



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1474

Name in full Joseph Martin Bromsey Age 31
 Address May Road St Georges
 Married Single Height 5ft 6 1/2 in Weight 258
 Color fresh Hair dark brown Eyes blue
 Other distinguishing marks scars on head scd on left leg
 Nearest relative Father William
 Address Rattling Brook St Georges
 Dependents wife & children
 Occupation Fisherman Present Wage 35 p/mo.
 Previous service _____
 Decorations _____
 General Remarks _____
 Date of Enlistment April 17 15

I, Joseph Martin Bromsey, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Witness my hand and seal this 17th day of April 1915
Joseph Martin Bromsey his mark
 Declared before me this _____ day of _____ 1915
Montgomery Capt

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1424

Name Joseph Martin Bromsey

Apparent age 31 years months. Height 5 feet 4 1/2 inches.

Chest measurement { Girth when fully expanded inches.
 Range of expansion inches.

Distinctive marks Colors: Fresh, Hair: Dark Brown, Eyes: Blue.

Other distinguishing marks: Scars on head; scar on left leg.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin William Martin Bromsey, Rattling Brook, St. Georges.

| 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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>Ap. 17/15</u>									
Joined at <u>St. John's</u> on <u>Ap. 17/15</u>									
<u>Repatricated Med. Unit 4/2/16</u>									
Total Service forfeited as above									
Total Service towards Engagement to					(date of discharge)				} _____
					Pension				

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1424

Name Joseph Martin Brossay
 Apparent age 31 years _____ months. Height 5 feet 4 1/2 inches.
 Chest measurement { Girth when fully expanded _____ inches.
 Range of expansion _____ inches.
 Distinctive marks Colors Fresh, Hairs Dark Brown, Eyes Blue.
Other distinguishing marks: Scars on head; scar on left leg.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin William Martin Brossay, Rattling Brook, St. Georges.
 | 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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>Apr. 17/15</u>									
Joined at <u>St. John's</u> on <u>Apr. 17/15</u>									
<u>Drach. Artillery</u>									
<u>Embarked St. John's St. Georges for Feb. 20/16. Discharged by Army Medical Dept. 4-24-16</u>									
<u>Re-embarked St. John's St. Georges 25/16. Medical leave held at Art. Dept. St. Georges until for foreign Service 15/16</u>									
<u>Discharged Medically Dept. 4-24-16</u>									
<u>Re-embarked - St. John's St. Georges</u>									
Total Service forfeited as above									
Total Service towards Engagement to <u>4-24-16</u> (date of discharge) — years <u>353</u> days									
" " " Pension " (") " " "									

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09:55 03/30/89

NAOCOTT
QC DVASYD
BT

TO J.B. HILTZ

REF YR TLX OF 20 MAR 89

RE 1424 BROMSEY, JOSEPH MARTIN

ENL 17 APR 15 ST. JOHN'S NFLD
DISCH 30 APR 16
D.O.B. NOT RECORDED PORT-AU-PORT, NFLD
MARRIED TO MRS JOSEPH BROMSEY
SERVED CANADA AND BRITAIN
EMB FOR BRITAIN 20 JUN 15
MIL HON - NIL
REL - ROMAN CATHOLIC
UNIT - ROYAL NEWFOUNDLAND REGIMENT (PTE)

G MCCOOEYE
FOR JH PAVELING
DIRECTOR PRC

*** RECEIVE TRAFFIC ***

B

301447 GHE814

31-3-89
88.



TLX

WORK SHEET - FEUILLE DE TRAVAIL

DVA address / Adresse MAAC DUASYD		Attention J. B. HILTZ		20 MAR 89
Service number / Numéro matricule 1424	Given name (s) / Prénom(s) JOSEPH MARTIN		Surname / Nom de famille BROMSEY	
Date and place of enlistment / Date et lieu de l'enrôlement 17 APR 15 ST. JOHN'S, NFLD				
Date of discharge / Date de libération 30 APR 16				
Date and place of birth / Date et lieu de naissance DATE NOT RECORDED PORT-AU-PORT, NFLD				
Marital status / Statut matrimonial MARRIED		If married, state name of spouse / Si marié(e), mentionnez le nom du conjoint MRS. JOSEPH BROMSEY		
Theatre (s) of service / Théâtre(s) de service CANADA AND BRITAIN				
Remarks / Remarques EMBARKED FOR BRITAIN 20 JUN 15 MIL. HON. : NIL RELIGION : ROMAN CATHOLIC UNIT : ROYAL NEW FOUND LAND REGIMENT (PTG)				
Date MAR 28 1989		Clerk's initials / Initiales du commis J.B.H.		

RCV11098

10:38 03/20/89

DVA SYDNEY MARCH 20, 1989

TO: NPRC PAC OTT

PLEASE PROVIDE RANK, RGT AND RGT NUMBER FOR VETERAN. INFORMATION
NECESSARY FOR LAST POST FUND FOR GRAVE MARKER.

RGT? ~~BROMSEY, JOSEPH~~ WW ONE

GM

J.B. HILTZ
CHIEF, SUPPORT SERVICES
VETERANS AFFAIRS CANADA
SYDNEY DISTRICT OFFICE

TO: NPRC PAC OTT

PLEASE PROVIDE RANK, RGT AND RGT NUMBER FOR VETERAN. INFORMATION
NECESSARY FOR LAST POST FUND FOR GRAVE MARKER.

RGT? BROMSEY, JOSEPH WW ONE ROYAL NEWFOUNDLAND

J.B. HILTZ
CHIEF, SUPPORT SERVICES
VETERANS AFFAIRS CANADA
SYDNEY DISTRICT OFFICE

DVA SYD

COPY

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

MEDICAL HISTORY

Surname Bromsey OF Christian Name Joseph Martin.

Table I.—GENERAL TABLE.

Birthplace:—Parish Newfoundland County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on 16	day of April	on	day of
	at St. John's.	1915.		191
Declared age	31	years		days
Trade or occupation	Fireman.			
Height	5	feet		inches
		$4\frac{1}{2}$		inches
Weight		128		lbs.
		36		inches
Chest Girth when fully expanded ..		3		inches
Measurement } Range of expansion ..				
Physical development	Right	Left	Right	Left
Vaccination marks } Arm	Never			
Number				
When vaccinated	Never			
Vision	R.E.—V.= 6/c	L.E.—V.=	R.E.—V.=	L.E.—V.=
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	(a)	(a)
(b) Slight defects but not sufficient to cause rejection	(b)	(b)	(b)	(b)
Approved by (Signature)	Fred W. Burden.			
(Rank)	Lieut.			
	Medical Officer.		Medical Officer.	
Enlisted	at St. John's.		at	
	on 16	day of April	on	day of
		1915.		191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	Nfld Regt.	1424.		
Transferred to.. .. .				
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing syphilis, admission of to
	Day	Month	Year	Day	Month	Year			
Armstrong Hospital				25	11	15	Rheumatism		

List in the case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of
discharges and re-admissions to hospital will be shown. The subsequent progress, including particulars
of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet

Signature of Medical Officer

Still residual pains after his return.

A.J.Campbell, Lt.R.A.M.C.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examination for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
May 25.	First Inoculation 500 Million
June 7.	Second " 1000 "
March 15th./16.	Chronic Rheumatism Unfit for foreign service
	<p style="text-align: center;">W. J. Murray, Capt. R.A.M.C.</p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
St. John's., Nfld.					



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

~~Henry~~ Joseph Bromsley

Regiment from which discharged

1st. Newfoundland

Regimental number

1424.

Intended address

Main Riv. St. Georges.

Height on discharge 5 Feet 5

Color of hair on discharge Black.

Complexion Fair.

Color of eyes Grey

Figure on discharge Medium

Christian name of Father William

Christian name of Mother Dead.

Wife's maiden name in full Adeline

Date and place of marriage 18 Aug. 1908. St. Georges.

Christian names of children William, John, Archibald, Joseph.

Place and date of soldier's birth. Port au Port 2 Aug. 1884.

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)

Joseph ~~Henry~~ Bromsley

(Rank)

Pte

Station

St. John's

Date

Jan 23/17

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.

D. W. Burden Lieut

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

Station

St. John's

Date

Jan 23/17

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station **ST. JOHN'S NFLD.** Date **DECEMBER 28th., 1917**
 No. **1424** Age **33** Height **5'5"**
 Rank **PRIVATE** Complexion **FAIR**
 Name **BROMSEY, JOSEPH** Eyes **GREY** Hair **BLACK**
 Unit **1ST NEWFOUNDLAND**
 Address **MAIN RIVER, ST. GEORGES** Former Trade **FISHERMAN**
 Enlisted at **ST. JOHN'S NFLD.** on **APRIL 1915**

Disease or disability **RHEUMATISM**

Present condition

*Working 4 months at R.N.C. at \$50 a month
 & Lt. "Cohen" for 17 days at \$40 a month
 has done anything since July 1914
 this applied to the wrong man
 joints not swollen, no pain, feels well. Pulse 84
 heart normal*

Estimated disability

40%

Recommendation of Medical Board

Discharge from R.N.C.

Class

Members of Board *H. J. ...
 ...
 ...*



Approving Medical Officer.

Clay Macpherson Major



Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

P. J. Jones M.C.
Jans 3/17

- | | |
|----------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>33.</i> |
| 2. Regimental No. <i>1424.</i> | 6. Enlisted on <i>April 1915</i> |
| 3. Rank. <i>Pte</i> | at <i>P. J. Jones M.C.</i> |
| 4. Name. <i>Joseph Bromley</i> | 7. Former trade or occupation <i>Soldier</i> |
| 8. Disability | |

Rheumatism

9. History

*Age Scotland, about September 1915
has never been to the front. Was in Hospital
about 6 weeks.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Much swelling right wrist with pain at all times. Swelling in foot.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Yes

Signature

W. Burden

Rank or Qualification

Lieut

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x may be considered as aggravated by—
due to
- (a) ~~Service during this war.~~
 - (b) ~~Climate.~~
 - (c) Ordinary Military Service

Remarks if any:— *Right grip swollen very tender cannot be used
right and also swollen & tender. Heart normal. Teeth &
throat normal.*

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:—

Total for 4 months

15. The refusal of operation
sanatorium is:—

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:—

16. We recommend discharge from
retention in the Army Discharged

Remarks if any:— Is he fit for re-enlistment? no

Signatures.

A. J. Fran President
J. W.
St.
pro Major Paterson

Place

Date

S. J.
Jan 25th 1917

APPROVED

Station

Date

Clay ...
Administrative Medical Officer. *Major*

COPY



STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and

No. 1424

All communications should be addressed to
the Secretary, MAJOR CLUNY MACPHERSON,
St. John's, Newfoundland.

St. John's, Newfoundland
July 19th., 1917.

Dr. Donald J. Bethune,
St. Georges.

Sir:-

The Pensions & Disabilities Board requiring a
report on the Pensioner named in the margin kindly notify
him to appear before you during the week of July 22nd-29th.
A form of examination for you to fill out is enclosed herewith

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

If another Doctor is in St. Georges, or likely
to be there during the week, it will be preferable that you
should both examine the Pensioner at the same time, and
both sign report.

The fee laid down by the Pensions & Disabilities
Board for such examination is One dollar (\$1.00) for each
Doctor for each Pensioner examined.

I have the honour to be

Sir

Your obedient servant,

(SGD) CLUNY MACPHERSON,

Major-Secretary.

1424 Private
Joseph Bromsey

ST. GEORGES

To the Medical Board, or Medical Examiner.

The Pensions and Disabilities Board requires a report on the present condition of

1424 PRIVATE JOSEPH BROMSEY

The object is to enable the Board to decide the degree of pension, if any, to be awarded for the next ensuing year. To this end clear and decisive answers to the questions in the accompanying report should be filled in by the Board, as it is essential that the Pensions and Disabilities Board should be in possession of the most reliable information to enable them to decide on the man's claim to Pension.

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

On page 4 of this sheet will be found the scale of Pensions as proposed for Newfoundland, by the Patriotic Association of Newfoundland.

The identity of the Pensioner should be established, to prevent personation. For that purpose a description of the pensioner and of the Disabling condition is given below. Should any items be omitted we should be glad if you will fill them in on the second copy and return to us.

Apparent age	33
Height	5'5"
Complexion	Fair
Colour of Eyes	Grey
Colour of Hair	Black
Mark of Identification	<u>RHEUMATISM</u>

Condition January 25th., 1917. Much swelling right wrist with pain at all times. Severe pain in foot.

Right wrist swollen, very tender, cannot be used. Right ankle also swollen and tender. Heart normal. Teeth and throat normal.

Two copies of a Report Form are enclosed in order that you may retain a copy in case of loss of the original in the mail. Please return your report direct to me by Registered Post.

You will please forward also, under the description of the pensioner's present condition, his signature. Please have him affix this to the copy also which you retain.

Sympathetic consideration for the pensioner is desired, but at the same time self-help is to be encouraged in every way possible. The purpose of the pension may be defeated by lowering the independence and self-respect of the pensioner.

I have the honour to be,

Sir,

Your obedient servant,

CLUNY MACPHERSON

Report of the Medical Board.

- (1) Are you satisfied that pensioner presenting for examination is the man named above. **Yes**
- (2) What employment does he follow? **Not able to work for last two weeks. Working about Saw Mill**
- (3) What have been his average weekly earnings the past year? **\$20. for whole year**
- (4) What are his present weekly earnings? **Some weeks cannot work**
- (5) Name and address of present employer, or if unemployed, of last employer. **Edward Bishop, Stephenville Crossing**
- (6) The present state of the disabling condition.
Right wrist swollen and tender. Glands above right elbow swollen and tender. Right knee swollen tender with crepitus. Finds it hard to walk with it. Right ankle not tender. Veins of right foot very prominent. Heart normal. Complains of pain over mitral valve but cannot find lesion. Throat and teeth normal.

- (7) Is the Disability permanent? **I think so**
- (8) Has it become better, or worse, during the past year? **Little not much**
- (9) Will it materially improve, or get worse? **Hard to say. Will get better for a time, then relapse**
- (10) To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?
 (Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.) 4/5

- (11) Is the pensioner married, or a widower, and if so, and he has children, give names and ages. (Pensioner's statement may be accepted). **Married**

WILLIE BROMSEY	9	YEARS
JOHN "	7	"
ARCHIBALD "	5	"
JOSEPH "	6	MONTHS

- (12) Are any others dependent on Pensioner? Give names and relationship.

NO OTHER BUT WIFE AND CHILDREN

(13) You will please have Pensioner show you his Discharge. What date does his Discharge bear? APRIL 30th., 1916

Signature of Pensioner (to be procured at examination).

HIS

(SSGD) JOSEPH x BROMSEY
MARK

Date. 28/7/17 D. J. BETHUNE

M. D.

Place. ST. GEORGES

M. D.

I RECOMMEND
THIS MAN'S
ADMISSION TO
CONVALESCENT
HOSPITAL WITH
TOTAL DISABILITY
WHILE THERE IF
AGREEABLE TO
PENSIONS BOARD.

Approved. CLUNY MACPHERSON, Major

Date. AUGUST 3rd., 1917.

(Sgd) C. M.

13.—Those who are entitled to be awarded pensions shall be divided into six classes, and each member of each class shall be awarded a pension in direct proportion to his partial or total-disability, as follows:—

Class 1.—Total disability, 100 per cent.

For example—Loss of both eyes.

Loss of both hands, or all fingers and thumbs.

Incurable tuberculosis.

Loss of both legs, at or above knee joint.

Insanity.

Permanent extreme leakage of valves of heart

Class 2.—Disability 80 per cent and less than 100 per cent.

Pension 80 per cent of Class 1.

For example—Loss of one hand and one foot.

Loss of both feet.

Disarticulation of leg at hip.

Class 3.—Disability 60 per cent and less than 80 per cent.

Pension 60 per cent of Class 1.

For example—Loss of one hand.

Loss of leg at or above knee.

Loss of tongue.

Loss of nose.

Class 4.—Disability 40 per cent and less than 60 per cent.

Pension 40 per cent of Class 1.

For example—Loss of one eye.

Loss of one foot.

Total Deafness.

Loss of two thumbs.

Class 5.—Disability 20 per cent and less than 40 per cent.

Pension 20 per cent of Class 1.

For example—Loss of one thumb.

Anchylous of elbow, knee, shoulder, wrist or

ankle.

Class 6.—Disability under 20 per cent, a gratuity not exceeding \$100.

For example—Total deafness in one ear.

Partial deafness in both ears.

Loss of index or other finger.

2121 1424 Pte J Bromsey

1424

~~Platform~~

Mattie R

Main Review

May 9th 1917

C.R. 1424

J. R. Bennett Col Secretary

Why dont you send for
Joseph Bromsey there is
nothing wrong with him
and I should think he is
fit to go to war has well
has any one else he is here
in war with me he smashes
the dishes in the Children
face I should think he can
fight the Germans he said
that he was sick but there
nothing wrong with him
he only wants to be in
fight with others I have
four children and got
peace with him

yours truly

Adelaide Brumsey

he keeps me and the
children starved send for
him as long as he can
fight here he can fight
in war he said that he
fooled seven Doctors
the Doctors can be very wise
I am his wife and I am
telling the truth know
his for me he can work
has well has any man around
here he can carry stick of
wood on his back has big
has any man around here
can carry he can walk has
well has ever he did he may
hop when he is on St Johns
but he dont hop around here
with a load on his back
he want to be examined well
because he will be follen again

C.R. 1424

Extract from Roll of Officers, N.C.Os. and Men Discharged
from The Royal Newfoundland Regiment, Auth: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
1424	Pte.	Joseph Bromsey,	April 30th. 1916.	Med. Unfit.

✓

C.R. 1424

Extracts from The following Men Returning by Seadansvain
Mar. 31, 1916.

1424 Pte. Bromsey.

C.R. 1424

Extract from Nominal Roll Embarked U.S. John's Sea Overseas, per
S.S. "Calgarion" "P". June, 191916.

1424 Pte. Bromsey J.M.

C.R. 1424

Extract from list of men discharged from the Royal Newfoundland
Regiment on various dates.

#1424 Pte. Joseph Bromsey, discharged, Apr. 30th 1916

Medically unfit.

C.R. 1424

Jos. M. Bromsey was attested for General Service
with the NEWFOUNDLAND REGIMENT on **.April. 17th. 1915.**
Regimental No. **1424** was allotted to Pte **J.M. Bromsey**

AUTHORITY:

Record Officer

Dept. of Militia,

March 20th. 1919.

J. M. Bromsey.

1424

P. & P. O.

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

COPY SENT TO
Adjutant *W. P. Fairman*
Letter
Medic
No
MEDICAL HISTORY
Dated MAR 31 1916

55, VICTORIA ST.
LONDON, S.W.
MAR 29 1916

Surname *Bramsey* Christian Name *Joseph Martin*

Table 1.—GENERAL TABLE.

Birthplace:—Parish <i>Newfoundland</i> County		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <i>16</i> day of <i>April</i> 191 <i>5</i>	on	day of	191	
	at <i>St. Johns</i>	at			
Declared Age	<i>31</i> years	days	years	days	
Trade or Occupation	<i>Fireman</i>				
Height	<i>5</i> feet <i>7 1/2</i> inches	feet	inches		
Weight	<i>125</i> lbs.		lbs.		
Chest Measurement	Girth when fully expanded... <i>36 1/2</i> inches		inches		
	Range of expansion... <i>3 1/2</i> inches		inches		
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm Number				
When Vaccinated	<i>None</i>				
Vision	R. E.—V= <i>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)	<i>Fred W. Byden</i>				
(Rank)	<i>Lieut.</i>				
	Medical Officer.				Medical Officer.
Enlisted	at <i>St. Johns</i>	at			
	on <i>16</i> day of <i>April</i> 191 <i>5</i>	on	day of	191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.	
	<i>Newfoundland Regt. 142nd</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 readmissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Reserve Hospital</i>				<i>25</i>	<i>11</i>	<i>15</i>	<i>Rheumatism</i>		<i>Still recidivous after his return.</i>	<i>A. H. C. R. R. C.</i>

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
May 25	First inoculation inoculation 500 million
June 7	Recont 4 1000 9
15 March 16	Chronic Rheumatism unfit for foreign service. Informing Capt. R. M. C.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. Johns Rifle					

67

123

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2^d Newfoundland Regt*
 No. *1424* Rank *Pirate* Name *Bramsey Jm.*
 Died (a) at on the of 191 .
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Chas. H. Aye Cpt. { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.		
	Balance Dr. last month				Balance Cr. last month			18 8		
	Cash issues (Date of each issue to be stated) £ s. d.				Pay 13 days at <i>10^d</i> from <i>19/3</i> to <i>30/3</i>	2	13	5		
	191				Proficiency, Service or good conduct pay days at from to					
	<i>March 3/16</i>	2	10	5	<i>Field</i> Messing allowance 13 days at <i>10^d</i> from <i>19/3</i> to <i>30/3</i>			5 4		
	"									
		3	17	5	Clothing and kit allowance					
		2	10	8	Amount produced by the sale of Necessaries					
	<i>Attolment 13 days</i> Consolidated stoppage <i>4.50</i>	1	6	9	Personal Clothing and Effects from Form 2...					
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)					
					Deferred Pay or Gratuity					
	Balance due by the Paymaster	2	10	8	Balance due to the Paymaster					
		£	3	17	5		£	3	17	5

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *3 17 5* is correctly chargeable against the Public (b).

Dated at

this

day of

191 .

Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

67

PAY LIST.

to March 30. 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland
 No. 1472d Rank Private Name J. Bromsey
 Died embarked at Scandinavian on the 1st of April 1916
 Deserted at _____ on the _____ of _____ 1916

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....	.	.	.	Balance Cr. last month.....	.	.	.
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay			
191					days at from to			
"					Messing allowance days at			
"					from to			
	Hospital stoppage	1	9	7	Clothing and kit allowance			
	12 days @ 60d				Amount produced by the sale of Necessaries			
	Cash not charged	1			Personal Clothing and Effects from Form 2...			
	in error Oct 1915				Amount of Savings Bank balance, including			
	Consolidated stoppage.....				interest (if no balance, to be so stated)			
	Balance due by the Paymaster				Deferred Pay or Gratuity.....			
		£	7	9	Balance due to the Paymaster.....		7	9
						£	7	9

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(a)

Dated at
 this _____



191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

67

PAY LIST. to **30th March.** 191**6** **Voucher No.**

NON-EFFECTIVE ACCOUNT.

Regiment or corps **2/1st Newfoundland**
 No. **1474** Rank **Private** Name **J.M. Bromsey**
 Died (a) at on the of 191
 Deserted at **Embarked s.s. Scandinavian** on the **4th** of **April** 191**6**
 191

I Certify to the correctness of above in every particular.

 { **Commanding Squadron, Troop,
 Battery or Company.**

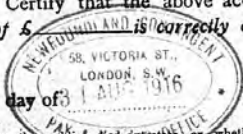
STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month.....				Balance Cr. last month.....				
	Cash issues (Date of each issue to be stated)				Pay days at from to				
	£ s. d. 191				Proficiency, Service or good conduct pay days at from to				
	"				Messing allowance days at from to				
	"				Clothing and kit allowance				
	Hospital Stoppage 12 da. @ 60¢ RM	1	9	7	Amount produced by the sale of Necessaries				
	Cash not charged in error	1	0	0	Personal Clothing and Effects from Form 2...				
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)				
	Balance due by the Paymaster				Deferred Pay or Gratuity.....				
		£	2	9	7	Balance due to the Paymaster.....	2	9	7
						£	2	9	7

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ **2 9 7** is correctly chargeable against the Public

Dated at this



191

 PAYMASTER & OFFICER **Paymaster:**

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 3090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

Bromsey, J. W.

1424

Gay Dept.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2^d Newfoundland Reg^t*
 No. *1424* Rank *Private* Name *Brumby Jm.*
 Died (a) at on the of 191 .
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Chas. H. Ays Cpt. { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.		
	Balance Dr. last month				Balance Cr. last month		18	8		
	Cash issues (Date of each issue to be stated)				Pay 13 days at <i>100</i> from <i>18/3</i> to <i>30/3</i>	2	13	5		
	£ s. d.				Proficiency, Service or good conduct pay					
	191				days at from to					
	<i>Hand 2/3</i>	2	10	8	<i>Field</i> Messing allowance 13 days at <i>100</i>					
	"				from <i>18/3</i> to <i>30/3</i>	5	4			
		2	10	8	Clothing and kit allowance					
	<i>allowance 13 days at</i> <i>Consolidated stoppage</i>	1	6	9	Amount produced by the sale of Necessaries					
					Personal Clothing and Effects from Form 2...					
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)					
					Deferred Pay or Gratuity					
	Balance due by the Paymaster	2	10	8	Balance due to the Paymaster					
		£	3	17	5		£	3	17	5

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public (b).

Dated at _____
 this _____ day of _____ 191 _____ Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

67

PAY LIST. to 30th March 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2/1st Newfoundland
 No. 1474 Rank Private Name J.M. Bromsey
 Died^(a) at on the of 191 .
 Embarked s.s. Scandinavian on the 4th of April 1916
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.		Cr.	£	s.	d.	
	Balance Dr. last month.....					Balance Cr. last month.....				
	Cash issues (Date of each issue to be stated)					Pay days at from to				
	£ s. d.					Proficiency, Service or good conduct pay				
	191					days at from to				
	"					Messing allowance days at				
	"					from to				
	Hospital Stoppage 12					Clothing and kit allowance				
	da. @ 60¢ RM	1	9	7		Amount produced by the sale of Necessaries				
	Cash not charged in error	1	0	0		Personal Clothing and Effects from Form 2...				
	Consolidated stoppage					Amount of Savings Bank balance, including interest (if no balance, to be so stated)				
						Deferred Pay or Gratuity.....				
	Balance due by the Paymaster					Balance due to the Paymaster.....	2	9	7	
		£	2	9	7		£	2	9	7

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ is correctly chargeable against the Public^(a) CONTINGENT.

Dated at this day of



191 .

J.M. Marshall 2nd Lt. for PAYMASTER & OFFICE Paymaster

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.F. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.



1ST NEWFOUNDLAND REGIMENT

P. O. BOX No. 1242

TELEPHONE No. 361

PAY DEPARTMENT

CABLES AND TELEGRAMS TO

"PAYDEPT."

ST. JOHN'S, NEWFOUNDLAND

ST. JOHN'S, NEWFOUNDLAND,

ALL COMMUNICATIONS TO BE
ADDRESSED TO THE
PAYMASTER

.....191.....

Account of Pte. J.M. Bromsey Regtl No. 1424.

From March 31st. to April 30th. 1916

Pay 30 days at 1.10	33.00	
Subsistence Allowance at 50	<u>15.00</u>	<u>48.00</u>
 Payments		
April 19th.	15.00.	
Balance due at April 30th. 1916	<u>33.00</u>	<u>48.00</u>

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservation of the claims noted on the 3rd page.

Place St John's Road J. P. Ramsey (Signature of Soldier)

Date April 30th / 17 Eileen Walsh (Signature of witness)



DEPARTMENT OF MILITIA,

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

December 29th., 1917.

From:- The Director of Medical Services.

To:- The Paymaster & Officer i/c Records.

1424 Pte. J. Bromsey

The marginally noted man has been recommended for discharge from the Naval & Military Convalescent Hospital, and has been ordered to report to you Monday, December 31st., at 10 a. m. for further instructions.

W. H. H. 1/31
OK

Cluny Macpherson

Major, D. M. S.

Despatching
Office
Stamp

ADAMS
WEST
18
NEW
RECEIVED

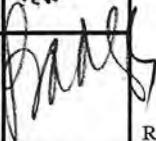
No. 379

From West of Hill

Registered Letter Addressed--

Mr. J. H. Adams
Hill Street
New York

Arrival
Office
Stamp



Received by _____



Nov. 23rd., 1917.

Director Medical Services,
City.

Re. 1424 J. Bromacy

Dear Sir.-

I am just in receipt of the communication from Bishop Power, in which he states, that this man is leaving St. Georges on Sunday to enter the Convalescent Home. Kindly make the necessary arrangements for him.

Yours faithfully,

Secretary.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Bromsey, Regl. No. 1424
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
50 Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	wife	Mr Joseph Mary Rice	St. John's	50
3		Bromsey	St. John's	
9				
0				
Comment June 2				
Total Allotment, \$				

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

(Sig.) _____

Officer Commanding
Company

(Sig.) Joseph Bromsey

(Rank) Private

1915

Witnessed John T. [Signature]

July 20th. 1917.

Mr. Joseph Bromsey.

St. Georges.

Dear Sir:-

I have been instructed to inform you to hold yourself in readiness for re-examination by Dr. Donald J. Bethune, between the dates of July 22nd. and 29th.

Dr. Bethune will notify you when to appear.

Yours truly,

Secretary.

HML/JH.

Nardinis
April 5th - 1916.

J. M. Howley Esq.
Secty. 1st Reg
St. Johns. 1424

Dear Mr. Howley,

I ~~didnt~~ am writing
to inform you that I have
not yet received my pension
to which you said I was
entitled when in St. Johns.

I was getting \$8.00 a month
all the time up to last month
from the patriotic association
but since month before last
I havnt received even that.

Hoping to hear from
you soon on this matter as it
is hard for me to get along with
a family crippled as I am
Pte Joseph Brumsey.



1ST NEWFOUNDLAND REGIMENT

IDENTITY CERTIFICATE.

This is to Certify that

(Name*) *Mrs. Joseph Bromsey*
 (Address) *Main River "Gardens St. George's Bay"*
 (Relation or otherwise) *Wife* is the person nominated
 by *Joseph Bromsey* Rank *Private* Regl. No. *1424*
 to draw Allotment Pay, as authorized on Form K, No. *1480*, dated *June 12th 1915*
 Date Allotment commences *June 12th 1915*

(Sig.)

Dated at _____ 1915 _____
 _____ Officer Commanding _____ Company

NOTE.—Allotments will be payable at the Regimental Pay Department Office, on and after the 7th day of the month following that for which Pay is due. On Week Days from 11 a.m. to 1 p.m. and 2.30 to 4 p.m.; Saturdays, 11 a.m. to 1 p.m. Payments can only be made on production of this Certificate.

Specimen Signature

(*)

Witness to }
 Signature }
 of Allottee }

Allottee

PAYMENTS

Date Paid	Amount	Payee's Signature	Date Paid	Amount	Payee's Signature
JUL 6 1915	9 50	<i>Adlid Bromsey</i>	Mar 1	14 50	<i>Mrs J. Bromsey</i>
Aug 10	15 50	<i>Adlid Bromsey</i>	Apr 7	15 50	<i>Mrs J. Bromsey</i>
Sept 8	15 50	<i>A Langlois</i>			
OCT 5 1915	15	<i>Adlid Bromsey</i>			
NOV 1 1915	15 50	<i>Adlaide Bromsey</i>			
DEC 6 1915	15	<i>Adlaide Bromsey</i>			
Jan 7	15 50	<i>Adlaide Bromsey</i>			
Feb 7	15 50	<i>Adlaide Bromsey</i>			

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[533] W18971/604 400m 2/19-1 52 5/5

Forms
B. 121.
29.

Regiment of

1st Newfoundland

Number of Sheet *1*

Signature of O. C. Company

Sen orris ch.

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	Age on <i>30</i> years <i>8</i> months	<i>Fisherman</i>	
Joined <i>Date</i>	Place and Date of Enlistment <i>St John's April 17 18</i>	Religion	
Joined <i>Date</i>		<i>Roman Catholic</i>	
Joined <i>Date</i>	Period of { with Colours <i>353</i> years } { with Reserve <i>days</i> years }	Place of Birth	
Joined <i>Date</i>		<i>Post-au-Post</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hobs</i>	<i>16.8.15</i>	<i>Pta</i>	<i>1</i>	<i>1) Drunk & disorderly in camp 2) Inedience to am N.C.O.</i>	<i>L.C. Mahony</i>	<i>48 hrs F.P. no 2</i>	<i>17.8.15</i>	<i>Capt. Cynn.</i>	
<i>Hutton on Apr</i>	<i>29/2/16</i>			<i>3) Assaulting a comrade thrust from Tatten until 10.30</i>	<i>P.McDonald & P.M. Snp Jackson</i>	<i>4 days C.P.</i>	<i>1/3/16</i>	<i>Sen orris ch.</i>	<i>Sen</i>
				<i>Medically Unfit Hutton on Apr Scotland 4</i>			<i>4</i>		

To be carried over

COPY SENT TO
Saj + Dep

No. _____
Date *APR 5 - 1916*

Army Form B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (6&8) W/611/2121 1000m 6/15s 93 56

Forms
B. 121.
32.

Number of Sheet 1

Regiment of 1st Newfoundland

Signature of O. C. Company S.C.Norris, 2/Lt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	Bromsey, Joseph Martin.	Age on	30 years 8 months	Fisherman			
Joined	Date	Place and Date of Enlistment	St. John's 17/4/15	Religion	Roman Catholic.		
Joined	Date	Period of	{ with Colours	Place of Birth			
Joined	Date		{ with Reserve	Port-au-Port			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Stobs	16/8/15	Pte.	/	1. <u>Drunk & disorderly in camp.</u> 2. <u>Insolence to an N.C.O.</u> 3. <u>Assaulting a comrade</u>	L/C. Mahoney " " P. McDonald & S. Pike	48 hrs. F.P. No. 217/8/15		Capt. Ayre	
Newton-on-Ayr	29/2/16	"		Absent from tattoo until 10.30	Cpl. Jackson	4 days C.B.	1/3/16	S.C. Norris, 2/Lt.	S.C.N.



Army Form B. 121.