



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5542 Name Willis Bridges Corps Meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Willis Bridges</u> |
| 2. What is your full Address? | 2. <u>South W. Arm N.A.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes.</u> |
| 4. What is your age? | 4. <u>23</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No.</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No.</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. } Name
..... } Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Willis Bridges 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

31/5/18 Willis Bridges this 31st day of May 1918
Signature of Recruit.
W. R. Power mark
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 31 day of May 1918

Signature of Attesting Officer C. Dicks Lieut

†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 rank

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

Date 1918

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

5542

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

Name Willis Bridger
 Apparent age 23 years months. Height 5 feet 5 1/4 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Bridger
South W. Arm | Relationship Father,
Swillingate Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-5-18</u>									
Joined at <u>St John's</u> on <u>May 31-1918</u>									
<u>Discharged July 12/19</u>									
<u>Embarked St John's St. Costantella to Halifax NB 22-7-18</u>									
<u>Embarked for S.E. 23-11-18 Disembarked France 28 7/8</u>									
<u>Joined Batta. 5-1-19. Transfer from France 22 7/9 Arrived Amherst 23 7/9</u>									
<u>To file for demobilization 22-5-19. Arrived Camp Bland 1-6-1919</u>									
<u>Demobilization St John's 12-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 12-7-1919 [date of discharge] 1 years 43 days
 " " Pensions " [" "] " " " " " "

No. *5542* Name *Bridges, W.*

Sqn., Batty.,
or Company } *D*

Corps *R. Newfoundland*

Date of enlistment } *3/15/18*

G.C. Badges } *10*

Service or Proficiency Pay } *100*

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. Company, etc. *[Signature]*

Character

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rome</i>	<i>15/10/19</i>	<i>Plt</i>		<i>Deficiency of kit -/1</i>	<i>2 Sms Wardlaw</i>	<i>Pay for same</i>	<i>15-4-19</i>	<i>[Signature]</i>	<i>R.E.</i>

C.R. 5542

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt. St. John's, July 16th, 1919.

The discharge of the Underneted on deombilisation has been
CONFIRMED by Officer i/c Records from 12-7-19

5542 Pte. Willis Bridger.

C.R. 5542

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been

APPROVED by O.C. Discharge Depot with effect from 28-6-19.

5542 Pte. W. Bridger.

C.R. 5542

Extract from Daily Orders Part XI Depot, St. John's,

Date June 18th 1919.

5542, Pte. W. Bridger.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5542

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5542 Pte. W. Bridger.

C.R. 5542

Extract from Nominak Roll of draft No. 56, from the 2nd., Battalion
of the Newfoundland Regiment, to the 1st., Battalion of the Regt.
B. E. F. embarked Southampton 23/11/18.

#5542 Pte. W. Bridger .

C.R. 5542

Extract from Daily Orders part 11, from Unit The Royal
Wald. Reg St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S. "Columella"
J 17 22, 1918.

##55222 #5542 Pte. Willis Bridget

C.R. 5542

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated ~~May~~ 1sr, 1918

#5542 Pte. W. Bridger

Attested for General Service with the Royal Nfld. Regt.
from 21.5.18

W. Bridgman

C.R.

5542

~~1910~~

3

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5542* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bridger* *Willis* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *25*...
6. Posted for duty on. *June 1/18* at *St John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service (b) Date of Discharge ;
- (c) on duty (d) off duty ? (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When. (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | } <i>na</i> | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

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

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

He complains of no disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
Sgt. W. R. ...
Wt. ...
Capt. R. A. M. C.
 Medical Officer in charge of case.

Station *Boazely D. Camp*

Date *29-4-19*

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Willis Bridger, Regl. No. 5542
 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4842	Mother	Mr. Richard (Maudie) Bridger	South West Assy of Bay	60
Total Allotment, \$				60

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

(Sig.) Cevalson Linc.
 Officer Commanding
 E Company

(Sig.) Willis X Bridger
 (Rank) Pte

St Johns
July 5th 1918



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Willis Bridger, Regl. No. 5542

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

Allotment begins August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4843	Mother	Mr Richard (Mandy) Bridger	South West Ave 9 Bay	60
Total Allotment, \$				60

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

(Sig.) Edwison Linc.
Officer Commanding
Company
St Johns
July 5th 1918

^{His}
(Sig.) Willis X Bridger
Mark
(Rank) Private

Bridges, W

5542

Hay Sept.

July 12, 1919

#5542 Pte. Willis Bridger,

South West Arm,

Twillingate.

Dear Sir:-

Please find enclosed Discharge Certificate #2968.

