



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

RP. 5387  
No. ~~5396~~

Name John Briffett Corps Artillery

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. John Briffett
2. What is your full Address? ..... 2. Rosedale, St. Mary
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 24 Years ..... Months
5. What is your Trade or Calling? ..... 5. Yiserman
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, John Briffett ..... do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.  
 ..... SIGNATURE OF RECRUIT.  
936/15 John Briffett ..... Signature of Witness.

I, John Briffett ..... 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, loyally 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. Mary on this 23 day of May 1915  
 Signature of Attesting Officer .....

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date ..... 1915  
 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

5389

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

Name John Bissett  
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Bissett  
Rosedale Bay | 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 actual engagement reckons from <u>23-5-18</u>									
Joined at <u>St John's</u> on <u>Monday 23-1918</u>									
<div style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">                     Discharged August 4-1919                 </div>									
Embarked <u>St John's</u> <u>St. Costantella</u> to <u>Halifax N.S.</u> 22-7-18									
In title for demobilization 24-6-1919									
Arrived <u>Newfoundland</u> 1-7-1919									
Demobilization <u>St John's</u> 4-8-1919									
Total Service forfeited as above _____									
Total Service towards Engagement to <u>4-8-1919</u>					(date of discharge)	1	years	74	days
Pensions									

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

# MEDICAL HISTORY

OF

Surname

*Difea*

Christian Name

*John*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Rosale, B.B.*

County

*Mea.*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>23<sup>rd</sup></i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's.</i>	at		
Declared Age	<i>24.</i> years	days	years	days
Trade or Occupation	<i>fisherman.</i>			
Height	<i>5</i> feet <i>5</i> inches		feet	inches
Weight	<i>129.</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>3.</i> inches		inches

Physical Development	Right	Left	Right	Left
Vaccination Marks	<i>—</i>	<i>—</i>		
When Vaccinated				

Vision	R.E.—V = <i>6/6 6/6.</i>	R.E.—V =
	L.E.—V =	L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

*Lambert Peterson*

(Rank)

*Major*

Medical Officer.

Medical Officer.

Enlisted	at <i>St. John's.</i>	at
	on <i>23<sup>rd</sup></i> day of <i>May</i> 191 <i>8</i>	on
	Corps.	Regtl. No.

Joined on Enlistment	<i>Royal Mea. Regiment.</i>	<i>5387.</i>
----------------------	-----------------------------	--------------

Transferred to

Became non-effective by	on	day of	191	on	day of	191
-------------------------	----	--------	-----	----	--------	-----

(Signature)

(Rank)

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Military Gravesend	8	8	18	20	8	18	Bronchitis	12	Epithelioma - Rec. - Tonic. 2 only	Charles P. Smith M.D.
MAGDALEN CAMP HOSPITAL WINDCHESTER	22	3	19	30	5	19	Nephritis (Primary at base)	67	On admission had pyrexia and albuminuria. His condition persisted for three weeks and gradually cleared up on treatment. Has now recovered.	Helforke Capt RAMC





August 4th 1919.

#5387, Pte J.Briffett.

Alexander Bay.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3361.

Yours truly,

Capt. & Paymaster.

RS).

August 11th 1919.

Mr. J. Briffitt,  
Alexander Bay, B.B.

Dear Sir:

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

Yours truly,

Capt. &  
Paymaster.

RS/.

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 20th. 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... *John* ..... 2. Surname... *Briffett* .....

3. Rank... *Pte.* ..... 4. Regtl. No... *5387* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Alexander Bay 12 B.* .....

6. Date of enlistment in the Regiment... *May 24/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No* .....

8. Relationship of such dependents... *No* .....

9. Address in full of such dependents... *No* .....

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 Hfld. If so, give dates and particulars of such service... *No.* .....

*England and Italy* .....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *1 year 1 month* .....

..... *1 1/2* .....



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

.....  
.....  
.....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....  
.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

(b) Reason for discharge.

.....

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.

.....

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.

