



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5948 Name Isaac Bourgeois Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Isaac Bourgeois</u> |
| 2. What is your full Address? | 2. <u>Black head Post du Port</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 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 |
| | 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, Isaac Bourgeois 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.

Isaac Bourgeois SIGNATURE OF RECRUIT.

Pl. H. H. H. H. H. Signature of Witness.

9-8-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Isaac Bourgeois 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 9th day of August 1918

Signature of Attesting Officer W. 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 complied with. I accordingly approve, and appoint him to the RC if enlisted by special authority, such will be attached to the original attestation.

Date Aug 10 1918

Place St. John's

Signature of Approving Officer J. H. H. H. H.

† 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

5948

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

Name Jean Bourgois
 Apparent age 19 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 { Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Bourgois
Blackhead, Peter Port | Relationship Father

Particulars as to Marriage

(a) Christian and Surnames of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>9-8-18</u>									
Joined at <u>St John's</u> on <u>August 9-18</u>									
<u>Discharged August 4-1919</u>									
<u>Embarked St John's train to Halifax N.S. 22-9-18</u>									
<u>Landed Newfoundland for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) years 361 days
 " " Pensions " " " " " " " " " " " "

C.R. 5948 Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, 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 Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. 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 Message, 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 N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of 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 William Bourgois Address Port au Port

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated May 31 1919
Minister of Militia

Please inform me if 5948 Private Issac Bourgois is among the draft of Soldiers arriving by the Corsican

WILLIAM BOURGOIS

FOR TYPEWRITER

C.R. 5948

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 11th 1919.

The discharge of the undernoted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from
21-7-19.

5948, Pte. J. Bourgois.

C.R. 5948
Counter No. _____

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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

June 1st 1919

Wm. Bourgois. Port au Port.

Req to inform you 5948 Pte. Issac Bourgois not on Corsican.

A.E. Hickman,

Minister of Militia.

Charge Dep't. Militia.

C.R. 5948

Extract from Orders by Lt. Col., B. J. BARTON, Commanding 2nd.,
Battalion of the Newfoundland Regiment, dated 16th November 1918.

The undermentioned will proceed to join the Newfoundland Forestry
Corps, on 18th. No number 1918.

#5948 Pte. J. Bourgois.

BO.

C.R. 5948

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted ad on demobilization has been
CONFIRMED by officer i/c Records from noted date
4-8-19.

59 5948, Pte. J. Bourgois.

C.R. 5948

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 2nd 1919.

5948 Pte. R. Bourgois.

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

C.R. 5948

Extract From Nominal Roll Entained At St. John's for Overseas
Sept. 22, 1918. "B2

5948 Pte. Bourgois Isaac.

C.R. 5948

Extract of Orders by MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5948 Pte. J. Bourgois.

"A" Company.

C.R. 5948

Extracts from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated August 12, 1918.

#5948 Pte. Isaac Bourgois.

Attested for General Service with the Royal Mfld. Regt.
from 9-8-18.

J. Bourgeois.

C.R. 5948

1890

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* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *5948* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Bourgeois* *Israel* (a) Former Regts. or Corps ;
 (Surnames) (Christian Names) with Regtl. Nos.
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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.)

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.

Repatriation

W. S. Freeman - Copy Name

Medical Officer in charge of case.

Station ... *Hazley Brown*

Date *9/4/19*

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

FORM K

N^o 6584



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Isaac Bougeois, Regl. No. 5948

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

1 - 9 - 18

Allotment begins.....

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6584	Mother	Isaac Bougeois	Black Head Port au Port	60
Total Allotment, \$				

ENTERED.
 PAYABLE RC 27/12/18
 NUM. SOLD
 ALLOT. MADE RC 27/12/18
 " RECORDED
 EXAMINED

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.) J R Steele Lt
 Officer Commanding Company
St. Johns Field Aug 27th 1918

(Sig.) Isaac Bougeois
 (Rank) Pte.
JR Steele Lt

Bourgeois, I

5948

Aug & Sept.

ROYAL NEWFOUNDLAND REGIMENT

TO 5948 PTE. ISAAC BOZEC

4-9-18. Passage from Port au Port to Stevensville Crossing

.....\$4.00

(B/P.Attached)

ACCOUNT	<i>Tram</i>	INITIALS	<i>ok</i>
CP NO	<i>2400</i>	INITIALS	<i>EW</i>
IND LEDGER		INITIALS	<i>W. M. M. M.</i>
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	



Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

Key

Bozec

125
Lost an th Post Sept 4 1918.
1 Trip to crossing for Isaac Bourgeois

\$ 4.00

Paid
Mr Michael Lery

Sept. 24, 1918 .

No. 5948, Pte. Isaac Bogac,
Prince's Rink.

Dear Sir:

I enclose herewith cheque for
\$4.00 being amount of refund due you on account of
passage.

Yours truly,

Capt.
Paymaster.

August 11th 1919.

Mr. Isaac Bourgois,
Blackhead. P. au P.

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/C

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

Christian name *Isaac* 2. Surname *Bourgeois*

3. Rank *Plt* 4. Regt. No. *5948*

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

6. Date of enlistment in the Regiment. *Aug. 8/1918*

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

8. Relationship of such dependents. *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. *England only*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *10 months*

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 Res? If not give: (a) date of discharge. *July 7/19* (b) Reason for discharge. *Dismissed*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.
..... *No* *Eng Land only*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.
..... *No*

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

Lis

Signature of Applicant:

James Bourgeois

Place of Residence:

Blackhead Port au Port

Declared before me at:

St Johns

This

day of

July 1919

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

John McCarthy

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

August 4th 1919.

#5948, Pte. J. Bourgois,
Blackhead. P. AUP.

Dear Sir:

Enclosed please find Discharge Certificate
3310.

Yours truly,

Capt. & Raymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5948 Rank Pte Name Bourgeois J
 Intended place of residence Blackheath

2. Occupation Fisherman
 Classification of soldier 2 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 7 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 7 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 7-7-19

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 9-8-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 361

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 21 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 4/1919

[Signature]
 Officer in Charge Records
 The Royal Newfoundland Regiment

[Handwritten] 2079/3310

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

4.7.19

Regimental No *5948*

Name

Bourgeois Isaac

Rank

Pte

Address

Black Head Port au Port

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.

W. H. Gibson
Senior Medical Officer

S. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5948 Rank Plt Name Bourgeois J
 Date of Enlistment 9.8.18 Address Blackford District St Georges
 Occupation Fisherman Classification for Discharge H Medical Category I
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 4.7.19 O. C. Discharge Depot. H. W. S. H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. J. Bourgeois
W. J. Labou

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Date 7-7-19

O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{72166.9 840} to his home at Blackhead and Release Certificate No. 3256 issued.

Date 7-7-19

J.A. Newbapt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-19

Date 7-7-19

H. H. H. H. H.
Depot Paymaster.

Discharged approved for 21-7-19

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

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

2 Form B

Date 7-7-19

J.A. Newbapt
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

H.R. Cooper
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.

Bougeois

Signature of Man.

Reg. No. 3948

J. J. Shovelap

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

7-7-19.

191

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

MEDICAL HISTORY

Surname Bourgeois OF Isac
 Christian Name Isac

Table I.—GENERAL TABLE

Birthplace:—Parish Blackhead Pdx Port County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <u>9th</u> day of <u>August</u> 191 <u>8</u>		on	day of 191
	at <u>St. John's.</u>		at	
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>6</u> inches	feet	inches
Weight	<u>119</u> lbs.			lbs.
Chest Measurement {	Girth when fully expanded	<u>34 1/2</u> inches		inches
	Range of Expansion	<u>3 1/2</u> inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	<u>—</u>			
When Vaccinated				
Vision	R.E.—V=	<u>6/9</u>	R.E.—V=	
	L.E.—V=	<u>6/9</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Balson</u>			
(Rank)				Medical Officer
Enlisted	at <u>St. John's.</u>		at	
	on <u>9th</u> day of <u>August</u> 191 <u>8</u> .		on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld. Regiment.</u>	<u>5948</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

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

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

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *5948* 3. Rank..... *plc*
4. Name *Bourgeois*..... *Isaac*
(Surname) (Christian Names)
5. Age last birthday..... *20*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Houseman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

No complaint of no disability

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

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

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Repatriation

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

W. B. Premier, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazeley Down*

Date *9/4/19*

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



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, Isaac*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5948*

Intended address *Black Head Fort on Fort*

Height on discharge *5* Feet

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *William*

Christian name of Father *William*

Christian name of Mother *Sarah*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bay of George 15-11-1899*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Isaac Bourgeois

Ho

(Rank)

Station

Date *JUL 4 1919*

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.



Date

Blackhead, Port au Port
Dec. 18th 1919

Minister Militia
St. John's,

Dear Sir:-

I beg to inform you that I have received only two months war gratuity pay. I was discharged in the month of April last.

Neither have I received the ribbon I am,

Yours respectfully
Ex-Private - Isaac Bourgeois, No-5946

pm.

R

Aug 5	to pay	7000	✓
Sept 5		7000	✓
Oct 5		7000	✓
		<hr/>	
		21000	✓

The above cheques have been mailed to
Blackhead Port au Port

C.R. 5948

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL 1914-1919

I certify that I have received a issue of $\frac{3}{8}$ inches
of Riband of British War Medal-1914-1919.

R-ING. 5948 Ex Pte Baupke

(Date) Jan 3rd 1920

(Place) Fort au Port

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Royal Newfoundland Regt
Regiment of *Newfoundland Regt*

Number of Sheet *One*

Signature of O. C. Company *C. D. Dickson*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5948 Isaac Bourgois</i>	Age on	<i>19</i> years <i>0</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's Aug 9. 18</i>	Religion	
Joined	Date	Period of	with Colours <i>361</i> years.	Place of Birth	
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Causes of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>St John's</i>	<i>12.5.19</i>	<i>Plt</i>		<i>Overstaying pass of from 2309 o'clock until 1505 o'clock 14-14-19</i>	<i>James Waddy</i>	<i>3 Days CP</i>	<i>15.5.19</i>	<i>L. M. Emerson</i>	<i>Defits 2 Days pay by R. D.</i>
				<i>Demobilized St John's</i>	<i>4</i>	<i>8</i>	<i>19</i>		

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5948 Rank MC Name Bourgeois J
 Date of Enlistment 9-8-18 Address Blackhead District St. Georges
 Occupation Fisherman Classification for Discharge H Medical Category H.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.	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 11-7-19

H. News H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J. Bourgeois
and W. J. Labou

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing Supplied~~

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 921669 840 to his home at Blackhead and Release Certificate No. 325-6 issued.

Date

7-7-19

J.A. Snowball
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 4-8-19

Date

7-7-19

Depot Paymaster.

Discharge approved for

21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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

7-7-19

J.A. Snowball
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 21 1919

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

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

Date

July 21 1919

Q

Blackhead, Put an Post
July 22nd - 1924

5948

Major J. Mc Hardy
Paymaster, Mfld. Regt.

Dear Sir,

I beg to inform you that I have not yet received my discharge badge and would ask you to have same sent me I enlisted on the 9th day of Aug. 1918 and was discharged on the 4th day of Aug. 1919

Yours respectfully
Isaac Bourgeois (Ex-Private-5948)