



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3967 Name Douglas E. Bryant Corps A of C

Questions to be put to the Recruit before Enlistment.

1. What is your name? Douglas E. Bryant
2. What is your full Address? } St. John's, Nfld.
3. Are you a British Subject? } Trinity Bay
4. What is your age? 3. yes
5. What is your Trade or Calling? 4. 19 Years 9 Months
6. Are you Married? 5. Fisherman
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 6. no
8. Are you willing to be vaccinated or re-vaccinated? 7. no
9. Are you willing to be enlisted for General Service? 8. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 9. yes
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? } 10. { Name
Corps A of C

I, Douglas E. Bryant 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.

Douglas E. Bryant SIGNATURE OF RECRUIT.

Burton Smith Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Douglas E. Bryant 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 on this 12 day of Oct 1915.

Signature of Attesting Officer [Signature]

†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 } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Douglas E. Bryant

Apparent age 19 years 9 months. Height 5' feet 7 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 Garrett Bryant
Skate Delight T. B. | 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 " [" "] " " "



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3967 Name Douglas E. Bryant ^{ps} C of C

3969

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------|
| 1. What is your name? | <u>Douglas E. Bryant</u> |
| 2. What is your full Address? | <u>1. Beards Dr. Capt</u> |
| 3. Are you a British Subject? | <u>Trinity Bay</u> |
| 4. What is your age? | <u>yes</u> |
| 5. What is your Trade or Calling? | <u>19 Years 7 Months</u> |
| 6. Are you Married? | <u>Fisherman</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | <u>no</u> |
| 9. Are you willing to be enlisted for General Service? | <u>yes</u> |
| 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. <u>yes</u> |

I, Douglas E. Bryant, 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.

Y 12-11-17 Douglas E. Bryant SIGNATURE OF RECRUIT.
Brandon, Summitt Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Douglas E. Bryant 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. Johns on this 12 day of Oct 1917

Signature of Attesting Officer W. W. [Signature]

†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.....191.....
 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).....

C.R. 3967

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt. St. John's, April 4th, 1919.

The discharge of the undernoted on demobilization has
been confirmed by officer i/c Recruits, 15-3-19.

3967 Pte. Douglas Bryant

C.R.I. 3967

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S DATED MARCH 21st/19.

The Discharge of the undernoted on Demobilization
has been APPROVED by O.C. Discharge Depot from noted date.

#3967 Pte. Douglas Bryant.

20/3/19.

C.R. 3967

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. St. John's, 21-2-19.

The undersigned returned from Overseas and reported to
Depot 7-2-19.

Repatriated on A.P. 2179.

3967 Pte. Bryant, Douglas.

C.R. 3967

Extract from Nominal Roll of the Royal Nfld. Regt.
Embarked S.S. Corsican, Jan. 30th, 1919.

3967
~~3976~~ Bryant.

C.R. 3967

Extract from Daily Orders Pt.LL. by Lt.Col. B.J.Barton, Officer
Commanding 2nd. Bat. R. Newfoundland R. dated 10-12-18

The following having reported back from the 1st. Batt. is taken
on the strength and posted to "H" Co. as from 4/12/18.

3967 Pte. D. Bryant.

C.R. 3967

Extract from Casualties received from Pay & Record Office
London, 19 Nov.1918.

3967Pts. D. Bryant.

Was discharged from Military Hospital, Bethnal Green, 29-11-18
and granted furlough to 8-12-18. Fit for 11, Command Depot
Proceeded to Winchester.

C.R. 3967

Nov. 6th, 18.

Mr. Garrett Bryant,
Heart's Delight, T.B.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3967 Private Douglas E. Bryant is now progressing favourably.

Your faithfully,
Lieut. Col.,

Chief Staff Officer.

C.R. 3967

Extract from War Office List. No. G. 1716 dated 16-10-18.

43967 Pte. D. Bryant.

WOUNDED 29-9-18.

Es.

C.R. 3967
Column No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address **Oct. 7th, 1918**

Line Number	Rcd	By	Sent	by	Check

Dated

Oct 7th, 1918

To

Garrett Bryant, Heart's Delight, N.S.

Regret to inform you that Record Office, London, officially reports **No. 3967, Private Douglas E. E. Bryant at Military Hospital Bethnal Green, London suffering from G.S.W. left leg**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3967

Extract from Casualties received from Pay & Record
Office, London, Oct. 5th, 1918.

Following at Military Hospital Bethnal Green. *E. S. W. Reg*

3067 Pte. Douglas Bryant.

C.R. 3967

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

3967 Pte. D. Bryant

25-5-18.

CP. 3967

NEWFOUNDLAND CONTINGENT.

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

5967 Pte. D.E. Bryant.

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

C.R. 3967

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

3967 BTE³ D. BRYANT.

C.R.

3967

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt., St. John's, Oct. 13th, 1917.

3967 Pte. D. Bryant.

Attested on Oct. 12th posted to G. Coy, with effect from
above date.

D. E. Bryant

C.R. 3967

RO

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 of health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

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

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

1. Unit and Corps. *Royal Newfoundland*. Former Trade }
or Occupation }
2. Regtl. No. *3967* 3. Rank. *Platoon* 7a. If the soldier claims previous service in Army, he should state—
4. Name *B. V. RANT*. (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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. *Sept 1918*
12. Place of origin of disability. *Belgium*
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.

T.T. wound of calf now healed.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service | <i>no</i> | |
| (iii.) Climate in pre-war service | <i>no</i> | |
| (iv.) Ordinary military service before the war | <i>no</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>no</i> | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.I.L.*

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.)

2 small scars in front and back external surface leg, no wasting of muscles, small area paraesthesia over perineus longus tendon
Complains of shooting down a outside foot.

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.*

Repatiation
Woods, m.o.
 ROYAL NEWFOUNDLAND REG.

Station *HAZELY DOWN CAMP*
 Date *8 JAN 1919*

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.

To:- Officer i/c Records,
Newfoundland Contingent,
58, VICTORIA STREET, S.W.



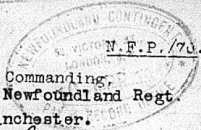
The undermentioned man will be discharged Hospital
on FRIDAY the 29th, INST, and sent to you for
disposal. Category "2"

3967 Pte. Bryant, D., 1st Btn Newfoundland Regt

Military Hospital,
Bethnal Green,
London, E, 2,
29th, November, 1918

R. A. M. O.
Major R.A.M.O.,
Registrar,
Military Hospital,
Bethnal Green

✓ C A 027559



No. 5176/387

NEWFOUNDLAND CONTINGENT

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

To:
Officer Commanding,
2/Bn Royal Newfoundland Regt.
Winchester.

~~Subject~~ 4th April 1918

Apr 8 1918

Subject: 3967, Pte. D. E. Bryant

Receipt hereof.
Chas. J. ...
LIEUT. COLONEL,
COMMANDING OFFICER, 2ND BATTN
1st Newfoundland Regiment

With reference to the following telegram (3099) from the Hon. Minister of Militia, received 4/4/18

Pay to 3967 Bryant £4:0:2

received the sum of Four
Pounds and Two Pence on account of
cable remittance from Newfoundland.

Draft £ 4:0:2 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Pte Douglas Bryant
No. 3967 Rank Pte

A. D. ...
Chief Paymaster & O. i/c Records.

No. 16727/5

NEWFOUNDLAND CONTINGENT

N.F.P./48.

To: Officer in Charge,

Pay & Record Office,
58, Victoria Street,
London, .S.W. 1,

Military Hospital,

17th October 1918

Bethnal Green.

With reference to request of (No.) 3967 (Rank) Pte
(Name) Douglas Bryant Cheque No. 8956 for
£ 1:0:0 is enclosed for payment to this Soldier as may
be deemed fit.

Kindly complete Receipt Form on back of cheque before
presenting at a Bank.

Received
Pte Douglas Bryant

A. A. [Signature]
Chief Paymaster & Officer i/c Records.

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE

Ref. Nos. IN 8662 ✓

Rec'd 9 OCT 1918

Check'd Ans'd

Ref. Nos. OUT

16364/1

EXACT BY

7-10-18

RECEIVED

RECEIVED

P.S.

3967 The Douglas Bryant

Bn Royal Ct. F. L. D. Regt

Justice Ward

Military Hospital

Bethnal Green

London E. 2.

Ths

Dear Sir

Will you kindly
send ~~me~~ 1 £ (one pound) to above
address which by doing so
you will oblige me.

Yours truly
The Douglas Bryant

9/11 to Paymaster

45

16364/1

8935 ✓

16727/5

17 OCT 1918

NEWFOUNDLAND CONTINGENT

N.F.P./45.

16727/5

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

Please remit to Pte Douglas Bryant
1st Bn Royal Newfoundland Regt.

the sum of one pound 0 shillings (& 1)

on account of any balance that may be due to me.

Handwritten signature

Regtl No. 3967 Rank Pte.

Name Douglas Bryant

Approved _____
Officer i/c.,

Dated at Bethel Green
16-10 1918

Military Hospital.

Handwritten notes:
O.K. 1-0-0
17/10/18 W.R.

CANADIAN PACIFIC-ALLAN LINES.

THE CANADIAN PACIFIC OCEAN SERVICES LTD.
Managers and Agents.

To be surrendered when embarking on

Steamship CANADIAN PACIFIC-ALLAN LINES Date 30/1/1919
No. 396 Rank Pt
Name W. Bryant
Res. Unit Royal Newfoundland Regt.
Sign here W. Bryant

This Card must be given up when going on board ship.

No. 3967 Rank Private Name Bryan D.

Pay	F.A.	Wkg	Total	N.Y.
100	10		110	
Less Allowment			50	
Net Rate			60	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	C	S	S	S
						From	To						
Balance					Balance		1/6/18						
Acquittance Rolls		7	19	0	Pay @ Net Rate	8 6/8	29 1/8	175	60	105	00	21	11 6
Hospital Advances		2	00	0	<i>R. Apr. 19/18</i>	29 1/8	8 1/8	10	2 1/2				1 0 10
A.B. 64.					<i>C. Bal 15 9 10</i>								1 0 10
P. & E.O. Payments		1	00	0									1 0 10
		9	19	0									1 0 10
<i>Cash. Receipt No. 10058</i>	<i>29/4/18</i>	<i>15</i>	<i>00</i>	<i>0</i>									

MR

C. 2—Casualties.

COLONIAL CONTINGENTS ONLY.

Army Form W. 3026A.

The Military

HOSPITAL, at

Bethnal Green E 2

Affiliated to

NOMINAL ROLL of Sick and Wounded from the * French Expeditionary Force

admitted on transferred from Hospital Ship 29. 11. 18. Southampton

* Here insert which Expeditionary Force.

or
Dover.

The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
 - (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.
- If a limb has been amputated the fact should be recorded.

NOTE.—These rolls should be forwarded direct to the War Office, Alexandra House, Kingsway, W.C., not later than the day after admission; envelopes to be marked C. 2, Casualties; rolls are not to be telegraphed in advance.

The duplicate of the rolls should be sent to the Officer in charge of Records of the Colonial Contingent concerned.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above).
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Sent to Newfoundland Records for Disposal
58, Victoria St. S.W. 1.
29. 11. 18.



3967. Mc. Bryant Douglas. 1st Newfoundland G. S. N. L. Coy C Co.

~~X~~

S. Harry Dennis
Col. Ramey

Off. Hqs.
Bethnal Green Military Hospital,
Cambridge Heath, N.E.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Douglas E Bryant, Regl. No. 3967

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and fifty 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.:

Allotment begins November 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3010	Wife	Ms. Janet (Ade) Bryant	St. John's	50
Total Allotment, £				50

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

Company

(Sig.)

(Rank)

1917

Byrant, Douglas

3967

Gay Sept.

April 2rd., 1919

#3967 Pte. Douglas Bryant,

Hearts Delight.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 1557."

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3967 Rank Pte Name Bryant Douglas
 Intended place of residence Heads Delight
2. Occupation Dishman
 Classification of soldier A Medical Category AI
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
 Date MAR 19 1919 *H. Miss Lint*
 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
19-3-19

Douglas Bryant
 Signature of soldier

Joseph A. Snowling
 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 and Date ST. JOHN'S
20-3-19

Douglas Bryant
 Signature of soldier

W. Keaton RQM
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 12-10-17..... No of days on Military
 Discharged from service 20-3-19. Plus 14 days..... Service 539

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
 Date MAR 20 1919

R. H. [Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld
 Date April 3/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

60
30
31
31
48
31
33
R-1

The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *19.3.19*

Regimental No. *3967*

Name *Bryant D*

Address *Starts Delight*

Present Medical Category..... *A1*

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

Members of Board {

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

Platton
Senior Medical Officer

Archie
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3967 Rank Plt Name Douglas Duggan
 Date of Enlistment 7-12-10-17 Address Head of St. John's District St. John's
 Occupation Fisherman Classification for Discharge 4 Medical Category #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 19-3-19 H. M. Lewis
 Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Douglas Duggan

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable: \$60.00
 (b) Clothing Supplied: [Signature]

Date 19-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 802* to his home at *H. Smith* and Release Certificate No. *1589* issued.

Date *19-2-19*

J.A. Crawford
Demobilisation 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 *3-4-19*

Date *19-3-19*

H. Mrs. H.
Depot Paymaster.

Discharge approved for *20-3-19*

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

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
F 178a	D 400A	B 1915		do 2nd	" 3	2
L 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 3 19*

A.D. Dickson
Demobilisation 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 *MAR 20 1919*

R.H. Sait
O. C. Discharge Depot.

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

Date

To be used only for Special Reserve Recruits, and for Special Reserve Recruits who have transferred into the Regular Army.

MEDICAL HISTORY

OF

 FN 13
 Surname Bryant

 Christian Name Duff


Table I.—GENERAL TABLE.

 Birthplace:—Parish Hearts Delight County St. John's

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12</u> day of <u>Oct</u> 191 <u>7</u>	on _____ day of _____ 191 <u>1</u>	at <u>Headquarter</u>	at _____
Declared Age	<u>19</u> years <u>9</u> days	_____ years _____ days		
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7</u> inches	_____ feet _____ inches		
Weight	<u>133 1/2</u> lbs.	_____ lbs.		
Chest Measurement {	Girth when fully expanded....	<u>36</u> inches	_____ inches	_____ inches
	Range of Expansion..	<u>4</u> inches	_____ inches	_____ inches
Physical Development....				
Vaccination Marks {	Arms	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated				
Vision	R.E.—V= <u>6/9</u> L.E.—V= <u>6/12</u>	R.E.—V= _____ L.E.—V= _____		
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to cause rejection	(b)	(b)		
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	at _____		
	on <u>12</u> day of <u>Oct</u> 191 <u>7</u>	on _____ day of _____ 191 <u>1</u>		
Joined on Enlistment....	Corps. _____	Regtl. No. _____	Corps. _____	Regtl. No. _____
Transferred to	<u>1st Lt. No 3967</u>			
	<u>Regt.</u>			
	ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on _____ day of _____ 191 <u>1</u>	on _____ day of _____ 191 <u>1</u>		
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Thomas Green Military Hospital Cambridge Road, B.	3	10	18	29	11	18	G. I. W. Leg. L.	57	No loss or diminishing in disability Noisy Fri	<i>P. P. P. P. P.</i> REGISTRAR.

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
Fishing

Douglas Bryant
Signature of Man.

Reg. No.

Signature of the Vocational Officer or his Representative.

Place

Date

191



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 *Douglas Bryant*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *3967*
 Intended address *Hearts Delight*
 Height on discharge *5 Feet 7*
 Color of hair on discharge *Brown*
 Complexion *Ruddy*
 Color of eyes *Brown*
 Descriptive Marks _____
 Figure on discharge *medium*
 Christian name of Father *Garnett*
 Christian name of Mother *Ada*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *Hearts Delight 1900*
 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

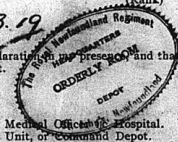
(Soldier's signature in full) *Douglas Bryant*

Station *St John's*

Date *18.3.19*

(Rank) *AFC*

I certify that the above named soldier signed the foregoing declaration in the presence of me, and that the above description and details are, to the best of my knowledge correct.



