



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 1154 Name Bertrum Blackwood met

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Bertrum Blackwood</u>        |
| 2. What is your full Address? .....  | 2. <u>100 Ave B Bay</u>            |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>no</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                     |

I Bertrum Blackwood 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.

Bertrum Blackwood SIGNATURE OF RECRUIT.  
as witness Signature of Witness.

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

I Bertrum Blackwood 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 18 day of May 1916.

Signature of Attesting Officer C. D. Dicks Lieut

**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. 5154

Extract from Daily Orders Part II Royal Newfoundland Regiment.  
Depot St. John's dated Aug. 14th 1919

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date 5-8-19.

5154, Pte. B. Blackwood.

C.R. 5154

Extract from Daily Orders Part 11 Uniform The Royal Wfld.  
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 22-7-19

5154 Pte. B. Blackwood

C.R. 5154

Extract from Daily Orders part 11, from Unit The Royal  
M21d. Reg. St. John's, dated July 25, 1918.

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

#5154 Pte. Bertram Blackwood.

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated May 20th, 1918.

#5154 Pte. Bertram Blackwood.

Attested for General Service with the Royal Nfld. Regt.  
from 18.5.18.

*E Blackwood*

C.R.

5154

*L.H.C.*

**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 N. F. Co.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *116th* 3. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Blackwood* *Burham* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *21*
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;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (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? }

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.

*Retreated*

*W. E. Proemier*  
 Medical Officer in charge of case.

Station *Hoylake Liverpool*

Date *1-11-19*

\* 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



Blackwood, B

5154

Gay Sept.

August 5th 1919.

#5154, Pte.B.Blackwood,  
LoogCove B.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3407.

Yours truly,

Capt.E  
Officer i/o Records.

RS/.

August 11th 1919.

Mr. B. Blackwood,  
Brookfield, B. 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 war Ser-  
vice Gratuity.

Yours truly,

Capt. &  
Paymaster.

RS-.

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..... *Berr* ..... 2. Surname..... *Blackwood* .....
3. Rank..... *Rte* ..... 4. Regtl. No..... *5145* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Proctorfield B-B* .....
6. Date of enlistment in the Regiment..... *Nov. 18/18* .....
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..... *No* .....
9. Address in full of such dependents..... *No* .....
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* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months* .....
- ..... *1 1/2* .....

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?..... *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.

.....  
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 Regt.?..... *no* If not give:- (a) Date of discharge... *July 2/19* (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.....

..... *England* .....

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

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



(Witness) *John M. Carthy*

Signature of Applicant: - *Benn + Blackwood*

Place of Residence: *Brockfield, B.B.*

Declared before me at: *or John's*

This *7* day of *July* 19*19*.....

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

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



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 57154 Rank Pvt Name Blackwood B.

Intended place of residence Loe Cove

2. Occupation Fisherman

Classification of soldier E Medical Category A<sup>2</sup>

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 6161-8-700 .....

*J. M. St.*  
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 8 - 1919 .....

*B. Blackwood*  
Signature of soldier  
*J. P. Snowfoot*  
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 8 - 1919 .....

*B. Blackwood*  
Signature of soldier  
*James Sheehan*  
Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No. of days on Military  
Discharged from service 22-7-19 Plus 14 days Service 445

## 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 29 1919 .....

*J. R. Cooper Capt*  
for  
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 5/1919 .....

*M. Bowley Capt*  
Officer in Charge  
The Royal Newfoundland Regiment

*OB 2079/3409*

14  
20  
31  
5  
80

# The Royal Newfoundland Regiment

Class for Demobilization: —

⑥

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.7.19

Regimental No. 5754

Name Blackwood Burton Rank Plt

Address Leo Cox - B. Bay

Present Medical Category A-1

Recommended for: (a) Immediate discharge \_\_\_\_\_  
(b) ~~Standard Medical Board~~ \_\_\_\_\_

Members of Board

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

L. H. [Signature]  
Senior Medical Officer

[Signature]  
~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

No. 5154 Rank PLS Name Blackwood B  
 Date of Enlistment 19518 Address Sea Cote District Parade  
 Occupation fisherman Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. F36	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 9/1/19
 O. C. Discharge Depot.   
*[Signature]*

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

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

*B3 Blackwood*

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 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9828 to his home at Loobove and Release Certificate No. 334 issued.

Date 8-7-19

J.A. Howcroft  
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 5-8-19

Date 8-7-19

J.A. Howcroft  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 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 8-7-19

J.A. Howcroft  
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 6/19/20

J.R. Loobove 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.

B Blackwood

Signature of Man.

Reg. No. 3154

J. A. Snowcraft  
Signature of the Vocational Officer or his Representative.

Place

at Johns

Date

8-7-19.

191

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

## MEDICAL HISTORY

Surname Blackwood

OF

Christian Name Budram

Table I.—GENERAL TABLE.

Birthplace:—Parish Red Cove P.A.County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined .....	18 day of May 1918	St. Johns	day of	191
Declared Age .....	21 years	days	years	days
Trade or Occupation .....	Fisherman			
Height .....	5 feet 2 1/2	inches	feet	inches
Weight .....	129	lbs.		lbs.
Chest Measurement {	Girth, when fully expanded ...	35	inches	inches
	Range of Expansion .....	2 1/2	inches	inches
Physical Development .....				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....			
Number .....				
When Vaccinated .....				
Vision .....	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Samuel Budram</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted .....	at	St. Johns	at	
	on	18 day of May 1918	on	day of 191
	Corps		Corps	
		Regtl. No.		Regtl. No.
Joined on Enlistment .....	The Royal Nfld Regt			
Transferred to .....				
Became non-effective by .....	on	day of 191	on	day of 191
(Signature)				
(Rank)				











## 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 *Blackwood, Bertram*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5154*

Intended address *Loobone, B. B.*

Height on discharge *5* Feet *3*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Short*

Christian name of Father *Charles*

Christian name of Mother *Ellen*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Loobone, B. B., Apr. 24, 1897*

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 Blackwood*

(Rank) *Rt*

Station \_\_\_\_\_

Date *4-7-19*

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 in Hospital, Unit, or Command Depot.

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 for 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* 7. Former Trade or Occupation } *Blacksmith*
2. Regtl. No. *51527* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Blackwood, Beatrix* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *21*
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. 179a (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. *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.

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, disfigurement, 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.)

*He complains 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.

*Repatriation*

*W. E. P. ~~Paterson~~ Capt Ramo*

Medical Officer in charge of case:

Station

*Hazledene*

Date

*22-3-19*

\* 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

August 11th 1919.

Mr. B. Blackwood.  
Lee Cove, B.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 War Service  
Gratuity.

Yours truly,

Capt. &  
Paymaster.

RS'.

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 20th, 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/O

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

- Christian name..... *Bent* ..... 2. Service No. .... *Blackwood.*  
3. Rank..... *Pte* ..... 4. Regt. No. .... *5154*  
5. Address in full to which future payments of gratuity are to be forwarded..... *Loc Cove. Bonanza Bay* .....  
6. Date of enlistment in the Regiment..... *May 18/18* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*M*  
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?..... *No* .....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months* .....  
..... 13. ....

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? ..... *no* .....

16. Have you, during the present war, served in the Imperial Forces? ..... *no* .....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. .... *no* .....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... *no* .....

(b) If so, was such reversion in consequence of Misconduct or inefficiency? ..... *no* .....

19. Are you now serving in the Regt.? ..... *no* ..... If not give? - (a) Date of discharge ..... *July 22/19* (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. .... *England* .....

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

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

Signature of Applicant: *Bert Blackwood*  
 Place of Residence: *Sea Cove, Bonaville, Bon*  
 Declared before me at: *St Johns*  
 This *8* day of *July* 191*9*.....

*W. P. Mearns*  
 Signature of Barrister of the ~~Supreme Court~~ *Notary Public*  
 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
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	.....

NOTION  
 1919

Geo Cove  
Feb. 28<sup>th</sup> / 20

Serg. Major Newbury.—

Dear Sir

I have seen by the papers that there are more money due to soldiers. And I am sending to you to know if it is correct. If so I would like to get it. And if you are not the man to give this money will you please forward this on to the right person.

I remain

Sincerely yours

5154 Best, Blackwood.

Geo Cove

Bonarruta Bay.

Have received four payments <sup>in</sup>







# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheets One

Regiment of Royal Newfoundland

Signature of O. C. Company C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No. *	5156 Blackwood Battalion	Age on	21 years 1 months	Fisteman	
Joined		Date	Place and Date of Enlistment } St. John's 18.5.18	Religion	
Joined		Date		Method	
Joined		Date	Period of } with Colours 60 years. with Reserve 13 1/2 years.	Place of Birth	
Joined		Date		Soo Cove, Can.	

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 John's	5	19		

To be carried over

# The Royal Newfoundland Regiment

D 5154

## DEMobilIZATION OF

Reg. No. 5154 Rank Plt Name Blackwood B  
 Date of Enlistment 18.5.18 Address Loa Cove District Bonaville  
 Occupation Fisherman Classification for Discharge 1/6 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.	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 7.9.19 O. C. Discharge Depot. [Signature]

## PARTICULARS FOR DEMobilIZATION

### 1. Civil Re-Establishment.

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

B B Blackwood

Particulars passed to Vocational Officer for information and action.

Date Eligible for War Service Gratuity

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9848 to his home at Loo bone and Release Certificate No. 3311 issued.

Date 8-7-19 *J.A. Looft*  
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 5-8-19

Date 8-7-19 *J.A. Looft*  
Depot Paymaster.

Discharge approved for 27-7-19

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

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 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 8-7-19 *J.A. Looft*  
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 22 1919 *J.R. Coope Capt.*  
O. C. Discharge Depot.

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

Date July 21 1919

Reg. No. *1084* Rank *Pte* Name *Blackwood B.*

Attested ..... Address *Lowville, Pa*

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

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

*87 19*  
*25 7 19*

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



**NEWFOUNDLAND POSTAL TELEGRAPHS****Cable Connection with all the World****All messages sent are subject to the following conditions :**

The Minister of Posts and Telegraphs may decline to forward the Telegram, 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 Telegram shall never reach its destination by reason of any neglect or default of the Minister of Posts and Telegraphs or his Servants whilst the Telegram remains under the control of the Minister of Posts and Telegraphs, he will refund the amount paid by the Sender for such Telegram.

The Minister of Posts and Telegraphs 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 Telegram, 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 Minister of Posts and Telegraphs over the Message shall be deemed to have entirely ceased for the purpose of these Conditions at any point where, in the course of the transit of the Telegram to its destination, it may be entrusted by the Minister of Posts and Telegraphs (and the Minister of Posts and Telegraphs shall have full power so to entrust the Telegram) for further transmission by or through any system belonging to or worked by any administration or authority not controlled by the Minister of Posts and Telegraphs exclusively, although worked as a part 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 \_\_\_\_\_

LINE NUMBER	RCD	BY	SENT	BY	CHECK

DATED

**Oct. 29th., 1921.**

TO

**5154 ExPte. Bertram Blackwood,  
Brookfield, B.B.****Return medal forwarded to you in error. Yours****at this office. Rush . Registered post.****DEPT. OF MILITIA.****Chg. Dept. of Militia.**