

## THE ROYAL NEWFOUNDLAND REGIMENT

Questions to be	e put to the Recruit before Enlistment.
I. What is your name?	tecil Chapple
2. What is your full Address?	Pelleys Isla N. D. B.
3. Are you a British Subject?	3 Yes Vi
4. What is your age?	4. 19. AYears 1. Months
5. What is your Trade or Calling?	5 tisherman
6. Are you Married?	
<ol> <li>Have you ever served in any Branch jesty's Forces, naval or military, if s</li> </ol>	of His Ma) _ \( \int \)
8. Are you willing to be vaccinated cinated?	or re-vac-} 8.
9. Are you willing to be enlisted for Gene	ral Service? · · 9
0. Did you receive a Notice, and do you its meaning. and who gave it to you?	
1. Are you willing to serve upon the cond signed by you if you are accepted?	litions as embodied in the roll of service to be
30 5/18	and that I am willing to fulfil the engagements made.  COL LANDLE SIGNATURE OF RECRUIT.  SIGNATURE of Witness.
ear true allegiance to His Majesty King Goo	AVERY BY RECRUIT ON ATTESTATION.  do make oath, that I will be faithful and ores the Fifth, His Heirs and Successors, and that I will, as In duty sets, His Heirs and Successors, in Person, Crown and Dignity against al
nemies, according to the conditions of my serv	ice.
nemies, according to the conditions of my serv	F MAGISTRATE OR ATTESTING OFFICER.
CERTIFICATE O  The Recruit above named was cautioned	ice.  F MAGISTRATE OR ATTESTING OFFICER.  by me that if he made any false answer to any of the above questions
CERTIFICATE O  The Recruit above named was cautione e would be liable to be punished as provide  The above questions were then read to	for MAGISTRATE OR ATTESTING OFFICER.  I by me that if he made any false answer to any of the above questions of in the Army Act.  I the Recruit in my presence.
CERTIFICATE O  The Recruit above named was cautione would be liable to be punished as provide  The above questions were then read to I have taken care that he understands e	for MAGISTRATE OR ATTESTING OFFICER.  I by me that if he made any false answer to any of the above questions of in the Army Act.  I the Recruit in my presence.  ach question, and that his answer to each question has been developed the control of
CERTIFICATE O  The Recruit above named was cautioned would be liable to be punished as provide.  The above questions were then read to I have taken care that he understands essembled to, and the said recruit has made an this. B. Oday of	for MAGISTRATE OR ATTESTING OFFICER.  I by me that if he made any false answer to any of the above questions of in the Army Act.  I the Recruit in my presence.
CERTIFICATE O  The Recruit above named was cautione e would be liable to be punished as provide  The above questions were then read to I have taken care that he understands e s replied to, and the said recruit has made a n this. 7. Oday of	of MAGISTRATE OR ATTESTING OFFICER.  I by me that if he made any false answer to any of the above questions of the Recruit in my presence.  So the Recruit in my presence.  So the question, and that his answer to each question has been duveliered and signed the declaration and taken the oath before me at the control of t
CERTIFICATE O  The Recruit above named was cautione e would be liable to be punished as provide  The above questions were then read to I have taken care that he understands e s replied to, and the said recruit has made a n this. 7. D. day of Signature	of MAGISTRATE OR ATTESTING OFFICER.  In by me that if he made any false answer to any of the above questions of the Recruit in my presence.  In the Recruit in
CERTIFICATE O  The Recruit above named was cautioned would be liable to be punished as provide.  The above questions were then read to I have taken care that he understands essemelled to, and the said recruit has made an this. B. O. day of Signature.  I certify that this Attestation of the abuired forms appear to have been compiled.	for MAGISTRATE OR ATTESTING OFFICER.  In by me that if he made any false answer to any of the above questions of the Recruit in my presence.  So the Recruit in my presence.  And that his answer to each question has been divisited and signed the declaration and taken the oath before me at the control of the c
CERTIFICATE O  The Recruit above named was cautione e would be liable to be punished as provide  The above questions were then read to I have taken care that he understands e s replied to, and the said recruit has made a n this. To Do day of Signature  †CERTII I certify that this Attestation of the ab	of MAGISTRATE OR ATTESTING OFFICER.  In by me that if he made any false answer to any of the above questions of the Recruit in my presence.  In the Recruit is correct, and properly filled up, and that the rewith. I accordingly approve, and appoint him to the:
CERTIFICATE O  The Recruit above named was cautioned would be liable to be punished as provide.  The above questions were then read to I have taken care that he understands essemelled to, and the said recruit has made an this. B. O. day of Signature.  I certify that this Attestation of the abuired forms appear to have been compiled.	of MAGISTRATE OR ATTESTING OFFICER.  I by me that if he made any false answer to any of the above questions of the Recruit in my presence.  ach question, and that his answer to each question has been duvertiered and signed the declaration and taken the oath before me at the control of Attesting Officer.  FICATE OF APPROVING OFFICER.  ove-named Recruit is correct, and properly filled up, and that the rewith. I accordingly approve, and appoint him to the:

viz:—(Name).....on the (Date)

Chest Measurement Range of expansion  Bistinctive marks  INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin  Particulars as to Marriage  (a) Christian and Surname of Woman to whom marriad, and whether spinster or widow. (b) Place and date of marriage.  (c) Present address. (c) Initials of Officer verifying entry.  (d)  Particulars as to Children  Christian Names  Date and Place of Birth  STATEMENT OF THE SERVICES  Service not al: Service in Re-				ble to all rank		ond with entrie		dical Histor	y Sheet	0010
Chest Measurement Range of expansion Supplied Range of expansion inches    Chest Measurement Range of expansion Supplied Range of expansion inches	Name	6	ec	il t	scha	pple				<b>,</b>
Christian Names    Corps in Rgt. or Promotion, Reductions, Canalties, &c.   Army Rank   Dates   Date   Days   Venn   Days	Apparent	t age	19 y	ears	mont	hs.	Heig	ht 5	f	eet 1/2 inches
INFORMATION SUPPLIED BY RECRUIT  Names and Address of neget of king Relationship  Particulars as to Marriage  (a) Christian and Surname of Woman to whom married, and whether spinates or widow. (b) Place and date of marriage. (c) Present address. (c) Initials of Officer verifying entry.  (d)  Particulars as to Children  Christian Names  Date and Place of Birth  STATEMENT OF THE SERVICES  Corp sin Rgt. or Promotion, Reductions, Army Rank Dates  Carps in Rgt. or Which served Depot Promotion, Reductions, Army Rank Dates  Service towards lighted emogement reckons from 30 - 5-78  Joined as 100	Chest Me	easurem	ent {		20 14	0	CHARLES AND A	iches	* Y * .	
Name and Address of next of kin	Distincti	ve mark	is	ecto) y		9	\$ 2.75	win is		41.00
Name and Address of next of kin					io) dang	0/1 9/0 (0)	lug dia	25,000	nia .	
Relationship  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.  (e) (b) (c) (d)  Particulars as to Children  Christian Names  Date and Place of Birth  Service not athouse for figure to eld or recken per not allow-for ging the eld or recken. For ging the eld or recken for ging the eld or recken for ging or rections of related for eld of the eld or recken per not allow-for ging the eld or recken for ging or rections of related for eld or recken per not allow-for ging the eld or recken for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or recken per not allow-for ging or rections of related for eld or rection per not ging or rections of related for eld or rection per not ging or rections of related for eld or rection per not ging or rections of related for eld or rection per not ging or rections of related for eld or rection per not ging or rections of related for eld or rection per not ging or rections of related for eld or rection per not ging or rection per n			ì	FORMA	TION S	UP HLIEI	BY I	RECEL	II <b>T</b>	1/1
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. (c) Initials of Officer verifying entry.  (d) (e) (c) (d)  Particulars as to Children  Christian Names  Date and Place of Birth  Christian Names  Date and Place of Birth  Corps in Rgt. or which serve not allowed to refer to pension which of the pension which the	Namean	Addre	es of next	of king		Ken	ben	4a	ha	pple
Particulars as to Children  Christian Names  STATEMENT OF THE SERVICES  Corps in Which served Depot  Casualties, &c.  Casualties, &c.  Army Rank  Dates  Service not allowed for fishing the chief shirt the crate of pension wards G. C. pay  Years  Days  Vents  Days  Vents  Days  Vents  Days  The control of	n	B	R	· ·		rs as to Ma	arriage			
Particulars as to Children  Christian Names  STATEMENT OF THE SERVICES  Corps in Rgt. or Promotion, Reductions, Casualties, &c.  Army Rank  Dates  Service not allowed to reckon serve not allowed to			n and Surnam	e of Woman to (c) Prese		d, and whether ) Initials of Of	spinster or wi ficer verifying	dow. (6) F	lace and	
Corps in Rgt. or Promotion, Reductions, Casualties, &c.  Service towards lighted engagement reckons from Many 30-1918  Date and Place of Birth  Service in Reference in Reference in allowed to reckons from Asmy Rank  Dates  Service on allowed for reckon allowed from avaids G. C. Pay  Tears Days Vears Days  Service in Reference in Reference in Reference in Asmy Rank  Service to Promotion, Reductions, Casualties, &c.  Service towards lighted engagement reckons from Asmy Rank  On Koay 30-1918		(a)			(b)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( <b>c)</b> ∈	gulene menin		(d)
STATEMENT OF THE SERVICES  Corps in Rgt. or whish saved Depot Promotion, Reductions, Casualties, &c. Army Rank Dates Service not allowed to precion which saved Depot Promotion, Reductions, Casualties, &c. Dates Promotion, Reductions, Casualties, &c. Dates Promotion, Reductions, Dates Promotion, Reductions, Dates Promotion, Reductions, Casualties, &c. Promotion, Reductions, Dates Promotion,				X.	Particula	ars as to Cl	nildren	1010117		eg Switter - 1975
STATEMENT OF THE SERVICES  Corps in Regt. or Depot Promotion, Reductions, Casualities, &c.  Army Rank Dates Service in Reformed to reckon for first in the rate of pension which served beautiful reckon to rate of pension for the rate of pension fo		Chris	tian Names			1762 % 200	100 00	Date	and Pla	ce of Birth
Corps in Rgt. or Promotion, Reductions, Casualties, &c.  Army Rank  Dates  Service not allowed for reckon being a first the rate of pension on the form on the rate of pension for the rate of pension			t og de skalens	ŠTATE	EMENT	OF THE	E SER\	/ICES	. W	20 22 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Service towards listed engagement reckons from 30 - 5-18  Joined at 100 on Koay 30-19/8  All All All All All All All All All Al	Corps in which served	Rgt. or Depot	Promotion, Casualt	Reductions,			Service not lowed to red for fixing rate of pens	al- kon serve no he ed to re ion wards G	1.00	Signature of Officers certifying correctness of entries
The for demolifation 24-6-19.		ards linde	d enggement	t reckons from	130 Koay	- 5-18 30-1918	<b>S</b>			DO NOTE TO SERVICE SER
Suborkes Aphro Sol Collitale la Holfey N. 32.1.18  Ho for demolifiation 24-6-19.	Acto		- /	A 1 6		, Ae	PC	e a		11910
The for demolifiation 24-6-19.				. 3			6			Terra non to the entre
Allo for demolifation 24-6-19.	Seula	keo	Ala	hes So	160	Lelle de	Har	Ay N	1	, 12. f. 18
10 4 1 () 1	flo	for	demol	Mato	W 24-	6-19.				en e
himes to surjournitant 14494	trives	he	rfoun	Hau	1-4-	1919				5 8 100
Total Service forfeited as above	Tol	tal Service	forfeited as a	bove	rova	zaccov		AT 10M	2.	9707.777
Total Service towards Engagement to 5/8/19/9 (date of discharge) / years 5/8 days	Total Service t	owards Eng	agement to	518	1919	[date of disch	arge] /	Jears 6	& days	

1/

Extract from Daily Orders Fart II koyal Newfoundland Regt. Depot st. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from 5-8-19.

5516, Pte. Cecil Chapple.

Extract from Daily Orders Part 11 Unit The Reyal Hild. Regt at John's, July 14th, 1910.

The Glapharge of the undermoted on dembilization has been APPROVED by O.G. Discharge Dayot with offect from 28-7-19

5516 Pte. C. Chappel.

# C.R. 55/6

Extract from Daily Oplers Part 11 Walt The Poyal Effla. Pegt. St. Johnes, Euly 222,1919.

5516 Pte. C.Chappel.

Reported at Economy thous 127219 or "Cassanina which sailed Glasgow 24th Cono. 1913.

### NEWFOUNDLAND POSTAL TELEGRAPHS. 5-5-16



#### 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 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 hains 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 ulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such

sessing from the non-transmission or non-centery or the message, or delay or error in the transmission, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have nitrely 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 dessage) for further transmission by or through any system, service, or line of Telegraph elonging to or worked by any administration or authority or 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.

request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

#### NOT TRANSMITTED)

ignature of Sender			Address			
ne umber	Red	Ву	Sent	by	Cheek	
lated .	- 11			A CONTRACTOR		

June 10th 1919.

To

Rueben Chapple.

Pelley's Island.

Beg to inform you that #5516 Pte. Cecil Chample did not come by Corsican.

A. E. Hickman.

MINISTER OFMILITIA

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

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

#5516 Pte. Cecil Chappell.

Extract from Daily Orders part 11.from Unit The Royal Bfld.Regt.St. John's dated May 51,1918

#5516 Pte. C. Chapped

Attested for Ceneral Service with the Royal Hfla. Regt. from May 30,1918

Extract from Casualties received from P.S.R.C. London, Aug. 22 Sist. 1918.

The undermentioned man (Admitted to Hosp. from Hajor Cartyle draft from Hewfoundland) was discharged from Central Hospital, Chatham, 50/9/18. and proceeded direct to Depot.

5516 Pte. Chapple C.

Chappeler C.R. 5516 PHE

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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, 204 Hospital, Chelsea; S.W. 3.

Medical Report on a Soldier	Boarded F	rior to Discharge or
Transfer to Class W., W. (T		

2. Regtl. No. 5516	Xoyel H. Fler KEPL , 3. Rank. Apoll Gevil (Christian Names)	7. Former Trade or Occupation or Occupation or Army, he shou (a) Former Regulary with Regtl. 1	aims previous serviceld state— ts. or Corps;	e in
5. Age last birthday	.l. <b>?</b>			
	atat			
8. If the disability is a	n injury was it caused			
(a) in action	(b) on field service			
(c) on duty	(d) off duty?	(b) Date of D	discharge ·	

- 9. If a Court of Inquiry was held on an injury state :-
  - (a) When
  - (b) Where
- (c) Opinion of Court is seen by the Officer in charge of the case.

(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

(b) Date of Discharge: (c) Cause of Discharge.

#### 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.

NAME AND ADDRESS OF THE OWNER, OR OTHER DESIGNATION OF THE OWNER, OR OTHER DESIGNATION OF THE OWNER,	-	COMPANY					THE PARTY OF THE P
.:		8 mm4				() (()	a>
- 1000	14.		whether the disa		un in registration in the	(a) attributable to	(b) aggravated by
			Service during t		ır		
		(ii.)	Previous active	service	••••••••••		TO BLOCK TO STATE OF THE STATE
		(iii.)	Climate in pre-v	var service			and Landard
		(iv.)	Ordinary milita	ry service bef	ore the war	············	NOW A MARKETONIA
		(v.)	Serious negliger man's part.	nce or misco	nduct on the	. VI 8811.3	of rotensii
	14	(a). If	not due to an specific condit	ny of these tion do you at	causes, to what tribute it?		place colility
cases such	15.	What i	is his present con	dition ?		An i	1 1-1
eye, ear, and throat, allitles, &c., scialist's reis to be hed with log raphs e possible; in cases of tation the position d be stated.				to afford evid	eight in all cases dence of the pro-	of mi	Cashing
				. 11			
	16.		operation perforits nature?	rmed? If so,	when and what		
	17.	If not,	was an operatio	n advised and	d declined?		
, and	18.	direct serv	e case of loss or of the result of ctly attributable ice under such t was unobtainal	wounds, inj to active ser conditions that	ury or disease vice or through		
	19.	not	articulars of any in themselves s e whether or no	ufficient to ca	ause invaliding.		

20. Do you recommend-

conditions?

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

have been aggravated by service during the present war, and if so, to what or by what specific military

> Repotristion Documer Capt

Medical Officer in charge of case.

Station Mozely Donn

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

Nº 6176



## THE ROYAL NEWFOUNDLAND REGIMENT

#### ALLOTMENTS

dentity whether Wife, Child. other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
11 Father	no Rebina Chappete	Pelleys Eland	6
		noB	
	<b>Y</b>		
1.			
		Total Allotment, 5	(

No. 4617/674

CONTL

From:

NEWFOUNDLAND

Chief Paymaster & O.i/c Records,

Newfoundland Contingent, Pay & Record Office. 58, Victoria Street,

London, S.W. 1.

24th March 1919

5516 Pte. Chapple C.

With reference to the following telegram from the Minister of Militia

> "Pay to- 5516 Chapple £3. 6. 0.

Cheque £3. 6. 0. is enclosed. for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Loyal Ne foundland Regiment,

Receipt bereunder

Officer Commdg.

Refer the sum of Three Muis in respect of

telegraphic remittance from the Minister of Militia.

No. 0516 Rank

Witness Cour

From:

Chief Paymaster & O.i/c Rep Newfoundland Conting

Pay & Record Chi 58, Victoria

London S.

7th Novemberg 18

Subject: 5516, Pte. C. Chapple ()

With reference to the following telegram (9591 ) from the Hon. Minister of Militia, received

Pay to 5516 Chapple £3:6:0

Draft £ 3:6:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Mucall May.

Chief Paymaster & O. 1/c Records.

Officer Commanding, 2 Bn Royal N#1d. Regt. Winchester. Hants.

CONTINGENT

November 13 1918

Receipt hereunder.

Will arch wages for LIEUT. COLONEL.

MANDING 2ND BN. ROYAL NEWFOUNDLAND REGT. Officer Commdg. Batt'n. Royal Newfoundland Regiment.

Received the sum of three

on account of

cable remittance from Newfoundland.

No. Ptl Rank 55

Witness 2920

Chapple, C 5516

Hay Dept.

August 11,1919

Mr. Geeil Chapple, Filley's Island, N.D.B.

pear Sir :-

seventy dollars (\$70.00), being amount of first payment due you on account of the war service trainity.

Yours truly.

Captain & Faymaster.

### DEPARTMENT OF INTLIFTA.

WAR SERVICE GRATCITY.

St. John's, Newfoundland.

pectaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

Regiment, who chains war berview and
dated Jenuary 20th.1919.
A complete reply must be given to every question in this Decleration There must be no blonks ont to arkhes, if my questions are not applicable, the words "ROT APPLICABLE" must be written out.
On completion this Declaration as to be research
RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.  Chapple  Chaisticn none.  Pie  4. Regil. No. 55/6.
Christian name
3. Rank to be
5. Address in full to which future payments of gratuity are to be forwarded. Pelleup Slaud. N.B.
6. Date of enlistment in the Regiment. Many 21/18.
6. Date of enlistment in the Regiment
e demondant if onv. to whole but the
issued, or was being issued, immediately prior to your discharge
8. Relatiouship of such dependents
9. Address in full of such dependents.
9, julioss in fam.
10.1s said dependent, now, or was said dependent at my time in receipt
of compation Allowance on account of enother Soldiery
particulars of such service
12. dive total length of time which you served on active service, whether in Hild.or Oversees.
whether in Hild.or Oversecs

13. Have you had more then one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
Tho
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
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the Imperial Borces
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest 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 hold by you on your arrival in England?
(b) If so, was such reversion in consequence of hisconduct or
inefficiency?
19. Are you now serving in the Rogt.? If not give?- (a) date
of discharge July 22/19. (b) Reason for discharge.  Wenoble when
Nemoneration
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 Wivil Ro-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
that Cosmittee
And I take this solem 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: Goic & Chapple
Place of Residence: Pelegy Joland, N.B.

peclared before me at: Styphus.

This & day of M. 19.19...

Signature of Barrister of the Supreme Court, Stipendiary Healistrate, Notary Public, Hustice of the Peace, or Commissioner of affidevits.

	POST	DISCHARG	E PAY.		
Da te	paid	Paid Soldier.	Paid Dependent	War Service Gratuity.	Net amount dve
···	• • • • •	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	
• • • •	• • • • •	•••••		:	
• • • •	• • • • • • • •	Cortified	correct.		Name ape x

August 5th 1919.

#5516, Pte.Cecil Chapple, Pilley's Isld.

Dear Sir:

and osed please find Discharge Certificate

. Yours truly,

Capt.&

Officer .i'c Records.

## The Royal Newfoundland Regiment

PROCEE	DINGS ON DISCHARGE
I. No. 5.5 / 6. Rank.	Name Chapple Cecil
2. Occupation	
3. The above named man is discharged in consecutive	
Eligible	for War Sarvice Cratuity
4. His accounts are correctly balanced and I ha accordance with Regulations.  Place, ST. JOHN'S  Date .JUL8.1919	Commanding Discharge Depot The Royal Newfoundland Regiment
CERTIFICATE TO BE	SIGNED BY SOLDIER ON DISCHARGE
<ol> <li>I hereby acknowledge that I have received just demands up to the present date, and here of all financial responsibility in my connection</li> </ol>	all my pay and allowances (including clothing allowance) and all by release the Discharge Depot, Royal Newfoundland Regiment, on.
Place, ST. JOHN'S  JUL 8 - 1919  Date	Signature of Foldier Signature of witness
CIVILIAN RE-ESTABLISHMEN	T CERTIFICATE TO BE SIGNED BY SOLDIER
6. I hereby certify that I am in a position to re Place, ST. JOHN'S  Date	sume civilian occupation immediately on discharge.  Lead the street of soldier  Senature of witness
	MENT OF SERVICE
7. Enlisted for service	
APPRO	OVAL OF DISCHARGE
The Royal Newfoundland Regiment, twenty	r is hereby approved to be confirmed by the Officer i c Records, eight days from date.  14 · Officer Commanding Discharge Depot The Royal Newfoundland Regiment
CONFIRM	nation of discharge
9. The discharge of above mentioned soldier is h Place, ST JOHN'S	16-100

Con 13 40 4 4 1 3 600 01

# The Royal Newfoundland Regiment

Class for Demobilization:		Report of Demobiliza Travelling Board, held on so discharge.	
16/			
Discharge Depot: Headquar	ters The Royal Newfour	ndland Regiment	
· ·	* *************************************	Date	
Regimental No 5.5.1.6			
Name Che	apple, C.		
		oland	
Present Medical Category			
		(a) Immediate discharge (b) Standing Medical Board	
		O.C. Discharge Dep	A Major
		Grates	
	Members of Board	Senior Medical Office	
		DevBur	lau
		M <del>. O. De</del> pot	6

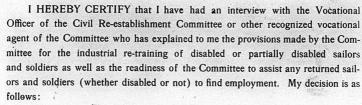
# The Royal Newfoundland Regiment

Reg. No. Rank Thu Name Chapple Ceal
Date of Enfishment 50 5 18 Address Belley Ses District Jaki
Occupation Tenter sugar Classification for Discharge Ly Medical Category A.
Recommendation S.M.B Disability Rating and the helice discount
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
B 179b B 163 ME 2 " 6 " 6
B 179c B 120 M 93
Shiring and the second of the
Date. 19:19.19. O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
r. Civil, Re-Establishment.(1
I amin a position to resume civilian occupation.
APPROVED.
Documents admit to formation for the Documents of the Doc
Porticulars passed to Ventural 00 - 1 to 1
Particulars passed to Vocational Officer for information and action of fanoliible gaiwoffor this
Date.
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable
(b) Clothing Supplied Depote Depote (b) Clothing Supplied
Date. 7 - 1. 9 Oilc. Re-clothing.

3. Transportation and Release Certificate.
3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 2244.8to his home
at and Release Certificate No issued.
and a Walland
Date
· · · · · · · · · · · · · · · · · · ·
4. Pay and Allowances.  The herein named soldier's accounts have been correctly balanced and all matters in connection
5- 6-10 1
therewith settled. He has received pay and allowances to
Date
Depôt Palymaster.
Discharge approved for.
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
B 179 D 400B Form L do 3rd " 4
B 179a D 400C Form K do 4th
B 179b
Date 8 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 22 1919 . A Pl Coole Cal A
Date
Add. C. C. Discharge Depote 7
Received the above noted documents from O. C. Discharge Depot.
Date

.

# Civil Re-establishment Committee



To resume former Occupation.

-levil Chapple

Signature of the Vocational Officer or the Representative

Place /

4 Johns

Bate 817-

191

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

# MEDICAL HISTORY

Surname Chapple

Ohristian Name Cecil

	Table I.4-GE	NERAL TABL	E	
Birthplace:—Parish Lell	ey's Islan	ed Coun	ty. Yer.	
		RESERVE		AR ARMY
	on 30 day o	7/11 0	on day	Not the second s
Examined	at Sygot		at at	01 191
Declared Age	19 year	rs days	yea	rs days
Trade or Occupation	Fakern	ran		
Height	of feet	Hy tuches	feet	inches
Weight	3	116 lbs.		lbs.
Chest (Girth when fully expanded		33 inches		inches
Measure- Range of Expansion		3 inches		· inches
Physical Development				
	Right	Left	Right	Left
Vaccination Marks Arm				
When Vaccinated	6/1			
Vision	R.E.—V= //4		R.E.—V= L.E.—V=	
	9/8			
			(a)	
(a) Marks indicating congenital peculi-	(a)		(4)	
arities or previous disease				
	V , ,,			
	(6)		(b)	
(b) Slight defects but not sufficient to cause rejection	}  :: :: :: :: :: :: :: : : : : : : : :	7.44		
Cause rejection				
	1	01		
Approved by (Signature)	amondo	Jaserson	S	
(Rank)	may	Medical Officer.		N. 11 100
	I GAL	Medical Officer.		Medical Officer.
Enlisted	at Skyoling		at	
	on day		on day	of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Royae nos	1516	,	
	Regement.			
Transferred to	. 0			
<i>J</i> ,	4	1		12
Recame non-effective by				
Became non-effective by	on day	of 191	on day	of 191
(Signatur				,
(Rank	)		A A S	
	L		1	In ma
				[P.T.O.

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

								. Table II.—Only for admission	n to hospit	tal or to the sick list in case of Warrant Officers t	treated in quarters.	
Nan	ne of Hospital	1	dmitted Hospita Month		A STATE OF THE PARTY OF	Hospita Mont	h Year	Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case syphilis, admissions and re-admissions to hospitals will be show of treatment out of hospital, transfers. etc., will be	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of apphilis, admissions and readmissions to hospitals will be abown. The subsequent progress, including particulars of treatment out of boopital, transfers. etc., will be given in the special upphilis case sheet.	
9 out Pitt	Chathau	9	8	18	100		18年	Gadinis Pawlilis	21	has recourt.	y/a	when Capel Kamer
				1							and Control State (Control Control Con	CAPT. R.A.
												•
			Þ									
						1		1				
									4-4			
	. 6											
											·	
									+			
						7		· · · · · · · · · · · · · · · · · · ·				
									4			
												ver a series of the series of
								, V				
							1		+		9	[P.T.O.
											X.	

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.

Brief Details, and Signatures

Date

31.5-18	Vacc. 20			
13-6-18				N. C.
	TAB SO			
4-7-18	TABLO			
11-7-18	TABER			
		- 1		
			· ,	were the second
			Il ( . rely co	rifled that this soldier
			hesba b fire	a Travelling Medical
			David and he	is been classified as
	•		b for Di	schargeon Deprobilisa-
			tion. Medical	category Mast.
			10 1 1 9 B.	Discharge Golden Services and

#### 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
		1			
					-
,					
			Balling All Commence		
•			•		

Nors.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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<sub>1</sub> or P<sub>2</sub> (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 because of 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.

Transfer to	Class W., W. (1), P.,	or P. (1), of the Reserve.
1. Unit and Corps.	rijal 1 Jab	7. Former Trade Leghsman
2. Regtl. No	3. Rank	7a. If the soldier claims previous service in Army, he should state—
4. Name (Sundine)	(Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday	g	THE SEA WITH SEVER STATE
	at	Control of the contro
8. If the disability is a	n injury was it caused	
(a) in action	(b) on field service	
(c) on duty	(d) off duty?	(b) Date of Discharge:

- 9. If a Court of Inquiry was held on an injury state :-
  - (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.

- (a) Cause of Discharge
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

#### 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.

sistil declar someth boardides.

nil

.A9°	14. State	e whether the disabilities are	(a) attributable to	(b) aggravated by
510C		i.) Service during the present war		And the street of
i fi		i.) Previous active service	V	
		i.) Climate in pre-war service		Ministratio Andorona
0	<b>中心</b> 的 计 <b>经</b> 基	c.) Ordinary military service before the war		Wedge: Nool
45	73 M - 1 - 10	All while her to be to be seen that I	The sale of the sa	ind the borrow T
	(v	<ul> <li>Serious negligence or misconduct on t man's part.</li> </ul>	he }	
	14 (a). I	If not due to any of these causes, to specific condition do you attribute it?	( //	
such	15 Who	t is his present condition?	1	11 1000
mjur- ear, fc., s re- be with phs sible; es of		(A note should be made as to Weight in all when it is likely to afford evidence of the gress of the disability.)	cases for comp	Hairs of ne isability
sition tated.				
		an operation performed? If so, when and as its nature?	what	
	17. If no	ot, was an operation advised and declined?		
	te di se	the case of loss or decay of teeth,—Is the loseth the result of wounds, injury or discrectly attributable to active service or thrervice under such conditions that dental teent was unobtainable?	sease .	
	no St ha w	particulars of any other disabilities existing of in themselves sufficient to cause invali- tate whether or not they are attributable to ave been aggravated by service during the pre- ar, and if so, to what or by what specific mil- orditions?	ling. o or esent	tration
			Vita	man
		· ·	Jack	
	90 Do ::			
	20. Do y	you recommend—		*
		(a) Discharge as permanently unfit?		
	Not	(b) Change to United Kingdom?  (b) is only applicable to soldiers invalide  Foreign Stations.	rocumer for	W. Kans
	Station .	Hazdaylary.	Medical Officer	in charge of case.
	Date	1-4-19		
	it is due t	Loss of teeth on or immediately after active servi- to some other cause	ce, should be attributed thereto,	unless there is evidence that

radiog

Name in full



### 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 occuring in the description subsequent to the date of admission to pension should be noted in red ink. Cecil Chapple

Regiment from which discharged Royal Dewfoundland

Regimental number 337L
Intended address Ruleys Islo
Height on discharge 5 Veet 6
Color of hair on discharge high
Complexion Idir
Color of eyes Blue
Descriptive Marks
Figure on discharge medium
Christian name of Father Kenken
Christian name of Mother
Wife's maiden name in full
Date and place of marriage
Christian names of children
Place and date of soldier's birth Twellingabe 1900 Felly 10.  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) beat lhaffle (Rank)
Station Supohns Date 4.7.19
I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Nº 6176



## THE ROYAL NEWFOUNDLAND REGIMENT

### ALLOTMENTS

Identity Certificate No.	Whether Wife, Child other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
	Father	Mr Robina Chappele	Pelleys Island	6
			nDB	
			*	
		, , , , , , , , , , , , , , , , , , ,		
			Total Allotment, S	
	This form must be signed by the Offic required payments	completed by the Officer Commanding er Commanding Company and handed on application.	Company, signed by the Volume to the Paymaster as authority	eer, counter to make th

#### RECEIPE.

### WOR ISSUE OF CRITICE VAR MEXIC-1914-1919-

of Riband of British War Mark-1914-1919.

MANY Source to happel

PASE Pilleys & Sland

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

The Koyal Newformaland Signature of O. C. Company Charles B 121. Regimental Number and Name Good Conduct Badges, Service pay or proficiency pay Age on 2.0 years of Enlistment 30-05-18 Joined Joined Period of with Colours / years. Place of Birth with Reserve years. Follows MAN. Joined. Joined\_ Date of award or of order Date of Name of Place Rank OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses Duty in Parade SS CA 2 days CB. 31018 Capl Pippy

Aidjuble for in bus. Pts. Emer. 3 days CB. 151118 All WSKingle

Absent from barade is She Cabre 2 days CB. 151118 Cops WHoney Mits

School Class Demobilised Solom 5-19 To be carried over.

DSVIG

Demobilization F

## The Royal Newfoundland Regiment

Reg. No. 50 / S. Rank.  Date of Enlistment. 50 S. Address.  Occupation	DEMOBILIZATION OF
Occupation	Reg. No. 55/6 Rank. Thu Name Ohapply Office.
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. D 4000. B 1915. D 400 2 2 3 3 3 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5	Date of Enlistment 30.5. 8. Address Telleys Sed District Garley
Passed to Demobilization Officer with following documents:  N.F. P 36.	Occupation Tester Mach. Classification for Discharge. Hy Medical Category H.1
N.F. P 36	Recommendation S.M.B
B 178.   W 3494   B 122   Board 1st.   2   S   S   S   S   S   S   S   S   S	Passed to Demobilization Officer with following documents:—
B 178a. D 400A B 1915 do 2nd 3 3 5 B 179 D 400B Form L do 3rd 4 4 B 179a. D 400C Form K do 4th 5 5 D 400C B 179b. B 193 ME 2 6 D 400C D 5 D 400C D 6 D 400	N.F. P 36   B, 268   B 121. ,   N.F. Med   D.F. 1
B 179 D 400B Form L do 3rd 4 B 179a D 400C Form K do 4th 5 B 179b B 193 ME 2 6 D 400C Form K do 4th 5 D 4 0 C C Discharge Depot.  PARTICULARS FOR DEMOBILIZATION  I. Civil Re-Establishmeat 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.  (b) Clothing Supplied	B 178 W 3494 B 122 Board 1st " 2
B 179a. D 400C. Form K. do 4th 55 B 179b. B 103. ME 2. 66 D 179c. B 120. M 93. O. C. Discharge Depot.  Date. O. C. Discharge Depot.  PARTICULARS FOR DEMOBILIZATION  I. Civil Re-Establishment I am. in a position to resume civilian occupation.  Particulars passed to Vocational Officer for information and action.  Date. Certified that Clothing Regulations have been complied with:—  (a) Clothing Allowance payable. (b) Clothing Supplied  (b) Clothing Supplied	B 178a D 400A B 1915
B 179b. B 103 ME 2 6.  B 179c. B 120 M 93.  Date. 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. Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.  (b) Clothing Supplied	B 179 D 400B Form L do 3rd " 4
Date	B 179a D 400C Form K do 4th " 5 "
Date. 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	
PARTICULARS FOR DEMOBILIZATION  7. Civil Re-Establishment:  I am	B 179c B 120 M 93
Particulars passed to Vocational Officer for information and action.  Date	PARTICULARS FOR DEMOBILIZATION
Particulars passed to Vocational Officer for information and action.  Date	
2. Clothing.  Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.  (b) Clothing Supplied	I amin a position to resume civilian occupation.
2. Clothing.  Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.  (b) Clothing Supplied	lecil Shapple.
2. Clothing.  Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.  (b) Clothing Supplied	Particulars passed to Vocational Officer for information and action.
Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.  (b) Clothing Supplied	Date.
(a) Clothing Allowance payable. (b) Clothing Supplied	
(b) Clothing Supplied (MM) (AM) (AM) (AM)	4/10
7-7-19	/ VIII OT WITH TO
	7-7-19

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No. 1224. S to his home
at Pillus D. d and Release Certificate No. 3276 issued.
NA Y all
Date 17-10 My threweapor
Demobilization Officer
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and all parties in connection
the state of the s
therewith settled. He has received pay and allowances to
Date
Depot Paymaster.
Discharge approved for $23-7-19$
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36 B 268 B 121
Б 178 W 3494 В 122
B 178a
B 179 D 400B Form L do 3rd " 4
B 179a do 4th " 5 "
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
6 2 16 11 0 11
Date 1 1-19 thousand
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
[18] [18]
JUL 22 1919
Date // COOJA CAGE
J. C. S.
Received the above noted documents from O. C. Discharge Depot.
di
0.1. 5.11.
Date July 2/1/9

4 11 - 4		Address Ulley & Filaw.  Allottee	•••••
Date o	f-Allot	ment A	19
7	19	PASSED TO DEMOBILIZATION OFFICES	
* /		DISCHARGE APPROVED ON DEMOBILISATION	