



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5265 Name John Blanche R.C.

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

1. What is your name? ..... 1. John Blanche Jersey Side Placenta
2. What is your full Address? ..... 2. Jersey Side Placenta
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 23 Years 7 Months
5. What is your Trade or Calling? ..... 5. Fireman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service?.. 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. yes

I, John Blanche 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.

John Blanche SIGNATURE OF RECRUIT.  
Jas. W. Atman Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been fully explained 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 21 day of May 1915.

Signature of Attesting Officer C. P. Dick's 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 complied with. I accordingly approve, and appoint him to the: .....

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

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5265

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

Name John Blaney  
 Apparent age 23 years ..... months. Height 5 feet 7 3/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frank Blaney Jersey  
Subt. Lacantha | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>21-5-18</u>									
Joined at <u>St. John's</u> on <u>Rooy 21-1918</u>									
Discharged July 31 1919									
Embarked <u>St. John's S.S. Cochrane to Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>S.C.S. 23-11-18</u> Disembarked <u>France 25-11-18</u>									
Joined <u>2nd Bn. 5-11-19</u> Transferred from <u>Suez 22-4-19</u> Arrived <u>Amherst 23-4-19</u>									
Left for demobilization <u>22-5-1919</u> Arrived <u>London 1-6-1919</u>									
Demobilization <u>St. John's 3-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-7-1919 [date of discharge] 1 years 44 days  
 Pensions " " " " " " " " " " " "

C.R. 5265

Extract from Daily Order part II, Init the R.Mfld.R.  
dated July 5th. 1919.

The discharge of the underoted on demobilization on  
has been ~~REMOVED~~ CONFIRMED by officer i/c Records on noted date.

#5265 Pte. John Blanche.

3-7-19.

C.R. 5265

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 7th, 1919

5265 Pte. John Blanch

Reported at Headquarters 1-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5265

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 7th, 1919

5265 Pte. John Blanch

Reported at Headquarters 1-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5265

Extract from Daily Orders Part II Unit The Royal WFLA.  
Regt. Depot St. John's, June 9th, 1919

The discharge of the undernoted on demobilization has been  
APPROVED By O.C. Discharge Depot with effect from 9-6-19.

5265 Pte. John Blanch.

C.R. 5265

Extract from Nominal Roll of Draft No. 56 from the 2nd.,  
Battalion of the Newfoundland Regiment to the 1st., Batt.  
of the Newfoundland Regiment, B.E.F.,  
Embarked Southampton 23/11/18.

<sup>5265</sup>  
~~13002~~ Pte/ J. H/ Blanch.

C.R. 5265

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.

#5265 Pte. J. Blanche.



C.R. 5265

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

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

#5265 Pte. John Blanche.

C.R. 5265

Extract from Daily Orders part 11, from Unit The Royal  
Rifles, Regt. St. John's. Dated May 22, 1910.

#5265 Pte. John Blanche.

Attested for General Service with the Royal Rifles, Regt.  
from 21.5.10

J. B. Laucke

C.R. 5265

1110

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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*
2. Regtl. No. *5266* 3. Rank. *Sgt*
4. Name *Blanchet, J.*  
(Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on *20. 5. 16* at *St. John*  
in category (or grade).....
7. Former Trade or Occupation } *Farming*
- 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 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 .. .. .                        | } <i>na</i>         | .....             |
| (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, 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?

*na*  
*na*  
*na*  
*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.

*Repatriation*

*W. P. ...*

*W. P. ...*

Medical Officer in charge of case.

Station *Lazely D. Camp*

Date *29. 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

No. 4646



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Blanche, Regl. No. 5265  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and Fifty Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4214	Mother	Mrs Frank Blanche	Ferry Side Placentia	50
			Total Allotment, \$	50

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

Sig.) A.G. James 2/KV  
D<sup>n</sup>  
Officer Commanding  
Company  
St John's  
8-6-1918

(Sig.) John Blanche  
Private  
(Rank)

FORM K

Nº 4646



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, John Blanche, Regl. No. 5265

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <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 8-6-18.

Identify Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4214	Mother	Mrs Frank Blanche	Jersey Side Placentia	50
			Total Allotment, \$	50

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.) A G James 2/RW  
D  
Officer Commanding  
Company

(S) John Blanche  
Private  
(Rank)

St John's  
8-6-18.

Blanch, John

5265

Ray Sept.



July 3, 1919

#5265 Pte. John Blanch,  
Placentia, P.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,  
Quynaster & U. i/o Records.

C

526

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 & RECORDED OFFICE, ST. JOHN'S.

1. Christian name... *John* ..... 2. Surname... *Blanch*

3. Rank... *Pte* ..... 4. Regt. No. *526 S*

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

6. Date of enlistment in the Regiment... *May 24: 1918*

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

8. Relationship of such dependents... *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... *Twelve months*

*23 days*

1. 2

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

*Not applicable*

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

*Je*  
*\$ 88.09, ... Clothing and pay allowances*

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. *June 19/19* ... (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.

*France 1918 and Germany*

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: *John Blanche*  
 Place of Residence: *Placencia*  
 Declared before me at: *St Johns Nels*  
 This *5<sup>th</sup>* day of *June* 19*19*

Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trats, 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
			<i>4 mes.</i>	<i>280<sup>00</sup></i>
Certified correct.				Paymaster

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

July 3, 1919

#5265 Pte. John Blanche,

Placentia, E.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2346.

Yours truly

Captain  
Raymaster & C. i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5465 Rank

Name *Blench*

Warned for demobilization on

JUN 5 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5265 Rank Plt. Name Blanche John  
 Intended place of residence Placentia

2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

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 JOHN'S .....  
 Date JUN 5 1919 .....  
*J. H. Mousbrut*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date JOHN'S .....  
JUN 5 1919 .....  
*J. Blanche*  
 Signature of soldier  
*W. H. Mousbrut*  
 Signature of witness

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

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

Place and Date 5-6-19 .....  
JOHN'S .....  
*J. Blanche*  
 Signature of soldier  
*John O. Newman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 ..... No of days on Military .....  
 Discharged from service 19-6-19 ..... Service 409 .....

### 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 JOHN'S .....  
 Date 19.6.19 .....  
*R. H. Sait Capt.*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld .....  
 Date July 5/1919 .....  
*W. H. Mousbrut Capt.*  
 Officer in Charge  
 The Royal Newfoundland Regiment.

ASB 20791 2336

11  
20  
3  
4

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. 5215.....

Name 13 lance John St.....

Address  Jersey side.....

Present Medical Category A.i......

Recommended for:— (a) Immediate discharge .....

(b) ~~Standing Medical Board~~.....

Members of Board { RH Lt Capt.  
O.C. Discharge Depot.

{ W. H. H. H.  
Senior Medical Officer

{ S. W. Burden  
~~M. O. Depot~~



## 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

Signature of Man.

Reg. No.

Signature of the Vocational Officer or his Representative.

Place

Date

1919

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 265 Rank Pte Name John B. Blanch  
 Date of Enlistment 24/5/18 Address Placentia District Placentia  
 Occupation Forkman Classification for Discharge E Medical Category A.I.  
 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 4/6/19O. C. Discharge Depot. *H. M. H.*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am now in a position to resume civilian occupation. *J. Blanch*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *\$20.00*(b) Clothing Supplied *Law Dept*Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1466 to his home at Placenta and Release Certificate No. 2276 issued.

Date 5-6-19 Arnold Constan  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-7-19

Date 5-6-19 J. H. [Signature]  
Depot Paymaster.

Discharge approved for 19-6-19

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		

Date 5-6-19 J. H. [Signature]  
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 19.6.19 R. H. [Signature]  
O. C. Discharge Depot.

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

Date .....



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

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

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

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

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

Name in full *John Blanche*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5265*

Intended address *Marientia*

Height on discharge *5* Feet *10*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *— tall*

Figure on discharge *Frank*

Christian name of Father *Clara*

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Marientia 2nd January 1895*

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

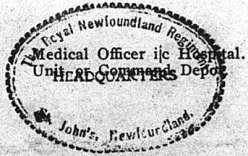
(Soldier's signature in full) *John Blanche*

*406*  
(Rank)

Station **ST. JOHN'S.**

Date *4-6-19*

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.



Station

Date

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

# MEDICAL HISTORY

Surname Blanch

OF

Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Jersey, St. John's County Nfld.

### SPECIAL RESERVE

### REGULAR ARMY

Examined	on <u>21</u> day of <u>May</u> 19 <u>18</u>	on	day of	19 <u>1</u>
	at <u>St. John's</u>	at		
Declared Age...	<u>23</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7 3/4</u> inches		feet	inches
Weight	<u>138</u> lbs.			lbs.
Chest Measure- ment {	Girth when fully expanded...	<u>36</u> inches		inches
	Range of Expansion..	<u>3</u> inches		inches

Physical Development...	Right	Left	Right	Left
		<u>Scars</u>		

When Vaccinated	<u>3 mos ago</u>			
	R. E.—V= <u>46</u>	L. E.—V= <u>46</u>	R. E.—V=	L. E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lambert Paterson

(Rank)

Medical Officer.

Enlisted

at St. John's

on 21 day of May 1918

Corps. Regtl. No.

Joined on Enlistment... The Royal 1265

Nfld Regt

Became non-effective by

(Signature) on day of 191 on day of 191

(Rank)



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *256* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *B. Blake* } (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *24*
6. Posted for duty on *20-5-18* at *St. John's* 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war .. ..

(ii.) Previous active service.. ..

(iii.) Climate in pre-war service .. ..

(iv.) Ordinary military service before the war .. ..

(v.) Serious negligence or misconduct on the  
man's part. }

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

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

15. What is his present condition ?

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

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Station *Hanley Down.*

Date *20/4/19..*

*W. E. Proemier*  
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



**Casualty Form - Active Service.**

Regiment or Corps P. Newfoundland  
 Rank P. E. Surname Blanchard Christian Name J  
 Religion C Age on Enlistment 23 years — months  
 Enlisted (a) 2/5/18 Terms of Service (a) Duration Service reckons from (a) 2/5/18  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation Fireman W. H. Hodges 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 ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrives in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered (b) Signaller, Shoeing-Smith, &c (17501.) Wt. W 1887 - P 1124. 1,000,000. 6/18. D & S. Form B.103. (E. 1285.)

Next of kin: Father: Blanchard Frank: Jersey Side. Planters: N. F. L. D (P.T.O.)

No. 5265 Name *Blanchard* Sqn., Batty., } *D* Corps *R. Newfoundland* Date of enlistment } *21/5/18* G.C. & D. Badges } Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } Company, etc. } *M. J. ... Capt.* Character } *Good*

Army Form B. 122.

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
<i>Rouen</i>	<i>15/4/19</i>	<i>Plt</i>		<i>Inefficiency of kit - 15</i>	<i>Comd Wardlaw</i>	<i>Pay for same</i>	<i>15-4-19</i>	<i>Major Bernard</i>	<i>R 28</i>

FORM K

No 4646



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Blanche, Regl. No. 5265 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins 8-6-18

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4214 Mother, Mrs Frank Blanche, Jersey Side Placentia, 50.

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

Sig. H G Jones 2/LV D'' Officer Commanding Company

(S) John Blanche (Rank) Private

St Johns 8-6-1918

# 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

*W. P. Hicks*  
*Went*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years / months		
<i>5265</i>	<i>Blanch John</i>		<i>23</i>	<i>Fireman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
		<i>St. John's</i>	<i>21.5.18</i>	<i>R.C.</i>	
Joined	Date	Period of	with Colours	Place of Birth	
			<i>1<sup>st</sup></i>	years.	<i>Jernyside Placentia</i>
Joined	Date		with Reserve		
			<i>3<sup>rd</sup></i>		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
				<i>Demobilized St John's 3<sup>rd</sup> 19</i>				

To be carried over

52651

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5265 Rank Pte Name J. B. Blanch  
 Date of Enlistment 21/5/18 Address Placentia District Placentia  
 Occupation Fisherman Classification for Discharge F Medical Category A.I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	5
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 4/6/19 ..... Jr O. C. Discharge Depot H. M. H.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am in in a position to resume civilian occupation. J. B. Blanch

Particulars passed to Vocational Officer for information and action.

*(mirrored text from reverse side)*

Date .....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied shawl cap

Date 5-6-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

R-1466

The above named has been provided with Travelling Warrant No. 2276 ..... to his home at Placentia and Release Certificate No. .... issued.

Date 5-6-19

Amel C. ...  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-7-19

Date 5-6-19

J. H. ...  
Depot Paymaster.

Discharge approved for 19-6-19

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.	2 Form B
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 5-6-19

J. H. ...  
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 19-6-19

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

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

Date June 21 1919

...

Reg. No. *1264* Rank *Sgt* Name *Blauel J.*

Attested ..... Address *Jersey side*

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

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Loisican* Cause *Discharge*

*4-6-19*

*19-6-19*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION