty. H. 24 Jan. 18.
147039	Sjt. Loosemore, J.W.	RE. "P" Spec. Co.	Dental Caries.... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
			Mild.
106568	Cpl. Hamilton, P.R.	RE. "A" -do-	-do- ..... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
130321	Pnr. Gough, E.T.	RE. "G" -do-	-do- ..... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
113380	Cpl. Lord, W.E.	RE. "H" -do-	Defect. Vision.... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
321627	Pnr. Wakelin, F.W.	RE. "P" -do-	Haemorrhoids.... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
214452	Pnr. Williams, C.	RE. NO 1/Spec. Co.	Syn. R. Knee..... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
129221	Pnr. Reynolds, W.	RE. "G" Spec. Co.	Pleurisy..... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
29218	Pnr. Hill, F.	RE. "G" -do-	Influenza..... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
288953	Pnr. Miller, W.R.G.	RE. 1/Spec. Co.	Disl. Shldr. L.... Adm. NZ. Sty. H. Wisques 24 Jan. 18.
131080	Dvr. Bryan, J.	32/Div. Sal. Co.	Debility Mild.... Trans. to Trouville ex 2 Aus. Gen. H. 24 Jan. 18.
325868	Spr. Ormerod, H.J.	RE. 12/Sig. Co.	Bronchitis Mild.. Trans. to Trouville ex 2 Aus. Gen. H. 24 Jan. 18.
171646	Spr. Davies, H.R.	RE. 8/Rly. Con. Co.	P.U.O. Mild..... Adm. 2 Aus. Gen. H. Wimereux 24 Jan. 18.
49121	Spr. Randall, J.	RE. 68/Fd. Co.	P.U.O. Mild..... Adm. 2 Aus. Gen. H. Wimereux 24 Jan. 18.
229581	Spr. Ladle, W.H.	RE. 27/Lt. Rly. Co.	Bronchitis Mild.. Adm. 2 Aus. Gen. H. Wimereux 24 Jan. 18.
45508	Pte. Eddington, G.	4/S. Staff. R. att. Co.	P.U.O. Mild..... Adm. 2 Aus. Gen. H. Wimereux 24 Jan. 18.
		RE. 24/Misc. Trades. Co.	
454958	Spr. Long, P.G.	RE. 557/AT. Co.	Tr. Fever Mild.... Adm. 2 Aus. Gen. H. Wimereux 24 Jan. 18.
55896	Spr. Awford, G.	RE. 113/Rly. Co.	Syn. Knee R. Mild.. Adm. 2 Aus. Gen. H. Wimereux 24 Jan. 18.
35750	Pte. Iremonger, E.	2/Worc. R. att. RE. 171/Tun. Co.	GSW. L. Leg Mild.. Adm. 2 Aus. Gen. H. Wimereux 24 Jan. 18.
251926	Pte. Francis, A.	2/5 Essex. R. att. RE. 5/Army Tramway Co.	DAH. Mild..... Adm. 2 Aus. Gen. H. Wimereux 24 Jan. 18.

NEWFOUNDLAND EXPEDITIONARY FORCE. LIST NO. H.A. 18921.  
 3605 L/C. Brett, P. 1/N<sup>o</sup> Foundland. Tapeworm..... Dis. to Duty ex NZ. Sty. H. Wisques 24 Jan. 18.

P. Brett.

C.R. 3605

~~1880~~

## Medical Report on an Invalid.

Station HAZELEY DOWN CAMP  
Date 29 NOV 1918

1. Unit ROYAL NEWFOUNDLAND REG.
2. Regimental No. 3605.
3. Rank Sgt
4. Name BRETT
5. Age last birthday \_\_\_\_\_
6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$  \_\_\_\_\_
7. Former Trade  $\left\{ \begin{array}{l} \\ \text{or Occupation } \end{array} \right.$  \_\_\_\_\_
- 7A. If with previous service in Army, state—
- (a) Former Unit; \_\_\_\_\_
- (b) Regimental No.; \_\_\_\_\_
- (c) Date of Discharge; \_\_\_\_\_
- (d) Cause of Discharge. \_\_\_\_\_

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

D. A. H.Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. \_\_\_\_\_
10. Place of origin of disability. \_\_\_\_\_

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*He states that he joined the 1st Bn on Dec 2nd 1917 in France. Behind Cambrai was with them in the line in 1918 when he fainted several times, sent to 88th field ambulance & from there sent down the line with D. A. H. Boardman & Rowen transferred to 2nd Bn. D. Category found unfit to carry out A Category training & D. Category confirmed July 1918.*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*He complains of breathlessness after exertion or excitement of any kind. tachycardia impurity mitral one.*

13. What is his present condition?  
*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—  
(a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?

15. Was a Court of Inquiry held on the injury?  
If so—(a) When?  
(b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation (3)*

*W. J. [Signature]*

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

*except †*

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

† Delete this word if no exceptions are to be made.



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Percy Brett  
aged 19 years conducted at Headquarters  
Date: April 11<sup>th</sup> 1917 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no <u>40</u>
10	~
11	~
12	~
13	~
14	~
15	~
16	~
17	~
18	~
19	<u>6/6</u> <u>Batts</u>
20	~
21	~
22	~
23	~
24	~
25	~
26	~
27	~
28	~
29	~
30	~
31	~
32	~
33	no
34	<u>5. 9 in.</u>
35	<u>117 lbs.</u>
36	<u>20 - 34 1/2</u>
37	<u>45. for month</u>
38	<u>Father Ralph Bishop Falls</u>
39	<u>none</u>

*Report Apr 15th*

3605

*Di*

Signature of Medical Examiner:

*Storden*

4/100 Wld Reg.

NEWFOUNDLAND CONTINGENT 5

ALLOTMENTS

I, P. Brett Regtl No. 3605

hereby agree, until further notification by me, and in similar official form, to make an Allotment of        dollars and Fifty cents per diem from my pay, to and for the benefit of the undermentioned Person <sup>and</sup> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> Persons concerned, viz:-

*Allotment begins June 1<sup>st</sup> 1917*

Identity Certificate No.	Relationship	NAME (In full)	ADDRESS	AMOUNT (each person)
3375	Father	Mr. Ralph Brett	Bishops Falls	8 - 50
<i>Total allotments</i>				<i>8 - 50<sup>c</sup></i>

*See Bishop's Chapel  
in C. Co. Regt.*

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 Provost, an authority to make the required payments and a Prov. Coy. <sup>of</sup> NEWFOUNDLAND REGT.

(Sd.) Chas. R. Ayre Lake  
Officer Commanding  
F Company.

(Sig.) Percy Brett

St. Johns N.F.

(Rank) Plt

May 13 - 1917

NOTED	
C.G.M.S.	
Date	Co'y







To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3605 Rank Sgt. Name Brett. P. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated  
to Newfoundland on 11/12/18. Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£	£	E	s	d	PARTICULARS	£	£	E	s	d	CR.
	Balance Dr. from						Balance Cr. from						
	Allotment 19 days @ 50¢	19	50	11	19	1	Pay 19 days @ \$1.35	26	55				
	Cash Payments:						Field Alice 19 days @ \$1.15	2	80				
	1 <sup>st</sup> Pay.			1	10	0	Other Allices days @ \$25.65	29	35	6	0	7	
	2 <sup>nd</sup> Pay.			2	9	7	12.85	12	85				
	Other Debits:						Other Credits:						
	B. Dague.					6	60 pay sent Mr. J.M.						
	Mus Shop.			1	5		21302/209 P. & A. 23/12/18.						
	Total Debits			16	0	7	Total Credits			15	14	1	
	Balance due by Paymaster						Balance due to Paymaster			1	6	3	6
				6	0	7				16	0	7	

CHECKED.  
18/12/18

PERIOD: FROM 23/11/18 TO 24/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

36. Dec 11<sup>th</sup> 1918.  
HAZELEY DOWN CAMP. (Place) O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Chief Paymaster & Officer 1/c Records.

No. 20104/2278.

N.F.P./79.

*065773*  
*[Signature]*

NEWFOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,  
2nd. Bn. Royal Newfoundland Regt  
Hazeley Down Camp,  
Winchester.

5th December, 1918

*Dear Sir*  
12 DEC 1918  
1918  
PAY & REC'D

Subject: 3605.A/Sgt.P.Brett.

Receipt hereunder.

With reference to the following telegram (10476) from the Hon. Minister of Militia, received 1/1

*[Signature]*  
LIEUT. COLONEL,  
COMMANDING 2nd BATTAL, NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

Pay to 3605 Brett - £4:0:0

Received the sum of Four  
pounds. on account of  
cable remittance from Newfoundland.

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

R. Brett

No. 3605 Rank Serjeant

Witness W. Joyce

*[Signature]*  
Chief Paymaster & O. i/c Records.

*F.*

No. 14213/1443.

N.F.P./79.

NEWFOUNDLAND 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 Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

September 4th 1918

SEP 6 1918

191

Subject: 3605, a/Cpl. P. Brett.

With reference to the following telegram (7822) from the Hon. Minister of Militia, received

"Pay to 3605, a/Cpl. P. Brett, £4:0:0.

Draft £ 4:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder.

*County*  
LIEUT. COLONEL,  
COMMANDING OFFICER, 2ND BATT'N  
OFFICER COMMANDING, ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment

Received the sum of Four  
pounds. on account of

cable remittance from Newfoundland.

P. Brett  
No. 3605 Rank Cap



No. 3605 Rank 46pt Name Brett P

Pay	F.A.	Wkg	Total
100	10	—	110
Less: Allotment			50
Net Rate			60

I.P.P./33.

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance "6 boy		21 <sup>1</sup> / <sub>4</sub>					3 8 7
Acquittance Rolls	/	4	9	10	Pay @ net Rate	22 <sup>1</sup> / <sub>4</sub>	19 <sup>3</sup> / <sub>4</sub>	109	60	64	20	13 3 10
Hospital Advances	/		18	4	apptd 46pt 26 <sup>1</sup> / <sub>4</sub>			103	5			1 1 2 <sup>1</sup> / <sub>4</sub> - 13 - 7
A.B. 34 25 <sup>1</sup> / <sub>2</sub> pms	/											
P. & R.O. Payments	/	1	0	0								
Depot	/		10	0								
					17-13-7							
					6-18-2							
					<u>10-15-5</u>							
7 <sup>1</sup> / <sub>15</sub> Cash Ref No 6470				4 00								

CHEKED.  
C.S.  
7/11/10



Brett, A.

3605

Hay sept

July 8, 1919

\$3605 Sgt. Percy Brett,

Bishop Falls.

Dear Sir:-

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

Yours truly

Captain

Paymaster & C. i/c Records.

10490

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 omissions, 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/O RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Percy* ..... 2. Surname..... *Brett* .....

3. Rank..... *Sergeant* ..... 4. Regt. No..... *3605* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Percy Brett Bishop Falls* .....

6. Date of enlistment in the Regiment..... *April 16 1917* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not applicable*

8. Relationship of such dependents..... *Not applicable* .....

9. Address in full of such dependents.....  
*Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier..... *Not applicable*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *no* .....

12. Give total length of time which you served on active service whether in Nfld. or Overseas. *One Year Eleven Months and Eighteen days* .....

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?.....

*Yes*

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

*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*No*

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

*No*

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

*Not applicable*

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

*No longer physically fit for war service on account of disability.*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*France & Belgium Nov. 30/17 to April 20/18*

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: *Percy Bratt*

Place of Residence: *Bishop Falls*

Declared before me at: *Bishop Falls*

This *30<sup>th</sup>* day of *June* 1917.....

*E. B. Colburn*

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

POST DISCHARGE PAY.

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

Certified correct.

Paymaster

ORIGINAL.

## LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with G.L./19, 28/5/17.

Regtl No. 3605 Rank Sergt Name Brett, P. Unit R. Newfoundland Regt. who was Repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR.		STATEMENT OF ACCOUNT										CR.				
PARTICULARS		£	£	£	s	d	PARTICULARS					£	£	£	s	d
PERIOD: From 23/11/18 To 11/12/18	Balance Dr. from						Balance Cr. from									
	Allotment 19 days @ 50¢	9	50	1	19	1	Pay 19 days @ \$ 1.35	25	65							
	Cash Payments:						Field Allowance 19 days @ \$ .15	2	85							
	1st Pay.			1	10	0		28	50	5	17	1				
	2nd. "			2	9	7	Other Allowances days @ \$									
	Other Debits:						Other Credits:									
	Barrack Damages.					6										
	Misc. Stoppages.			1	5											
	Total Debits			6	0	7	Total Credits			5	17	1				
	Balance due by Paymaster						Balance due to Paymaster				3	6				
			6	0	7				6	0	7					

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "P" Coy.

Hazeley Down Camp. Dec. 11th, 1918.  
(Place) (Date)

(Signed) J. Nunns, Captain.

Made up/Checked in accordance with information received in the Pay & Record Office Hazeley Down to 9/12/18.  
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
Dec. 19th. 1918.

OK  
WKS

Chief Paymaster &amp; Officer i/c Records.



LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3605 Rank Sergt Name Brathbury Unit R. Newfoundland who was Regt. Repatriated  
 to Newfoundland 11 12 18 Authority R. Newfoundland Regt. Repatriated

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d					PARTICULARS	£ s d					CR.
		£	s	d	£	s		d	£	s	d		
	Balance Dr. from						Balance Cr. from						
	Allotment days @						Pay days @						
	Cash Payments 19 50¢	9	50	1	19	1	Field Allowance 19 days @ 35¢		25	65			
	1st Pay.			1	10	0	Other Allowances 19 days @ 35¢		2	85			
	2nd. "			2	9	7			28	50	5	17	1
	Other Debits:						Other Credits:						
	Barrack Damages.					6							
	Misc. Stoppages.				1	5							
	Total Debits						Total Credits						
	Balance due by Paymaster			6	0	7	Balance due to Paymaster			5	17	1	
											3	6	
				6	0	7							

PERIOD: From 25/11/16 To 11/12/18

*CSA*  
18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

"F" Coy. 191  
 Place Hazley Down Camp, Dec (1918) 8.  
 Made up/checked by London (Signed) J. O'Connell, Captain  
 and is therefore subject to amendment if and as may be found necessary.  
 Pay & Record Office, London, Dec. 19th 1918.  
 Chief Paymaster & Officer i/c Records.



April 4th., 1919

#3605 Sergt. Percy Brett,

Bishop Falls.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1645."

Yours truly,

Captain,  
Paymaster & Officer i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5606 Rank Sergeant Name Edward Jett  
 Intended place of residence St. John's  
 2. Occupation Clark  
 Classification of soldier 3 Medical Category 2

3. The above named man is discharged in consequence of DEMOBILIZATION

ELIGIBLE FOR POST DISCHARGE PAY

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place .....  
 Date JAN 20 1919 W. Bowley Capt  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St John's 20-1-19  
Percy Brett  
 Signature of soldier  
Ed Dicko 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 Jan 20, 1919 Percy Brett  
 Signature of soldier  
Ed Dicko Capt  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 16. 11. 17 No of days on Military  
 Discharged from service 20-1-19 14 Days Service 660 Days

## 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 W. Bowley Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment  
 Date JAN 21 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St John's W. Bowley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment  
 Date Jan 21 1919

568  
172  
385

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3605 Rank Plt. Sgt. Name Brett Percy  
 Date of Enlistment 16. 11. 17 Address Bishops Falls District July 10  
 Occupation Clerk Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Soundly unfit Disability Rating 60% 3 mos  
 Passed to Demobilization Officer with following documents:—

N.F. 149H. 1.	B 268.	B 121.	N.F. Med.	D.F. 1.		
B 178.	W 3494.	B 122.	Board 1st.	" 2.		
B 178a.	1 D 400A.	1 B 1915.	do 2nd.	" 3.	3	
B 179.	2 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 20. 1. 19

*Percy Brett*  
O. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

## 1. Civil Re-Establishment.

\* I am not in a position to resume civilian occupation.

*Percy Brett*  
Particulars passed to Vocational Officer for information and action.

Date.....

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$600.00(b) Clothing Supplied Footwear & underwearDate 20. 1. 19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. me to his home  
 at Delaplace and Release Certificate No. 876 issued.

Date 20-1-19 Assdike Cpl  
 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 4-2-19

Date 20-1-19 Money Capt  
 Depot Paymaster.

Discharge approved for 21. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36. <u>94</u>	B 268.	B 121.	N.F. Med.	D.F. 1.	1 <u>Sum B</u>
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.	<u>FEAL</u> 1.	" 6.	
B 179c.	B 120.	M 93.			

Date 22. 1. 19 Assdike Cpl  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
 Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

Date JAN 21 1919 R.H. Jait 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 transferred into the Regular Army.

# MEDICAL HISTORY

Surname Brett OF Christian Name John

Table I.—GENERAL TABLE



Birthplace:—Parish Bishops Falls County 6

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>16<sup>th</sup></u> day of <u>April</u> 1917	on	day of	191	
	at <u>Headquarters</u>	at			
Declared Age	<u>19</u> years <u>1</u> months	years	days	days	
Trade or Occupation	<u>Clerk</u>				
Height	<u>5</u> feet <u>9</u> inches	feet	inches		
Weight	<u>117</u> lbs.	lbs.			
Chest Measurement	Grith when fully expanded	<u>34</u> $\frac{1}{2}$ inches	inches		
	Range of Expansion	<u>4</u> $\frac{1}{2}$ inches	inches		
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Number				
When Vaccinated					
Vision	R.E.—V= <u>6/6</u>	R.E.—V=			
	L.E.—V= <u>6/6</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>W.E. Proenner</u>				
(Rank)	<u>Kiut.</u>				
	Medical Officer.				Medical Officer.
Enlisted	at <u>St. John's</u>	at			
	on <u>15<sup>th</sup></u> day of <u>April</u> 1917	on	day of	191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.	
	<u>4/1<sup>st</sup> York</u>	<u>3605</u>			
Transferred to					
Became non-effective by	on	day of	191	on	day of
(Signature)					
(Rank)					





## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

*For Convalescent Home*

*Henry Bratt*

Signature of Man.

Reg. No.

*3608*

*Ernie's Caf.*

Signature of the Vocational Officer or his Representative.

Place

Date

*Jan 25<sup>th</sup>*  
1919

## Medical Report on an Invalid.

Station HAZELEY DOWN CAMP.Date 29 NOV 19181. Unit ROYAL NEWFOUNDLAND REG.2. Regimental No. 36053. Rank Sergt.4. Name BRETT.

5. Age last birthday

6. Enlisted { on  
at7. Former Trade }  
or Occupation }

7A. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

S. A. H.Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*He states that he joined 1st Batt. 2nd Dec in France behind Cambrai. was with them in the line Ypres Salient, when he fainted several times. Sent to 88th F.A. and from there sent down the line with D.A.H. Boarded Rouen, transferred to 2nd Batt. B Category found unfit to carry out A. Category training and B Category confirmed July, 1918.*

12. Give your opinion, as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &amp;c.



*He complains of breathlessness after exertion or excitement of any kind. Tachycardia impurity. Mitral 1.*

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*Repatriation (3)*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*McCulloch*

ROYAL NEWFOUNDLAND REG

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

*General Condition poor  
Anæmic*

*yes*

*Strain of military service*

*60% 3 months*

*yes*

*requires treatment*

*yes*

Signatures:—

Station

Date

Approved

Station

Date

*H. H. Case* President.

*Archibald Watson major* Members.

*Cluny Macpherson* Administrative Medical Officer. Major





## 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 *Percy Brett*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *3605*  
 Intended address *Bishop Falls.*  
 Height on discharge *5* Feet *6*  
 Color of hair on discharge *Dark.*  
 Complexion *Fair.*  
 Color of eyes *Blue.*  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge *Tall.*  
 Christian name of Father *Ralph.*  
 Christian name of Mother *Janet.*  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_  
 Place and date of soldier's birth. *Moncton N.B. 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) *Percy Brett*

Station *St John*

Date *15.1.19*

(Rank) *Sgt.*

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

Station \_\_\_\_\_

Date \_\_\_\_\_

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



LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 3605 Rank Sgt. Name Brett P. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d				PARTICULARS	£ s d				
		£	s	d	£		s	d			
PERIOD: From 23/11/18. To 20/12/18.	Balance Dr. from					Balance Cr. from					
	Allotment 19 days @ 50¢	9	50	1	19	1	Pay 19 days @ \$ 1.35	26	55		
	Cash Payments:					Field Allowance 19 days @ \$ <sup>16</sup> / <sub>100</sub>	2	80			
	1 <sup>st</sup> Pay			1	10	0	Other Allowances days @ \$	29	35	6	0
	2 <sup>nd</sup> do.			2	9	7	Other Credits:				
	Other Debits:										
	B. Damage					6					
	Misc Stoppage			1		5					
	Total Debits			6	0	7	Total Credits			6	0
	Balance due by Paymaster						Balance due to Paymaster				

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. G.  
HAZELEY DOWN CAMP. Dec 11<sup>th</sup> 1918.  
(Place) (Date)

*[Signature]*  
O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,



5217

Penhap Falls  
May 26 6/19

Capt M Howley  
Office I/c of Pay & Records  
Dear Sir

I came home in December last and so far have not received my war service badge or papers for Gratuity, Would like very much to get same. I have no doubt that with so many men to handle, you and your staff are kept very busy, but as other men have come home two or three months after I did, have received their badge and two payments of their gratuity, I begin to think that I'd been overlooked

Trusting that you will look in to the matter

I remain

Yours Very Truly  
Cecy Brett

Medically unfit.

Ry # 3605



November 11, 1919

Sgt. J. Brett  
Bishop's Falls.

Dear Sir:

I enclose herewith

cheque for \$59.00, balance of Pay.

Yours truly,

Major  
Paymaster

IM-



LM-

June 16, 1920

The Bank of Montreal,  
City.

Dear Sirs:

Kindly issue draft on Montreal in favour of  
the International Correspondence Schools, for the sum of  
\$26.25, for which I enclose cheque, which also includes  
cost of draft.

Yours truly,

Major  
Paymaster.

Enc.

WWB/ME

June 15, 1920

Major Howley  
O. I. C. Pay and Records

P. BRETT 3605

ACCOUNT _____	INITIALS <i>as</i>
CH. NO. <u>39415</u>	INITIALS _____
INL. LEDGER... --	INITIALS _____
PAY LEDGER _____	INITIALS <i>[Signature]</i>
GEN. LEDGER _____	INITIALS _____

Kindly furnish me with a sight draft on Montreal  
in favour of the International Correspondence Schools  
for the sum of twenty six dollars and twenty five cents  
plus exchange in payment of a scholarship for the man  
named above and charge the same to the Civil Re-  
establishment.

*A.C.R.*

Scholarship	\$26.25
Exchange	<u>    75</u>

Total

<u>26 40</u>
--------------

*G. W. McNeill*

Voc ational Officer.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 59<sup>00</sup>

Nov 8 19 19

Received from the First Newfoundland Regiment  
the sum of *fifty nine* Dollars.  
on account of Pay.  
balance 30

Ch. No. <i>19529</i>	Initials <i>FCW</i>
Pay Ledger <i>254</i>	Initials <i>WR</i>
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank .....

No. 3605

Rank

Sgt.

Name

J. Brett

W. Bishop





CANADA

DEPARTMENT OF  
SOLDIERS' CIVIL RE-ESTABLISHMENT

NSD:H.

IN YOUR REPLY REFER TO FILE NO. SCR 211-P.

1288  
OTTAWA,  
November 2, 1923.

The Secretary,  
Board of Pension Commissioners for Newfoundland,  
St. John's, Nfld.

Re: Percy Brett, No. 2605, Nfld. Regt.

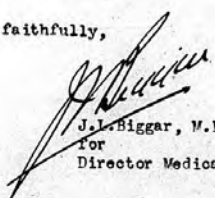
Dear Sir:-

Please find attached invoice No. 59-21 for \$3.00, covering the cost of examination of the marginally named ex-member of the Newfoundland Forces at Toronto on May 2, 1923.

This examination was based on your request of September 16, 1922, and a copy of the report made was forwarded to you on May 19, 1923.

It would be appreciated if the payment of the account might be approved.

Yours faithfully,

  
J.L. Biggar, M.B.,  
For  
Director Medical Services.

Enclosure.

Nov. 30, 1925.

Mr. Percy Brett,  
1439 Queen Street,  
Toronto. Ont.

Dear Sir:-

I beg to advise you that the Medical Board that examined you has reported as to your condition, and state that your disability due to service, has now passed away.

You are therefore, not entitled to receive any further pension from this department.

Yours faithfully,

Secretary.

BT.



THE BOARD OF PENSION COMMISSIONERS  
FOR CANADA

Pension No. 1288

Regt. No. 3605 Rank Pvt Name Brett Peay

Corps served with \_\_\_\_\_

Rank held when disability was incurred \_\_\_\_\_

Date of Medical Board 12/10/23 Disability nil %

Pension for self: \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

Allowance " wife: \$ \_\_\_\_\_ " " " " \_\_\_\_\_ "

Allowances for children:

1st. Child \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

2nd. " \$ \_\_\_\_\_ " " " \_\_\_\_\_ "

\_\_\_\_\_ Children @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_ for \_\_\_\_\_ "

Total monthly pension \$ nil for \_\_\_\_\_ months

Total authorized amount \$ \_\_\_\_\_

Noted initials <u>[Signature]</u> date <u>11/12/23</u>
--

Pension granted to: Name Brett Peay

Address 1439 Mount Falls Toronto

Approved by: [Signature] Chairman

[Signature] Commissioner

[Signature] Secretary.

11/12/23  
188 v

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Particulars of children:

Name	Sex	Date of birth	Date comes of age.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

*Noted  
11/12/23*

## FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

## THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date \_\_\_\_\_

AS SOON AS POSSIBLE.The Secretary, Board of Pension  
Commissioners for Newfoundland.

Per \_\_\_\_\_

Regimental No. 3605

Rank SERGEANT

Name PERCY BRET

ADDRESS: BISHOP'S FALLS.

Unit, ROYAL NEWFOUNDLAND REGIMENT

## DESCRIPTION OF PENSIONER:

Apparent Age 24 YEARS

Height 5' 6"

Colour of Eyes BLUE

Complexion FAIR

Colour of Hair

DARK

Weight

Marks of Identification:

MAY 1922: SUBJECTIVE SYMPTOMS: He complains of "nothing." States he feels well but has a slight dyspnoea at times, for instance after four sets of tennis he is tired. He tried this last year on many occasions. No cough.

OBJECTIVE SIGNS: He looks healthy. Colour is good. Tongue slightly coated, weight 134 lbs. clothed.

HEART: P.M. T.  $3\frac{1}{2}$ " to 4 mline. 5th interspace. A mitral systolic murmur at apex, not transmitted. P/R at rest 86/16. RxB 120/28, 2 mins. 86/18. Exercise tolerance good. Chest: Expansion fair and equal. Percussion note not impaired. B.S. slightly roughened upper lobes. No rales. General condition good.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

ORIGINAL: DISORDERED ACTION OF THE HEART.  
SUBSEQUENT: SUSPECTED TUBERCULOSIS.

FORM FOR HISTORY AND MEDICAL EXAMINATIONS OF PENSIONERS

# THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

ST. JOHN'S, Newfoundland

MEMORANDUM

Medical Examination of Pensioner

AD. JOHN BRADSHAW

The Secretary, Board of Pension Commissioners for Newfoundland

RANK: Lieutenant

REGIMENT: 200th

REGIMENTAL MEDICAL OFFICER

REGIMENTAL MEDICAL OFFICER

DATE: 1918

NAME: JOHN BRADSHAW

History of illness: The patient reports a history of rheumatism, which has been present since 1914. It is characterized by attacks of pain and swelling in the joints, particularly the knees and hips. The attacks are usually brought on by cold and damp weather. There has been no evidence of any other disease.

Physical Examination: On admission, the patient was found to be in good health, with no signs of disease. The joints were normal.

Diagnosis: Rheumatism. The patient's symptoms are characteristic of this disease. There is no evidence of any other disease.

RECOMMENDATION: The patient is recommended for a pension on the ground of disability.

REMARKS: The patient's disability is due to rheumatism, which is a chronic disease. It is recommended that the patient be granted a pension on the ground of disability.

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

Complaints: none.

Subjective: Healthy appearance.

nutrition + musculature fairly good,  
 Good color; chest somewhat flattened.  
 Clavicles slightly prominent.  
 Expansion - 32" - 34 1/2" - equal.  
 no appreciable dulness over either lung.  
 B. Sounds somewhat roughened over both  
 supra-sternal fossae, but no intra-  
 pulmonary adventitious sounds heard.  
 Heart: L. border 3 1/2" to left of M.S. line.  
 P.M.S. in 5<sup>th</sup> space: no murmurs heard  
 at rest or after exercise - standing or lying  
 down: Pulse at rest = 80; Ex "R" = 128.  
 Causing no distress: After exercise = 80.  
 Sibilant, if any, is considered slight.

Special Questions:

Subjective: States he occasionally contracts a cold, but otherwise he is not aware of anything abnormal.

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—  
 (If there are no complaints, it will be so stated.)

Signature  
of Witness

*T. N. Richardson*

Pensioner's signature

*Lucy B. A. T.*

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised?

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature

Medical Examiner.

Place

Date

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

Place

Date

Head of District Office, (or Medical Practitioner.)



1439 Queen St, West,  
Toronto, Ont.  
July 25/03

Lt. Col. Bay.  
St. John's.

Dear Sir:

about a week ago I received from the pension board a cheque for \$7.50. Will you kindly let me know what that is for. Shall I be paid that as a pension? I ask this because I had a medical examination here in Toronto about three months ago but have heard nothing from them since. If this \$7.50 is a pension should it not date from the time my last pension expired or at least from the time I had my medical board about three months ago.

My present address is as above.

Thanking you, I am yours very truly,  
Bury Pratt.

Pension # 1289

31/7/03  
B.P.

THE BOARD OF PENSION COMMISSIONERS  
FOR Nfld.

Pension No 1288

Regt.No. 3805 Rank Pte Name Percy Brett

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Rank held when disability was incurred \_\_\_\_\_

Date of Medical Board MAY 7 Disability 10 %

Pension for self: \$ 7.50 per month for 12 months

Allowance " wife: \$ \_\_\_\_\_ " " " " \_\_\_\_\_ "

Allowances for children:

1st. Child \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

2nd. " \$ \_\_\_\_\_ " " " \_\_\_\_\_ "

Children @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_ for \_\_\_\_\_ "

Total monthly pension 7.50 for 12 months

Total authorized amount \$90.00

Pension granted to: Name PERCY BRETT

Address \_\_\_\_\_

Noted  
initials  
4/6/23 date

Approved by: W. J. Parsons Chairman

W. J. Parsons Commissioner

W. J. Parsons Secretary.

4/6/23  
187

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Particulars of children:

Name	Sex	Date of birth	Date comes of age.
1.			
2.			
3.			
4.			
5.			
6.			
7.			



## FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

## THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:  
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date.....

AS SOON AS POSSIBLE.The Secretary, Board of Pension  
Commissioners for Newfoundland.

Per.....

Regimental No. 3605

Rank SERGEANT

Name PERCY BRETT

ADDRESS: BISHOP'S FALLS.

Unit ROYAL NEWFOUNDLAND REGIMENT

## DESCRIPTION OF PENSIONER:

Apparent Age 23 YEARS

Height 5' 6"

Colour of Eyes BLUE

Complexion FAIR

Colour of Hair DARK

Weight

Marks of Identification:

JANUARY 2, 1920: PULSE 80. TEMP. UNDER TONGUE 99.8. CONDITION POOR. ANAEMIC. TACHYCARDIA NOT IMPROVED. OBSTINATE CONSTIPATION. SYMPTOMS AND CONDITIONS INDICATE BEGINNING TUBERCULOSIS OF LUNGS.

APRIL 1st 1920: WEIGHT 135 LBS. PULSE 96. TEMP. 99.6. NO COUGH OR PHLEGM. NO ACCOMPANIMENTS IN LUNGS. BREATHING BRONCHIAL AT RIGHT APEX WITH INCREASED VOCAL RESONANCE. WOGWHEEL BREATHING AT SECOND RIGHT INTERSPACE.

JUNE 8th 1920: WEIGHT 136 LBS. PULSE 100. HARSH VESICULAR BREATHING ANTERIORLY. INCREASED VOCAL RESONANCE RIGHT SIDE.

SEPT. 14, 1920: CONDITION IMPROVED CONSIDERABLY SINCE LAST REPORT. HE HAS GAINED ABOUT FIVE POUNDS AND HE IS MUCH STRONGER AND HIS APPETITE IS GOOD. HE HAS TACHYCARDIA YET, BUT IT DOES NOT WORRY HIM SO MUCH AS IT USED TO DO. THE BREATHING HAS ALSO IMPROVED. TEMP. 98.7. PULSE 90.

MARCH 11, 1921: CONDITION ABOUT SAME AS AT LAST EXAMINATION. THE TACHYCARDIA HAS IMPROVED BUT HE HAS DEVELOPED COARSE RALES AT APEX OF BOTH LUNGS. TEMP. 98.9. PULSE 95. THE RALES ARE BRONCHIAL.

SEPT. 13th 1921: THE COARSE RALES AT APEX HAVE DISAPPEARED. THE TEMP. IS NORMAL. THE HEART CONDITION REMAINS THE SAME.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

ORIGINAL: DISORDERED ACTION OF THE HEART.  
SUBSEQUENT: SUSPECTED TUBERCULOSIS.

FORM FOR HISTORY AND MEDICAL EXAMINATIONS OF PASSENGERS

# THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

NAME OF PASSENGER

NO. OF PASSAGE TICKET

DATE OF DEPARTURE

NAME OF VESSEL

AGE AND SEX

PROFESSION OR OCCUPATION

RESIDENCE

DATE OF ARRIVAL

NAME OF CAPTAIN

NAME OF SURGEON

STATE OF HEALTH AT DEPARTURE AND ARRIVAL

DESCRIPTION OF DISEASE OR INJURY

OPINION OF PHYSICIAN

REMARKS

SIGNATURE OF PHYSICIAN

DATE OF EXAMINATION

REMARKS ON RETURN

SIGNATURE OF COMMISSIONER

3  
MEDICAL REPORT

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *Yes*
- (2) Give a definite detailed description of the present condition.

