



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5516 Name Cecil Chapple Corps S.A.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Cecil Chapple
2. What is your full Address? } 2. Bellevue Island N. D. B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 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, Cecil Chapple 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.

30/5/18 Cecil Chapple SIGNATURE OF RECRUIT.
Pte R. Power Signature of Witness.

DATE TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Cecil Chapple 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 30 day of May 1918

Signature of Attesting Officer Asst. Lieut.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date 191
Place } Approving Officer.

† 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

5516

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

Name Basil Chapple

Apparent age 19 years months. Height 5 feet 4 1/2 inches

Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Reuben Chapple
Bellevue Island | Relationship Father
N.Y.C. 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. Day		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 30-1918</u>									
<u>Discharged August 7, 1919</u>									
<u>Embarked St. John's S.C. to Halifax N.S. 22-7-18</u>									
<u>Left for demobilization 24-6-19.</u>									
<u>Arrives home 1-7-1919</u>									
<u>Demobilization St. John's 5-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 (date of discharge) 1 years 68 days

" " Pensions " " " " " " " " " " " "

C.R. 5516

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 14th 1919.

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

5516, Pte. Cecil Chapple.

C.R. 5516

Extract from Daily Orders Part 11 Unit The Royal Welch Regt,
StJohn's, July 14th, 1919.

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

5516 Pte. C. Chappell.

C.R. 5516

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

5516 Pte. C. Chappel.

Reported at Headquarters 107-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

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 _____

Address _____

Line Number	Recd	By	Sent	by	Check

Dated June 10th 1919.

To Rneben Chapple,

Pelley's Island.

Beg to inform you that #5516 Pte.

Cecil Chapple did not come by Corsican.

A. E. Hickman,

MINISTER OF MILITIA.Charge to Dept. of Militia.

FOR TYPEWRITER

C.R. 5516

Extract from Daily Orders part 11, from Unit The Royal
Nfld. 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.

C.R. 5516

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's dated May 31, 1918

#5516 Pte. C. Chappin

Attested for General Service with the Royal Mfld. Regt.
from May 30, 1918

C.R. 5516

Extract from Casualties received from P.S.R.O. London,
Aug. 22 31st. 1918.

The undermentioned man (Admitted to Hosp. from Major Garty's
draft from Newfoundland) was discharged from Central Hos-
pital, Chatham, 30/8/18. and proceeded direct to Depot.

5516 Pte. Chapple C.

C. Chapple

C.R.

5516

1 x 10

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 for 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 Artillery Regt.* Former Trade } *Fisherman*
or Occupation }
2. Regtl. No. *5516*, 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Chapple Cecil*..... (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *19*.....
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.
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

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? }

No complaint of no disability

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

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

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.

Re-patriation

W.E. Proctor
 Capt Rame

Station *Hazely, Linn*

Medical Officer in charge of case.

Date *11/4/19*

* 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

No. 4617/674

664936

N.E.I./79.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

24th March 1919

March 28 1919

5516 Pte. Chapple C.

With reference to the following
telegram from the Minister of
Militia / / (89)

Receipt hereunder

L. K. K.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to- 5516 Chapple
£3. 6. 0.

H. D. H.

Received the sum of *Three pounds*

£3 Shillings in respect of
telegraphic remittance from the
Minister of militia.

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

L. Chapple

A. J. Minard Maj.
Chief Paymaster & O. i/c Records.

No. *5516* Rank *Private*

Witness *A. P. Sweeney*

No. 18111/1978



From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2 Bn Royal Nfld. Regt.
Winchester, Hants.

7th November 1918

November 13 1918

Subject: 5516, Pte. C. Chapple (D)

Receipt hereunder.

J. W. Murdoch Majors for **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

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

Pay to 5516 Chapple £3:6:0

Received the sum of three
pounds 6/- on account of
cable remittance from Newfoundland.

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

J. W. Murdoch Maj.
Chief Paymaster & O. 1/c Records.

C Chapple
No. Pte Rank 5516

Witness 2930 Pte. Blain

Chapple, C

5516

Hay Dept.

August 11, 1919

Mr. Cecil Chapple,
Pitiley's Island, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service gratuity.

Yours truly,

Captain & Paymaster.

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 26th, 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no omissions, 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..... *Carl* 2. Surname..... *Chapple*
3. Rank..... *Pte* 4. Regt. No. *5516*
5. Address in full to which future payments of gratuity are to be forwarded..... *Pelly's Island. N.F.B.*
6. Date of enlistment in the Regiment..... *May 27/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
M
8. Relationship of such dependents.....
/
9. Address in full of such dependents.....
/
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....
Overseas
12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....
Fourteen months
- 1. $\frac{2}{3}$

Signature of Applicant: *Carle's Chappell*
 Place of Residence: *Pelly's Island. N.W.B.*
 Declared before me at: *St John's.*
 This *8* 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 W. Carthy
J.P.

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

August 5th 1919.

#5516, Pte. Cecil Chapple,
Pitiley's Island.

Dear Sir:

Kindly please find Discharge Certificate
3400.

Yours truly,

Capt. &
Officer in Charge Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5516 Rank Pte Name Chapple Cecil
 Intended place of residence Pelleys 2nd
 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 8 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 8 - 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 8 - 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30-5-18 No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 433

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 5/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten ID/Number] 13 50 9 9 / 3400

2
30
31
8
68

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.7.19

Regimental No. ... 5516

Name Chapple C.

Address Pilly Island

Present Medical Category..... A1

Recommended for:— { (a) Immediate discharge

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

Members of Board {

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

W. Paterson
Senior Medical Officer

Geo. Burdau
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. Rank *Plt* Name *Chapple Cecil*
 Date of Enlistment *30-5-18* Address *Bellevue St* District *St John's*
 Occupation *Fitter* Classification for Discharge *1* Medical Category *H*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date *7-7-19*

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

APPROVED

Cecil Chapple

Particulars passed to Vocational Officer for information and action.

Date

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *£6.00*

(b) Clothing Supplied

Date *8-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2248 to his home at Phillips Rd and Release Certificate No. 3276 issued.

Date 8-7-19

J.A. Snowcraft
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-8-19

Date 8-7-19

J.A. Snowcraft
Depot Paymaster.

Discharge approved for 22-7-19

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
B 179c	B 120	M 93		

Date 8-7-19

J.A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919

J.P. Cooper Capt.
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.

Lucile Thapple

Signature of Man.

J. H. Knawel

Signature of the Vocational Officer or his Representative.

Reg. No. 8576

Place

St Johns

Date

8-7-19.

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

MEDICAL HISTORY

Surname *Chapple*

OF

Christian Name *Cecil*

Table I. GENERAL TABLE.

Birthplace:—Parish *Pelley's Island* County *Nfes.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <i>30</i>	day of <i>May</i>	on	day of
	at <i>Sigjohis.</i>		at	
Declared Age	<i>19</i>	years	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i>	feet <i>4 1/2</i>	feet	inches
Weight	<i>116</i>	lbs.		lbs.
Chest Measurement	Girth when fully expanded... <i>33</i> inches			inches
	Range of Expansion... <i>3</i> inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
When Vaccinated				
Vision	R.E.—V= <i>6/8</i>		R.E.—V=	
	L.E.—V= <i>6/8</i>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lammie Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>Sigjohis.</i>		at	
	on	day of <i>May</i>	on	day of
		191 <i>8</i>		191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<i>Royal Nfes.</i>	<i>2116</i>		
	<i>Regiment.</i>			
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

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
31-5-18	Vacc. 40
13-6-18	T A B 20
4-7-18	T A B 20
11-7-18	T A B 20

I hereby certify that this soldier has been furnished with a Travelling Medical Bag, and has been classified as 6 for Discharge on Demobilisation. Medical category

1.7.19
 Date of T.M.B. Discharge Certificate

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

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 N. F. Coy*
2. Regtl. No. 3. Rank. *Pvt.*
4. Name *Edwards* *Paul*
(Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Legionnaire*
- 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 it was 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
(b) Where
(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.
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? }

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.)

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

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?

Prof. treatment

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.

W.E. Proemer
 Medical Officer in charge of case.

Station *Hoydington*
 Date *1-11-19*

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



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 *Cecil Chapple*
 Regiment from which discharged **Royal Newfoundland**
 Regimental number *5514*
 Intended address *Bulley's Id.*
 Height on discharge *5 feet 6"*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *—*
 Figure on discharge *medium*
 Christian name of Father *Reuben*
 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 *Tarungate 1900 Febry 00¹*
 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) *Cecil Chapple* (Rank) *Plt*
 Station *S. John's* 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.

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

Station

Date

RECEIVED

C.R. 5516

FOR ISSUE OF BRITISH WAR MEDAL-1914-1919.

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

NAME...*Lucile LaHappel*...

DATE...*5 Feb*...

PLACE...*Pillay's Island*...

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

9
Regiment of The Royal Newfoundlands

Number of Sheet One
Signature of O. C. Company Capt. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	Lecil Chapple	Age on	20 years months	Fisherman		
5516		Place and Date of Enlistment	St. John's 30-5-18	Religion		
Joined		Date	Period of } with Colours $\frac{15}{8}$ years. with Reserve $\frac{3}{4}$ years.			Method
Joined		Date				Place of Birth
Joined		Date			Kelley's Mill N.D.B	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
40 Zoley	3-10-18	Plt	-	Duty on Parade	S. S. M. Pagan Sgt Cox	2 days C.B.	3-10-18	Capt Pippy	w.f.
"	14-11-18	"		Highly intoxicated in barracks.	Plt: S. M. Pagan	3 days C.B.	15-11-18	Sr W. S. King	W.S.K.
"	11-2-19	"		Absent from parade in School Class	Sgt Calver	2 days C.B.	10-2-19	Capt M. H. Jones	M.H.
Demobilized St. John's 5-8-19									

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5516 Rank Plt. Name Chapple Cecil
 Date of Enlistment 30.5.18 Address College St. St. John's District St. John's
 Occupation Fitterman Classification for Discharge 1 Medical Category Hi
 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 7-7-19 O. C. Discharge Depot News H

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

Cecil Chapple

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 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2248 to his home at Phillips Rd and Release Certificate No. 3276 issued.

Date 8-7-19 *J.A. Snowcraft*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-8-19

Date 8-7-19 *J.A. Snowcraft*
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 8-7-19 *J.A. Snowcraft*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 *R. R. Cooper Capt*
for O. C. Discharge Depot.

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

Date July 21 1919 *R. R. Cooper*

Reg. No. *5516* Rank *Plt.* Name *Chaplin E.*

Attested Address *Wheeler Island.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

8 7 19
22 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.