



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5422 Name Elmer B. Brown Corps Medic

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

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>Elmer B. Brown</u>        |
| 2. What is your full Address? .....  | 2. <u>Bay St. St. John's</u>    |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                   |
| 4. What is your age? .....   | 4. <u>22</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Storekeeper</u>           |
| 6. Are you Married? .....  | 6. <u>No</u>                    |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? }                                 | 7. <u>No</u>                    |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                   |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....   |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you-if you are accepted? ..... | 11. <u>Yes</u>                  |

I, Elmer B. Brown 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.

Elmer B. Brown SIGNATURE OF RECRUIT.  
W. H. Jones Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. John's on this 24 day of May 1915

Signature of Attesting Officer W. H. Jones

### †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 compiled with. I accordingly approve, and appoint him to the .....

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

Date ..... 1915 }  
Place ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name: James R. Brown  
 Apparent age 22 years 0 months. Height 5 feet 3/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Brown  
Romanita | Relationship father  
 Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

# DESCRIPTIVE REPORT ON ENLISTMENT

5422

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

Name: Elias B. Brown

Apparent age 22 years        months. Height 5 feet 5/2 inches

Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches

Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Brown  
Bonavista | Relationship ~~Bonavista~~  
John

Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards military engagement reckons from <u>24-5-18</u>									<u>Act Capt. 1-8-1919</u>
Joined at <u>St. John's</u> on <u>May 24-1918</u>									
<u>Discharged October 18-1919</u>									
<u>Embarked St. John's S.S. Colombia to Halifax N.S. 22-7-18.</u>									
<u>Reported at R.F.D. for duty 5-1-19.</u>									
<u>to No. 10 poundland for demobilization 5-9-19.</u>									
<u>Arrived No. 10 poundland 18-9-19.</u>									
<u>Demobilization St. John's 18-10-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>18-10-1919</u> (date of discharge)					1 years <u>148</u> days				
Pensions .....					[ " " ]				



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5422 Name Elias B. Brown Corps Medt.

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

- 1. What is your name? ..... 1. Elias B. Brown
- 2. What is your full Address? ..... 2. Bonavista
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 22 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Storekeeper
- 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, ....., 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.

24/6/18 Elias B. Brown ..... SIGNATURE OF RECRUIT.  
Pte. Power ..... Signature of Witness.

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

I, Elias B. Brown ..... 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 24 day of May 1918

Signature of Attesting Officer Officer Rich

### †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 ..... 1918 } Approving Officer.  
Place .....

† 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).....

*JB*



E. B. Brown

5422

Pt. R. P

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

## MEDICAL HISTORY

OF

Surname Brown Christian Name Elas B.

Table I.—GENERAL TABLE.

Birthplace:—Parish Manavista County Nes.

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	on <u>24<sup>th</sup></u> day of <u>May</u> 191 <u>8</u> .	on	day of	191
Examined	at <u>Sigoluis</u>	at		
Declared Age	<u>27</u> years	days	years	days
Trade or Occupation	<u>Stone Keeper</u>			
Height	<u>5</u> feet <u>5<sup>1</sup>/<sub>2</sub></u> inches		feet	inches
Weight	<u>130</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		inches	
	Range of Expansion... <u>4</u> inches		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		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>Lance Corporal</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Sigoluis</u>	at		
	on <u>24<sup>th</sup></u> day of <u>May</u> 191 <u>8</u> .	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nes.</u>	<u>1422</u>		
Transferred to	<u>Regiment.</u>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)			day of	191



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

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

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

1. Unit and Corps. *Royal New Fd.*
2. Regtl. No. *7722* 3. Rank.....
4. Name *Brown* *E.D.*  
(Surname) (Christian Names)
5. Age last birthday... *23*
6. Posted for duty on *May 24/18* at *St. Johns*  
in category (or grade).....
7. Former Trade or Occupation } *Storekeeper*
- 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) 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."*
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.



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 ? }

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.)*

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 ?

*Repatriation*

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

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

Station *H. D. Camp*  
 Date .....

*Capt. P. D. M.*  
 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

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

- (i) Service during the present war .. .. .
  - (ii) Previous active service.. .. .
  - (iii) Climate in pre-war service .. .. .
  - (iv) Ordinary military service before the war .. .. .
  - (v) Serious negligence or misconduct on the part of the soldier .. .. .
- Give details:

(a) Attributable to

(b) Aggravated by

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

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

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

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

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

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

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

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

Opinion of Military Member in case of disagreement.

OR

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

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

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

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

29. Does the soldier require :—

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

Signatures :—

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

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

Station ..... Officer in charge, Central Hospital.

Date .....

Only applicable in cases of Patients in Hospitals.

OR

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

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

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

Date .....

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

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

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

1. Unit and Corps. *Royal Newfld.*.....
2. Regtl. No. *5422*.....
3. Rank.....
4. Name *Brown*..... *E.B.*  
(Surname) (Christian Names)
5. Age last birthday *23*.....
6. Posted for duty on *Mar 24/18 at St. John's.*  
in category (or grade).....
7. Former Trade } *Storekeeper*  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.  
(b) Date of Discharge;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
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

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

### Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.



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? }

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.)

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 ?

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*

Station *H. D. Camp*

Date .....

*Capt. P. H. M. C.*  
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

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

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

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

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

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

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

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

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

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

Opinion of Military Member in case of disagreement.

OR

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

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

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

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

29. Does the soldier require:—

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

Signatures:—

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

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

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

OR

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

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

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

No. 216/53/P&A.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & Q. 1/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
/Bn' Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

5th January, 1919

Subject: 5422 Pte. E. B. Brown,

With reference to the following telegram (106 ) from the Hon. Minister of Militia, received

"Pay to 5422 Brown, £6.0.0.

Draft £6.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*F. H. Marshall*  
Chief Paymaster & Q. 1/c Records.

January 22<sup>nd</sup> 1919

Receipt hereunder.

Officer Commandg.        Batt'n  
Royal Newfoundland Regiment

Received the sum of \_\_\_\_\_  
\_\_\_\_\_ on account of  
\_\_\_\_\_ cable remittance from Newfoundland.

E. B. Brown  
No. 5422 Rank Private

*Witness F. Cornick*



No. 18505/2036

N.F.P./79.

From NEWFOUNDLAND CONTINGENT

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

To: *RC*  
Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.



*065-423*

16th November 1918

Nov. 18th 1918

Subject: 5422, Pte. E. B. Brown,

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

Pay to 5422 Brown £2:0:0

Draft £2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.  
*Chambers*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,  
Royal Newfoundland Regiment.

Received the sum of Two pounds on account of cable remittance from Newfoundland.

E. B. Brown  
No. 5422 Rank Pte.  
Witness A. L. Carter, Pte.

*W. P. ...*  
for Chief Paymaster & O. i/c Records.





FORM K

No. 6020



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Elias Bond Brown

Regl. No. 5422

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

Allotment begins July 15 18  

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4523	Mother	Mrs James (Arabella) Brown	Bonaville	60
Total Allotment, \$				60

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

(Sig.) Watson Lt

Officer Commanding  
C Company

(Sig.) Elias Bond Brown

(Rank) P6

SA Johns

June 26 1918



## MAP READING. STANDARD TESTS.

No. of  
Test.

### DESCRIPTION OF TEST.

1. Point out on a map the conventional signs of objects enumerated.
2. From a map to point out on the ground points and objects selected on the map, and *vice versa*.
3. Measure shortest distance from point A to B on a map according to scale.
4. Set a map without a compass (a) by the ground.  
(b) by the sun and stars.
5. Describe a point on a squared map by means of a map reference, and *vice versa*.
6. Measure on a map the distance from one point to another by road.
7. Set a map by compass.
8. Determine if a point A is visible from point B by studying contours, but without drawing a section.
9. Take a bearing with a protractor off a map.
10. Convert a magnetic bearing into true bearing, and *vice versa*.
11. Take a bearing with a compass and measure it on a map with protractor.

## SIGNAL TRAINING. STANDARD TESTS.

1. Accept a message including counting and filling in preamble.
2. Fill in Sent Column on message form.
3. Fill in Signal Register.
4. Fill in Received Column on message form.
5. Send and receive a verbal message on the telephone.
6. Call up with (a) flag, known and unknown station.  
(b) buzzer.  
(c) ringing 'phone.
7. Put through a call on a 4 plus 3 switch unit.
8. VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9. " " " caller. " " "
10. " " " writer. " " "
11. " " " answerer. " " "
12. " " " answer-reader. " " "
13. " " " sender. " " "
14. LUCAS LAMP. Set up and align.
15. " Replace cells.
16. " Connect up cells.
17. " Trace the electric circuit with a view to locating a fault.
18. " Change a bulb.
19. " Change nightshades.
20. " Test flexible cord.
21. TELESCOPE. Set up on stand and align.
22. " Focus on a blue flag unreadable to the unaided eye and read a message.
23. HELIOGRAPH. Set up and align with vane.
24. " Change to duplex and align.
25. " Regulate the beat.

## ELECTRICAL INSTRUMENTS TESTS.

### CELLS.

1. Render active.
2. Connect in series and parallel.
- TELEPHONE D. III.
3. Connect and insert cells and cell connections.
4. Test instrument.
5. Localise and remedy the following faults:—  
(a) Adjustment of buzzer.  
(b) Dirty key contact.  
(c) Dirty Fressel switch contact.  
(d) Receiver discs and washers.  
(e) Microphone capsule.
6. Connect up earth return, metallic return, and use of condenser terminal.

### FULLERPHONE.

7. Connect and insert cells and cell connections.
8. Test instrument.
9. Localise and remedy the following faults:—  
(a) Adjust No. 1 or (A) contact of armature.  
(b) Adjust No. 2 or (B) contact of armature.  
(c) Dirty contacts.

### VIBRATOR, R.A.

- \*10. Connect up hand set and cell connections.
- \*11. Test instrument.
- \*12. Localise and remedy the following faults:—  
(a) Adjustment of buzzer.  
(b) Dirty key contact.  
(c) Dirty Fressel switch contact.  
(d) Receiver disc and washers.  
(e) Microphone capsule.
13. Connect up earth and metallic return.

### MISCELLANEOUS.

14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.
15. 4 plus 3 Buzzer Unit. Connect up.

### LINEMAN'S DUTIES.

16. Identify lines by labels.
17. Draw and explain a simple circuit diagram.
18. Draw and explain a simple route diagram.
19. Make a reef knot, barrel hitch and clove hitch.
20. Joint and insulate (a) D. II. } Single or  
(b) D. III. } Twisted.  
(c) D. V. }  
(d) D. twin Mk. III.
21. Make simple joint in enamelled wire or single airline.
22. Lay cable (a) in open country.  
(b) in trenches.
23. Tap in on (a) metallic circuit,  
(b) earth circuit,  
and determine on which side the fault is.
24. Test with Q. and I. detector—  
(a) cells;  
(b) a circuit, for disconnection earth and contact;  
(c) In order to pick up wires in a rope.

\* R.A. only.

This space to be pasted in A.B. 64.

# SIGNALLER'S RECORD SHEET.

Rgtl. No. 5422 Rank Pte Name & Initial Brown E  
 Unit Royal Newfoundland Regt

## STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

*Qualified in all Standard Tests  
 G. Whittly Capt.*

## CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	100%	99%	98%	99%	%	
Reading ...	97%	100%	97%	100%	%	

\* R.A. Signallers only

Classified as 1st Class Signaller at Stagley Down Camp  
 Date 9/12/18 Signature of Classifying Officer G. Whittly Capt.  
 Reclassified as \_\_\_\_\_ Class Signaller at \_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Classifying Officer \_\_\_\_\_

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

C.R.

5422

Extract from Daily Orders Part II The Royal Newfoundland  
Regiment Depot St. John's, dated October 20th 1919.

The discharge of the undemoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
18-10-19.

5422, E. Brown.

C.R. 5422

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, dated 20/9/19. (Special).

Reported from Overseas and reported to Militia  
Department, 18/9/19.

5422, Cpl. C. Brown.

C.R. 5422

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, dated ~~29~~ 29/9/19. (Special).

The discharge of the undernoted on demobilization  
has been APPROVED by O.C. Discharge Depot from  
noted date 4/10/19.

5422, Cpl. E. Brown.

C.R. 5422

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, 29-9-19.

The discharge of the undernoted on depehilation has been  
APPROVED by Officer I-C Records 4210-19.

5422 Cpl. E. Browne.



C.R. 5422

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, 28-9-19.

The following man returned from Overseas and reported  
to Dept. of Militia 18-9/19.

5422 Cpl. C.Brown.

C.R. 5422

Extract from telegram received from Synoptical, London  
Sept. 6th, 1919.

The following embarked "Saturnia" Glasgow to Quebec  
Sept. 5th,

Cpl. 5422 Browne.

C.R. 5422

Extract from Casualties received from Pay And Record Office  
London, Jan.13, 1919.

The undermentioned from the 2nd Bn., reported at  
the P.&.R.O., on 3-1-19 for duty.

5422 Pte. E.B.Brown.

C.R. 5422

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

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

#5422 Pte. Elias Brown.

C.R. 5422

Extract from Daily Orders part 11, from Unit The Royal Nfld  
Regt. St. John's, dated May 27, 1918.

#5422 Pte. E.B. Bend.

Attested for General Service with the Royal Nfld. Regt.  
from 24.5.18

C.R. 5422

Extract of General Orders No. 115 received from the Pay & Record Office, London dated 28th August 1919.

The following promotion is made subject to the approval of the Minister of Militia.

5422 Pte. E. Brown

to be A/Cpl 1/8/19



Brown, E.B.

5422

Aug 1891.

Oct 18, 1919

#5422 Cpl. Elias B. Brown,  
Bona Vista.

Dear Sir:-

Please find enclosed Discharge Certificate #3865.

Yours truly

Paymaster. Major

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No. 5422

Name Brown E. B. Capt.

Address Bonaville

Present Medical Category A-1

Recommended for:— (a) Immediate discharge \_\_\_\_\_  
(b) Standing Medical Board \_\_\_\_\_

*J. H. Snowling*  
O.C. Discharge Depot.

*J. P. Adams*  
Senior Medical Officer

*B. W. L. ...*  
M.O. - Depot

Members of Board

*It is hereby certified that this soldier  
has been before a Travelling Medical  
Board and has been classified as  
E for Discharge on Demobilisation.  
Medical category A-1*

Date of T.M.B. 19-9-19

*J. H. Snowling*  
Captain  
Assistant Adjutant  
Discharge Depot - Newfoundland

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5422 Rank Capt. Name Brown E.B.  
 Date of Enlistment 24-5-18 Address Bona Vista District Bona Vista  
 Occupation Clerk Classification for Discharge E Medical Category A.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1.	1
B 178	W 3494	B 122	Board 1st.	" 2.	
B 178a	D 400A	B 1915	do 2nd.	" 3.	3
B 179	D 400B	Form L.	do 3rd.	" 4.	
B 179a	D 400C	Form K.	do 4th.	" 5.	
B 179b	B 103	ME 2.		" 6.	
B 179c	B 120	M 93.			

Date 20-9-19 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*E. B. Brown*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$600.00  
 (b) Clothing Supplied [Signature]

Date 20-9-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P 2547 to his home at Romania and Release Certificate No. 3850 issued.

Date 20-9-19

*J. H. Knowlton*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 15-10-19.

Date 20-9-19

*J. H. Knowlton*  
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACC

Discharge approved for 4-10-19

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	
B 178a	D 400A	B 1915	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4		from B
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 20-9-19

*J. H. Knowlton*  
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 20-9-19

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

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

Date .....





# Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full

*Elias Brown*

Regiment from which discharged

**Royal Newfoundland**

Regimental number

*5422*

Intended address

*Bonavista*

Height on discharge

*5* Feet

Color of hair on discharge

*Brown*

Complexion

*Fair*

Color of eyes

*Brown*

Descriptive Marks

Figure on discharge

*Reclining*

Christian name of Father

*James*

Christian name of Mother

*Arabella*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Bonavista 15-11-1896*

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)

*Elias Bond Brown*

*Capt.*  
(Rank)

Station

**ST. JOHN'S.**

Date

*20-9-19*

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



## 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.

*E. B. Brown*

Signature of Man.

Reg. No. *5422*

*J. A. Snowcraft*

Signature of the Vocational Officer or his Representative.

Place *A. Johns*

Date *20-9-19*

191

Oct. 24. 1919

Mr. Charles B. Brown,  
Benavista.

Dear Sir:-

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

Yours truly

Majest  
Paymaster.

18

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. 1918.

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

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

- Christian name, *Elias B. Brown*.....
- 3. Rank, *Corporal*..... 4. Regt. No. *5422*.....
- 5. Address in full to which future payments of gratuity are to be forwarded, *Bona Vista*.....
- 6. Date of enlistment in the Regiment, *May 24. 1918*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge, *Not applicable*.....
- 8. Relationship of such dependents, *Do*.....
- 9. Address in full of such dependents, *Do*.....
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....
- 11. Were you on active service only in Hfld., if so, give dates and particulars of such service, *Overseas*.....
- 12. Give total length of time which you served on active service, whether in Hfld. or Overseas, *Seven ten months*.....

1-2

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

*not applicable*

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

*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.

*no*

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

*no*

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

*no*

19. Are you now serving in the R.C.S.T.? If not give - (a) date of discharge

*Dec 4/19*

*no*

*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.

*England*

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

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



Signature of Applicant: *E. B. Brown*  
 Place of Residence: *Ronavisto*  
 Declared before me at: *St. John's, Nfld.*  
 This *25th* day of *Sept.* 191*9*.....

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

*John H. Cooney*  
*J. H. Cooney*

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

Bonaerista

Dec 26<sup>th</sup>/19

Lt. R. R. Crawford,  
Dept. of Militia,  
St. John's, N. F.

Dear Sir:-

In reply to yours of the  
16<sup>th</sup> Inst., may say, before signing a  
receipt, for any money, I would like  
to get a full statement of my  
account, from First of August, untill  
now, showing each payment, please,  
Yours Etc.

E. B. Brown (5422).



CLASS II CLERK.

5422, A/Cpl. R. Brown,

2-8-19

5-9-19

1 Serial No. 21, Repatriated Mfld. 5/9/19.

Subs.

----

Obs. B. Coy. 5/9/19

35 1.00 35 00

35 50 17 50

35 1.50 52 50

2 11

105 00

21 11 5

1-8- 19

3 13 11

~~15-8-19~~

Allotment

35 60 21 00 4 6 3

15-8- 19

Cash

3 10 0

22-8- 19

Cash

12 5 0

23 15 2 21 14 4

2 0 10

23 15 2 23 15 2

December 16, 1919

No 5422 Ex Cp. E. Brown,  
(Royal Newfoundland Regiment),  
BONAVIDA,  
E.B.

Dear Sir:

Enclosed herewith  
please find receipt for completion and return  
to this Office as soon as possible, as it is  
necessary to complete certain outstanding  
Books. The amount in question was received by  
you prior to embarkation leave, please.

Yours truly,

Lieut.  
For Paymaster.



## 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Elias Bond Brown, Regl. No 5422

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

Allotment begins July 15<sup>th</sup> 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4523	Mother	Mrs James (Arabella) Brown	Bonavesta	60
			Total Allotment, \$	60

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

(Sig.)

Officer Commanding  
E Company

June 25<sup>th</sup> 1918

(Sig.)

(Rank)

ST. JOHN'S, Sep 19<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Gen E Brown

Billeting Soldiers as undermentioned

from Sep 18<sup>th</sup> /19 to Oct 4<sup>th</sup> /19

E. B. Brown,

5422 Gen E Brown 16 60

ACCOUNT

CH. NO. 11404

INITIALS

B.B.M.  
C.B.A.

IND. LEDGER

INITIALS

PAY LEDGER

INITIALS

GEN. LEDGER

INITIALS

Certified correct for \$ 16. 60

J. H. Snow  
Billeting Officer.

LM-

May 25. 20

Cpl. E. Brown,  
Bonavista.

Dear Sir:

Enclosed please find cheque for \$10.16  
representing balance of Pay due you.

Yours truly,

Major  
Paymaster.

Enc.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10 <sup>16</sup>/<sub>100</sub>

May 28 1920

Received from the First Newfoundland Regiment  
the sum of ten 10 Dollars.  
on account of Pay.  
balance

Ch. No. 38103	Initials. <i>Liv</i>
Pay Ledger 356	Initials. <i>Rfle</i>
Gen. Ledger	Initials. <i>[Signature]</i>

Regtl. No. Rank

J. C. R.



No. 5422.

Rank

Cpl

Name

E Brown

Brown

2245 CR

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name... *E. B. Brown, (5422)*

Date... *Nov. 19/19*

Place... *Benavista*



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,



***Royal Nfld. Regt.***

***Dept. of Militia,***

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

---

Fold Here

OCT 15

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Elias B. Brown

in respect of his service as No. 5422 Rank Pte.

Name E.B. Brown Royal Nfld. Regt.

Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Nov 3<sup>rd</sup> 1921

Signature E. B. Brown

Date Nov 3<sup>rd</sup> 1921

Address Horwood, N.D.B.

# The Royal Newfoundland Regiment

D 5472

## DEMobilIZATION OF

Reg. No. 5422 Rank Capt. Name Brown E.B.  
 Date of Enlistment 24-5-18 Address Bonaville District Bonaville  
 Occupation Clerk Classification for Discharge F Medical Category A.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 20-9-19 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment.**

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

*E. B. Brown*

Particulars passed to Vocational Officer for information and action.

Date.....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #100.00

(b) Clothing Supplied. [Signature]

Date 20-9-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P 2547* to his home at *Ponamurthy* and Release Certificate No. *3830* issued.

Date *20-9-19* *J. H. Knowlton*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *19-10-19*

Date *20-9-19* *J. H. Knowlton*  
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCY.

Discharge approved for *4-10-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 208	B 121	N.F. Med.	D.F. 1	<i>1</i>
F 178	W 3494	B 122	Board 1st	" 2	<i>2</i>
B 178a	D 400A	B 1915	do 2nd	" 3	<i>four B</i>
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 *20-9-19* *J. H. Knowlton*  
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 *20-9-19* *J. H. Knowlton*  
O. C. Discharge Depot.

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

Date *Sept. 20 1919*



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5422 Rank Cpl Name Brown E.B.  
 Intended place of residence Donavista
2. Occupation Clerk.  
 Classification of soldier H Medical Category 7 I.
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 20-7-19

*J. H. Howley*  
 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. SUBJECT TO AGREEMENT CONCERNING PAY ACCT.

Place, ST. JOHN'S

Date 20-9-19

*E. B. Brown*  
 Signature of soldier

*J. H. Howley*  
 Signature of witness

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

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

Place, ST. JOHN'S

Date 20-9-19

*E. B. Brown*  
 Signature of soldier

*J. W. Chancy*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military  
 Discharged from service 4-10-19 Plus 14 days Service 513

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S 4-10-19Date 20-9-19

*J. H. Howley*  
 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 October 18/1919
- Date October 18/1919
- J. H. Howley*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*W. B. 2019/3865*

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