Subjective Symptoms He complains of nothing that he feels well but has a little dyspnea at times for instance after 4 sets of Tennis he is tired. He tenses this last year on many occasions though.

Objective signs He looks healthy. Color is good. Tongue slightly coated. Weight 134 lbs. clothed

Heart P.M.D. 3% to l. measure 5th interspace. A virtual systolic murmur at apex not transmitted.

R.R. at rest 86/18 Ints 120/28, 2 min 86/18. Increase Tolerance Good

Chest Inspiration fair & equal.

Percussion note unimpaired

Special Questions:—P.D. slightly roughened upper lobes. No rales.

General Condition Good

This is to certify that I have read, or have heard read, the above description of my disabling I find it to be correctly and satisfactorily stated, and have not withheld any information concerning resulting from service. I also wish to state that my complaints are:—  
(If there are no complaints, it will be so stated.)

Signature  
of Witness

*H. Perry*

Pensioner's signature

*Ps*

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

*D.F.H. (V.P.H.) Stry at Disability*

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

*na*

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

*Remained the same*

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

*No*

6 Are the disabilities permanent?

*No*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

*No*

(b) Should he continue to do so?

*No*

(c) If so, is any alteration in the form of the present appliance recommended?

*na*

(d) If any appliance is necessary?

*na*

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

*No*

(b) Nature of treatment advised.

*na*

(c) Is pensioner willing to accept treatment advised?

*na*

(d) If not, is his refusal reasonable?

*na*

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

.....

Pensioner's signature *na*

The foregoing report, submitted by

Signature.....

Medical Examiner

Place.....

Date.....

Members  
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination? *No*

(b) If so, is he receiving the additional allowance for a wife? *No*

Has a child been born to pensioner since last medical re-examination? *No*

..... is he receiving the additional allowance for a child? *No*

..... was married, has his wife died since last medical re-examination? *No*

(Give date of death.)

..... pensioner's children died since last medical re-examination? *No*

(Give names and dates of children who have died.)

*H. B. Pearson*

Head of District Office,  
(or Medical Practitioner)

Disability for which pension has been

PENSION NO. 1258

PENSION NO. \_\_\_\_\_

PENSIONER'S NAME Bruce Percy

PARTICULARS	DR		CR.	
	\$	c.	\$	c.
Pension @ 25 <sup>00</sup> from 1.1.20 to 23.2.20		44		
30 <sup>00</sup> 10.6.20 9.9.20		90		
15 <sup>00</sup> 10.9.20 31.12.20		55	189	67
10% increase		18	18	96



THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Pension No. 1288

Regt. No. 3605 Rank Serjt Name Percy Brett

Corps. served with Royal Newfoundland

Date of Medical Board September 13, 1921

Pensionable Disability 25% for 12 months.

Pension granted: \$ 12<sup>50</sup> per month for 12 months.

Total authorized amount \$ 150.00

or Gratuity granted: \$ \_\_\_\_\_ payable in \_\_\_\_\_ equal monthly installments.

Granted to:-

Name Percy Brett

Address Bishops Falls

Date case disposed of: SEP 27 1921

Approved by:

Members of Board

L. G. O'Neil Chairman.

W. G. Coombs

*Noted*  
*M. M. M.*  
*28/9/21*

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*100*  
*28/9/21*

## FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

## THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:  
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date. AUGUST 12, 1921.AS SOON AS POSSIBLEThe Secretary, Board of Pension  
Commissioners for Newfoundland.

Per.....

Regimental No. 3605 Rank SERGEANT  
Name PERCY BRETT - ADDRESS: BISHOP'S FALLS.  
Unit ROYAL NEWFOUNDLAND REGIMENT.  
DESCRIPTION OF PENSIONER:  
Apparent Age 23 YEARS Height 5' 6" Colour of Eyes BLUE  
Complexion FAIR Colour of Hair DARK Weight  
Marks of Identification:

JANUARY 2, 1920: PULSE 80. TEMPERATURE UNDER TONGUE 99.8.  
CONDITION POOR. ANAEMIC. TACHYCARDIA NOT IMPROVED. OBSTINATE  
CONSTIPATION. SYMPTOMS AND CONDITIONS INDICATE BEGINNING TUBERCULOSIS  
OF LUNGS.

APRIL 1, 1920: WEIGHT 135 LBS. PULSE 96. TEMPERATURE 99.6.  
NO COUGH OR PHLEGM. NO ACCOMPANIMENTS IN LUNGS. BREATHING BRONCHIAL  
AT RIGHT APEX WITH INCREASED VOCAL RESONANCE. COGWHEEL BREATHING AT  
SECOND RIGHT INTERSPACE.

JUNE 8, 1920: WEIGHT 136 LBS. PULSE 100. HARSH VESICULAR  
BREATHING ANTERIORLY. INCREASED VOCAL RESONANCE RIGHT SIDE.

SEPT. 14, 1920: CONDITION IMPROVED CONSIDERABLY SINCE LAST REPORT.  
HE HAS GAINED ABOUT FIVE POUNDS AND HE IS MUCH STRONGER AND HIS APPETITE  
IS GOOD. HE HAS TACHYCARDIA YET, BUT IT DOES NOT WORRY HIM SO MUCH AS  
IT USED TO DO. THE BREATHING HAS ALSO IMPROVED. TEMPERATURE 98.7.  
PULSE 90.

MARCH 11, 1921: CONDITION ABOUT SAME AS AT LAST EXAMINATION.  
THE TACHYCARDIA HAS IMPROVED BUT HE HAS DEVELOPED COARSE RALES AT APEX  
OF BOTH KUNGS. TEMPERATURE 98.9. PULSE 95. THERALES ARE BRONCHIAL

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

ORIGINAL: DISORDERED ACTION OF HEART.  
SUBSEQUENT: SUSPECTED TUBERCULOSIS.



THE BOARD OF PENSION COMMISSIONERS FOR NEW YORK

THE BOARD OF PENSION COMMISSIONERS FOR NEW YORK  
OFFICE OF THE BOARD OF PENSION COMMISSIONERS FOR NEW YORK  
100 NASSAU ST. N.Y.C.

ROYAL HAWKINS  
MAY 18 1908

ROYAL HAWKINS  
MAY 18 1908

ROYAL HAWKINS  
MAY 18 1908

ROYAL HAWKINS  
MAY 18 1908

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 17  
*Yes*
- (2) Give a definite detailed description of the present condition.

*The course aches et apex  
have disappeared  
The temperature is normal  
The present condition remains  
the same*

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—  
(If there are no complaints, it will be so stated.)

Signature of Witness

*J. D. Smith*

Pensioner's signature

*Ben B. H.*

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

.....  
.....

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

.....  
.....

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

.....  
(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

.....

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

*Approved by W. J. Smith*

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

.....  
.....

The foregoing report submitted by Pensioner's signature

Signature..... Medical Examiner.

Place.....

Date..... } Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination? *No*

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?  
(State date of death.)

.....

12 Have any of pensioner's children died since last medical re-examination?  
(State date of death and names of children who have died.)



Place *Bushy Park Falls*

Date *Sept 13/21* *J. J. Smith*

Head of District Office, (or Medical Practitioner.)

THE BOARD OF PENSION ADMINISTRATORS  
FOR NEWFOUNDLAND.

Pension No.. 1288

Regt. No. 3605 Rank Sgt. Name Percy Brett

Corps Served with ROYAL Nfld. REGIMENT

Date of Medical Board March 3/21

Pensionable disability 30% for 6 months

Pension Granted:  
\$15.00 per month for 6 months

Total Authorized amount \$90.00

or Gratuity Granted:

\$ Payable in equal monthly instalments.

Granted to:-

Name Percy Brett

Address Bishop Falls.

Date case disposed of

Approved by:

Members of Board

*H. C. C.* Chairman

*W. A. P.*

*lll*

NOTED  
DATE 8-16-21  
INITIALS B. S.

NOTED  
DATE 8/16/21  
INITIALS M. M.

Remarks:

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-----  
-----

## FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**TO MEDICAL EXAMINER:  
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date Feb. 19, 1921.

AS SOON AS POSSIBLE

The Secretary, Board of Pension  
Commissioners for Newfoundland.

Per \_\_\_\_\_

Regimental No. 3605 Rank SERGEANT  
 Name PERCY BRETT ADDRESS: BISHOP'S FALLS  
 Unit ROYAL NEWFOUNDLAND REGIMENT

## DESCRIPTION OF PENSIONER:

Apparent Age 23 YEARS Height 5' 6" Colour of Eyes BLUE  
 Complexion FAIR Colour of Hair DARK Weight \_\_\_\_\_

Marks of Identification:

OCTOBER 7TH., 1919:

PENSIONER COMPLAINS OF BREATHLESSNESS ON EXERTION, RAPID HEART AND LASSITUDE. TACHYCARDIA. HIS GENERAL CONDITION HAS IMPROVED AND HE IS NOT SO ANAEMIC.

JANUARY 2ND., 1920:

PULSE 80. TEMPERATURE UNDER TONGUE 99/8. CONDITION POOR. ANAEMIC. TACHYCARDIA NOT IMPROVED. OBSTINATE CONSTEPPATION. SYMPTONS AND CONDITIONS INDIAE BEGINNING TUBERCULOSIS OF LUNGS.

APRIL 1ST., 1920:

WEIGHT 135 LBS. PULSE 96. TEMPERATURE 99.6. NO COUGH OR PHLEGM. NO ACCOMPANIEMENTS IN LUNGS. BREATHING BRONCHIAL AT RIGHT APEX WITH INCREASED VOCAL RESONANCE. COGWHEEL BREATHING AT SECOND RIGHT INTERSPACE.

JUNE 8TH., 1920:

WEIGHT 136 LBS. PULSE 100. HARSH VESICULAR BREATHING ANTERIORLY. INCREASED VOCAL RESONANCE RIGHT SIDE.

SEPTEMBER 14TH., 1920:

THE PENSIONER'S CONDITION HAS IMPROVED CONSIDERABLY SINCE LAST EXAMINATION. HE HAS GAINED ABOUT FIVE POUNDS AND HE IS MUCH STRONGER AND HIS APPETITE IS GOOD. HE HAS TACHYCARDIA YET, BUT IT DOES NOT WORRY HIM SO MUCH AS IT USED TO DO. THE BREATHING HAS ALSO IMPROVED. TEMPERATURE 98.7. PULSE 90.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

B. P. C. Form 98  
2 M 9-4-20.ORIGINAL: DISORDERED ACTION OF HEART  
 SUBSEQUENT: SUSPECTED TUBERCULOSIS.



THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

ST. JOHN'S, NEWFOUNDLAND  
Date: 1888  
The Secretary, Board of Pension Commissioners, Newfoundland

TO MEDICAL EXAMINER  
At the Board of Pension Commissioners, Newfoundland

NAME OF PENSIONER

REGIMENT NO. 1008  
ADDRESS: St. John's

DEPARTMENT OF PENSIONERS  
ROYAL NEWFOUNDLAND REGIMENT

DATE OF EXAMINATION  
NAME OF EXAMINER

REMARKS: COMPLETELY UNFIT FOR SERVICE BY REASON OF WEAKNESS OF THE LUNGS. THE GENERAL CONDITION OF THE BODY IS POOR AND THE VITALS ARE ALL DEPRESSED.

REMARKS: COMPLETELY UNFIT FOR SERVICE BY REASON OF WEAKNESS OF THE LUNGS. THE GENERAL CONDITION OF THE BODY IS POOR AND THE VITALS ARE ALL DEPRESSED.

REMARKS: COMPLETELY UNFIT FOR SERVICE BY REASON OF WEAKNESS OF THE LUNGS. THE GENERAL CONDITION OF THE BODY IS POOR AND THE VITALS ARE ALL DEPRESSED.

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REMARKS: COMPLETELY UNFIT FOR SERVICE BY REASON OF WEAKNESS OF THE LUNGS. THE GENERAL CONDITION OF THE BODY IS POOR AND THE VITALS ARE ALL DEPRESSED.

REASON FOR WHICH PENSION HAS BEEN AWARDED:

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

Disability for which pension has been awarded:—

3  
MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 12 *Yes*
- (2) Give a definite detailed description of the present condition.

The pensioner's condition is about the same as last examination the tachycardia has improved but he has developed coarse rales at apex of both lungs  
Tetrapleur 98.9 Pulse 95-

The rales are bronchial (in my opinion)

The party has a good fraction with very little exposure and can look after himself otherwise he would be in very bad shape by this time.

As long as he can hold this fraction I would not

recommend Sancharium, a slight increase in pension would be acceptable and would help him to get extra nourishment as he is not earning full pay that is to say if he were well his pay would be increased and more work expected from him

Special Questions:—

J. J. Smith

March 11/21

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—  
(If there are no complaints, it will be so stated.)

Signature

of Witness

J. J. Smith

Pensioner's signature

Larry Borth



3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.—)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination? \_\_\_\_\_

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition? \_\_\_\_\_

5 Will disabilities materially increase or diminish? \_\_\_\_\_

6 Are the disabilities permanent? \_\_\_\_\_

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? \_\_\_\_\_

(b) Should he continue to do so? \_\_\_\_\_

(c) If so, is any alteration in the form of the present appliance recommended? \_\_\_\_\_

(d) If any appliance is necessary? \_\_\_\_\_

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? \_\_\_\_\_

(b) Nature of treatment advised \_\_\_\_\_

(c) Is pensioner willing to accept treatment advised? \_\_\_\_\_

(d) If not, is his refusal reasonable? \_\_\_\_\_

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons: \_\_\_\_\_

*Approved to go to Korea*  
*Ward*

The foregoing report submitted by \_\_\_\_\_

Pensioner's signature \_\_\_\_\_

Signature \_\_\_\_\_

Medical Examiner \_\_\_\_\_

Place \_\_\_\_\_

Date 11-3-21

Members  
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination? \_\_\_\_\_

9 (b) If so, is he receiving the additional allowance for a wife? \_\_\_\_\_

10 (a) Has a child been born to pensioner since last medical re-examination? \_\_\_\_\_

10 (b) If, so, is he receiving the additional allowance for a child? \_\_\_\_\_

11 If pensioner was married, has his wife died since last medical re-examination? \_\_\_\_\_

(State date of death.)

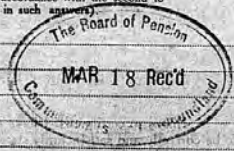
12 Have any of pensioner's children died since last medical re-examination? \_\_\_\_\_

(State date of death and names of children who have died.)

Place \_\_\_\_\_

Date \_\_\_\_\_

Head of District Office,  
(or Medical Practitioner.)



## FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

## THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:  
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date Aug. 20<sup>th</sup> 1920.AS SOON AS POSSIBLEThe Secretary, Board of Pension  
Commissioners for Newfoundland.

Per \_\_\_\_\_

Regimental No. 3605Rank SergeantName Percy Brett Address: Bishop's Falls.Unit Royal Newfoundland Regiment

## DESCRIPTION OF PENSIONER:

Apparent Age	<u>22 years</u>	Height	<u>5' 6"</u>	Colour of Eyes	<u>Blue</u>
Complexion	<u>Fair</u>	Colour of Hair	<u>Dark</u>	Weight	

Marks of Identification:

October 7th., 1919:

Pensioner complains of breathlessness on exertion, rapid heart and lassitude. Tachycardia. His general condition has improved and he is not so anaemic.

January 2nd., 1920:

Pulse 80. Temperature under tongue 99/8. Condition poor. anaemic. Tachycardia not improved. Obstinate constipation.

Symptoms and conditions indicate beginning Tuberculosis of Lungs.

April 1st., 1920:

Weight 135 lbs. Pulse 96. Temperature 99.6. No cough or phlegm. No accompaniments in lungs. Breathing bronchial at right apex with increased vocal resonance. Cogwheel breathing at second right interspace.

June 8th., 1920:

Weight 136 lbs. Pulse 100. Harsh vesicular breathing anteriorly. Increased vocal resonance right side.

Disability for which pension has been awarded:

Original: Disordered action of Heart  
Subsequent: Suspected Tuberculosis.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Medical Examination Form No. 1000  
The Pension Board of Newfoundland  
St. John's, Newfoundland

Name of Pensioner: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Service: \_\_\_\_\_

Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

Medical History: \_\_\_\_\_  
Present Complaint: \_\_\_\_\_  
Duration of Illness: \_\_\_\_\_

Physical Examination: \_\_\_\_\_  
Vital Signs: \_\_\_\_\_  
General Appearance: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
Opinion: \_\_\_\_\_  
Recommendation: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Signature of Pensioner: \_\_\_\_\_  
Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Disability for which pension has been awarded:—

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Medical Examination Form No. 1000-1-1930  
The Secretary, Board of Pension Commissioners, St. John's, Newfoundland

Name of Pensioner: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Service: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Entry into Service: \_\_\_\_\_  
Date of Last Examination: \_\_\_\_\_

History of Illness: \_\_\_\_\_  
Present Illness: \_\_\_\_\_  
Date of Onset: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Character: \_\_\_\_\_  
Course: \_\_\_\_\_  
Treatment: \_\_\_\_\_  
Prognosis: \_\_\_\_\_

Physical Examination: \_\_\_\_\_  
Vital Signs: \_\_\_\_\_  
General Appearance: \_\_\_\_\_  
Head: \_\_\_\_\_  
Eyes: \_\_\_\_\_  
Ears: \_\_\_\_\_  
Nose: \_\_\_\_\_  
Throat: \_\_\_\_\_  
Lungs: \_\_\_\_\_  
Heart: \_\_\_\_\_  
Abdomen: \_\_\_\_\_  
Genitals: \_\_\_\_\_  
Skin: \_\_\_\_\_  
Mental Status: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
Recommendation: \_\_\_\_\_  
Signature of Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_

Disability for which pension has been awarded:—

3  
MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

yes

(2) Give a definite detailed description of the present condition.

The pensioner's condition has improved considerably. Since last examination he has gained about five pounds and is much stronger, appetite is good. He has tachycardia yet, but it does not worry him so much as it used to do. The breathing has also improved. Temperature 98.7 Pulse 90

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated.)

Signature

J. J. Smith

of Witness

Pensioner's signature

Lercy Brit



3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.—

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

*Approved 20% W.P. 9.20*

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.) and refuse to accept the same for the following reasons:

The foregoing report submitted by

Place Bishop's Dale

Date Sept 4/20

Pensioner's signature

Signature

*J. J. Smith*

Medical Examiner.

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination? no

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

Place

Date



Head of District Office, (or Medical Practitioner.)

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No.. 1288

Regt. No. 3605 Rank Sgt. Name Percy Brett

Corps Served with ~~NEW~~ NEWFOUNDLAND REGIMENT

Date of Medical Board September 14th., 1920.

Pensionable disability 30% for 6 months

Pension Granted: \$ 15.00 per month for 6 months

Total Authorized amount \$ 90.00

or Gratuity Granted:  
Payable in equal monthly instalments.

Granted to:-

Name Percy Brett,

Address Bishop's Falls.

Date case disposed of

Approved by:

Members of Board

*W. Ross* Chairman

*John*

*W. H. Mann*

*S. S. S.*

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAMMER  
BONE



MEMORIAL  
BOND

THE BOARD OF PENSION ADMINISTRATORS  
FOR NEWFOUNDLAND.

Pension No. 1288

Regt. No. 3605 Rank Pte. Sgt. Name Percy Brett,

Corps Served with ROYAL N-WFOUNDLAND REGIMENT

Date of Medical Board June 8th., 1920.

Pensionable disability 60% for 3 months

Discharge from Camp.

Pension Granted: \$ 30.00 per month for 3 months

Total Authorized amount \$ 90.00

or Gratuity Granted:

\$ Payable in equal monthly instalments.

Granted to:-

Name Percy Brett,

Address Bishop's Falls.

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board

McCub Chm Chairman ell

Moore

Lab  
ell

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Report of Medical Board

Station St. John's, Nfld. Date JUNE 8TH., 1920.  
 No. and Rank 3605 SERGEANT Age 21 YEARS Height 5' 6"  
 Name BRETT, PERCY Complexion FAIR  
 Unit Royal Newfoundland Eyes BLUE Hair DARK  
 Address BISHOP'S FALLS

Former Trade

Enlisted at On (The Board will please note how the soldier's appearance corresponds with above description).

Disease or Disability Original **DISORDERED ACTION OF HEART.**  
 \*\*\*\*\*

Subsequent *Amputated - L.H. ?*

Present Condition (Compare with previous Board)

*136 lbs weight. pulse 100.  
 Harsh vascular breathing anteriorly. decreased vocal  
 Resonance right side*

**THE ENTIRE DISABILITY:** To what extent is his capacity lessened at present for earning a livelihood in the general labour market?  
*60%*

**PENSIONABLE DISABILITY:** To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?  
*3 months*

Recommendation of Medical Board

*Discharge from Army (L.P.)*

Members of Board

*Chas. Macpherson*  
*Col.*

*H. J. ...*  
*Medical Capt.*  
*L. Paterson Lt. Col.*

Approving Medical Officer.



June 11. 1920

Mr. Percy Brett,  
Bishop Falls.

Dear Sir:-

I herewith enclose cheque for \$75. with Pension Form attached, advising you for what period and up to what date the cheque is paying you.

Yours faithfully,



Asst. Secy.

WVW/ET



THE BOARD OF PENSION COMMISSIONERS  
OF NEWFOUNDLAND.

Pension No. 1288

Regt. No. 3605 Rank Sgt. Name Piercey Brett.

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board APR 1 - 1920

Pensionable Disability 100% for 12 months *while in Hospital*

Pension Granted: Remain in Camp would like X-Ray Photo of Lungs

\$ 50.00 per month for 12 months

Total Authorized Amount \$ 600.00

or Gratuity Granted:

\$ \_\_\_\_\_ Payable in \_\_\_\_\_ equal monthly instalments

Granted to:

Name Piercey Brett,

Address Jensen Camp

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board

[Signature] Chairman

[Signature]

*[Handwritten signatures and initials]*

Remarks:

Case O.K. except X Ray. Lungs

HAMILTON MILL  
BOND

## Report of Medical Board

Station St. John's, Nfld. Date APRIL 1ST, 1920  
 No. and Rank 3605. SERGT Age 21 Height 5'6"  
 Name PIERCEY BRETT Complexion FAIR  
 Unit Royal Newfoundland Eyes BLUE Hair DARK  
 Address BISHOP'S FALLS  
 Former Trade

Enlisted at On -

(The Board will please note how the soldier's appearance corresponds with above description).

Disease or Disability Original DISORDERED ACTION OF HEART.

Subsequent

Present Condition (Compare with previous Board)

Weight 135 lbs pulse 96. temp 99°  
 No cough or phlegm. No accompaniments in lungs.  
 Breathing bronchial at right apex with increased  
 vocal resonance. Co-wheal breathing at 2<sup>nd</sup> apex  
 interspersed.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

100%  
 PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

100%  
 Recommendation of Medical Board

Remain in camp  
 Would like X-ray photo of lungs  
 Chas. Macpherson  
 Lt Col

Members of Board

*[Signatures]*  
 J. H. ...  
 J. H. ...  
 J. H. ...

Approving Medical Officer.



May 20, 1920

Mr. Percy Brett,  
Jensen Camp,  
City.

Dear Sir:-

I herewith enclose cheque for \$20, being  
payment on account of your Pension, about which  
you inquired in your letter of recent date.

Yours faithfully,

  
Asst. Secy.

WVW/BT

*WVW*



Jenson Camp

April 4/20

Major Parsons - M. G.

Board of Penitents

Dear Sir

I was examined  
by medical board  
this day night so I am  
writing to ask you if  
you can give me any  
idea as to how long  
I am likely to remain  
in here. the reason I  
ask is that when I left  
work about five weeks  
ago to enter hospital  
I was told by my  
~~former~~ employers that  
they would keep my



Just open a month  
I received a letter from  
them last week asking  
what time I would be  
back so will you  
please tell me exactly  
what energy with me have.  
I got I.B or Heart trouble  
Thanking you in  
anticipation

I am yours very Truly  
Percy Pratt T.

P-700 ~~1788~~  
~~1785~~

Jenson Compt.  
May 18

Major Jenson M.C.

c/o Dept. of Militia

Dear Sir

Will you

please advance me

\$20.00 Twenty dollars of  
my Pension

and oblige

Yours Very Truly  
P. Pratt

Pension # 1888

Certified Necessary  
Receipt

OK  
5/18/20

M. E. C. M. A. V.

18/5/20

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1288

Regt. No. 3605 Rank Pte. Name Percy Brett  
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board January 2th., 1920.

Pensionable Disability 50% for 3 months Sanatorium  
Pension Granted: treatment as soon as possible

\$ 25.00 per month for 3 months

Total Authorized Amount \$ 75.00.

or Gratuity Granted:

\$ \_\_\_\_\_ Payable in \_\_\_\_\_ equal monthly  
instalments

Granted to:

Name Percy Brett,

Address Bishops Falls.

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board

[Signature] Chairman

[Signature]

Remarks:

In Sanatorium treatment from

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

$\frac{20}{12}$   
 $\frac{20}{12}$   
 $\frac{20}{12}$

BOND

## FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

## THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:  
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,  
Date Dec. 23rd., 1919

AS SOON AS POSSIBLE.

The Secretary, Board of Pension  
Commissioners for Newfoundland.

Per.....

Regimental No. **3605** Rank **SERGEANT**  
Name **PERCY BRETT** ADDRESS: **BISHOPS FALLS.**  
Unit **ROYAL NEWFOUNDLAND**

## DESCRIPTION OF PENSIONER:

Apparent Age **31** Height **5'5"** Colour of Eyes **BLUE**  
Complexion **FAIR** Colour of Hair **DARK** Weight

Marks of Identification:

JANUARY 14TH, 1919.

He complains of breathlessness after exertion or excitement  
of any kind. Tachycardia. Impunity. General condition poor.  
Anaemic.

OCTOBER 7TH, 1919.,

The pensioner still complains of breathlessness on exertion.  
Rap heart and lassitude. Tachycardia. His general condition  
has improved and he is not so anaemic.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED.

DISORDERED ACTION OF HEART.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

MEMORANDUM FOR THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND  
RE: [Illegible Name]  
[Illegible Text]

[Illegible text block containing details of the pension application and medical findings]

[Illegible text block, possibly a recommendation or conclusion]

[Illegible text block]

[Illegible text block]

3  
MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *yes*

(2) Give a definite detailed description of the present condition.

*Pulse 80 Temperature under tongue 99.8  
Condition poor anasarca Tachycardia not  
improved Obstinate Constipation  
Symptoms and condition indicate beginning  
Tuberculosis of Lungs*

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—  
(If there are no complaints, it will be so stated.)

Signature  
of Witness

*J. J. Smith*

Pensioner's signature

*Henry Brett*



3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

*Disordered Action of the Heart -  
Anaemia and difficult-breathing*

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

*Disability has slightly increased*

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

*no*

5 Will disabilities materially increase or diminish?

*will increase*

6 Are the disabilities permanent?

*I think so*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

*no*

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

*would likely <sup>disability</sup> reduce*

(b) Nature of treatment advised.

*Salt water*

(c) Is pensioner willing to accept treatment advised?

*Yes*

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

The foregoing report submitted by Pensioner's signature *Percy Brett*

Place *Bishops Hall* Signature *J. J. Smith* Medical Examiner.

Date *July 2/20* *I suggest 50% 3 mo. and Sanatorium as soon as possible. <sup>Members</sup> <sub>(of a Board)</sub> *Quinn Macpherson P. Ct.**

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

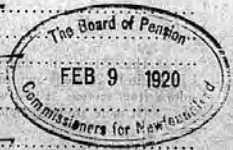
*no*

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?  
(State date of death.)



12 Have any of pensioner's children died since last medical re-examination?  
(State date of death and names of children who have died.)

Place *Bishops Hall*

Date *July 2/20* *J. J. Smith* Head of District Office (or Medical Practitioner.)

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1288

Regt. No. 3605 Rank Sgt Name P. Brett  
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 7/9

Pensionable Disability 40% for 6 months with 6 months note with

Pension Granted:

21.25 per month for 6 months

Total Authorized amount 127.50

or Gratuity Granted:

Payable in \_\_\_\_\_ equal monthly instalments

Granted to:

Name P. Brett

Address \_\_\_\_\_

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board

[Signature] Chairman

[Signature]  
Witness

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Handwritten signature]

N.M.D. Form 88.

# The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No. ....

All communications should be addressed to the  
DIRECTOR OF MEDICAL SERVICES,  
DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.

October 4th., 1919.

To:— J. J. Smith, Esq., M. D.,  
Bishop's Falls.

From:—The Board of Pension Commissioners for Newfoundland,  
St. John's, Newfoundland.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

3605, Sgt. P. Brett

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

Bishop's Falls.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ for each Doctor for each examination.

(\$3.00)

I have the honour to be,

Your obedient servant,

THE SECRETARY  
BOARD OF PENSION COMMISSIONERS FOR NFLD.

DIRECTOR OF MEDICAL SERVICES

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age ..... 21 ..... Height ..... 5'6" ..... Colour of Eyes ..... BLUE .....  
Complexion FAIR ..... COLOUR OF HAIR: DARK ..... Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on JAN. 14 1919. and other necessary information, follows:—

Condition of Pensioner:—

HE COMPLAINS OF BREATHLESSNESS AFTER EXERTION OR EXCITEMENT OF ANY KIND. TACHYCARDIA. GENERAL CONDITION POOR. ANAEMIC.

DISABILOTY: DISORDERED ACTION HEART.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR  
DISABILITY IS ESTIMATED

MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

The pensioner still complains of  
 breathlessness on exertion of heart  
 and lassitude  
 tachycardia. His general condition  
 has improved and he is not so  
 anaemic

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?  
*Remains about the same*
- (4) Will it materially increase or diminish? *will diminish*
- (5) Is the disability permanent? *cannot say*
- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

*1/2*

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

(State in percentage.)

*1/2 (one half)*

- (8) Would treatment reduce the pensioner's disability or increase his comfort?

*Do not think it could*

- (9) If so, is pensioner willing to accept such treatment, and when? —  
 If not, why? —

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place ..... President

Date .....

.....Members

Pensioner's Signature

*Percy Best*

Signature of Witness

*J. J. Smith*

CONTINUATION

*Approved for 40%  
Cluny Macpherson R. Col*



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? *no*
- 8 (b) If so, is he receiving the additional allowance? *\_\_\_\_\_*
- 9 (a) Has a child been born to pensioner since last medical re-examination? *\_\_\_\_\_*
- 9 (b) If so, is he receiving the additional allowance? *\_\_\_\_\_*
- 10 If pensioner was married, has his wife died since last medical re-examination?  
*\_\_\_\_\_*
- 11 Have any of pensioner's children died since last medical re-examination?  
*\_\_\_\_\_*

Place

*Bishop's Falls*

Date

*Oct 7/19*

*Jane J. Smith*  
Medical Examiner.



# NEWFOUNDLAND POSTAL TELEGRAPHS



## Cable Connection with all the World

All messages sent are subject to the following conditions:

The Minister of Posts and Telegraphs may decline to forward the Telegram, 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 Telegram shall never reach its destination by reason of any neglect or default of the Minister of Posts and Telegraphs or his Servants whilst the Telegram remains under the control of the Minister of Posts and Telegraphs, he will refund the amount paid by the Sender for such Telegram.

The Minister of Posts and Telegraphs 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 Telegram, 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 Minister of Posts and Telegraphs over the Message shall be deemed to have entirely ceased for the purpose of these Conditions at any point where, in the course of the transit of the Telegram to its destination, it may be entrusted by the Minister of Posts and Telegraphs (and the Minister of Posts and Telegraphs shall have full power so to entrust the Telegram) for further transmission by or through any system belonging to or worked by any administration or authority not controlled by the Minister of Posts and Telegraphs exclusively, although worked as a part or in connection with the Telegraphic system or service of the N. F. 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 \_\_\_\_\_ Address \_\_\_\_\_

LINE NUMBER	RC'D	BY	SENT	BY	CHECK

DATED

TO Nov. 3/11.

Postmaster Winterton, T.B.

Kinley return by this Office registered letter  
addressed J. T. Brown, Winterton. Urgent.

The Board of Pensions  
or wild.

Charge to: B.P.C.

FOR TYPEWRITER

1288

March 6, 1920

Mr Percy Brett,  
Jensen Camp.

Dear Sir:-

I have to acknowledge your communication  
of March 3rd.

You were awarded a Pension of 50% and  
recommended for Hospital treatment.

You would therefor come under 100% from  
the date you entered Hospital.

Yours faithfully,

Secretary.

WHP/ET

April 10th., 1920.

Mr. Percy Brett,  
Jensen Camp.

Dear Sir:-

In reply to your letter of April 4th., to Major Parsons, I beg to state that your letter was placed before the Medical Board and in view of your recent examination, it was decided that you had better remain in Jensen Camp, for a further period of one month, then, provided your condition has not become aggravated, that you appear before a Medical Board for further examination. It was therefore, considered advisable for you to inform your Employer, just what has been recommended for you, as you will probably at that time be able to give them a definite answer.

Trusting this will be satisfactory.

Yours faithfully,

Captain,  
For Secy.

20

1988

5.3.20 W.P.

Jenson Camp

6 March 3<sup>rd</sup> / 20

The Secretary

- Board of Pension Commissioners

Dear Sir

I am writing  
 to ask if there is any pension  
 due me for February month  
 The last pension I rec'd was  
 the first of January (For  
 that month) My pension had  
 then run out and I had to  
 report for a medical Board  
 which I did and was sent  
 in here for treatment but  
 owing to the conditions of  
 the railway I did not get in  
 here till July 24

Can you tell me if my  
 present pension (which I

understand to be 50<sup>00</sup> per month)  
started the first of Feb  
or when I came in here (the 24<sup>th</sup>)  
if it started on the 24<sup>th</sup> of Feb  
line evidently looks three weeks  
person

I trust you will look into  
the matter and let me know  
I remain

Yours very truly

(#3608) Sergt) Percy Brett

Person #1285

Cor. Water and Prescott Streets,

St. John's, N. F., March 18<sup>th</sup> 1920.

M<sup>r</sup> Brett

1288

Bought  
of

**J. J. STRANG**

**TAILORING OF QUALITY.**

ACCOUNTS COLLECTED QUARTERLY.

201 Suit

5%

75 00

3 75

\$ 71 25

By Cash

45 00

Balance

\$ 26 25

Mar 20 By Balance. (cheque)

\$ 26 25

J. J. Strang

W. J. P.





# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 3 Sent by St Johns Rec'd by 12 Check 15/- No. \_\_\_\_\_

From for 3605  
 To Sergeant Percy Brett  
15 Falls

Feb 12/20  
 23.2.20 AM  
 MBR

Hospital treatment recommended  
 if acceptable please call in this  
 report board of  
 Pension Commissioners  
 Saint Johns first convenient  
 opportunity

1288 Board of Pension Commissioners  
 for info

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.,  
Major W. H. Parsons, M.C.,  
R.A.M.C.



In reply refer to

No. ....

St. John's,

February 24th., 1920.

To:- B. P. C.

3605, SERGEANT PERCY BRETT.

Please note that the marginally noted man was ADMITTED  
to Jensen Camp FEBRUARY 24TH., 1920.

AMB.

*Noted  
Manly*

Q. M. B.

THE BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLAND.

Pension No. 1288

Regtl. No. 3605 Rank Sgt Name Henry Brett

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Jan. 14<sup>th</sup> 1919

Pensionable disability 60% for 3 months

Pension granted: \$31.<sup>88</sup> per month for 3 months

or Gratuity granted: \$      payable in      equal monthly insts.

Granted to:

Name Henry Brett

Address Bishops Falls

Date case disposed of JAN 27 1919

Approved by:

Members of Board

[Signature] Chairman  
[Signature]  
[Signature]

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Report on an Invalid.**Station Hansley Down Camp.Date 5/12/ 18.

1. Unit **Royal Newfoundland**
2. Regimental No. **3605**
3. Rank **Sergt.**
4. Name **Brett.**
5. Age last birthday
6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
7. Former Trade }  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).***D.A.H.**Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that he joined 1st. batt. 2nd. Dec. in France behind Cambrai, was with them in the line Ypres Salient when he fainted several times sent to 88th. F.A. and from there sent down the line with D.A.H. Bearded Rouen, Transferred to 2nd. Batt. B category. Found unfit to carry out A category. B category Confirmed. July 1918.**
12. Give your opinion as to the causation of the disability; stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition? **He complains of breathlessness after exertion or excitement of any kind. Tachycardia. Impunity.**

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

**Mitral 1.**

14. If the disability is an injury, was it caused—

- (a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?  
(b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

**Repatriation(3)**

**J. ST. P. KNIGHT. CAPT. NPLD. REGT.**

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease. **General Condition poor. Anaemia**

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; **Yes.**

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

**Strain of Military Service.**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

**60% 3 months.**

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

**Yes. Requires treatment.**

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home; -----**Yes.**

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

N.S. FRASER.

President.

Station ST. JOHN'S.

ARCH TAIT.

Members.

Date Jan 14th. 1919

L. PATERSON. MAJOR.

Approved

Station JAN 14 1919

(Mgd) CLUNY MACPHERSON. MAJOR.

Administrative Medical Officer.

Date





# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3605 Rank Sgt Name Percey Brett  
 Intended place of residence Bishops Falls, T'gate

2. Occupation Clerk  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION

ELIGIBLE for POST DISCHARGE PAY

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 (sgnd) G. G. Daley, Capt.  
 Date Jan. 20, 1919 For Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S (sgnd) Percey Brett  
 Signature of soldier  
20-1-19 " C. B. Dickson 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 (sgnd) Percey Brett  
 Signature of soldier  
Jan. 20, 1919 " J. A. Raymond, Sgt.  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 16-4-17 No of days on Military  
 Discharged from service 21-1-19 plus 14 days Service 660

### 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 (sgnd) R. H. Tait, Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date Jan. 21, 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place .....  
 Officer i/c Records  
 Date ..... The Royal Newfoundland Regiment

January 22nd., 1919.

I beg to state that I wish to proceed home  
where I shall be able to obtain treatment from my  
family doctor, and that I waive all claim for board  
money during that time and accept my pension for the  
three months as full settlement of any claim against  
the Militia Department during that three months.

#3605 Sgt P. Brett;

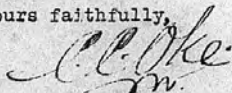
JAN 1 - 1920

Dear Sir:-

I beg to advise you that the enclosed cheque for \$2  $\frac{13}{100}$  is the balance due you to Jan 3<sup>rd</sup> the date on which your pension expires.

You will be notified where and when to report for Medical examination to determine the continuance or otherwise of your pension, during the present month. If, however, you are not notified by the end of the present month, kindly communicate with me.

Yours faithfully,

  
C. C. Oke  
Asst. Secy.

3600

1285

Feby. 8/19

Percy Brett, Esq.,  
Bishop Falls.

Dear Sir:-

With reference to your entering Hospital for treatment. I beg to state that this Board will be willing to pay your Board while at home, providing when there is a vacancy in the Hospital, you will come to town for treatment.

Kindly communicate with me at your earliest and let me know what you decide doing.

Yours faithfully,

Aest. Secy.  
Board of Pension Commissioners  
for Newfoundland.

CCO/LBD.

1288

Feb'y. 8/19

From:- The B. P. C.  
To :- The D. M. S.

3605 sergt. Percy Brett

With reference to the marginally noted.  
I beg to state that the Board has agreed to  
pay his Board while he is at home, providing  
that when there is a vacancy in the Hospital  
he will come to town for treatment.

I am writing Brett to this effect.

Asst. Secy.  
Board of Pension Commissioners  
for Newfoundland.

CCG/LBD.

1255

March 11/19

Percy Brett, Esq.,  
Bishop Falls.

Dear Sir:-

With reference to your communication of  
Feb'y. 14th in which you state that you have decided  
not to enter Hospital.

I beg to state that the Board will not be  
responsible for any Board allowance on your  
account.

Yours faithfully,

Asst. Secy.  
Board of Pension Commissioners  
for Newfoundland.

CCO/LBD.



363

Beahof Falls  
Febry 14 7.9

b. b. / ~~W. W.~~ Esq.

120

Dear Sir

I beg to acknowledge  
receipt of your letter of the 8<sup>th</sup> inst.  
Re my entering Hospital for  
treatment

I have decided not  
to enter the Hospital as  
I am not feeling any worse  
At present I am "not feel  
worsing" but yesterday and shall  
continue so for the next  
six months

Thanking you for your  
very kind offer

I am Yours Very Truly

Percy Pratt

No.  
3605



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

1288

February 13th., 1919.

From:- D. M. S.

To:- B. P. C.

3605, Sergt. P. Brett.

Please note that the marginally noted man signed, on January 22nd. the following statement:-

"I beg to state that I wish to proceed home where I shall be able to obtain treatment from my family doctor, and that I waive all claim for board money during that time, and accept my pension for the three months as full settlement of any claim against the Militia Department during that three months."

signed copy of which was sent to you at that time..

As <sup>it</sup> ~~treatment~~ was therefore not intended to call him in to hospital is it your wish that he should be brought in at once as I now have a bed to which he can be admitted.

*Clay Macpherson*

Major, D. M. S.

CM-AMB.

THE BOARD OF  
**PENSION COMMISSIONERS**  
FOR NEWFOUNDLAND

HON. J. A. GLIFT, K.C., C.B.E.  
MAJOR W. H. PARSONS, M.C.,  
R.A.M.C.



In reply refer to

No. ....

*St. John's,*  
June 9th., 1920.

*1298*

Total B. P. C.

3605, SERGT. PERCY BRETT.  
.....

Please note that the marginally noted man was  
Discharged from the Jensen Camp June 9th., 1920.

AMB.

*A. M. B.*

*W. H. Parsons*

June 10, 1920

General Passenger Agent.  
City.

Dear Sir:-

Kindly supply 3605 Percy Brett with 1st class  
passage and meals. to his home Bishop Falls.

Yours faithfully.

Asst. Secy.

BT.

## THE DECLARATION AT BOTTOM MUST BE COMPLETED.

This Form applies to ALL Pensioners.

## CLAIM FOR PENSION

TO THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND,  
St. John's, Newfoundland.If your address has  
been changed, cor-  
rect this address.Pension No. 1255(This space to  
be left blank.)31 88

I hereby solemnly declare that my name, address and pension number are correctly set forth above and that I am entitled to a pension from the Dominion of Newfoundland for the coming month.

(This declaration applies to female pensioners only.)

I hereby solemnly declare that I have not contracted marriage since my pension was first awarded to me.

(This allowance applies to Pensioners receiving allowances for children.)

I hereby solemnly declare that the undermentioned children are being cared for by me and that I am entitled to receive allowances for them; that the boys are under the age of sixteen years; that the girls are under the age of seventeen years; and that none of the undermentioned children have contracted marriage or have died.

## PARTICULARS OF CHILDREN.

	DATE OF BIRTH		NAME IN FULL	DATE OF BIRTH	
	Day, Month	Year		Day, Month	Year
1			6		
2			7		
3			8		
4			9		
5			10		

(This declaration applies to married disabled pensioners only.)

I hereby solemnly declare that I am the wife of the above named pensioner. Wife must sign (or make mark) here.....

If Pensioner cannot write he or she must make his or her mark in the presence of a Postmaster or in the presence of a representative of the Board of Pension Commissioners or before a Commissioner for the taking of Oaths or Bank Manager.

ALL PENSIONERS MUST SIGN (OR MAKE MARK) HERE

*Bercy Brett*

## DECLARATION BY A DISINTERESTED PERSON

I.....Of.....  
(Name in full) (Street and Number).....In the (Province or State) of.....  
(City, town or village)

In the.....hereby solemnly declare that: I have known the person who signed the foregoing Claim for Pension for.....years and I verily believe that (he or she) is the pensioner (he or she) represents (himself or herself) to be; that the foregoing claim for Pension was made and signed in my presence by the said pensioner, that I have read the foregoing claim for Pension, that the facts stated therein are true and that the children named therein are all alive.

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.

Declared and subscribed before me

at Bishop Falls this  
26 day of May 1919Signature E. B. Colbourne Commissioner  
Address Bishop FallsSignature *Bercy Brett*Address Bishop FallsOccupation Teacher (A.E. Reed boy)

NOTE.—This declaration must be signed THIS MONTH before a representative of the Board of Pension Commissioners or before a person authorized to administer an oath.

THE DECLARATION AT BOTTOM MUST BE COMPLETED.

This Form applies to ALL Pensioners.

## CLAIM FOR PENSION

TO THE BOARD OF PENSION COMMISSIONERS  
St. John's, Newfoundland.If your address has  
been changed, cor-  
rect this address.Pension No. 1289 (This space to  
be left blank.)

I hereby solemnly declare that my name, address and pension number are correctly set forth above and that I am entitled to a pension from the Dominion of Newfoundland for the coming month.

(This declaration applies to female pensioners only.)

I hereby solemnly declare that I have not contracted marriage since my pension was first awarded to me.  
(This allowance applies to Pensioners receiving allowances for children.)

I hereby solemnly declare that the undermentioned children are being cared for by me and that I am entitled to receive allowances for them; that the boys are under the age of sixteen years; that the girls are under the age of seventeen years; and that none of the undermentioned children have contracted marriage or have died.

## PARTICULARS OF CHILDREN.

	NAME IN FULL	DATE OF BIRTH			NAME IN FULL	DATE OF BIRTH	
		Day, Month	Year			Day, Month	Year
1				6			
2				7			
3				8			
4				9			
5				10			

(This declaration applies to married disabled pensioners only.)

I hereby solemnly declare that I am the wife of the above named pensioner. Wife must sign (or make mark) here.....

If Pensioner cannot write he or she must make his or her mark in the presence of a Postmaster or in the presence of a representative of the Board of Pension Commissioners or before a Commissioner for the taking of Oaths or Bank Manager.

ALL PENSIONERS MUST SIGN (OR MAKE MARK) HERE.....

*Beryl Brett*

## DECLARATION BY A DISINTERESTED PERSON

I, Chealey Brett (Name in full) of Bishops Falls (Street and Number) in the (Province or State) of Newfoundland (City, town or village)In the..... hereby solemnly declare that: I have known the person who signed the foregoing Claim for Pension for 18 years and I verily believe that (he or she) is the pensioner (he or she) represents (himself or herself) to be; that the foregoing claim for Pension was made and signed in my presence by the said pensioner, that I have read the foregoing claim for Pension, that the facts stated therein are true and that the children named therein are all alive.

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.

Declared and subscribed before me

at Bishop Falls this12<sup>th</sup> day of July 1920Signature C. B. HorkumAddress Bishop FallsSignature Chealey BrettAddress Bishops FallsOccupation Accountant

NOTE.—This declaration must be signed THIS MONTH before a representative of the Board of Pension Commissioners or before a person authorized to administer an oath.



# 3605

P. No. 1288.

Brett Percy

Pension @ 15<sup>00</sup> from  $1\frac{1}{2}$  to  $9\frac{9}{21}$

~~15<sup>00</sup>~~  
12<sup>50</sup> "  $10\frac{9}{21}$  to  $31\frac{12}{21}$

124 50

46 25  
170.75

## Medical Report on an Invalid.

Station Hazelley Down Camp.Date 5/12/ 18.

- |   |  |
|---|--|
| <p>1. Unit <b>Royal Newfoundland</b></p> <p>2. Regimental No. <b>3605</b></p> <p>3. Rank <b>Sergt.</b></p> <p>4. Name <b>Brett.</b></p> <p>5. Age last birthday</p> <p>6. Enlisted <span style="font-size: 2em;">{</span> on _____<br/>at _____</p> | <p>7. Former Trade }<br/>or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|--|

### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

**D.A.H.**

#### Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- He states that he joined 1st. batt. 2nd. Dec. in France behind Cambrai, was with them in the line Ypres Salient when he fainted several times sent to 88th. F.A. and from there sent down the line with D.A.H. Bearded Rouen, Transferred to 2nd. Batt. B category. Found unfit to carry out A category. B category Confirmed. July 1918.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition? **He complains of breathlessness after exertion or excitement of any kind. Tachycardia. Impunity.**

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

**Mitral 1.**

14. If the disability is an injury, was it caused—

- (a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?  
(b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

**Repatriation(3)**

**J. ST. P. KNIGHT. CAPT. RFLD. REGT.**

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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 decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease. **General Condition poor. Anaemia**

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; **Yes.**

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

**Strain of Military Service.**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

**60% 3 months.**

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

**Yes. Requires treatment.**

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home, -----**Yes.**

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

**H.S. FRASER.** \_\_\_\_\_ President.

Station **ST. JOHN'S.** \_\_\_\_\_

**ARCH TAIT.** \_\_\_\_\_

Date **Jan 14th. 1919** \_\_\_\_\_

**L. PATERSON. MAJOR.** \_\_\_\_\_ Members.

Approved. **JAN 14 1919**

Station \_\_\_\_\_

**(Maj) CLUNY MAGPHERSON. MAJOR.** \_\_\_\_\_

Date \_\_\_\_\_

Administrative Medical Officer.



## PENSIONER'S NAME

## DEBITS

## CREDIT

TOTAL PAYMENTS	DATE	PERIOD	Ded.	ABSTRACT	CHEQUE			TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE
					SERIES	No.	MONTHLY PAYMENT			
		BAL 30		APR			255.00	255.00 s	90.00-	645.00
25.50	MAY	1		MAY		15.00	15.00	40.50 s	90.00-	495.00
40.50	JUN	1		JUN		15.00	15.00	55.50 s	90.00-	345.00
55.50	JUL	1		JUL		15.00	15.00	70.50 s	90.00-	195.00
70.50	AUG	1		AUG		15.00	15.00	85.50 s	90.00-	45.00
85.50	SEP	1		SEP		4.50	4.50	90.00 s	90.00-	.00
		1921		SEP			21.25	21.25 s	150.00-	128.75 Cr
21.25	NOV	1		NOV			12.55	33.80 s	150.00-	116.20 Cr
33.80	DEC	1		DEC			12.50	46.30 s	150.00-	103.70 Cr
				DEC			11.94	11.94 s		
46.30	1922			JAN			18.75	65.05 s	201.87-	136.82 Cr
65.05	FEB	1		FEB			18.75	83.80 s	201.87-	118.07 Cr
83.80	MAR	1		MAR			18.75	102.55 s	201.87-	99.32 Cr
102.55	APR	1		APR			18.75	121.30 s	201.87-	80.57 Cr
121.30	MAY	1		MAY			18.75	140.05 s	201.87-	61.82 Cr
140.05	JUN	1		JUN			18.75	158.80 s	201.87-	43.07 Cr
158.80				JUL			18.75	177.55 s	201.87-	24.32 Cr
177.55				AUG			18.75	196.30 s	201.87-	5.57 Cr
196.30				SEP			5.62	201.92 s	201.87-	.05 *
				DEC						

PENSION No. 1888

disability

D.A.H.

Subsequent:

SUSPECTED TUBERCULOSIS.

REG'T No. 3605

RANK Sgt.

H.Q. No.

SOLDIER'S NAME Brett Percy

BLOCK No.

DATE PENSION COMMENCES

ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
\$300.00	3/1	\$25.00	3-4-20	\$75.00	\$75.00	224
\$50.00 per month while in Hospital						
\$380.00	3/1	\$30.00	2-9-20	\$90.00	\$90.00	224
\$180.00	6/1	\$15.00	9-3-21	\$90.00	\$90.00	224
\$180.00	6/1	\$15.00	9-9-21	\$90.00	\$90.00	224
180.00	12/1	18.50	9-9-22	180.00	180.00	224
Increased To 18.75 from Jan 1st						
10%	12/1	17.50	19/9.23	\$90.00	\$90.00	224
NIL						

PENSIONER'S NAME Brett Percy

WIFE'S NAME

CHILDREN'S NAMES

## DEBITS

## CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DED.	ABSTRACT	CHEQUE			TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE
					SERIES	No.	MONTHLY PAYMENT			
	OCT	1 OCT				60.30	83.58	83.58 s	127.50-	43.920s
83.58	NOV	1 NOV				62.19	21.25	104.83 s	127.50-	22.670s
104.83	DEC	1 DEC				77.54	21.25	126.08 s	127.50-	1.480s
126.08	JAN	1 JAN				94.15	21.3	128.21 s	127.50-	.71#
	MAR	1 MAR				137.30	75.00	75.00 s	75.00-	.000s
	MAY	1 MAY				171.48	20.00	200.00 s	90.00-	70.000s
	JUN	15				187.20	21.10	210.00 s	90.00-	68.000s
21.00	JUL	1 JUL					30.00	51.00 s	90.00-	39.000s
51.00	AUG	1 AUG					30.00	81.00 s	90.00-	9.000s
81.00	SEP	1 SEP					9.00	90.00 s	90.00-	.000s
	OCT	1				62.27	25.50	25.50 s	90.00-	64.500s
25.50	NOV	1 NOV					15.00	40.50 s	90.00-	49.500s
40.50	DEC	1 DEC					15.00	55.50 s	90.00-	34.500s
55.50	JAN	1 JAN					15.00	70.50 s	90.00-	19.500s
70.50	FEB	1 FEB					15.00	85.50 s	90.00-	4.500s
85.50	MAR	1 MAR						80.00 s	80.00-	.000s



C.R. 3605

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

---

I certify that I have received a issue of 2 inches  
of Riband of British War Medal-1914-1919

Name *Percy Brett* .....

(Date) *Oct 6 /19* .....

(Place) *Bishop's Falls* .....

RECEIPT.

C.R. 3605

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

NO. 3605 NAME Percy Brett

DATE January 10/20  
PLACE Bishop's Falls

1891

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

OCT 21 1921 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

**Percy Brett**

in respect of his service as No. **3605** Rank **Pte.**

Name **P. Brett** **Royal Nfld. Regt.**  
**Nfld. Forestry Corps.**

Receipt of the same should be acknowledged hereon.

Received **Victory medal & British War Medal**

Signature **Percy Brett**

Date **Oct 27 6/21**

Address **Bishop Falls**

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

---

Fold Here

July 7th, 1917.

The accompanying King's Certificate, on his discharge,  
(No. 1230), is forwarded herewith to

Peroy Brett,

in respect of his service as No. 3605 Rank Sergt.

Name Peroy Brett, Corps Royal Wfld Regt.

Receipt of the same should be acknowledged hereon.

Received

Peroy Brett

Signature

July 13

Date

HBJ

Address

Bishop Falls







DL 3605

Demobilization Form

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3605 Rank Plt Sgt Name Brett, Percy  
 Date of Enlistment 16. 4. 17 Address Bishops Falls District July 6  
 Occupation Clerk Classification for Discharge ..... Medical Category F  
 Recommendation S.M.B. Readily unfit Disability Rating 60% 3 mos  
 Passed to Demobilization Officer with following documents:—

N.F. P. <u>9A. 1.</u>	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 20. 1. 19 Percy Brett  
 O. E. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.  
 I am not in a position to resume civilian occupation.

Percy Brett

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 grat & issue

Date 20-1-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. me to his home  
Discharge and Release Certificate No. 876 issued.

Date 20-1-19

OSDinks Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 4-2-19

Date 20-1-19

Worley Capt.  
Depot Paymaster.

Discharge approved for 21. 1. 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	<u>Jan B</u>
B 178a	D 400A	B 1915	do 2nd	" 3	<u>2</u>
B 179	D 400B	Form L	do 3rd	" 4	<input checked="" type="checkbox"/>
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	<del>W.A.S.T.</del>	" 6	
B 179c	B 120	M 93			

Date 22. 1. 19

OSDinks Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

JAN 21 1919

Date

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

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

Date January 23/19

[Signature]  
[Signature]



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

-----

ST. JOHN'S, NEWFOUNDLAND.

January 22nd., 1919.

-----

From:- The Director of Medical Services.  
To:- O. C., Discharge Depot.

3605, Sergt. P. Brett.

The marginally noted man has been granted  
permission to proceed to his home in Bishop's Falls.

*Cluny Macpherson*  
Major, D. M. S.

AMB.

22/1/19

Warrant R 573  
22.1.19

Jan. 20th, 1919

From Officer Commanding,  
Discharge Depot

To Board of Pension Commissioners,  
Militia Bldg.

3605 Sgt. P. Brett

Above noted man was before the Standing Medical Board on 14-1-19 and was recommended for discharge as permanently unfit and admission to Naval & Military Convalescent Hospital.

His discharge on demobilization has been approved by the Officer Commanding, effective from 21-1-19, and I am sending him herewith for your attention and necessary action, please.

Copy of his Medical Board will be forwarded you in due course.

GCD/C



Reg. No. 3605 Rank *Supt* Name *Bull G.*

Attested ..... Address *Dislop Falls.*

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

Date of Allotment ..... Returned from Overseas *21-12-18*

Embarked for Overseas ..... Cause *Discharge*

*G. Leave from 21-12-18 to 6-1-19*

*14-1-19 Rec & is Permanently Unfit admission NVA Hospital*

*20-1-19* PASSED TO DEMOBILIZATION

*21-1-19* DISCHARGE APPROVED ON DEMOBILISATION