*This*

Signature of Applicant: *John X. Bruffett*  
 Place of Residence: *Allexander Bay B.B.*  
 Declared before me at: *St Johns*  
 This *7th* day of *July* 19*19*

*John McCarthy*  
*J.P.*

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

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

Reg. No. 5387 Rank Pte Name Briffett J.  
Attested 23-5-18 Address Rose Dale R Co  
Allotment 6005 Allottee Mr J. Briffett. Father  
Date of Allotment 15/7/18 Returned from Overseas  
Embarked for Overseas JUL 22 1918 Cause

24-5-18 Vacc 13 6/8<sup>5</sup> Inoc 2nd Inoc 27/6/18  
H.L. 30 5/8 - 5 4/8 R.R. 10. 6. 18

C.R. 5387

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated May 25, 1918.

#5387 Pte. John Briffett

Attested for General Service with the Royal Nfld. Regt.  
from 23.5.18



C.R. 5387

Extract from Daily Orders part 11, from Unit The Royal B21d.  
Reg St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5387 Pte. John Briffett.

C.R. 5387,

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 8th 1919.

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

5387, Pte. J. Buffett.

C.R. 5387

Extract from Daily Orders Part II Unit The Royal  
Wilt. Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot, with effect from 21-7-19.

5387 Pte. J. Briffett.

C.R. 5387

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

5387 Pts. J. Briffett.

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



C.R. 5587

Extract from Telegram to Synoptical, London dated Sept. 19th 1918.

Inform whereabouts of 5387 Briffett.



Rosedale

Alex. Bay

J. R. Bennett Esq. Sep 14 / 18  
SEDL. Johns.



Dear Sir.

I am

writing to enquire about my  
Son. 5387. Pte John Briffett  
who went across with the  
last draft. I Received  
word from him 11<sup>th</sup> of Sept.  
Saying he was Sick in  
Hospital at Gravesend  
we are very anxious about  
him. And we would like  
to know if You could tell  
us if he is at Gravesend  
Now or Gone to Winchester  
trusting You will be able to  
relieve us of our anxiety  
and You will greatly oblige us  
Mrs Robert Briffett. Rosedale Alex.  
Bay.

C.R. 5387

September 23rd 1918.

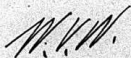
Mrs. Robert Briffett,  
Rosedale, Alexander Bay.

Dear Madam:

In answer to our inquiries as to the whereabouts of your son, #5387 Pte. John Briffett, we are informed by the Record Office, London, that he is now at Hazeley Down Camp, Winchester, but I would advise you to address all letters and parcels as follows:

#5387 Pte. John Briffett,  
2nd Battalion,  
The Royal Newfoundland Regiment,  
c/o Pay & Record Office,  
58 Victoria Street,  
London, S.W.1.,  
England.

Yours faithfully,



Lieut.  
Casualty Officer.

C.R. 5387

September 18th 1918.

Mr. Robert Briffett,  
Rosedale, Alexander Bay.

Dear Sir:

I beg to acknowledge receipt of your letter of the 14th inst. in which you make inquiries as to the whereabouts of your son, #5387 Pte. John Briffett. I may say that we have telegraphed the Record Office, London, asking his whereabouts, and upon receipt of a reply, we shall again communicate with you.

Yours faithfully,

Captain,  
Military Secretary.



1901

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

**Royal Nfld. Regt.**

**Dept. of Militia,**

**ST. JOHN'S, Nfld.**

ANGLE BROOK, N.Y.  
MAY 1901

Fold Here

Signature

Date

Address

[No.]



OCT 15

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
*Service in England*  
is/are forwarded herewith to

**John Briffett**

in respect of his service as No. 5387 Rank Pte.

Name J. Briffett Royal Nfld. Regt.  
Mfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received From Dept Of Militia

Signature John Briffett

Date Oct 21<sup>st</sup>/21

Address Rosedale Alex Bay

[P.T.O.]



# The Royal Newfoundland Regiment

2387

## DEMOBILIZATION OF

Reg. No. 5387 Rank Pr Name Briffett, John

Date of Enlistment 23-5-18 Address Alexandra Bay District Peninsula

Occupation Submarine Classification for Discharge E7 Medical Category A.1

Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. P/36	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	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 4-7-19

M. H.  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation John x Briffett  
mt Newman

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 ambush

Date 7-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>3209</sup> <sup>A22H</sup> to his home at ..... and Release Certificate No. .... issued.

Date 7-7-19 <sup>Alexander Berg</sup> <sup>J.A. Knowlton</sup>  
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 7-7-19

Date 7-7-19 <sup>J. M. ...</sup>  
Depot Paymaster.

Discharge approved for 21-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P38	B 288	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		

*Form B*

Date 7-7-19 <sup>J.A. Knowlton</sup>  
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 JUL 21 1919 <sup>J.R. Cooper Capt</sup>  
O. C. Discharge Depot.

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

Date July 21 1919 <sup>[Signature]</sup>

Reg. No. *1387* Rank *Plt* Name *Bruffett*

Attested ..... Address *Rose Dale, B.P.*

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

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

*79 49*  
*29 8*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5387 Rank Pl Name Buffett  
 Date of Enlistment 23-5-18 Address Alexander Bay District Benayoch  
 Occupation Fisherman Classification for Discharge E Medical Category H.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.P. 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	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 108	ME 2			" 6	
B 179c	B 120	M 93				

Date 11-7-19 O. C. Discharge Depot. M. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation John X Buffett  
Mr Newman mark

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 all clothes

Date 7-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B2211 to his home at Alexander Bay and Release Certificate No. 3209 issued.

Date 7-7-19

*J.A. Knowlton*  
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

Date 7-7-19

4-8-19  
*J.A. Knowlton*  
Depot Paymaster.

Discharged approved for

21-4-19

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		

*2 Form B*

Date 7-7-19

*J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

*N.R. Coombe Capt.*  
O. C. Discharge Depot.

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

Date .....



## 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 *John Buffett*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5387*

Intended address *Alexander Bay. B.B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Lizzie*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Alexander Bay. March 17<sup>th</sup> 1894*

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) *John Buffett*

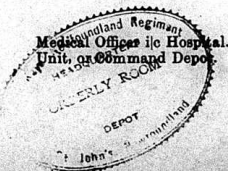
*Pte*  
(Rank)

Station *St. John's* Witness *W. Underhay*  
Date *4-7-19*

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



## 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.

*J. Driffitt*

Signature of Man.

Reg. No. 3389.

*J. A. Snowless*  
Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*7-7-18*

191

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

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

1. Unit and Corps. *Royal Household*.....
2. Regtl. No. *6387* 3. Rank. *T/5*.....
4. Name *Beckett J.*.....  
(Surname) (Christian Names)
5. Age last birthday... *25*.....
6. Posted for duty on *May 29th/18* at *H. Johns*.....  
 in category (or grade).....
7. Former Trade }  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
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.

*Recovered.*

*22/3/19*  
*Deprt. Treated at Magdalen Camp Hosp. Winchester 67 days for Rephritis*



**OPINION OF THE MEDICAL BOARD.**

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

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

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

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .....                        | } <i>n.a.</i>       | .....             |
| (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? } *n.a.*

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

15. What is his present condition?  
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)  
*Anaemic, general condition fair but is weak and unfit for duty.*

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

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

*Repatriation*

*W.E. Prosser. Capt. R.A.M.C.*  
Medical Officer in charge of case.

Station *F. D. Camp* .....

Date *11-6-29* .....

\* 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

22. State whether the disabilities are:—
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) Attributable to | (b) Aggravated by |
| (i) Service during the present war .....                               | .....               | .....             |
| (ii.) Previous active service .....                                    | .....               | .....             |
| (iii.) Climate in pre-war service .....                                | .....               | .....             |
| (iv.) Ordinary military service before the war .....                   | .....               | .....             |
| (v.) Serious negligence or misconduct on the part of the soldier ..... | .....               | .....             |
- Give details: .....

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

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

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

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station Hazley D. Camp ..... } President or  
 Date ..... } Chairman.  
 ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable  
 Date ..... } in cases of  
 Officer in charge, Central Hospital. } Patients in  
 Hospitals.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T).)

Station .....  
 Date ..... O.C. Discharge Centre.

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

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

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

1. Unit and Corps *Royal New York* ..... 7. Former Trade or Occupation } *Stohmann*
2. Regt. No. *5357* 3. Rank. *P/6* ..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Boyle J* ..... (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) *Boyle* (Christian Names)
5. Age last birthday *26* .....
6. Posted for duty on *May 28/18* at *St John* ..... 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. *22-3 19*
12. Place of origin of disability. *Depot*
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.

*Detached to Middle Camp Hospital Winchester 67 days Nephritis Recovered*

14. State whether the disabilities are
- |   |                     |                   |
|---|---------------------|-------------------|
| (i.) Service during the present war .....   | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service .....   | } <i>Na</i>         | } <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 .....                                 |                     |                   |
| (a.) If not due to any of these causes, to what specific condition do you attribute it? ..... |                     |                   |

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

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*
- Once in good health. Conducted Gair but is ill week and unfit for duty*

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.

Station *T. O. Camp*

Date *11/6/19*

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

*Repatiation*

*W.F. Prognier. C.M. Stone*  
 Medical Officer in charge of case.

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—
- |  | (a) Attributable to | (b) Aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                              | .....               | .....             |
| (ii.) Previous active service .. .. .                                    | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                                | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .                   | .....               | .....             |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | .....               | .....             |
- Give details:

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

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

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

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

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalidated at a foreign station)?

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

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

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

29. Does the soldier require :—

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

Signatures :—

Station Headquarters, C. Camp. ..... } President or Chairman.  
 Date 11/4/19 ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospitals.  
 Date ..... } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.



# The Royal Newfoundland Regiment

Class for Demobilization

*E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *11.9.19* .....

Regimental No. *5387* .....

Name ..... *Buffett John* .....

Address ..... *Alexander Bay* .....

Present Medical Category..... *A.7* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

*R. H. Hart Major*  
.....  
O.C. Discharge Depot.

Members of Board {

*J. Paterson*  
.....  
Senior Medical Officer

*Geo. Burden*  
.....  
M. O. Depot

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5387 Rank. Pvt Name. Buffett J  
 Intended place of residence. Alexander Bay

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

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date .....

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 23-5-18 No. of days on Military  
 Discharged from service. 21-7-19 Plus 14 days Service. 439

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date .....

*[Signature]*  
 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 .....

*[Signature]*  
 Officer in Records  
 The Royal Newfoundland Regiment

*[Handwritten]* 1320 79 / 3361

DEPARTMENT OF VETERANS AFFAIRS  
MINISTER'S OFFICE

*SL*

Memorandum:

April 4th 1957.

The Chairman,  
Canadian Pension Commission.

APR 5 1957

Re #5387 John Briffett, ex-Royal Nfld. Regt.

The above named is endeavouring to establish his eligibility for "pension" -- which may mean War Veterans' Allowance.

I was unable to obtain a Head Office file, but have secured his documents, which are attached hereto, and it would be appreciated if these could be reviewed, in order to determine whether or not Mr. Briffett is barred by Statute from applying for pension at this time.

He states that he became ill during training in England in World War I and spent some time in hospital, just as he was due to embark for France.

As you will appreciate, his possible eligibility under the War Veterans' Allowance Act depends upon the outcome of the Commission's decision in his case.

*Clare Mann*  
Associate Private Secretary.

Ottawa, April 9, 1937.

The Associate Private Secretary to the  
Minister of Veterans Affairs.

Re: 5587, McIVERTY John.

This is in reply to your memorandum of  
April 4th in which you ask for a report on the above  
named case.

Mr. McIVERTY served with the Royal  
Newfoundland Regiment from May 1918 until August 1919  
in Canada and England only. His medical examination  
at the time of discharge did not disclose any dis-  
abling conditions and his category was recorded as  
A.1. on demobilization.

In view of the fact that this veteran did  
not see service in a theatre of actual war and as  
there was no record of any disabling condition at the  
time of discharge, I regret to state that any applica-  
tion for pension submitted at this time would be sub-  
ject to the provisions of Section 15 of the Pension  
Act which reads as follows:-

"In respect of military service during World  
War I a pension for disability shall not be  
awarded unless application therefor has been  
made before the 1st day of July, 1926, with  
respect to a member of the forces who did  
not serve in a theatre of actual war."

col/mks

A. L. Purdy,  
Assistant Secretary.