



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *8590* Name *Bertram Mayo* *Com* *West*

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

- |  |                                  |
|--|----------------------------------|
| 1. What is your name? .....  | <i>Bertram Mayo</i>              |
| 2. What is your full Address? .....  | <i>Foots Cove<br/>Burton</i>     |
| 3. Are you a British Subject? .....  | <i>yes</i>                       |
| 4. What is your age? .....   | <i>19</i> Years, <i>7</i> Months |
| 5. What is your Trade or Calling? .....  | <i>Fisherman</i>                 |
| 6. Are you Married? .....  | <i>no</i>                        |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | <i>no</i>                        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | <i>yes</i>                       |
| 9. Are you willing to be enlisted for General Service? .....   | <i>yes</i>                       |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 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? ..... | <i>yes</i>                       |

I, *Bertram Mayo* 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.

*Bertram Mayo* SIGNATURE OF RECRUIT.  
*James Pittman* Signature of Witness.

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

I, *Bertram Mayo* 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 *2* day of *June* 191*5*.

*James Pittman* Signature of Attesting Officer *Edwards* *Reut.*

### †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.....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).....

# DESCRIPTIVE REPORT ON ENLISTMENT

2290

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

Name Bertram Mayo  
 Apparent age 19 years        months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
                           Range of expansion 4 inches  
 Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Mayo Foots Cove  
Marion P.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 <u>3-6-18</u>									
Joined at <u>Albion</u> on <u>June 3-1918</u>									
<u>Discharged August 8/1919</u>									
<u>100</u>									
<u>Embarked at <u>Albion</u> SS. <u>Columbelle</u> to <u>Salgar</u> <u>NS. 22 7/8</u></u>									
<u>Left for demobilization <u>24-6-19</u></u>									
<u>Arrived <u>Harford</u> <u>1-7-1919</u></u>									
<u>Demobilization <u>Albion</u> <u>8-8-1919</u></u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 [date of discharge] 1 years 67 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5590

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated August 19th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from noted date 8-8-19.

5590, Pte. B. Mayo.

C.R. 5590

Extract from Daily Orders Part II Unit The Royal WFLd.  
Regt. St. John's, July 15-1919.

The Discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 25-7-19.

5590 Pte. B.Mayo.

C.R. 5590

Extract from Daily Orders Part II Unit The Royal Field, Regt  
St. John's, July 31st 1919.

5590 Pts. B. Mayo.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed  
Glasgow 24th June, 1919.

C.R.

5590

Excerpt from Daily Orders part 11, from Unit The Royal  
Wald. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on U.K.S.  
"V. Columbella" July 22, 1918.

#5590 Pte. Bertram Mayo.

C.R. 5590

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Reg .St. John's, dated June 5th, 1918.

#5590 Pte. B. Mayo.

Attested for General Service with the Royal Wfld. Regt.  
from 1366118

R Mayo

C.R.

5590

~~1880~~



No 6086



✓

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bertram Mayo, Regl. No. 5590  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and 45 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 August 21/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4590	Father	Joseph Mayo.	Foot's Cove Burin.	50
Total Allotment, \$				50 <sup>00</sup>

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

(Sig.) H. A. James  
 Officer Commanding  
St. Johns Company  
July 25 1918

(Sig.) Bertram Mayo  
 (Rank) PLC

Moays, B

5590

Hay Dept.

August 8th 1919.

#5590, Pte. B. Mayo,  
Foot's Cove. Burin .

Dear Sir:

Enclosed please find Discharge Certificate  
# 3638.

Yours truly,

Capt. &  
Officer i/c records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5590 Rank Pte Name Mayo B.  
 Intended place of residence Boob's Cove  
 2. Occupation Disherman  
 Classification of soldier 2 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, ST. JOHN'S  
 Date JUL 11 1919  
 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 11 1919  
 Signature of soldier B Mayo  
 Signature of witness J H Howley Capt.

### 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 11 1919  
 Signature of soldier B Mayo  
 Signature of witness W J Cooney QMC

### STATEMENT OF SERVICE

7. Enlisted for service 3.6.18. No. of days on Military Service 432  
 Discharged from service JUL 25 1919 Plus 14 days

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S, 1919  
 Date JUL 25 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S  
 Date August 8/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

W B 5099 / 3638

28  
31  
8  
67

# 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 ..... *10.7.19* .....

Regimental No. *5590*:

Name ..... *Mayo, Bertram* .....

Address ..... *Foots Cove Basin* .....

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

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

Members of Board {

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

*P. Peterson*  
.....  
Senior Medical Officer

*W. Curdson*  
.....  
M. O. Depot

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5590 Rank: Plt Name: Major B  
 Date of Enlistment: 3-6-18 Address: Fort Belvoir District: Burgeo  
 Occupation: Postman Classification for Discharge: E1 Medical Category: A1  
 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: 10-7-19 O. C. Discharge Depot. # Mrs H

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am          in a position to resume civilian occupation.

B Major

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~~ Amel Houston

Date: 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2348.9891 to his home at Frodo Cove and Release Certificate No. 3443 issued.

Date 11-7-19

*J.A. Snowcroft*  
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 8-8-19

Date 11-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 25-7-19

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
B 179c	B 120	M 93		

*2 Form B*

Date 11-7-19

*J.A. Snowcroft*  
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 JUL 25 1919

*D.R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*Mayo B*

Signature of Man.

Reg. No. *3390*

*J. J. Snowcraft*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*11-7-15*

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

# MEDICAL HISTORY

Surname Mayo OF Christian Name Bertham

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	3rd	St. John's		
Declared Age	19	years		
Trade or Occupation	Fisherman			
Height	5	feet 8		
Weight	134			
Chest Measurement	34			
	4			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V= L.E.—V=	6/6 6/6	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)	L. J. Patterson			
(Rank)	Medical Officer.			
Enlisted	3rd	June 1918		
Joined on Enlistment	Royal Nfld.	5590		
Transferred to	Regiment			
Became non-effective by				
(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 Newfoundlands* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5590* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Mayo* } (a) Former Regts. or Corps ;  
 (Surname) } with Regtl. Nos.  
*Bertshaw* } (Christian Names)
5. Age last birthday. *20*
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."

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 ? } ✓

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

15. What is his present condition ?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*No complaints of no 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.

*Refutation!*

*W.E. Procter. Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Mazday Bazaar*

Date *2/4/17*

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



## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Mayo. Bertram*  
 Regiment from which discharged **Royal Newfoundland**  
 Regimental number *5590*  
 Intended address *Foot's Cove. Burnin*  
 Height on discharge *5* Feet *8*  
 Color of hair on discharge *Dark Brown.*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge *Medium*  
 Christian name of Father *Joseph*  
 Christian name of Mother *(Dead)*  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Burnin, Aug. 18. 1899*  
 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 Mayo* (Rank) *Rte*  
 Station **ST. JOHN'S.** Date *7-7-19*

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

August 16, 1919

Mr. Bertram Mayo,  
Foots's Cove,  
Burin.

Dear Sir:-

Referring 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,

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 & RECORDS OFFICE ST. JOHN'S.

Christian name..... *Bertram* 2. Surname..... *Mayo*

3. Rank..... *Pte.* 4. Regtl. No..... *5590*

5. Address in full to which future payments of gratuity are to be forwarded..... *Foot's Cove, Barr*

6. Date of enlistment in the Regiment..... *June 3/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas..... *From June 3/18 to July 11/19*

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

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

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

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

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

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

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?.....

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

19. Are you now serving in the R.A.F.?..... If not give:- (a) date of discharge..... (b) Reason for discharge.

..... *No.* *Temporary* *Reinstatement* .....

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.

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

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.



. 13 Mayo

-3-

Signature of Applicant:

Place of Residence:

Declared before me at:

This

11<sup>th</sup> day of

July

1919

*Francis Cove, Barin*  
*H. John, M.D.*

*John McCarthy*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Raymaster



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bertrams Mayo, Regt. No 5590

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 75 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 August, 2/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4590	Father	Joseph Mayo	Foot's Cove Burin	50
Total Allotment, \$				50 <sup>c</sup>

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.) H.A. James J.W.  
 Officer Commanding  
St. John's F. Company  
July 25 1918

(Sig.) Bertrams Mayo  
 (Rank) Plé

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company A. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<u>1290</u> <u>Major Anderson</u>	Age on	<u>19</u> years <u>11</u> months	<u>Soldier</u>				
Joined	Date	Place and Date of Enlistment	<u>St Johns</u> <u>3.6-18</u>	Religion				
Joined	Date			<u>Meth</u>				
Joined	Date	Period of	with Colours <u>167</u> years	Place of Birth				
Joined	Date		with Reserve <u>365</u> years	<u>St Johns</u>				

  

Place	Date of Offence	Rank	Class of Discharge or Release	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St Johns 8/19</u>					

To be carried over.

11190

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5390 Rank Plt. Name Wynne B.  
 Date of Enlistment 3-6-18 Address Footscroye District Barrington  
 Occupation Fisherman Classification for Discharge F Medical Category A1-  
 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 349A	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 10-7-19 O. C. Discharge Depot H. Mas. H.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

*B. Barjo*

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 \_\_\_\_\_

Date 11-7-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 423484891 to his home at Franks Cove and Release Certificate No. 3443 issued.

Date 11-7-19

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 8-8-19

Date 11-7-19

J.A. Snow  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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 11-7-19

J.A. Snow Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 25 1919

H.P. Cooper Capt  
O. C. Discharge Depot

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

Date Aug 7 1919

Reg. No. 5590 Rank Plk Name Mayo Bert

Attested ..... Address Forter Cove

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

Date of Allotment ..... Returned from Overseas Jul 1 1919

Returned on S S Lassandra Cause Discharge

10.7.19 PASSED TO DEMOBILIZATION OFFICER  
25.4.19 DISCHARGE APPROVED ON DEMOBILISATION.

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..... <i>1<sup>st</sup> B. Rifles</i> | 7. Former Trade or Occupation } <i>Fisherman</i>                     |
| 2. Regt. No. <i>1590</i> 3. Rank..... <i>Plt.</i>      | 7a. If the soldier claims previous service in Army, he should state— |
| 4. Name <i>Mayo</i> ..... <i>B.</i>                    | (a) Former Regts. or Corps; with Regt. Nos.                          |
| (Surname) (Christian Names)                            |  |
| 5. Age last birthday..... <i>20</i>                    |  |
| 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                     | (b) Date of Discharge;   |
| (c) on duty (d) off duty?                              | (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 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? }

*The complain of a disability*

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 ?

*Repatriation*

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

*W. E. Procunier - Capt. Rdmc*  
 Medical Officer in charge of case.

Station .. *A. Hazley, L. Brown*

Date .. *2/16/19* .. .. .

\* 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



Please quote above reference  
and date of this letter in  
your reply.



Department of  
Public Health and Welfare  
St. John's,  
Newfoundland.

**TO WHOM IT MAY CONCERN:**

This is to certify that number 5590  
Bertram Mayo, enlisted in the Royal Newfoundl  
land Regiment June 3rd, 1918, and was dis-  
charged on Demobilization on August 8th, 1919.

**August 5th, 1943.**