



3991

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3991 Name Newman Brinton Corps Reb

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

1. What is your name? ..... 1. Newman Brinton
2. What is your full Address? ..... 2. Thornlea
3. Are you a British Subject? ..... 3. Geo
4. What is your age? ..... 4. 22 Years ..... Months
5. What is your Trade or Calling? ..... 5. Laborer
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? ..... II. yes

I, Newman Brinton 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.

8/15/1914

Newman Brinton SIGNATURE OF RECRUIT.  
James B. ... Signature of Witness.

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

I, Newman Brinton 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 Frank Hills on this 16th day of Oct 1914  
Signature of Attesting Officer H. J. Fitzgerald S. M.

### †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 Oct 19 1914  
Place St John's Nfld } Approving Officer. W. H. ...

† 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) .....



Reg. No. 3991 Rank Plt Name Brinton H.

Attested 15-10-17 Address Throulea T. Bay.

Allotment 604 Allotee John Brinton Father

Date of Allotment 1-11-17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas 11/12/17 Cause \_\_\_\_\_

Imoc 1<sup>st</sup> 19. 10. 17 2<sup>nd</sup> 29-10-17 3<sup>rd</sup> 3-11-17 Vac 6-11-17  
S.S. 11-11-17 - 13-11-17 Ret'd 18-11-17

C.R. 3991

Extract from Daily Orders Part II Royal Newfoundland Regiment,  
in France, dated 26-2-19.

**LEAVE.**

Leave to U.K. from

26-2-19 to 13-3-19.

3991, Pte. Brinton, N.

C.R. 3991

Extract from Daily Orders Part 11 Unit the Royal Nfld.  
Regt. St. John's, July 4th, 1919

The discharge of the undernoted on demobilization has  
been ~~APPROVED~~ *confirmed* by O.C. Discharge Depot with effect from  
2-7-19.

3991 Pte. Newman Brinton.

C.R. 3991

**Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. Depot, St. John's, June 9th. 1919**

**The discharge of demobilization of the undernoted has been  
APPROVED by O.C. Discharge Depot with effect from the Fol-  
lowing dates 18-6-19.**

**3991 Pte. Newman Brenton.**

R

3991

Extract from Daily Orders Part 11 Depot, St. John's,  
Date June 7th 1919

399; Pte. Newman Brinton.

3991

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

C.R. 3991

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.

#3991 Pte. N. Brinton.



C.R. 3991

September 28th 1918.

Mr. John Brinton,  
Thornton, T.B.

Dear Sir:

I beg to acknowledge receipt of your letter of the 22nd inst. asking the address of your son, #3991 Pte Newman Brinton, and in reply I would advise you to address all your letters, parcels, etc. as follows:

#3991 Pte. Newman Brinton,  
The Royal Newfoundland Regiment, B.E.F.,  
c/o Pay & Record Office,  
58 Victoria Street,  
London, S.W. 1.,  
England.

Yours faithfully,

*M.V.W.*

Lieut.

Casualty Officer.

3991. The Newman  
Brinton

September 22 1862

Dear Sir

I am sending to  
you to see if you  
would oblige me by  
sending me my sons  
address he is with the British  
Expeditionary Force as I cannot  
find him with my letters but  
I get letters from him I suppose  
the reason he do not get my letters  
I don't know the company he is with  
so you would oblige me very much  
if you would let me know

his name is Herman Brinton  
belong to Thornsea Trinity Bay  
from his Father John Brinton  
Thornsea T. B.

C.R. 3991

Extract from Nominal Roll of Draft No.46 Mfld. Regt.  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone  
25-5-18.

3991 Pte. R. Brinton  
(3991)

C.R. 3991

Extract of Nominal Roll Draft. (All Ranks) to 1st  
Bn. B.E.F. Embarked Flookstone.

3991 Pte. R. Brinton.

35-5-18.

C.R. 3991

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46, -120 Other Ranks from 2nd.  
Bn., Depot, Winchester, to 1st. Batta., The Royal Newfoundland Regiment,  
B.E.F. Embarked Folkestone, 25/5/18.

3991 Pte. R. Brinton.

A.Fs. B. 103 (one for  
each soldier) sent to  
3rd. Echelon, B.E.F.

C.R. 3991

Extract from Nominal Roll, embarked For Overseas per S.S. FLORIZEL  
December 11th 1917.

#39911 PTE<sup>2</sup> H. ~~BURDILL~~

Brenton

C.R. 3991

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Rgt., St. John's, Oct. 18th, 1917.

Attested at Grand Falls.

3991 Pte. N. Brinton.

Attached for General Service with the Nfld. Regt. posted  
to G. Coy, with effect from Oct. 15th.

Brinton, A.

C.R. 3991

P.H.R.O.



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

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

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *3991* 3. Rank..... *plte*
4. Name *Bretton*..... *Newman*  
(Surname) (Christian Names)
5. Age last birthday... *22*.....
6. Posted for duty on *10/11/17* at *St. Johns*.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court
- (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

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.

*Major D.A.D.M.S.*

Station *Hazley D. Camp.*

*Sgt. J.B.P. Knight*  
*J.M.S.* Medical Officer in charge of case. *Capt R.A.M.C.*

Date *30-4-19*

\* 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.







To. John Brunton  
Thornsea.

268

Trinity Bay

Newly

Cable for pounds through  
Malta.

3991. P. N. Brunton

Brinton, L

3991

lay Sept.

July 2, 1919

#3991 Pte. Newman Britton,

Thornlea, T.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 & C.i/c records.



437

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.

1. Christian name, *Newman*..... 2. Surname..... *Prutton*.....

3. Rank..... *Private*..... 4. Reg't. No. *3991*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *St. John's, 218*.....

6. Date of enlistment in the Regiment..... *Oct. 10<sup>th</sup> 1917*.....

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

8. Relationship of such dependents..... *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?..... *do*.....

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....  
*1 year 247 days*..... 1. *2*.....

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

.....  
..... *No* .....

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

..... *No* .....

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

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

..... *Not applicable* .....

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *Not applicable*

19. Are you now serving in the Rest?..... *No* If not give:- (a) Date of discharge... *18/6/19*... (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....

..... *Ypres Oct 1918 & Arras Oct 1918* .....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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



July 2 ,1919

#3991 Pto. Newman Brinton,  
Thornlea, T.B.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 2287."

Yours truly

Paymaster & Officer i/c Records.  
Captain.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3991 Rank Pfc Name Brenton Gasman  
 Intended place of residence Thamesa Trinity

2. Occupation Salvager  
 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 4 1919  
 Comanding 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 4 1919  
 Signature of soldier Brenton Gasman  
 Signature of witness W. M. Bowley

### 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  
4-6-19  
 Signature of soldier Brenton Gasman  
 Signature of witness James Gasman

### STATEMENT OF SERVICE

7. Enlisted for service 15-10-17 No of days on Military  
 Discharged from service 18-6-19 ten 14 days Service 626

### 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 18 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, Nfld  
 Date July 2/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

29  
31  
365  
16  
106  
365  
289

RAF 2079/2287

# The Royal Newfoundland Regiment

Class for Demobilization:—

*A*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4-5-19* .....

Regimental No. *3991*.....

Name ..... *Brenton* ..... *Newman* ..... *Plt* .....

Address ..... *St. John's* .....

Present Medical Category ..... *A-1* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing~~ Medical Board.....

Members of Board {

*R.H. Lant*  
O.C. Discharge Depot.

*J.P. Paterson*  
Senior Medical Officer

*J.W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3991 Rank Plt Name Clinton W.  
 Date of Enlistment 15.10.17 Address Thornlea District St. John's  
 Occupation Laborer Classification for Discharge R Medical Category A.I  
 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
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 4.6.19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am now in a position to resume civilian occupation.

*W. J. Newman*  
 W. J. Newman  
 Lt. Colonel

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 None

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1408.....to his home at Thornlee and Release Certificate No. 2270 issued.

Date 4-6-19 ..... 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 1-7-19

Date 4-6-19 ..... H. M. Smith  
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1	
E 178.....	W 3494.....	B 122.....	1	Board 1st.....	" 2.....	1	
B 178a.....	1 D 400A.....	1 B 1915.....	1	do 2nd.....	" 3.....	2	Form B
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....		
B 179a.....	1 D 400C.....	Form K.....		do 4th.....	" 5.....		
B 179b.....	B 103.....	1 ME 2.....			" 6.....		
B 179c.....	B 120.....	M 93.....					

Date 4-6-19 ..... J.A. Snow Capt.  
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

Date JUN 18 1919 ..... R.H. Sait 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

Signature of Man.

Reg. No.

*Barnton W.*

*J. A. Shaw Capt.*

Signature of the Vocational Officer or his Representative.

Place

*St Johns.*

Date

*4-6-19.*

191 **1919**

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

# MEDICAL HISTORY

Surname Patterson OF Christian Name Wesley

Table I.—GENERAL TABLE.

Birthplace:—Parish Shoreline J. Bay County Wfled

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	15	Oct		191
	at	Grand Falls	at	
Declared Age	27	years		days
Trade or Occupation	Ld clerk			
Height	5	feet	8	inches
Weight	139 lbs.			lbs.
Chest Measurement	38 1/2 inches			inches
	1 1/2 inches			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	Grand Falls	at	
	on	15 <sup>th</sup> day of Oct.	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1st Wfled Regt 3991			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				



**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. *3991* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brenton Newman* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday. *22*
6. Posted for duty on *Oct 10/17* 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 ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

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.)*

*Accomplish your disability*

16. Was an operation performed? If so, when and what was its nature?  
 17. If not, was an operation advised and declined?  
 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?  
 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?

*no*  
*no*  
*no*  
*no*

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*

*Wm. J. D. M. C.*  
*my*  
*Capt. B. D. M. C.*

Station *Hazeley D. Camp*  
 Date *30-4-19*

Medical Officer in charge of case.

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



## 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 *Newman Brinton*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3991*

Intended address *Thornlea, Trinity Bay*

Height on discharge *5 Feet 6"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Normal*

Christian name of Father *John*

Christian name of Mother *Jane*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Thornlea - Feb. 18, 1896*

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)

*N Brinton*

(Rank) *Pte*

Station

*St John's Inf*

Date

*4-6-19*

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.

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

Station

Date

**Casualty Form - Active Service.**

Regiment or Corps *21st Royal Newfoundland*

Rank *Pte* Surname *Brinton* Christian Name *Newman*

Religion *Meth* Age on Enlistment *22* years *—* months

Enlisted (a) *15. 10. 17* Terms of Service (a) *Duration* Service reckons from (a) *15. 10. 17*

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

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and rate *25 MAY 1918*

Occupation *Labourer* *J. M. Newman* *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	<i>25-5-18</i>		
		Disembarked	<i>27-5-18</i>		
		Joined Battalion	<i>31-5-18</i>		
		<i>Granted leave to UK</i>	<i>26/1/19 to 13/2/19</i>		<i>BLB</i>
		<i>Arrived in UK</i>		<i>23/4/19</i>	

*Int*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing Smith, &c. W 1635 M2733 20/00 9/17 (35011) C. P. & S. Ltd., Form B.103 8/1907. P.T.O.







# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Number of Sheet ONE

Regiment of 1<sup>st</sup> Newfoundland

Signature of O. C. Company [Signature]

Regimental No. and Name	
No.	<u>3991 Binton Keema</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<u>22</u> years <u>        </u> months
Place and Date of Enlistment	<u>St John's</u>
	<u>15-10-17</u>
Period of	with Colour <u>361</u> years.
	with Reserve <u>365</u> years.

Trade	<u>Labourer</u>
Religion	<u>meth.</u>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of drunk-ness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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*Demobilized St John's 2/19*

To be carried over

Army Form B. 121

A3991

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3991 Rank Plt Name Bentley T.V.  
 Date of Enlistment 15.10.17 Address Thornlea District St. John's  
 Occupation Labourer Classification for Discharge A Medical Category A.I.  
 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.....
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 4.6.19 .....  
 O. C. Discharge Depot. H. News St.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am well in a position to resume civilian occupation. Newman Brunson  
W. 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 None

Date 4-6-19 .....  
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1408 to his home at Shornlee and Release Certificate No. 3270 issued.

Date 4-6-19 J.A. Shaw 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 1-7-19

Date 4-6-19 H. M. Smith  
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122	Board 1st.	" 2	1	* Form B.
R 178a	D 400A	B 1915	do 2nd.	" 3	2	
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 4-6-19 J.A. Shaw Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 18 1919

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

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

Date June 27/19 J. M. Smith  
for O.C. Discharge Depot

Reg. No. 3991 Rank Pfc Name Smith, J.

Attested ..... Address Thornlea

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

Date of Allotment ..... Returned from Overseas 29.1.19.

Returned on S.S. Rossmore Cause Discharge

4-6-19  
28679

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION