



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5990 Name Gabriel Bougeois Corps RC

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>Gabriel Bougeois</u> |
| 2. What is your full Address? | 2. <u>Stephenville St. Georges</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Farmer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 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, Gabriel Bougeois 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.

Gabriel Bougeois SIGNATURE OF RECRUIT.

12-8-18 P. H. P. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Gabriel Bougeois 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 12th day of August 1918

Signature of Attesting Officer A. B. Dick 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 13-8-1918

Place St. John's

† 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:—(Name)

re-enlisted in the (Regiment)

on the (Date)

Reg. No. 5990 Rank Pte Name Bourgois Gabrielle
Attested 12-8-18 Address Stephenville
Allotment 604 Allottee Clement Bourgois (Father)
Date of Allotment 1-10-18 Returned from Overseas
Embarked for Overseas SEP 22 1918 Cause

1st 9-9-18. 2nd 14-9-18.
L. Leave 25-8-18 to 4-9-18 Reto 8-9-18.
10-9-18. Forfeits 2 days pay.

C.R. 5990

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Sept. 10th, 1918.

5990 Pte. C. Bourgois.

Overstaying leave from 6-9-18 to 8-9-18 forfeits 2 days
pay.

C.R. 5990

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.
St. John's, dated Aug. 14-18.

5990 Gabriel Bourgois.

Attested for General Service with The Royal Hfld. Regt.
12-8-18.

C.R. 5990

extract from daily orders part II Royal Newfoundland Regt.
depot at John's dated Aug. 14th 1919.

The discharge of the undersigned on demobilization has been
confirmed by officer i/o records from 5-8-19.

5990, Pte. G. Bourgois.

C.R. 5990

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. St. John's, July 12th, 1919.

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

5990 Pte. B. Bourgois.

C.R. 5990

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5990 Pte. G. Bourgois.

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

C.R. 5990

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's., dated August 26th, 1918.

5990 Pte. G. Bourgois.

Granted leave from 25-8-18 to 4-9-18.

C.R. 5990

Extract from Nominal Roll: ~~Belonging~~ for Overseas Entrained
at St. John's Sept. 22, 1918.

5990 Bourgeois Gañ. (Pte)

C.R. 5990

Extract from Daily Orders part 11, from the II Battalion of the
Newfoundland Regiment, dated 11/12/18.

The undermentioned having reported from hospital are taken on the
strength of the Battalion and posted to "C" Company as From 10/12/18.

#5990 Pte. G. Bourgeois.

M. Bourgeois

C.R. 5990

1875

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 Coy.* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5990* 3. Rank. *PTE* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bourgeois* *Gabriel* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *24*
6. Posted for duty on *aug 12 1918* at *Johns.*
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *has been on sick leave Employment since joining depot in Barbours Shop*

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.)

He complains of no disability on military service

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
Amick
Major
R. S. P.

Station .. *Idazeley Town*
 Date ... *5/4/19*

Medical Officer in charge of case.

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

Bourgeois, J.

5990

Jay Joseph

August 11th 1919.

Mr. G. Bourgois,
Stephenville.

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 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.

1. Christian name..... *Gabriel* 2. Surname..... *Bourgeois*
3. Rank..... *Pte* 4. Regt'l. No..... *5990*
5. Address in full to which future payments of gratuity are to be forwarded..... *Stephenville,*
6. Date of enlistment in the Regiment..... *Aug 13/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *W*
8. Relationship of such dependents..... *W*
9. Address in full of such dependents..... *W*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *W*
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..... *Seven months*
- 1. $\frac{2}{3}$

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.

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 *14th Dec 1919* (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: *J Bouyer*

Place of Residence: *Septenville,*

Declared before me at: *St John's*

This *8* day of *June* 19*.19*....

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

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

August 5th 1919.

#5990 Pte.G.Bourgois,
Stephenville.

Dear Sir:

Enclosed please find Discharge Certificate
"3391.

Yours truly,

Capt.
Officer in Charge Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5990 Rank Plt Name Courgeois G
 Intended place of residence Stephenville

2. Occupation Fisherman
 Classification of soldier F Medical Category A¹

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 8 1919

[Signature]
 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

[Signature]
Signature of soldier

[Signature]
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

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 12-8-18 No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 35-9

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 22 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 5/1919

[Signature]
 Officer in Charge Records
 The Royal Newfoundland Regiment

[Handwritten] 2079/3391

The Royal Newfoundland Regiment

Class for Demobilization: *76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.7.19*

Regimental No. *5990*

Name *Bourgeois Gabriel*

Address *St. Stephen's Hill*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

Watson
.....
Senior Medical Officer

Geo. Borden
.....
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.

5990 *G. Hovages*

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

8-7-19.

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The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5990 Rank Pvt Name Bourgeois
 Date of Enlistment 12.8.15 Address Stephenville District St. J.
 Occupation Fisherman Classification for Discharge 6 Medical Category 1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7.7.19 O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. *[Signature]*

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance paid £60.00

(b) Clothing Supplied

Date 8-7-19 O i/c. Re-clothing. *[Signature]*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2252 to his home at Stephenville and Release Certificate No. 3308 issued.

Date 8-7-19 J.A. Howlett
Demobilization Officer

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 H. W. H.
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
E 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 8-7-19 J.A. Howlett
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

JUL 22 1919

Date H. R. Coole Capt
for. O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname

Bourgeois

Christian Name

Gabriel

Table I.—GENERAL TABLE

Birthplace:—Parish

Stephenville

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>12</i> day of <i>Aug</i> 191 <i>8</i>	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
	at <i>St John's</i>	at _____	at _____	at _____
Declared Age	<i>23</i> years	_____ days	_____ years	_____ days
Trade or Occupation	<i>fisherman</i>		_____	_____
Height	<i>5</i> feet	<i>2 1/4</i> inches	_____ feet	_____ inches
Weight	_____	<i>124</i> lbs.	_____	_____ lbs.
Chest Measurement	Girth when fully expanded	<i>34 1/2</i> inches	_____	_____ inches
	Range of Expansion	<i>3 1/2</i> inches	_____	_____ inches
Physical Development	_____	_____	_____	_____
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____	_____	_____	_____
Vision	R.E.—V= <i>6/10</i>	_____	R.E.—V= _____	_____
	L.E.—V= <i>6/10</i>	_____	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)	<i>L. Amos Paterson</i>		_____	_____
(Rank)	<i>major</i> Medical Officer		_____	Medical Officer
Enlisted	at <i>St John's</i>	at _____	at _____	at _____
	on <i>12</i> day of <i>Aug</i> 191 <i>8</i>	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Nflds 5990</i>		_____	_____
Transferred to	<i>Regiment</i>		_____	_____
Became non-effective by	on _____ day of _____ 191	on _____ day of _____ 191	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 *Bourgeois Gabriel*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1090*

Intended address *Stephenville*

Height on discharge *5* Feet *1 1/4"*

Color of hair on discharge *dark*

Complexion *dark*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Clement*

Christian name of Mother *Adeline*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Stephenville 1895 March 7th*

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)

Gabriel Bourgeois

(Rank)

Stc

Station

Stephenville

Date

10.1.19

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

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. *5990* 3. Rank. *private*
4. Name *Bourgeois* *Gabriel*
(Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on *12/18* at *S. John's*
 in category (or grade).....
7. Former Trade or Occupation } *Yeoman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
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) Where
 (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.

nil
nil
nil been
has been on sedentary
employment since joining depot in Barbados

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 Completion of his disability occurred on military service

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?

Repatriation

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Major [Signature]

Station *Wazey Down*

Date *5/11/19*

Medical Officer in charge of case.

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

C.R. 5990

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

5-990.
Name..... *ex M^r G. Bourgeois*

Date..... *Dec 2nd. 1919.*

Place..... *Stephenville*

1901

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.



1901

OCT 15 1921.

The accompanying ~~Victory Medal~~ British War Medal

is/are forwarded herewith to

Gabriel Bourgois

in respect of his service as No. 5990 Rank Pte.

Name G. Bourgois Royal Nfld. Regt.

~~Nfld. Pte.~~

Receipt of the same should be acknowledged hereon.

Received

In good condition

Signature

Gabriel Bourgois

Date

Oct 25th

Address

Stephenville

[P.T.O.]

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 C. O. D. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5990 Gabriel Bourgois</u>	Age on	23 years	months	
Joined		Date	Place and Date of Enlistment } <u>St John's</u> <u>12-8-18</u>		
Joined		Date			
Joined		Date	Period of	with Colours	359 years.
Joined	Date	with Reserve	365 years.	Place of Birth	
				<u>Farmer</u>	
				Religion	
				<u>RC</u>	
				<u>Stephenville St Georges</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Princes Rink</u>	<u>9/1/18</u>	<u>Pte.</u>		<u>Overstaying leave from</u> <u>tattoo 6/9/18 till 1/9/18</u>	<u>Sgt. Jackson</u>		<u>19/1/18</u>	<u>R. H. Tail. Capt.</u>	<u>Forfeit 2 days pay</u>
<u>Tragelap Down</u>	<u>12-5-19</u>			<u>Overstaying pass from</u> <u>2309 o'clock 12-5-19</u> <u>until 1500 o'clock 14-5-19</u>	<u>Lie Manning</u> <u>" Paddy</u>	<u>3 days. C.B</u>	<u>15-5-19</u>	<u>G. M. Emerson Capt.</u>	<u>Forfeit 2 days pay by</u> <u>Regt</u>
				<u>Demobilized</u>	<u>St John's</u>		<u>5</u>		<u>19</u>

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5990 Rank Plt Name Bourgeois
 Date of Enlistment 12.8.15 Address Stephanville District St George
 Occupation Fisherman Classification for Discharge 16 Medical Category 1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

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. R.2252 to his home at Stephenville and Release Certificate No. 3308 issued.

Date 8-7-19 *J.A. Lumsden*
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. Lumsden*
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	E 120	M 93		

J. Form B

Date 8-7-19 *J.A. Lumsden*
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 *H.R. Cooper Capt.*
for O. C. Discharge Depot.

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

Date July 21/19 *[Signature]*