



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5293 Name Samuel Chafe Corps R.C.

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

- 1. What is your name? ..... 1. Samuel Chafe
- 2. What is your full Address? ..... 2. Petty A.C.
- 3. Are you a British Subject? ..... 3. Yes.
- 4. What is your age? ..... 4. 24 Years 0 Months
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 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, Samuel Chafe 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.

22/5/18 Samuel Chafe SIGNATURE OF RECRUIT.  
Pte. R. Power Signature of Witness.

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

I, Samuel Chafe 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 22 day of May 1918

Signature of Attesting Officer C. Dicks Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the.....

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

Date May 22 1918 ..... } Approving Officer.  
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, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

5293

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

Name Samuel Chafe  
 Apparent age 24 years ..... months. Height 5 feet 3 1/4 inches  
 Chest Measurement { Girth when fully expanded 30 1/2 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ketty Str.  
Daniel Chafe  
David?  
 Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth
-----------------	-------------------------

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22-5-18</u>									
Joined at <u>Albans</u> on <u>Monday 22-1918</u>									
<u>Discharged July 30/1919</u>									
<u>Embarked Albans S.S. Colombella to Halifax NS 22-7-18</u>									
<u>To Hqs for demobilization 24-6-1919</u>									
<u>Arrives to embark Hqs for demobilization 1-7-1919</u>									
<u>Demobilization Albans 30-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-7-1919 [date of discharge] 1 years 70 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5293.

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 30-7-19.

5293, Pte. S. Chafe.

C.R. 5293

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, July 19th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Dept from 16-7-19

5293 Pte. S. Chafe.

C.R. 5293

Extract from Daily Orders Part II Unit The Royal Rifle Regt.  
St. John's, July 23rd 1919.

5293 Pte<sup>4</sup> S. Chafe.

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

C.R. 5293

Extract from Daily Orders part II, Depot Winchester  
dated 2-12-18 by Lt. Col., B.J. Barton, D.S.O.  
Officer Commanding 2nd., Battalion of the Royal  
Newfoundland Regiment.

The u/m men having been transferred to the Newfoundland  
Forestry Corps. is struck of the strength of the Batt.  
as from 22-11-18.

5293 Pte. S Chafe<sup>3</sup>

C.R. 5293

Extract from Orders by Maj or M.S. SULLIVAN, Officer  
Commanding Newfoundland Forestry Corps dated 4/12/18.

The undermentioned having completed their trial with  
this Unit is attached to the strength from 23/11/18 and posted  
to "C" Co.,

#5293 p te. S. Chafe.

C.R. 5293

Extract from Orders by Lt. Col. B.J. Barton, D.S.O.,  
Commanding 2nd Battalion Royal Newfoundland Regiment, dated  
10/10/18.

The undermentioned will hold himself in readiness  
to join the Newfoundland Forestry Corps on one months  
probation as from 11/16/18. Major J.W. March, M.C.,  
will conduct this party.

"D" Company.

5293 (?) Pte. S. Chafe.



C.R. 5293

Extract from Daily Orders part 11, from Unit The Royal  
Mfld.Reg.t. St. John's, July 25, 1918.

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

#5293 Pte. Samuel Cgafe.

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

#5293 Pte. Samuel Chafe.

Attended for General Service with the Royal Rif.  
Regt. from 22.5.18

S. Chap

C.R.

5293

PKO

**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. *5293* 3. Rank. *Rifle*
4. Name *Chafe* *Renual*  
 (Surname) (Christian Names)
5. Age last birthday... *24*....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 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*

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*

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

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

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

*Repatriation*

*W. E. Proctor*      *Capt. Rowe*

Station *Hazley Iron* .. .. .

Medical Officer in charge of case.

Date *8/14/19* .. .. .

\* 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

Nº 4755



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Chafe

, Regl. No. 5293

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and sixty 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 July 1<sup>st</sup>

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4380</u>	<u>Father</u>	<u>David Chafe</u>	<u>Betty Harrison</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

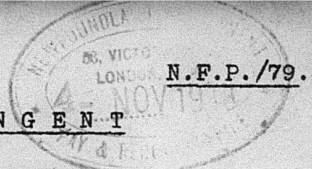
NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) W. G. John  
Officer Commanding  
Company  
June 13<sup>th</sup> 1918

(S) Samuel Chafe  
(Rank) Platoon Sergeant



No. 16864/1840



NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

*5293*  
*[Handwritten signature]*

21st October 1918

October 28<sup>th</sup>

1918

Subject: 5293, Pte. S. Chafe,

With reference to the following telegram (9011 ) from the Hon. Minister of Militia, received

Pay to 5293 Chafe £1:0:0

Draft £ 1:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*[Handwritten signature]*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Recd. H.H. High Cr. for Major.*

O.C. NEWFOUNDLAND FORESTRY COYS

Officer Commdg.          Batt'n  
Royal Newfoundland Regiment

Received the sum of One

Pounds on account of

cable remittance from Newfoundland.

S chafe

No. 5293 Rank Pte

*[Faint handwritten text]*



Chase, S

5293

May & Sept.

July 30th 1919.

#5293, Pte.S.Chafe.

Petty Harbor,

Dear Sir:

Enclosed please find Discharge Certificate  
" 3287.

Yours truly,

Capt. & Paymaster.

RS-.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5293 Rank. Pte Name Chafe S.  
 Intended place of residence. Petty Harbour  
 2. Occupation Fisherman  
 Classification of soldier. Σ 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 16 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 16 1919  
 Signature of soldier: S. Chafe  
 Signature of witness: W. Beaton Qms

## 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 16 1919  
 Signature of soldier: Samuel Chafe  
 Signature of witness: W. Beaton Qms

## STATEMENT OF SERVICE

7. Enlisted for service. 22-5-18 No. of days on Military  
 Discharged from service. JUL 16 1919 Plus 14 days Service. 435

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S  
 Date JUL 16 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S  
 Date July 30/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

as B 2079/3287

10  
30  
30

# The Royal Newfoundland Regiment

Class for Demobilization:—

*86*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 15/19*

Regimental No. *5293*

Name

*Chafe Samuel*

Address

*Petty Hr.*

Present Medical Category

*A i*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

*N. R. Coople Capt.*  
O. C. Discharge Depot.

Members of Board

*H. Paterson*  
Senior Medical Officer

*J. W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3393 Rank Plt Name Chase S  
 Date of Enlistment 2.2.5.18 Address Petty Harbour District St. John's  
 Occupation Postman Classification for Discharge S.T. 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
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 15.7.49 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Samuel Chase

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable A6  
 (b) ~~Clothing Supplied~~ Amelment

Date 16.7.49 O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 82436 to his home at petty and Release Certificate No. 3649 issued.

Date 16-7-19

*[Signature]*  
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 30-7-19

Date 16-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 17-7-19

*[Signature]*  
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 10 1919**

Date .....

*[Signature]*  
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.

*Samuel Chafe*

Signature of Man.

*W. B. Constance*

Reg. No. 5293

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

16-7-19.

191

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

# MEDICAL HISTORY

Surname Chafe

OF

Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Petty Harbour

County Nfld

### SPECIAL RESERVE

### REGULAR ARMY

Examined	on <u>22</u> day of <u>May</u> 19 <u>18</u>	on	day of	19 <u>1</u>
	at <u>St Johns</u>	at		
Declared Age	<u>24</u> years — days	years	<del>24</del>	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>34</u> inches	feet		inches
Weight	<u>133</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches

Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			

When Vaccinated	<u>6/24</u>	R. E.—V=	
Vision	L. E.—V= <u>6/10</u>	L. E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

(Rank)

Samuel Baker

Medical Officer.

Medical Officer.

Enlisted

at St Johns

on 22 day of May 1918

Corps.

Regtl. No.

Corps

Regtl. No.

Joined on Enlistment

Royal 293  
Nfld Regt

Transferred to

Became non-effective by

(Signature)

(Rank)

on day of 191 on day of 191

Chafe





Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signatures
23-5-18	Vacc. <i>SP</i>
13-6-18	T A B } <i>SP</i>
20-6-18	T A B } <i>SP</i>
27-6-18	T A B } <i>SP</i>
18-10-18	<p><i>Wk = 6/60</i>  <i>Wk = 6/4</i> <i>4 years</i>  <i>R 3/36</i> <i>Hypert. actio.</i>  <i>L 5/6</i> <i>"Blockhead"</i>  <i>Capt. Mearns</i></p> <p><i>Dismissed Army by Army Council marked B1</i>  <i>Depart Home.</i></p> <p><i>W R Mearns</i>  <i>Capt. Mearns</i></p>



NO. & RANK 5293 PL.				DATE OF EXAM: 4-10-18	
NAME <i>W. R. Mearns</i>				DATE OF ISSUE: 17-10-18	
CORPS <i>R. Field Art.</i>				OPHTH. CENTRE: 71	
VISION WITHOUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	FRAME NO: 6
R 60	-	+2.00	75	36	
L 60	-	+1.50	105	36	
SIGNATURE OF M.O. <i>W. R. Mearns</i>				OFFICER'S INITIALS <i>W R</i>	

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Demobilisation. Medical category 1</i></p> <p><i>July 15/19</i> <i>W R Mearns</i> <i>Captain</i></p>					

NO. & RANK 5293 Pte.				DATE OF EXAM: 4-10-18	
NAME Chafe				DATE OF ISSUE: 11-10-18	
CORPS R. Inf. Regt.				OPHTH. CENTRE: 71	
VISION W/OUT GLS	SPH.	CYL	AXIS STANDARD ROTATION	VISION WITH GLS	FRAME NO: (OR MEASUREMENTS)
R 6	-	+2.00	75	6	6
L 6	-	+1.50	105	6	6
SIGNATURE: R. Lockhart				OPTICIAN'S INITIALS: R.L.	
OF M.O. 1				11-7-1844	

" OPTHALMIC DEPARTMENT "

Military Hospital,  
Winchester.

Oct. 4<sup>th</sup> 18

To :-

Medical Officer i/c.

R. Inf. Regt.

Hazeley Down.

5293 Pte. Chafe S.

Please cause this man to attend here in six days' time (if possible, if not, as soon as possible) for spectacle fitting. He should bring with him his No. 64 and Medical History Sheet for the necessary entries to be made therein.

Pres for Pay  
book please.

R. Lockhart  
Capt. M.C.S.A.  
Ophthalmic Surgeon.

**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 Devonport Cavalry* } Former Trade or Occupation } *Yeoman*
2. Regtl. No. *5293* 3. Rank. *Private* } 7a. If the soldier claims previous service in Army, he should state—
4. Name *Chafe* *Samuel* } (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) } with Regtl. Nos.
5. Age last birthday. *24*
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. *mf*
12. Place of origin of disability. *mf*
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. *mf*

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.)*

*The 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. B. Prosser, Captain*  
 Medical Officer in charge of case.

Station .. *Magelang, Borneo*  
 Date .. *8/14/19* .. . . .

\* 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 *Chafe, Samuel*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5293*

Intended address *Petty 14*

Height on discharge *5* Feet *3 3/4*

Color of hair on discharge *Light Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Short*

Christian name of Father *—*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Petty 14 8-7-1895*

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)

*Samuel Chafe*

*Plc*  
(Rank)

Station **ST. JOHN'S.**

Date *14-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Medical Officer i/c Hospital.  
Unit, or Command Depot.

Date

August 1st 1919.

Mr. S. Chafem

Petty Harbor. St. John's. N. S.

Dear Sir:

Referring to your application, I enclose  
cheque for seventy dollars (\$70.00) being amount  
of first payment due you on account of War Ser-  
vice Gratuity.

Yours truly,

Capt. " Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Samuel* ..... 2. Surname..... *Chafe* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *5293* .....

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

6. Date of enlistment in the Regiment..... *May 22/18* .....

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

8. Relationship of such dependents..... *Uo* .....

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

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *England & Scotland only* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 yr 2 mo* .....



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?

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

19. Are you now serving in the Regulars? If not give (a) date of discharge. (b) Reason for discharge.

*July 16/19* .....

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 replaced in hospital 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.

Samuel Chafe

Signature of Applicant:

Place of Residence:

Declared before me at:

This

17

day of

July 19... 19...

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

John M. Carthy

POST ENCUMBRANCE PAY.					Net amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Entitlement.		
.....	.....	.....	.....	:	.....
.....	.....	.....	.....	:	.....
.....	.....	.....	.....	:	.....
Certified correct.				:	Registrar



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Samuel Clape....., Regl. No. 5293..... hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and sixty..... 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 July 1<sup>st</sup>.....

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4380</u>	<u>Father</u>	<u>David Clape</u>	<u>Petty Harbour</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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.) Swatton Swatton  
 Officer Commanding  
E Company  
M. John  
June 13<sup>th</sup>  
 1918

(Sig.) Samuel Clape  
 (Rank) Plt. Ser.

ST. JOHN'S, JUL 16 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pte. S. Chaps.

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

\$293. Pte. S. Chaps 16.60

*B.F.H.*

ACCOUNT	
CH NO	3123
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

*Lee*

Certified correct for \$16.60

*[Signature]*

Billeting Officer.

Cets.

S Chaps

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Praga Newfound*

Signature of O. C. Company

Number of Sheet *one*  
*RSDicks*

Regimental Number and Name	
No.	<i>5293 / Chief Saut</i>
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>24</i> years <i>0</i> months
Place and Date of Enlistment	<i>St Johns 20.5.18</i>
Period of	with Colours <i>170</i> years. with Reserve <i>365</i> years.

Trade	
Trade	<i>Seaman</i>
Religion	<i>R.C.</i>
Place of Birth	<i>Belly Harbor</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Discharge - Issues	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensting with trial	By whom awarded	REMARKS
				<i>Demobilized St Johns 30 79</i>					

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3893 Rank Pvt Name Chapman, J  
 Date of Enlistment 22.5.18 Address Petty Harbour District St. John's  
 Occupation Steward Classification for Discharge 1 Medical Category 1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date 15.7.19 O. C. Discharge Depot 11 Mrs. H.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.  
 I am Samuel Chafe 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 \$6.00  
 (b) ~~Clothing~~ Supplied

Date 16-7-19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112436 to his home at part of [unclear] and Release Certificate No. 3649 issued [Signature]

Date 16-7-19 ..... 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 16-7-19

Date 16-7-19 ..... Depot Paymaster.

Discharge approved for 16-7-19 .....

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
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 17-7-19 ..... 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 16 1919

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

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

Date July 28 1919 ..... [Signature]

Reg. No. 5293 Rank Ylt Name Chapa M  
Attested ..... Address Yetty Str.  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas JUL 1 1919  
Returned on S Cassandra Cause Discharge

15 9 19  
16 7 19  
PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.