Station

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 Artillery Regt } Former Trade
or Occupation }
2. Regtl. No. 3467 3. Rank... Plt 7a. If the soldier claims previous service in Army, he should state—
4. Name Bryant (a) Former Regts. or Corps ;
(Surnames) (Christian Names) with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
Issued left leg
11. Date of origin of disability. Sept: '18
12. Place of origin of disability. Belgium
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. From wounds of Cely now healed

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. }

Yes
No
No
No
No

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? 2 small scars in front & back

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

external surface by no wasting muscles.
small area anaesthesia over parietal leg in tendons complains of shooting pain outside of foot

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.

Refractives

Proctor M.O.

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station

IMBLEY DOWN CAMP
8 JAN 1919

Date

* 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

Casualty Form - Active Service.

Regiment or Corps *27th Royal New Zealand Inf.*

Rank *Pte* Surname *Dryant* Christian Name *D. E.*

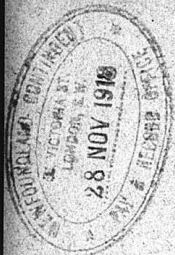
Religion *C of E* Age on Enlistment *19* years *9* months

Enlisted (a) *12. 10. 17* Terms of Service (a) *Duration* Service reckons from (a) *12. 10. 17*

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

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

Occupation *Tramman* *J. M. Curran* *Signature of Officer*



Date	From whom received	Report	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
				Embarked ...	<i>25-5-18</i>	
				Disembarked ...	<i>22-5-18</i>	
				Joined Battalion	<i>31-5-18</i>	
				Wounded in Action	<i>29-9-18</i>	
	<i>36 CCS</i>	<i>Wounded</i>			<i>30/9/18</i>	<i>807947</i>
	<i>13 Gen. Inf. Hd. Coy (Co)</i>	<i>Wounded</i>		<i>Boulogne</i>	<i>30/9/18</i>	<i>Hd 29698</i>
	<i>Cambridge</i>	<i>Transferred to England as</i>	<i>13 Gen. Inf.</i>		<i>3/10/18</i>	<i>H 3082</i>
		<i>Bowley</i>				
						<i>Tramman Pte</i>
						<i>O/Lie No 1 Infantry Section,</i>
						<i>3rd Echelon, G.H.Q. B.E.F.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Sholing-Smith, &c. W. 6626 11273 20-000 9/17 (35/11) C. F. & S. Ltd., Form B.103 5/1907. P.T.O.

Casualty Form - Active Service.

Regiment or Corps *27th Royal Newfoundland*

Rank *Pte* Surname *Bryant* Christian Name *D.E.*

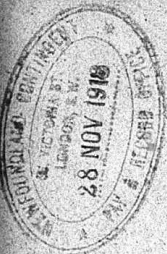
Religion *C of E* Age on Enlistment *19* years *9* months

Enlisted (a) *12. 10. 17* Terms of Service (a) *Duration* Service reckons from (a) *12. 10. 17*

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

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

Occupation *Fisherman* *J. M. Eucemon* *Staff Officer*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	<i>25-5-18</i>		
		Disembarked	<i>27-5-18</i>		
		<i>Joined Battalion</i>	<i>31-5-18</i>		
		<i>Wounded in Action</i>	<i>29-9-18</i>		
	<i>36ces</i>	<i>Wounded</i>		<i>807947</i>	
	<i>Blencop Rd. Gwibey (20)</i>	<i>Boleague</i>		<i>30/9/18</i>	<i>RA 20698</i>
	<i>St. Aubra</i>	<i>Transferred to England ex 13/10/18</i>		<i>3/10/18</i>	<i>W 3082</i>
		<i>Bowley</i>			<i>Thompson</i>
					<i>O/I No 1 Infantry Section,</i>
					<i>3rd Echelon, G.H.Q. B.E.F.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing Smith, &c.

April 5th., 1919

#3967 Pte. Douglas Bryant,

Hearts Delight, T.B.

Dear Sir:-

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

Yours truly,

Paymaster & V. i. c. ^{Captain.} records

14249

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question is not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Douglas* 2. Surname *Private*

3. Rank *Private* 4. Regtl. No. *3967*

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

6. Date of enlistment in the Regiment. *Sept 12 - 1917*

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

8. Relationship of such dependents. *Not applicable*

9. Address in full of such dependent. *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

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

12. Give total length of time which you served on active service, whether in Nfld or Overseas. *1 year 5 months*

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

No.

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

No.

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

No.

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

No.

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

Not applicable

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

No.

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

Not applicable

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

No.
Discharged 27th April 1919
Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

Ypres. Sept. 1918.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee.....

No.

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

Signature of Applicant: *W. Douglas Bryant*
 Place of Residence: *Warty Delight*
 Declared before me at: *St Johns field*
 This *20th* day of *March* 19*19*
[Signature] Barrister at Law,
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.
[Signature] Notary in

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.00</i>	<i>280.00</i>
.....
.....

Certified Correct. Paymaster.

Hearts- Delight
April 11/18

Mr. J. M. Howley
Capt & paymaster

Dear Sir: -

As I did not receive
my sons money (pte Douglas Bryant No 396)
this month like all the people around
here I thought it would be right to
notify you.

I remain

Yours Truly

Mrs Ada Bryant
Hearts Delight
S. R.

Check 9679
was mailed as
name to Mrs Ada Bryant
Bryant's home
Hearts Delight
S.R.

ST. JOHN'S, MAR 21 19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. D. Bryant

Billeting Soldiers as undermentioned

from Feb 8th /19 to Mar 17th /19

3967. Mr. D. Bryant \$ 39. 30

ADOPP T	10000
GR. IN	
IND. LEDGE	
PAY LEDGE	
GEN. LEDGE	

Certified correct for \$ 39. 30

J. A. Snow
A. J. Douglas Bryant Billing Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39

Number of Sheet First

Regiment of 1st Newfoundland.

Signature of O. C. Company W. H. J. J.

Regimental No. and Name	
No. <u>3967</u>	Name <u>Byford S. G.</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on <u>19</u> years <u>9</u> months	Trade <u>Fisherman</u>
Place and Date of Enlistment <u>St. Johns</u> <u>12-10-17</u>	Religion <u>C of E.</u>
Period of with Colours <u>123</u> years. with Reserve <u>365</u> years.	Place of Birth _____

Good Conduct Badges, Service pay or proficiency pay.

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
-------	-----------------	------	----------------------	---------	--------------------	--------------------	---	-----------------	---------

Demobilized St. Johns, 2 ⁴/₁₉

To be carried over.

Army Form B. 121

The Royal Newfoundland Regiment

D3967

DEMOBILIZATION OF

Reg. No. 3967 Rank Cpl. Name Douglas Buyant
 Date of Enlistment #12-10-17 Address St. John's District St. John's
 Occupation Postman Classification for Discharge 4 Medical Category #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
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 19-3-19 *H. Mearns* O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Douglas Buyant

Particulars passed to Vocational Officer for information and action.

Date 19-3-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
 (b) Clothing Supplied Yes

Date 19-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K 802* to his home at *19-3-19* and Release Certificate No. *158* issued

Date *19-3-19*
J. A. [Signature]
 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 *3-4-19*

Date *19-3-19*
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY AGENY
[Signature]
 Depot Paymaster.

Discharge approved for *20-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>1</i>
B 178a	D 400A	B 1915	do 2nd	" 3	<i>2</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 3 19*
[Signature]
 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 *MAR 20 1919*
[Signature]
 O. C. Discharge Depot.

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

Date *Mar 21 1919*
[Signature]

Reg. No. 3967 Rank PLC Name Major Bryant Douglas
Attested Address 91 East Belight
Allotment Allottee
Date of Allotment Returned from Overseas 2-19
Returned on S.S. Cause Discharge

19. 3. 19.
20. 3. 19.

**PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION**