



FIRST NEWFOUNDLAND REGIMENT 4129

ATTESTATION OF

No. 4129 Name Bert Ivany Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Bertram Ivany</u> |
| 2. What is your full Address? | 2. <u>St. John's, N.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Sigman</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 Corps <u>Infantry</u> |
| 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, Bertram Ivany 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.

1917-11-17

Bertram Ivany SIGNATURE OF RECRUIT,
R. Edwards Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bert Ivany 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 19 day of Nov 1917.
Signature of Attesting Officer W. J. [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 complied with. I accordingly approve, and appoint him to the 1st Bn.
If enlisted by special authority, such will be attached to the original attestation.
Date.....1917 }
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).....

Reg. No. 4179 Rank Pl Name Loamy R.
Attested 19-11-17 Address Choat Harbor T. Bay.
Allotment 504 Allotee Reuben Loamy Father
Date of Allotment Dec 1st-17 Returned from Overseas _____
Embarked for Overseas 11-12-17 Cause _____

Vac 31-11-17 Service 1st 6-12-17.
N.L. 25-11-17 to 2-12-17 R.P.T.A 3-12-17

Shoal Harbor

Oct ²⁴ 16, 1919

Department of Militia

C.R. 4129

Please send me

a war service Ribbon I
would like to have something
to show for my active service,

Bertram Young

Shoal Harbor

Trinity Bay

4129

C.R. 4129

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, July 23/19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer I/O Records from 18-7-19.

4129 Pte. Bertram Ivany.

C.R. 4129,

Extract from Daily Orders Part 11 Unit The Royal WFLD.

Re: St. John's, July 5th, 1919.

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

4129 Pte. B. Ivany.

C.R. 4129

Extract from Daily Orders Part II Depot, St. John's,

Date

June 18th 1919.

4129, Pte. B. Ivany.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R.

4129

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4129 Ste. B. Ivory,



4129

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

4129 Pte. B. Ivany.

C.R. 4129

Extract of Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Folkestone 2

4129 Pte. B. Ivany.

25-5-18.

C.R. 4129

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 49, - 120 Other Ranks from 2nd. Bn., Depot
Winchester, to 1st. Batta., The Royal Newfoundland Regiment, B.E.F. Embarked
Folkestone, 26/8/18.

4129 Pte. B. Ivany.

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

4129
C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Nov. 20th 1917.

4129 R. Ivany.

Attested for General Service with the 1st Wfld. Regt.,
and posted to G. Co., and assigned numbers as shown
with effect from Nov. 19th 1917.

B Ivory

C.R.

4129

~~KIPD~~

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*
2. Regtl. No. *41.2.9* 3. Rank. *plc*
4. Name *Ivan* *Bestman*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *Nov 14/17* at *St. John's*
 in category (or grade).....
7. Former Trade or Occupation } *German*
- 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.

nil.
nil.
nil.
nil.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

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

The complainant of no disability

16. Was an operation performed? If so, when and what was its nature?

na

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

na

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Reparation
Sgt B. P. Procune
H.A. Capt Rhone

Station *Hazley Down*

Date *30/11/19*

Medical Officer in charge of case.

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

Ivany, B^d

4129

Ray Sept.

July 19, 1919

#4129 Pte. Bertram Ivany,

Shoal Harbor, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3095.

Yours truly

Captain & Paymaster



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 *Bertram Young*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4129*

Intended address *Shoal Hs. I.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Slight*

Christian name of Father *Reuben*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Shoal Hs. Aug 17th 1898*

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) *Bertram Young*

Pte
(Rank)

Station *S + J Hrs*

Date *20-6-19*

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

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

Station

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4129 Rank Pte. Name J. Wany, B
 Intended place of residence Shoal Hr. J. B.
 2. Occupation Fireman
 Classification of soldier E Medical Category 7I

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 JUL 2 1919

H. M. W. H.
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, ST. JOHN'S

Date JUL -2 1919

B. J. Wany
Signature of soldier

J. H. Newcomb
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 JUL -2 1919

B. J. Wany
Signature of soldier

J. W. Chancey
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-11-17 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 607

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 JUL 4 1919

R. J. Sant Major
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

Date July 18/1919

M. Bowley Capt
Officer in Charge
The Royal Newfoundland Regiment

Q 2 N 20 79 / 3095

17
31
31
31
31
31
31
31
31
31

The Royal Newfoundland Regiment

Class for Demobilization: —

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No 4129

Name Ivan, Bertram Rank Pte

Address Shoal Hr. P. B.

Present Medical Category A7

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

Members of Board

R. H. East Major
O.C. Discharge Depot.

H. B. ...
Senior Medical Officer

S. W. ...
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 10129 Rank Plt Name James B
 Date of Enlistment 19 11 17 Address Shore St District Trinity
 Occupation Fireman Classification for Discharge 6 Medical Category A-I
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 20 6 59

O. C. Discharge Depot. J. News H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. B J. Gray

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 760.00

(b) Clothing Supplied Amoldouster

Date 21 7 - 19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2011 to his home at Shwal Nr and Release Certificate No. 3110 issued.

Date 2-7-19

J.A. Snow Capt.
Demobilization Officer

4. Pay and Allowances.

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

Date 2-7-19

98
H. Muns
Depot Paymaster.

Discharged approved for 4-7-19
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 |
| B 178a | D 400A | B 1915 | do 2nd. | " 3 |
| B 179 | D 400B | Form L. | do 3rd. | " 4 |
| B 179a | D 400C | Form K. | do 4th. | " 5 |
| B 179b | B 103 | ME 2. | | " 6 |
| B179c | B 120 | M 93. | | |

2 Form B

Date 2-7-19

J.A. Snow Capt.
O.C. Discharge Depot.

APPROVED.

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

Eligible for War Service Gratuity

Date JUL 4 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former occupation,

W. B. D. Wang
Signature of Man.

Reg. No. 4129

J. H. Snowlapp
Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

6161 2 - 7th - 2 1919

191

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

MEDICAL HISTORY

OF

Surname Evans

Christian Name Reubin

Table I.—GENERAL TABLE.

Birthplace:—Parish Shoal Harbor T. D. County Rye.

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|------------------------------|----------------------|---------------|------------------|
| | on | at | on | at |
| Examined | 19th day of Nov 1917 | St. Johns | day of | 191 |
| Declared Age | 19 years | 3 mo | years | days |
| Trade or Occupation | Zimmerman | | | |
| Height | 5 feet | 3 inches | feet | inches |
| Weight | | 133 lbs. | | lbs. |
| Chest Measurement | Girth when fully expanded... | | | |
| | Range of Expansion... | | | |
| | | 37 1/2 inches | | inches |
| | | 4 1/2 inches | | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | / | / | | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | 6/6 | R.E.—V= | |
| | L.E.—V= | 6/4 | 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>L. Amund Peterson</u> | | | |
| (Rank) | Major | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at | St. Johns | at | |
| | on | 19th day of Nov 1917 | on | day of 191 |
| | Corps. | | Corps. | Regtl. No. |
| Joined on Enlistment | | | | |
| Transferred to | | 1st Rye Regt 4129 | | |
| Became non-effective by | on | day of 191 | on | day of 191 |
| [Signature] | | | | |
| [Rank] | | | | |

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fireman*
 2. Regtl. No. *4/29* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Ivanj* *Bestram* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday. *21*
 6. Posted for duty on *Nov 14/17* at *St. Johns*
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
 11. Date of origin of disability. *nil*
 12. Place of origin of disability. *nil*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | } | } |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the } man's part. } | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *no complaints of no Disability*
(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? na.

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na.

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.

W. E. Proemier

John Rawe

Station *Kazley Down*

Medical Officer in charge of case.

Date *30/4/19*

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

Casualty Form - Active Service.

Regiment or Corps *H. Royal Newfoundland*
 Rank *Pte* Surname *Leamy* Christian Name *Bertram*
 Religion *Methodist* Age on Enlistment *9* years *3* months
 Enlisted (a) *19.11.17* Terms of Service (a) *Duration* Service reckons from (a) *19.11.17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 of Corps Trade and rate
 Occupation *Fireman* *P. M. G. ...* Signature of Officer



| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents. |
|--------|--------------------|--|-------------------|------------------|--|
| Date | From whom received | | | | |
| | | Embarked ... | <i>25-5-18</i> | | |
| | | Disembarked ... | <i>27-5-18</i> | | |
| | | Joined Battalion | <i>31-5-18</i> | | |
| | | <i>Arrived in UK</i> | | <i>9/4/19.</i> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Ans

(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. 2625 M2731, 20.000 9/17 (35611. C. P. & S., Ltd., Form B./103 8/1907. P.T.O.

July 24, 1919

#4129 Pte. Bertram Ivany,
Shoal Harbor, T.B.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of the war service gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name. *Bertram* 2. Surname. *Swamy*

3. Rank. *Private* 4. Regtl. No. *4129*

5. Address in full to which future payments of gratuity are to be forwarded. *Shoal Harbor*

6. Date of enlistment in the Regiment. *Nov-14-1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*

8. Relationship of such dependents. *Father*

9. Address in full of such dependents. *Shoal Harbor Trinity Bay*

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 Nfld. If so, give dates and particulars of such service. *overseas France Express from Oct-28th 1918 to Nov-1918*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *13 months in France*

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

once only

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?

Yes

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

no

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

no

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

no

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

19. Are you now serving in the Regt.?

no

If not give-- (a) Date of discharge

July 2nd

(b) Reason for discharge

Demobilization

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

Copy on Sept 28/1918 Passin Dale Ridge Oct 12/1918

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.

ST. JOHN'S, JUL 2 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To H. B. Trany

Billeting Soldiers as undermentioned

from June 1st /19 to June 26th /19

4129 - H. B. Trany 27 10

| | | | |
|-------------|------------|----------|-----------|
| ACCOUNT | <u>261</u> | INITIALS | <u>EW</u> |
| CH. NO. | | | |
| IND. LEDGER | | INITIAL | |
| PAY LEDGER | | INITIAL | |
| GEN. LEDGER | <u>10</u> | INITIAL | |

Certified correct for \$ 27

R.J

Billeting Officer.

H. B. Trany

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
29.

Number of Sheet 84

Regiment of 1st Newfoundland

Signature of O. C. Company [Signature]

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|-------------|------------------------------|--|----------------|---|
| No. | <u>4129</u> | Age on | <u>19</u> years <u>3</u> months | <u>Sailor</u> | |
| Joined <u>Loamy Bay.</u> | | Place and Date of Enlistment | <u>St. Johns</u> <u>19-11-17</u> | Religion | |
| Joined | Date | Period of | } with Colours <u>242</u> years. with Reserve <u>365</u> years. | Place of Birth | |
| Joined | Date | | | | |
| Joined | Date | | | | |

| 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 |
|-------|-----------------|------|----------------------|--|--------------------|--------------------|---|-----------------|---------|
| | | | | <u>Demobilized St. Johns, 18th 19</u> | | | | | |

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

D 479

Reg. No. *4129* Rank *Plt* Name *Ivany B*
 Date of Enlistment *19.11.17* Address *Shore St* District *Trinity*
 Occupation *Fireman* Classification for Discharge *6* Medical Category *A I*
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P136 | 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 *30.6.19* O. C. Discharge Depot. *News St*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

B Ivany

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 *Mildenhall St*

Date *2.7.19* O. C. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2011 to his home at Shival Hill and Release Certificate No. 3110 issued.

Date 2-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

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

Date 2-7-19

187-7-19
11111
Depot Paymaster.

Discharge approved for 4-7-19
Forwarded with following documents to O.C. Discharge Depot.

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. P36 | B 268 | B 121 | N.F. Med | D.F. 1 |
| B 178 | W 3494 | B 122 | Board 1st | " 2 |
| B 178a | D 400A | B 1915 | do 2nd | " 3 |
| B 179 | D 400B | Form L | do 3rd | " 4 |
| B 179a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | | " 6 |
| B179c | B 120 | M 93 | | |

1
2 From B

Date 2-7-19

J.A. Snowball
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents **Eligible for War Service Gratuity**

JUL 4 1919

Date

R.H. Lait MAJOR
O. C. Discharge Depot.

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

Date July 18/1919

Handwritten signature
Handwritten notes

Reg. No. *4129.* Rank *Pfc* Name *Frank B.*

Attested Address *Hoal. Ho.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Loisicaw* Cause *Discharge*

30619
4719

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.