



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5308 Name John Brinson Corps Cof E

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

- 1. What is your name? ..... 1. John Brinson
- 2. What is your full Address? ..... 2. C. Change Field's  
N. S. B.
- 3. Are you a British Subject? ..... 3. ....
- 4. What is your age? ..... 4. 27 Years ..... Months .....
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 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 Brinson 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.

22/5/18 John Brinson SIGNATURE OF RECRUIT.  
H. K. Power Signature of Witness.

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

I, John Brinson 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 answered 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 22 day of May 1918

Signature of Attesting Officer C. Smith

### †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 May 22 1918 .....  
Place St. John's ..... } Approving Officer.

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

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



C.R. 5308

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, 11-7-19.

The discharge of the undernoted on demobilisation has been  
CONFIRMED BY Officer i/c Records from 8-7-19.

5308 Pte. John Brinson.

C.R. 5308

Extract from Daily Orders part II, Depot St. John's dated  
June 14th. 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C. C. Discharge Depot on 23-5-19.

#5308 Pte. John Brinson.



**C.R!** 5308

Extract from Daily Orders Part 11 Depot, St. John's,  
Date 13/6/19.

5308 Pte. John Brinson.

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

C.R. 5308

Extract from telegram April 17th., 1919. from Syn. to Mil.

In answer to your telegram April 15th.

#5308 Brinson, In France.

C.R. 5308

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 26/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5308 Pte. J. Brinson.

CP 5308

Extract from telegram From ~~Wh.~~ to Syn. dated April 14, 1919.

Inform whereabouts

5308 Brinson.



C.R. 5308

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

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

#5308 Pte. John Brinson.

C.R. 5308

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

#5308 Pte. J. Brinson.

C.R. 5309

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, June 14th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 24-6-19.

5308 Pte. John Brinson.

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 23, 1918.

5308 Pte. John Binton.

Attested for General Service with the Royal Nfld. Regt.  
from 22.5.18



J. Grinson

C.R. 5308

11/10

**Medical Report on an Invalid.**

Station Bezeley Down

Date 1-5-19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 6308
- 3. Rank Pte
- 4. Name Brinson J.
- 5. Age last birthday 27
- 6. Enlisted { on  
at May 23<sup>rd</sup> 1918  
St Johns
- 7. Former Trade or Occupation Fisherman.
- 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).

*nil*

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. *nil*
- 10. Place of origin of disability. *nil*
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
- 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?

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

*deception & no disability*

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

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

*u*

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

If so—(a) When?

- (b) Where?
- (c) Opinion?

*u*

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

*u*

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

*u*

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?

*u*

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.

*u*

20. Do you recommend—

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

*Repatriation*

*W. J. ...*  
*Major ...*

\_\_\_\_\_  
Officer in medical charge of case.

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

Station *Hazley Down*

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

Date *1-5-19.*

\*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.

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









ND 9

No. 19440/605

N.F.P./80.

From: NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,  
Royal Newfoundland Regt.  
B. E. F.

27th November 1918

3-1-1919

Subject: 5308, Pte. J. Brenson.

ANSWER

With reference to the following telegram (9984) from the Hon. Minister of Militia, received

Pay to 5308 Brenson £4:0:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

Chief Paymaster & O. i/c Records.

*A. D. Russell Maj.*

*5308 Pte J. Brenson*  
*This man wishes this amount retained to the credit of his account please*



Brinson, John

5308

Hay sept



July 19, 1919

#5308 Pte. Arthur Brinson,

Change Islands, N.D.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 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..... *John* ..... Surname..... *Bowson*

3. Rank..... *Pte* ..... 4. Regt. No. *5308*

5. Address in full to which future payments of gratuity are to be forwarded..... *Change Islands, N.S.B.*

6. Date of enlistment in the Regiment..... *May 22/18*

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

8. Relationship of such dependents.....

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in 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..... *From May 22/18 to June 18/19*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.  
..... *No* .....

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

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

19. Are you now serving in the Rest?..... *No* ..... If not give:- (a) date of discharge..... *June 10/19* (b) Reason for discharge.....

*Temporary* ..... *Deeds of Valour* .....

*See* 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* ..... *From Nov. 23/18*  
*to June 10/19 to April 1919* .....

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.



*J. Binson*

Signature of Applicant:

Place of Residence:

*Change Islands, N. B. I.*

Declared before me at:

*J. J. John's, N. B. I.*

This

*15th*

day of

*June*

19*19*

*John McCarthy*

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

POST DISCHARGE PAY.

Date paid

Paid

Paid

War Service  
Gratuity.

Net amount  
due

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

Certified correct.

Paymaster

July 8, 1919

#5308 Pte. John Brinson,

Change Islands.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2789.

Yours truly

Captain  
Raymaster & U.i/c Records.



The Royal Mtd. Regiment

DEMOBILIZATION

No 5308 Rank

Name *Grinson J*

Warned for demobilization on

JUN 10 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5308 Rank Pvt Name Brimson John  
 Intended place of residence Clangy Falls Fogo  
 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 10 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 10 1919 .....  
 Signature of soldier J. E. Brimson  
 Signature of witness J. G. Snow

### 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 10 1919 .....  
 Signature of soldier J. E. Brimson  
 Signature of witness J. G. Snow

### STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 ..... No of days on Military  
 Discharged from service JUN 24 1919 few 14 days ..... Service 413

### 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 .....  
 Date JUN 24 1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld .....  
 Date July 8/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*A. P. Br049 / 2789*

# The Royal Newfoundland Regiment

Class for Demobilization: —

*6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*9.6.19*

Regimental No. *5305*

Name *Brimson*

*John*

Rank

Address *Orange Islands.*

Present Medical Category

*A-1*

Recommended for: —

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*W. J. [unclear] Capt.*

O.C. Discharge Depot.

*W. [unclear]*

Senior Medical Officer

*W. B. [unclear]*

M. O. Depot

## Civil Re-establishment Committee



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

To resume former occupation

J. Brinson

Signature of Man.

Reg. No. 5308

J. J. Snowliff

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 10 1919

191



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5308 Rank Plt Name Brinson John  
 Date of Enlistment 22-5-18 Address Chang. Is. District Fogo  
 Occupation Fisherman Classification for Discharge T Medical Category H.I.  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 9-6-19 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*J Brinson*

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 \_\_\_\_\_

*Amelinstn Lt*

Date 10-6-19 O i/c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B. 1660 to his home at Orange Island and Release Certificate No. 2570 issued.

Date

10-6-19

*J. A. Snowlett*

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

10-6-19

3-7-19  
*J. H. [unclear]*  
Depot Paymaster.

Discharge approved for

24-6-19

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

N.F. P36	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

10-6-19

*J. A. Snowlett*

O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

JUN 24 1919

*R. H. [unclear]*

O. C. Discharge Depot.

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

Date

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

# MEDICAL HISTORY

OF

Surname Binson

Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Charge Island County Mea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	22 <sup>nd</sup>	May	1918	191
at	Sigebus			
Declared Age	27	years		days
Trade or Occupation	fisherman			
Height	5	feet 9 1/2	inches	
Weight		136	lbs.	lbs.
Chest Measure-ment	{	Girth when fully expanded	37 1/2	inches
		Range of Expansion		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
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>Lamm Robinson</u>			
(Rank)	Major			
			Medical Officer.	Medical Officer.
Enlisted	at	Sigebus		
	on	22 <sup>nd</sup>	day of	May
				1918
Joined on Enlistment	Corps.	Royal Mea.	Regtl. No.	1208
		Regiment.		
Transferred to				
Became non-effective by	on		day of	191
(Signature)				
(Rank)				





Medical Report on an Invalid.

Station Hoageley Down Camp  
 Date 1. 6. 19

1. Unit Royal Newfld  
 2. Regimental No. 5308  
 3. Rank Pte  
 4. Name Brimson J.  
 5. Age last birthday 27  
 6. Enlisted { on May 23 1918  
 at H. John

7. Former Trade } Fisherman  
 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).

*nil*

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.

*nil*  
  
*nil*

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.

*nil*  
  
*nil*

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.

Recomplain of no disability

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

na

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

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

na

If so—(a) When?

(b) Where?

(c) Opinion?

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

na

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?

na

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.

na

20. Do you recommend—

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

Repatriation  
Major Stone

\_\_\_\_\_  
Officer in medical charge of case.

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

Station H. D. Camp

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

Date 1. 25. 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.

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



**Casualty Form - Active Service.**

Regiment or Corps Newfoundland  
 Rank Pvt Surname Brinson Christian Name.....  
 Religion C of E Age on Enlistment 27 years 7 months  
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18  
 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 [Signature]

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	
		Arrived in UK		23/4/19	

(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) Signalers, Shoeing-Smith, &c (17501.) Wt. W 1887 - P 1124. 1,000,000. 6/18. D & S. Form B.103. (E. 1256.)

Next of Kin: Father: Brinson George: - - - - - Change Islands: - - - - - Notre-dame Brig: - - - - - N.F.L.D (P.T.O.)



The Royal Newfoundland Regiment,

308

To John Brinson (Recruit)

33 Pences drink

May 20th. 1918. To Board while waiting passage to St. John's. \$5.00

(as per vouchers).

Correct for \$5.00

CERTIFIED *C. Dick* *hient*

23/5/18

*012*  
*Just*

*E*



ACCOUNT	<i>To Messing</i>
CH. NO.	<i>708</i>
IND. LEDGER	<i>By</i>
PAY LEDGER	<i>Jim</i>
GEN LEDGER	<i>Jim</i>
INITIALS	<i>[Signature]</i>
INITIALS	<i>[Signature]</i>
INITIALS	<i>[Signature]</i>

*Recd. Payment May 24/18.*

*John Brinson*

Receipt.

-----

Received from John Brimson, the sum of \$1-00, for bed and board,  
two meals.

signed Mrs. Ford,

Hotel,

Twillingate.





Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor  
Mrs. R. W. MANUEL, Proprietress

Lewisporte *May 20* 1918  
Newfoundland

*Mr. John Brinson*

Dr. Manuel Hotel.

*May 19 & 20*

To Board and Lodging

*2 00*

Motor Boat Hire

Rec. *Cartage* *Raymond*

*Storage*

*May 20th 18*

Extras

*R W Manuel*





## 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

*Brinson John*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5308*

Intended address

*Charge St. John's*

Height on discharge

*5 Feet 10*

Color of hair on discharge

*Black*

Complexion

*Dun*

Color of eyes

*Brown*

Descriptive Marks

Figure on discharge

*Tall*

Christian name of Father

*George*

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*Charge St. John's 30<sup>th</sup> July 1892*

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)

*J. Brinson*

Station

**ST. JOHN'S.**

Date

*9-6-19*

(Rank)

*[Signature]*

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



45308

Demobilization Form 3

# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 5308 Rank Plt Name Brinson John  
 Date of Enlistment 22-5-18 Address Lang. St. Y. P. G. District Y. P. G.  
 Occupation Ass. Wagoner Classification for Discharge 1 Medical Category H-1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N. F. 1 <sup>36</sup>	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 9-6-19 O. C. Discharge Depot. J. Brinson

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

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

J. Brinson

\*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 \_\_\_\_\_

Date 10-6-19 O i/c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1460 to his home at Champaign, Ill. and Release Certificate No. 2570 issued.

Date 10-6-19 *J. A. Newleft*  
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 10-1-19 *J. A. Newleft*  
Depot Paymaster.

Discharge approved for 24-6-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B179c	B 120	M 98				

Date 10-6-19 *J. A. Newleft*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records.  
Board of Pension Commissioners.  
with following additional documents.

**Eligible for War Service Gratuity**  
*R.H. Suit Capt.*

Date JUN 24 1919  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date June 28/19 *James H. [Signature]*  
*Post Records*

Reg. No. *5308* Rank *Pvt.* Name *Brenson John*

Attested ..... Address *Change Selds*

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

Date of Allotment ..... Returned from Overseas *29-5-19*


Returned on S.S. *Corsican* Cause *Discharge*

*9.6.19*

*24.5.19*

PACKED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILISATION.

## DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. file.

Attention of

NAME BRINSON John.

SERVICE 5308

C.P.C. No.

NAVY

NUMBER ROYAL Nfld REG V.A. No. 57282

ARMY X

W.W. 1

R.C.A.F.

OTTAWA 4, ONTARIO.  
Date MARCH 3, 1965.

P.A.

The DEPARTMENT has received information from

S. T. M. O. DTMO DVA, ST. JOHN'S, FEBRUARY 24, 1965.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death DECEMBER 17, 1964.

Cause of Death

Place of Death CHANGE ISLANDS, Nfld.

B 1 110 2990

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~NAVY~~  
~~ARMY~~  
H.O.

} Destroy form if advice of death already received.

for

E. O. Richards  
Chief, Central Registry