Yours truly,

Captain,
Paymaster & O.i/c Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5547 Rank

Name Bridges M

Warned for demobilization on

JUN 14 1947

July 12, 1919

#5542 Pte. Willis Bridger,

South West Arm

Green Bay,

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 & U.I.C. Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Wheeler* 2. Surname..... *Bridger*

3. Rank..... *Pvt* 4. Regt. No..... *5547*

5. Address in full to which future payments of gratuity are to be forwarded. *South West Arm, Green Bow,*

6. Date of enlistment in the Regiment..... *May 20/18*

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..... *Do*

9. Address in full of such dependents..... *do*

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

11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field, or Overseas..... *7.7 months and nine days* 13.

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Not applicable

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.

\$ 88.19. Clothing, Etc

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Regt.? *No* If not give - (a) Date of discharge. *Jan 28/15.* (b) Reason for discharge.

Demobilization

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

France Belgium & Germany

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: ^{His} *Wells & Bridges* (Witness) *John* *Boon*
 Place of Residence: *South West arm, Boon Boon*
 Declared before me at: *St John's*
 This *14th* day of *June* 19*.15*....

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

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5542 Rank Plt Name Budgen W
 Intended place of residence S. W. Arms Tullaghan

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

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 14 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 14 1919
 Signature of soldier W. X. Bridger
 Signature of witness W. McEwen

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
JUN 14 1919
 Signature of soldier W. X. Bridger
 Signature of witness James O'Rieman

STATEMENT OF SERVICE

7. Enlisted for service 31-5-18 No of days on Military
 Discharged from service 28-6-19 plus 14 days Service 40 P.....

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
JUN 28 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St. John's
 Date July 12/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

W. X. Bridger / 2968

The Royal Newfoundland Regiment

Class for Demobilization: *E 6 1/2*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *13.6.19*

Regimental No *5442*

Name *Bridges H.* Rank *Pte.*

Address *South West Arm Swilling a. t. e.*

Present Medical Category *A1*

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

Members of Board

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

Spencer
Senior Medical Officer

Geo. Burdett
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5542 Rank Plt Name Bridger W. Gate
 Date of Enlistment 31.5.18 Address 1 W. Camp District Gate
 Occupation Fisherman Classification for Discharge F1 Medical Category JA1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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	OK
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 102	ME 2			" 6	
B 179c	B 120	M 93				

Date 14-6-19 O. C. Discharge Depot. H. H. H. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. W. X. Bridger
fisherman market

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

(b) Clothing Supplied Am. Johnston

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1785 to his home at S. G. Anna and Release Certificate No. 2791 issued.

Date 14-6-19

J.A. Snow 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 12-7-19

Date 14-6-19

J.A. Snow Capt
Depot Paymaster.

Discharged approved for 28-6-19
Forwarded with following documents to O.C. Discharge Depot.

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

2 Form B

Date 14-6-19

J.A. Snow Capt
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

JUN 28 1919

Eligible for War Service Gratuity

Date

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

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

Date

Civil Re-establishment Committee



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

To resume ~~former~~ Occupation.

Budgen W

Signature of Man.

Reg. No. 5542

J. A. Snow

Signature of the Vocational Officer or his Representative.

Place

M-Johns

Date

14-6-19

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

MEDICAL HISTORY

Surname Bringer

OF

Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish South West Arm Hollington County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31 st	May		1918
at	St Johns			
Declared Age	23	years		days
Trade or Occupation	Fisherman			
Height	5	feet 5 1/4		inches
Weight	143	lbs.		lbs.
Chest Measurement	Girth when fully expanded		38	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. ...</u>			
(Rank)	Major			
Enlisted	at	St Johns		
	on	28 th day of May		1918
Joined on Enlistment	Corps	Royal Nfld.		
	Regtl. No.	Regiment	5542	
Transferred to				
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Willis Bridger

Regiment from which discharged

Royal Newfoundland

Regimental number

5542

Intended address

South West Arm. Twillingate

Height on discharge

5 Feet 6

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Med.

Christian name of Father

Richard

Christian name of Mother

Maud

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

South W. Arm. 25th Nov 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)

*Willis & Bridger**Pte*
(Rank)

Station

ST. JOHN'S.

Date

12/6/19

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

Station

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfound Land*. Former Trade or Occupation } *Indo-China*
2. Regtl. No. *5542* 3. Rank. *Pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bridget Willis* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *25*
6. Posted for duty on *June 1/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

na.

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

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

No complaints of no disability -

na

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

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

na

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

na

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

na

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

Repatriation

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

W. E. Proemier, Capt RAME
 Medical Officer in charge of case.

Station ... Hazley Down

Date ... 21/4/19

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

Draft No. 22.7.18 /21.Regl. No. 5542

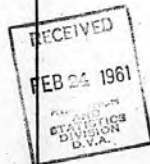
Date of Enlistment

Name BRIDGER, Willis31 May 18
Age on EnlistmentNext of kin BRIDGER, Richard Relationship Father23
Married (Yes or No)

No.

ADDRESS South West Arm, Twillingate, Nfld.

CASUALTIES					PROMOTIONS, REDUCTIONS, etc.					
Date Rec'd	Authority	Dated	Nature of	Whereabouts	Ref. No.	Authority	Date	Rank etc.		
	B-103	23.11.18	Embarked United Kingdom		B-103					
	"	28.11.18	Disembarked France		"					
	"	5. 1.19	Joined Batt "		"					
30. 4.19	OL/C Rods.	22. 4.19	Trans. From Rouen	22.4.19 Arrived		SERVICE IN THE FIELD				
			2nd. Bn. H.D.C. Winchester	23.4.19	421	Bn.	Draft No.	Date of embarkation	Expedition.	Remarks
1. 6.19	" "	22. 5.19	To Nfld. for demobilization per		456					
			S.S. Corsician ex L'Pool	22.5.19			56	23.11.18	B.E.F.	
18. 6.19	DO'S HQ.	1. 6.19	Attached to strength.							
HONOURS, AWARDS, etc.										
Authority		Date	Action	Distinction						
DISCHARGE										
Authority		Date	Where	Cause						
DO. HQ 123		16.7.19	St. John's Nfld.	Demobilization						



Casualty Form - Active Service.

Regiment or Corps

Rank Pte Surname Bridger Christian Name W

Religion Methodist Age on Enlistment 23 years months

Enlisted (a) 3/15/18 Terms of Service (a) Duration Service reckons from (a) 3/15/18

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

Extended Re-engaged Qualification (b)

Occupation Fisherman or Corps Trade and Rate Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		To be Coy Cook		20/2/19	B 213
		Arrived in W.R.		23/4/19	

Handwritten initials and scribbles.

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

(b) Smaller, Shoeing-Smith, & (17591.) W.L.W 1887-P 1124. 1,000,000. 8/18. D & S. Form B/103, (E. 1265)

Next of kin: Father: Bridger Richard: South. W. Arm: Sevillegate: N.S.D.



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, *Willis Bridger*, Regl. No. *5542*

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

Allotment begins *August 1st 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4893</i>	<i>Mother</i>	<i>Mrs Richard (Maudie) Bridger</i>	<i>South West Ave G Bay</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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

(Sig.) *Evatson Lieut.*
Officer Commanding
Company

(Sig.) *Willis X Bridger*
Private
(Rank) *PT*

St Johns
July 5th 1918

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

[Signature]

Regimental Number and Name		Enlistment		Trade
No.	<i>S 472 Mullis Bridge</i>	Age on	years months	<i>Soldier</i>
Joined	Date	Place and Date of Enlistment:		Religion
Joined	Date	<i>St John's 31 5 18</i>		<i>Method.</i>
Joined	Date	Period of } with Colours <i>1 1/2</i> years. with Reserve <i>3/4</i> years.		Place of Birth
Joined	Date		<i>South West Arm</i>	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Case of Discharge.	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>12 7 19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5542 Rank Pte. Name Bridges W
 Date of Enlistment 31.5.18 Address 101 St. John's District St. John's
 Occupation Postman Classification for Discharge F Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. P 36	B 268	B 121	/	N. F. Med	D. F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	5
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 14-6-19 O. C. Discharge Depot. J. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am Int in a position to resume civilian occupation W x Bridges
Int Stewart mail

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 AM Johnston

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1785 to his home at S. H. Aron and Release Certificate No. 2791 issued.

Date 14-6-19

J. A. Snowcliff
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 12-1-19

Date 14-6-19

J. A. Snowcliff
Depot Paymaster.

Discharge approved for 28-6-19

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

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

Handwritten notes in table:
 - Next to B 1915: //
 - Next to B 122: //
 - Next to D 400A: /
 - Next to D 400C: /
 - Next to B 103: /
 - Next to D. F. 1: 1
 - Next to " 2: 2
 - Next to " 3: 2 Form B

Date 14-6-19

J. A. Snowcliff
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 28 1919

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

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

Date June 30/19

J. A. Snowcliff
for Records

Reg. No. *1542* Rank *Pte* Name *Bridger, W.*
Attested Address *1 W Arm 7 Wdlyke*
Allotment Allottee
Date of Allotment Returned from Overseas *1.6.19*
Returned on S.S. *Crossman* Cause *Discharge*

14.6.19

24.6.19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION