

A Porm B

# THE ROYAL NEWFOUNDLAND REGIMENT

| No. 5337 Name Prorge Walk coops bift.   |
|---|
| Questions to be put to the Recruit before Enlistment.   |
| I. What is your name?   |
| 2. What is your full Address?   |
| 3. Are you a British Subject?   |
| 4. What is your age?  |
| 5. What is your Trade or Calling?   |
| 6. Are you Married? 6   |
| 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.  |
| 8. Are you willing to be vaccinated or re-vac- a cinated?   |
| 9. Are you willing to be enlisted for General Service? · 9.   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?  |
| 11. Are you willing to serve upon the conditions as emb died in the roll of service to be signed by you if you are accepted?  |
| made by me to the above questions are true, and that I am willing to fulfil the engagements made.  Slovage Chaulk signature of Recruit.  Signature of Witness.  |
| OATH TO ES TAKEN BY RECRUIT ON ATTESTATION.  do make oath, that I will be faithful and  |
| bear true allegiance to fils Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful and 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 our obtained as replied to and the said recruit has made and signed the declaration and taken the oath before me at.   |
| on this day of  |
| Signature of Attesting Officer  |
| †CERTIFICATE OF APPROVING OFFICER.  |
| I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-   |
| quired forms appear to have been compiled with. I accordingly approve, and appoint him to the:  |
| Date  |
| Place   |
| † 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.  |

DESCRIPTIVE REPORT ON ENLISTMENT To correspond with entries on the Medical History Sheet. Name. Apparent age. years months. Girth when fully expanded. inches Range of expansion inches Distinctive marks .. INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin 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) (c) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay for fixing the rate of pension Signature of Officers certi-Corps in Rgt. or which served L'epot Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of entries Total Service forfeited as above... Total Service towards Engagement [date of discharge].

C.R. 5337

Extract from Inity Orders Part 11 Depot, St. John's, Date June 7th, 1919

5337 Pte. Geo. Chaulk.

Reported at Headquarters 1-6-19. which sailed Liverpool May 22/1919.

BE "Corsican"

C.R. 5337

Extract from Daily Orders Part 11 Unit The Royal Rfld. Regt. Beyot St. John's, June 9th, 1919

discharge of the The/undernoted on demobilization has been APPROVED by 0.0. Discharge Depot with effect at from 19-6-19

5337 Pte. Geo. Chamlk.

Extract from Nominal Roll from 1st. Battalion Royal Newfoundland Regiment dated 30-4-19.

The undermentioned or the 1st. Battaliom left Rouen Camps 22/4/19, enhanked at Havre 22/4/19; disembarked at Southampton 23/4/19 and reached Hazeley Down Camp 23/4/19.

#5337 Pte. G. Chaulk.

C.R. 5337 CABLE CONNECTION WITH ALL PARTS OF THE WORLD

## 1CR 533 NEWFOUNDLAND



### 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

resulting from the non-transmission of non-ceival new coursed.

The control of the N. P. T. observe the Message shall be deemed to have nitrely control of the N. P. T. observe the Message shall be deemed to have nitrely 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 longing to Telegraphic system or service by any administration or attention to controlled by the N. P. T. calculately, although worked as part of or ic connection with the Telegraphic system or service or 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)

#### Address pept of Miles Signature of Sender Check Line Number Red Sent

Dated

June 5th 1919

To

Mrs Ann Pilgrim

St. Anthony

Beg to inform you that 5387 Pte. Chaulk with Corsican draft but 1850 Pte. Pilgrim did not arrive.

A. E. Hickman

Minister of Militia.

C.R 33.57

Extract from Mominal Hall of Staft Ro. 86. from the Brd.. Battalian of the Remfoundland Regiment to the Int.. Batt. Femfoundland Regiment B. S. F.. Amburked Louthnapton 1/11/16..

#5337 Pte. G. Chaulk.

Extract from Daily Orders part 11, from Unit The Royal Hild . Reg. . St. John's . dated Julym25, 1918.

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

#5337 Pte.George Chaulk.

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

#5337 Pte. George Chaulk.

Attented for General Service with the Royal Sfid. Regt from 23.5.18 Date of last entry in Company Conduct Sheet No. and date } Period not reckoning towards freedom from extra fine Names of Witnesses Punishment awarded [P.T.O. I. Chaulk

## Medical Report on an Invalid.

7. Former Trade or Occupation

- Regimental No. 053
- Rank
- 5. Age last birthday
- 6. Enlisted on May 23 1918
- 7a. If with previous service in Army, state-
  - (a) Former Unit:
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.

### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

#### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

- 10. Place of origin of disability.
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

- Give your opinion as to the causation of the disability, stating whether in your opinion it is-
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

| l.  | What is his present condition?   |                 |          |                   | A              |
|-----|--|-----------------|----------|-------------------|----------------|
|     | Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.  | tecompl         | <u> </u> | of no ale         | rabelil        |
| l.  | If the disability is an injury, was it caused—   | nu              |          |                   |                |
|     | (a) In action?   |                 |          |                   |                |
|     | (b) On field service?  |                 |          |                   |                |
|     | (c) On duty?   |                 |          |                   |                |
|     | (d) Off duty?  |                 |          |                   |                |
| j.  | Was a Court of Inquiry held on the injury?   | ne              |          |                   |                |
|     | If so—(a) When?  |                 |          |                   |                |
|     | (b) Where?   |                 |          |                   |                |
|     | (c) Opinion?   |                 |          |                   |                |
| 3.  | Was an operation performed? If so, what?   | na              |          |                   | •              |
| 7.  | If not, was an operation advised and declined?   |                 |          |                   |                |
|     |  |                 |          |                   |                |
| 8.  | In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?   | Ma              |          |                   |                |
| 9.  | Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. | n               |          |                   |                |
|     |  |                 |          |                   | - A            |
|     |  |                 | )        |                   | ^/             |
|     |  | 8               |          |                   | $\sim$         |
|     |  | 11.6            | 1        | - de              | - //           |
|     |  | - lepe          | · ·      | ianos             | - //           |
|     |  |                 |          |                   | V              |
| 0.  | Do you recommend—  |                 |          |                   | N/             |
|     | (a) Discharge as permanently unfit, or   |                 |          |                   | "M"            |
|     | (b) Change to England?   |                 |          |                   | 11             |
|     |  |                 |          |                   | 1.             |
|     |  |                 |          |                   | Major          |
|     |  |                 | Offic    | er in medical cl  | arge of case.  |
|     | I have satisfied myself of the g   | eneral accuracy | of thi   | s report and ac   | neur therewith |
| ~   | sept†  | onerar accuracy | J. 0111  | a report, and co  | nour merewith  |
| u   |  |                 |          |                   |                |
| Sta | ation N. D. Cank.  |                 |          |                   |                |
|     |  |                 | ***      | Officer in charge | e of Hospital. |
| Da  | to 1. 051 10   |                 |          |                   |                |

† Delete this word if no exceptions are to be made.

88, VICTORIA ST., LONDON SEV. P. /7

NEWFOUNDL

London, S.W. 1.

From:

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

To:

Officer Commanding. 2/Bn Royal Nfld. gegt. Winchester.

2nd November 1918

Subject: 5337, Pte. G. Chaulk,

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

Pay to 5637 Chaulk £6:0:0

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

Musiall Mas. Chief Paymaster & O. 1/c Records.

Receipt hereunde

. LIEUT. GOLONEL. 30MMANDI**ng 2nd Bn. Royal Newfoundland** Regt. Officer Commdg. 2 Batt n. Royal Newfoundland Regiment.

Received the sum of

on account of

cable remittance from Newfoundland.

No. 333 Rank Grant

| No. 4940/220 From: NEWFOUNDLAND Chief Paymaster & O.1/c Records, Newfoundland Contingent, 58, Victoria Street, London, S.W. 1.   | CHIEF PAYMASTER & OFFICER IN FROM 1980.  NEWFOLING G. B.NCT. TINGENT.  To: offiggs commanding, 1.  1/bn. Royal Newfoundland Regiment  B.B.F. |
|--|--|
| A  | 9-4-1919   |
| 5337 Pte. Chaulk G.  |  |
| With reference to the following telegram from the Minister of Militia, / (102)   | 5337 Plo Charling.   |
| "Pay to-5337 Chaulk  | The man wishes there   |
| £8. 0. 0.  | amount relained broadle  |
| Kindly advise whether this re- ittance should be 1) forwarded to you for payment to this Soldier; 2) retained to credit of his account; or 3) otherwise dealt with.  All Manual Mag. hief Paymaster & O. i/c Records | the second please.   |
|  |  |

Nº 6128



## THE ROYAL NEWFOUNDLAND REGIMENT

**ALLOTMENTS** 

# 1, Seorge Chath , Regl. No. 5337 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Screenty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person $\frac{\text{and}}{\text{or}}$ Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.: Allotment begins Sujust 1 1918 Identity Certificate No. Whether Wife, Child. other Relative or Friend NAME (in full) (each person) 439 Father James Chath Burnt Island Ho Burger Total Allotment. S 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

(Sig.) George Chalk

required payments on application.

9 Johns June 29 1918

(Sig.) Covation frent

**N**º 6128



## THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

| dentity<br>ertificate<br>No.            | Whether Wife, Child.<br>other Relative or<br>Friend | NAME (in full) | Address  | AMOUNT (each person                          |
|---|---|----------------|--|--|
| 97                                      | tather .  | James Cholk    | Burnt Leland Ho                                  | <u>                                     </u> |
|   |   |                | Burger .   | 7  |
|   |   |                |  |  |
|   |   |                | A 2 18   |  |
|   |   | •              |  |  |
|   |   |                |  |  |
|   |   |                | • •  |  |
|   | <u> </u>  |                | · ·  |  |
|   |   |                |  |  |
|   |   |                |  |  |
| 100000000000000000000000000000000000000 |   |                | Total Allotment, S  Company, signed by the Volum | 7  |

Chault Jeorge Aay Loeph

July 3,1919

#5337 Pte.George Chaulk.

Burnt Island.

Burgeo & LaPoile Dist.

Dear Sir :-

Referring to your application i enclose chaque for Seventy dollars (\$70.00), being amount of first payment due you on account of the war Serice Gratuity.

Yours truly

Captain, Paymaster & O.i/c Records.

54

## DEPARTMENT OF MILLITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Decleration 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 mestion in this Declaration There asst be no blonts and no debhes. If any questions are not appliable, the words "HOT APPLICABLE" must be written out. On completion this Declaration is to be returned to MEE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOENES. .... 4 . Regtl . no . . . . to which farmer payments are to to 5.Address in full geo the 6. Date of enlistment in the Regiment .... 7. Name of dependent, if any, to when Separation Allowance is being issued or was being issued irredictally prior to your discharge ..... 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 mother soldier?.... 11. Were you on active service only in Nfld II so give dates and particulars of such service .... 12. Give total length of time which you served on active servi whether in Mfld.or Overseas

| 13. Have you had more than one enlistment? If so, give particulars   |
|--|
| of discharge and re-onlistments and under what regimental numbers.   |
|  |
|  |
| , , , ,  |
| 14. Have you already received any payment of Post Discharge pay or   |
| War Scrvice Gratuity? If so, state amount you and your dependents  |
| have already received and by whom paid. Clothing allowance back pay 6724   |
| 110-   |
| 15. Have you been issued with a War Service Badge?   |
| 16. Have you, during the present war, served in the Imperial Bolices   |
| 17. Are you entitled to receive, or have you received any Gratuity   |
| in the nature of Post Discharge Pay from the Imperial Forces? If   |
| so, state amount received, or to which you are entitled  |
|  |
| 18.Did you revert Overseas to a rank lower than the substantive  |
| renk hold by you on your arrival in England?   |
| (b) If so, was such reversion in consequence of Misconduct or  |
| inefficiency?  |
| 19.h1c you non 77-   |
| of discharge flue 3/19 (b) Reason for discharge.   |
|  |
|  |
| 20. Did you at any time serve at the front in an actual theatre of   |
| War? It so give particulars of places, and dates of such service   |
| From Hov: 23/18. fo defal. 69.4.   |
| 21.(c) Are you receiving treatment from the vivil Ro-Establishment   |
| Com.(b) If so are you in receipt of full pay and allowances from   |
| that Cormittee it to   |
| And I she this solumn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath. |

-3-

Signature of Applicant: Geo. Chaulk

Place of Residence: Burnhas Rurgeov Ra Paile

Place of Residence: Burnhas Million Roll

Declared before no at: St. Johns, Mill

This G. M. day of Kune Sturing Garthy

Suprature of Barrister of the Suprane Court Stipendiary Indiatrate; Notary Tuble, Massice of the Peace, or Commissioner of affidevits.

|      |      | DISCHARG<br>Poid<br>Soldier. |          | War sorvice<br>Gratuity. | Not amount |  |
|------|------|------------------------------|----------|--------------------------|------------|--|
| •••• | •••• |                              |          |                          |            |  |
|      |      | Cortified                    | correct. | :                        | Paymaster  |  |

July 3,1919

#5337 Pte.George Chaulk,

Burnt Island,

Burgeo.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 2250 . "

Yours truly

Captain, raymester & 0.1% c records.

# The Royal Newfoundland Regiment

| PROCEEDINGS ON DISCHARGE  |
|---|
| Intended place of residence Burnt- Sea Burger   |
| 2. Occupation — Clarko  Classification of soldier — Medical Category — A  |
| 3. The above named man is discharged in consequence ofDEMOBILIZATION.   |
| 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 37. JOHN'8 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 and date  Signature of soldier  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 and Date . Grand OHN. B  |
|   |
| 7. Enlisted for service 23-5-18. No of days on Military  Discharged from service 19-6-19 films 14 days Service 40 7   |
| 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.  Officer Commanding Discharge Depot The Royal Newfoundland Regiment.  |
| Date JUN 10 1019  |
| 9. The discharge of above mentioned soldier is hereby confirmed.  Place ST. JOHN'S.  Place Officer ile Records  The Royal Newfoundland Regiment   |

00 2079/VM9

## The Royal Newfoundland Regiment

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

| Discharge Depot: Headquare | ters The Royal Newfou | ndland Regiment         |
|----------------------------|-----------------------|-------------------------|
|                            |                       | Date                    |
| Regimental No 5.3.3.7      |                       |                         |
| Name . C. nauth            |                       |                         |
| Address . /3               | 0 مد م                |                         |
|                            |                       |                         |
| Present Medical Category   | <i>H.T</i>            |                         |
|                            | Recommended for:-     | (a) Immediate discharge |
|                            | gë a                  | O.C. Discharge Depot.   |
| 1                          | Members of Board      | Senior Medical Officer  |
|                            |                       | SevBurden               |

# The Royal Newfoundland Regiment

| DEMOBILIZATION OF   |
|---|
| Reg. No.5.3.7. Rank Le Name Chaulk 400                                      |
| Date of Britistment 23-50 & Address Bunt Isld District Burged               |
| Occupation C. Leall   |
| Recommendation S.M.B  |
| Passed to Demobilization Officer with following documents:—                 |
| Tassed to Demonization 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 4 D 400A 4 B 1915 do 2nd " 3 3      |
|   |
| B 179   |
| B 179h  |
| B 179c  |
|   |
| HM wst  |
| Date. 4. 6. 1.9   |
| PARTICULARS FOR DEMOBILIZATION  |
|   |
| r. Civil Re-Establishment.  |
| I amin a position to resume civilian occupation. Geo Chaulk                 |
| 있습니다 12명                                |
|   |
| Particulars passed to Vocational Officer for information and action:        |
| . Since to intomator and action.  |
| Date  |
| Manage Large Mary   |
| 2. Clothing.  Certified that Clothing Regulations have been complied with:— |
|   |
| (a) Clothing Allowance payable.   |
| (b) Clothing Supplied   |
| Date  |

| 3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 18.140773to his home at Burn 3.114 Burgaoand Release Certificate No. 2.32.9 issued. |
|---|
| Date 3-6-19  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  |
| Date Depot Paymaster.   |
| Discharge approved for  |
| N.F. P 36.  |
| Demobilization Officer.  APPROVED.  Documents as above forwarded to:—  Officer ijc Records.   |
| Board of Pension Commissioners. with following additional documents.  Eligible for War Service Gratulty   |
| Date JUN 19 1919 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 fellows:

To resume former occupation

Signature of Mar

aulo lowster HREK. No. Geo. Chaulk

Signature of the Vocational Officer or his Representative

Place Rt Johns.

Date 5-6-19 1911919



## 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 Disabili-

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  $I_C$  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 Chaulk George,

Regiment from which discharged Royal Newfoundland

| Regimental number   |
|---|
| Intended address Quant Glo Singu.   |
|   |
| Height on discharge 5.  |
| Color of hair on discharge durk .   |
| Complexion Chiddy.  |
| Color of eyes She,  |
| Descriptive Marks   |
| Figure on discharge M-es.   |
| Christian name of Father James .  |
| Christian name of Mother / Unnue,   |
| Wife's maiden name in full  |
| Date and place of marriage  |
| Christian names of children   |
| Place and date of soldier's birth Burnt Slo . 25 ON . 1896  |
| Place and date of soldier's birth   |
| 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) Charle George   |

Date JUN 4 1919 I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Station

ST. JOHN'S.

### Medical Report on an Invalid.

| •  | Date                                  | own.            |
|--|---------------------------------------|-----------------|
| 1. Unit Royal R. 2. Regimental No. & 3 3 | 7. Former Trade or Occupation         | erh.            |
| 2. Regimental No. & 33                   | 7 7a. If with previous service        |                 |
| 3. Rank 06                               | (a) Former Unit:                      | in minny, state |
| 4. Name Shau                             | (b) Regimental No.;                   |                 |
| 5. Age last birthday                     | 2. (c) Date of Discharge;             |                 |
|  | st Johns (d) Cause of Discharge.      |                 |
|  | n respect of which invaliding is Prop | osed.           |

#### Statement of Case.

(Other disabilities should be reported upon in answer to question No. 19).

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

M

10. Place of origin of disability.

•

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

ne

| L3. | What is his present condition?  |  |
|-----|---|--|
|     | Weight should be given in all cases when<br>it is likely to afford evidence of the<br>progress of the disability.       | deciploni for woobles                                  |
| 14. | If the disability is an injury, was it  |  |
|     | caused—   |  |
|     | (a) In action?  |  |
|     | (b) On field service? (c) On duty?  |  |
|     | (d) Off duty?   | 7  |
|     | (a) Of tary:  |  |
| 15  | Was a Court of Inquiry held on the  |  |
| •   | injury?   | <b>D</b>   |
|     | If so—(a) When?   |  |
|     | (b) Where?  |  |
|     | (c) Opinion?  |  |
|     |   |  |
| 16. | Was an operation performed? If so, what?  | · •  |
|     |   |  |
| 17. | If not, was an operation advised and  |  |
|     | declined?   |  |
|     |   |  |
| 18. | In case of loss or decay of teeth. Is the loss—of teeth the result of wounds, injury or disease, directly* attributable |  |
|     | injury or disease, directly* attributable   | 4  |
|     | to active service?  |  |
|     |   |  |
| 19. | existing, but not in themselves sufficient  |  |
|     | to cause invaliding, and state whether<br>they are attributable to or have been   | · ·  |
|     | aggravated by service during the present  |  |
|     | war.  |  |
|     |   |  |
|     |   |  |
|     |   |  |
|     |   |  |
|     |   |  |
|     |   |  |
|     |   | Phepatriation  |
| 90  | Do you recommend—   | Ineparreau.  |
| 20. | (a) Discharge as permanently unfit, or  | * 1  |
|     | (b) Change to England?  | m's  |
|     |   |  |
|     |   | Migor  |
| `   |   | Officer in medical charge of case.                     |
|     | I have satisfied myself of the  | general accuracy of this report, and concur therewith, |
|     |   | general accuracy of this report, and concur therewith, |
| ex  | cept†   |  |
| St  | ation Hange Down.   |  |
| NI. | ation Hazely Down.  | Officer in charge of Hospital.                         |
|     | ate . 1 - 5 - 19.   | amout in anima or attachment                           |

† Delete this word if no exceptions are to be made.

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

## MEDICAL HISTORY

| Surname  |              | Christian Nar   | ne jeorge | <u> </u>         |
|--|--------------|---|-----------|------------------|
|  | Table I. GEN | NERAL TABL  | E. 46     |                  |
| Birthplace:—Parish                                       | hunt Islan   | & Burge Disi.   | ty M.     |                  |
| Diffusion and  | SPECIAL      | RESERVE   | REGILLA   | R ARMY           |
|  | 222          | May 1918  | on day    |                  |
| Examined   | on day of    | 1915  | at        |                  |
|  | at 2 year    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |           |                  |
| Declared Age   | H year       | s days  | yea       | rs days          |
| Trade or Occupation                                      | Lelen        | L.  |           |                  |
| Height ···· ····   | 5 , feet     | 3. tuches   | feet      | - inches*        |
| Weight   | 12           | 1 lbs.  |           | · 1bs.           |
| Chest (Girth when fully expanded                         | 34           | inches  |           | inches           |
| ment Range of Expansion                                  | 15           | w inches  |           | inches           |
| Physical Development                                     |              |   |           |                  |
|  | Right        | Left  | Right     | Left             |
| Vaccination Marks Arm                                    |              |   |           |                  |
| (Number  |              | I a service and |           |                  |
| When Vaccinated  | RETV = 66    |   | R.E.—V=   |                  |
| Vision   | }   L.EV=    | 06.   | L.E.—V=   |                  |
|  |              |   |           |                  |
|  | (a)          |   | (a)       |                  |
| (a) Marks indicating congenital peculi-                  |              |   |           |                  |
| arities or previous disease                              |              |   |           | - Aller          |
| •  |              |   |           |                  |
|  | (b)          |   | (8)       |                  |
| (b) Slight defects but not sufficient to cause rejection | {            |   |           | _                |
|  |              |   |           |                  |
| Approved by (Signature)                                  | Januar       | Piran   |           |                  |
| (Rank)   | quinim       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |           |                  |
| (Rauk)   | 5            | Medical Officer   |           | Medical Officer. |
|  | Tat Skyohus  |   | at        |                  |
| Enlisted   | on 232 day   | y of May 1918   | on da     | y of 191         |
|  | Corps.       | Regtl. No.  | Corps     | Regtl. No.       |
| Joined on Enlistment                                     | Royae Hea.   |   |           |                  |
|  | Regiment     | 8334.   |           |                  |
|  | 11 0         | 1   |           |                  |
| Transferred to   |              |   | -         | 1                |
| 90   |              |   |           |                  |
| Became non-effective by                                  | 2            |   | i i       | ay of 191        |
| (Signatu   |              | y of 191  | on da     | iy of 191        |
|  |              |   |           |                  |
| (Ran   | c)           |   |           |                  |
|  | •            |   |           | P.T.O.           |

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.

| Mark Barrier |                 |      |                        |  |
|--------------|-----------------|------|------------------------|--|
| Date 145.77  | estalita menega |      |                        | Laff the stablest of Anomala.                  |
| . 0          | -               |      |                        |  |
|              |                 |      |                        |  |
| 7-7-18       | Re Vacc         | . Lo |                        |  |
| 24-5-18      | 7               | fo   |                        |  |
| 4-7-18       | TAB             | 10   |                        | •  |
| 20-1-18      | 1A.B.           | 40   |                        |  |
|              |                 |      |                        |  |
|              |                 |      |                        |  |
|              |                 |      |                        |  |
|              |                 |      | It is hereby certified | that this soldier                              |
|              |                 |      | - 7 C a Tra            | TOUR DE TOUCH                                  |
|              |                 |      | Deand and has ord      | 10 0 0 0                                       |
|              |                 |      | F for Discharg         | seon Denty or conce                            |
|              |                 |      | tion. Medical cates    | ory Hourst                                     |
|              |                 |      | tion. Medical cates    | An bent Air class  Discharge Depth-Herman hand |
|              |                 |      |                        |  |
|              |                 |      | * (1987)               |  |
|              |                 |      |                        |  |
|              |                 |      |                        |  |

#### Table IV.—SERVICE TABLE.

| Station or Troopship | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation | Station or Troopship | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation |
|----------------------|--------------------------------------|---|----------------------|--------------------------------------|---|
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      | -   |
|                      |                                      |   | The second second    |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      | (   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |
|                      |                                      |   |                      |                                      |   |

| rmy For                | n B. 103.          |  | Regi              | mental N            | umber 533   |
|------------------------|--------------------|--|-------------------|---------------------|---|
| * * *                  |                    | Casualty/Form Active   |                   |                     |   |
| . 0                    | Regi               | ment of Corps V. / Lew Kow   | ndland            | 0                   |   |
| nk 1                   | Le Surname         | vo trulle 1  | stian Name        | 9                   |   |
| ligion                 | 6.9                | \(\alpha\)   | istment 2/        | NEW YORK STREET     |   |
| alisted (a             | 23/5/18 1          | erms of Service (a) Duration   | Sorvice reals     | na from (           | 23/5-/10  |
| 117 - 1. 11 /          | 7 ( )              | rank Date of ar  | Dervice recko     | ns irom (           | u)/   |
| re or pro              | mosion to present  |  | pointment to la   |                     |   |
| xtended                | Re-                |  | ion (b)           |                     |   |
| (                      |                    | or Corps   | Trade and Rate.   |                     |   |
| cupation               | Oler               | R //   | 12000             | Sig                 | nature of Of  |
|                        | Report             | Record of promotions, reductions, transfers, casualties,   | ***               |                     | Remarks   |
| Date                   | From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case, | Place of Casualty | Date of<br>Casualty | Taken from Army F<br>B.213, Army Form A<br>or other official<br>documents |
|                        |                    | Embarked   |                   |                     |   |
|                        |                    | Disembarked  | 28 NOV 19         | 18                  |   |
|                        |                    | Joined Batt.   | 7                 | IAN                 | F010  |
|                        |                    |  |                   |                     | 1010  |
|                        | -                  | Paris and it I'M   |                   | 0.1.1.              |   |
| Market Committee       |                    | white a wr.  |                   | 43, T.19            |   |
| N. Steller             |                    |  |                   | -                   | -   |
|                        |                    |  |                   |                     |   |
| 4                      |                    |  |                   |                     |   |
| 1.5                    |                    |  |                   |                     | •   |
| AND THE REAL PROPERTY. |                    |  |                   |                     | State State   |
|                        |                    |  | was to            |                     |   |
|                        | Z                  |  |                   | - 5/                |   |
|                        |                    |  |                   |                     |   |
|                        |                    |  |                   |                     |   |

Deat of this in the case of a man who has re-engaged for, or enlisted in Section D. Army Review-P. particulars of such re-engagement or enlistment will be entered.

Order Symbol Schub, &c.

Order

Nº 6128



## THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

|                                |  | the undermentioned Perso   | n and Pe             | Cents, per diem, f<br>rsons, such payment to be m<br>y Certificates by the Person | ade on | proof            |
|--------------------------------|--|----------------------------|----------------------|---|--------|------------------|
| concern                        | ed, viz.:<br>Allotment begins                                  | 1                          |                      |   | or * ' | er soms          |
| Identity<br>Certificate<br>No. | Whether Wife, Child.<br>other Relative or<br>Friend            | NAME (in full)             |                      | Address   |        | OUNT<br>person)  |
| 395                            | Father   | James Chalk                |                      | Burnt Island Hr   |        |                  |
|                                |  |                            |                      | Burger  |        | 70               |
|                                |  |                            |                      |   |        |                  |
|                                |  |                            |                      |   |        |                  |
|                                |  |                            |                      |   |        |                  |
|                                |  |                            |                      |   |        |                  |
|                                |  |                            |                      |   |        |                  |
|                                |  |                            | M.E.                 |   |        |                  |
|                                |  |                            |                      |   |        |                  |
|                                |  |                            |                      |   |        | -59              |
|                                |  |                            |                      |   |        |                  |
|                                |  |                            |                      | Total Allotment, S  |        | 70               |
|                                | This form must be<br>signed by the Office<br>required payments | er Commanding Company as   | nmanding<br>id hande | Company, signed by the Volund to the Paymaster as authority                       | to mal | unter-<br>ke the |
| (Sig.)                         | lustion  | Lent                       | (Sig                 | George C  | h      | al.              |
|                                | C  | Officer Commanding Company |                      | k) Pti  |        |                  |

## Fold Here

#### ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

| is/are forwa      | rded herewith to        | 1                    |
|-------------------|-------------------------|----------------------|
| ئە د <sup>.</sup> | George Chaulk           | ANG BIH MO           |
|                   |                         |                      |
| in respect o      | f his service as No. 5  | 337 Rank Pte.        |
|                   | and Albert              | Royal Nfld. Regt.    |
| Name              | G. Chaulk               | Nild Forestry Corns. |
| itt,              | ers of Alim             |                      |
| Receipt           | of the same should be a | cknowledged hereon.  |
| Received          | British Bar             | medal -              |
|                   | George 66               |                      |
| Date 04           | Povember &              | 3 4 1921             |

Address Burnt Islands Garbour

[P.T.O.]

The accompanying Victor, Medal and or British War Medal

#### Receipt for Army Book 64

No. 5337 Name I hault

To Certify that I have received the AB 64 of the above named Soldier.

None Neo . Wm. Chauls

Date August 2 /1970 Place Burnt Solands. Hr.

H.B. For completion and return to the Department of Militia insert in corner of cavaloge "AB 64"

Squadron, Troop, Battery and Company Conduct Sheet Army Form B. 121. Voyal Plewfound Grand Care Number of Sheet Core B 121 20 Regimental Number and Name Good Conduct Badges, Service pay or proficiency pay No Age on 91 Place and Date 1 St John's Religion of Enlistment Toined Toined Date Toined Date years. 6 Sunt old. 6 Sware Inined -Date Date of Date of award or of order Place Name of OFFENCE Punishment awarded Ry whom awarded Witnesses REMARKS dispensing with trial Nazely D Camp 29/8/18 9he Being on maning col Biolopa 2 days CB 305/5 Caps mil Long mill. Demobilized Sohn's 3 79 To be carried over.

1 5357

Demobilization E

# The Royal Newfoundland Regiment

| Reg. No. 5337 Rank Le Name Blanch 400   |  |  |  |  |  |
|---|--|--|--|--|--|
| Date of Enlistment 23-5-18 Address Burn + Ill District Burges                           |  |  |  |  |  |
| Occupation & Luk Classification for Discharge E Medical Category 4 I                    |  |  |  |  |  |
| Recommendation S.M.B  |  |  |  |  |  |
| Passed to Demobilization Officer with following documents:—                             |  |  |  |  |  |
| N.F. P 36   B 268   B 121   N.F. Med   D.F. 1   J.                                      |  |  |  |  |  |
| 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 Porm K do 4th 5   |  |  |  |  |  |
| B 100   |  |  |  |  |  |
| B 179c B 120 M 93   |  |  |  |  |  |
| Date. 4-6-19 fr.O.C. Discharge Depot.   |  |  |  |  |  |
| PARTICULARS FOR DEMODULIZATION  |  |  |  |  |  |
| r. Civil Re-Establishment.  I amin a position to resume civilian occupation. Geo Chaulk |  |  |  |  |  |
| I amin a position to resume civilian occupation.  |  |  |  |  |  |
| I amin a position to resume civilian occupation. Led Hohanle                            |  |  |  |  |  |
| I amin a position to resume civilian occupation. Teo to handle                          |  |  |  |  |  |
| Particulars passed to Vocational Officer for information and action.                    |  |  |  |  |  |
| Particulars passed to Vocational Officer for information and action.                    |  |  |  |  |  |
| Particulars passed to Vocational Officer for information and action.  Date              |  |  |  |  |  |
| Particulars passed to Vocational Officer for information and action.  Date              |  |  |  |  |  |
| Particulars passed to Vocational Officer for information and action.  Date              |  |  |  |  |  |

| 3. Transportation and Release Certificate.  |
|---|
| The above named has been provided with Travelling Warrant No. 18.1467. 7.17 ho his home   |
| at B. W.M. J. S. A. B. B. Grand Release Certificate No 2324 issued.   |
| Date 3-6-19 Demobilization Officer  |
| Downst Alleman  |
| 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  |
| Date Depot Payrpaster.  |
| 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   |
| Б 178. W 3494. B 122. Board 1st. " 2  |
| B 178a D 400A B 1915 do 2nd   |
| B 179 "D 400B Form L do 3rd " 4 "   |
| B 179a D 400C do 4th  |
| B 179b B 103 ME 2 " 6 " 6   |
| B 179c B 120 M 93   |
| 5. 6. 19 Sell throwlast.  |
| Date  |
|   |
| APPROVED.   |
| Documents as above forwarded to:—   |
| Officer ilc Records.<br>Board of Pension Commissioners.   |
| with following additional documents.  |
| Eligible for War Service Gratulty   |
| D41   |
| Date JUN 19 1919.   |
| O. C. Discharge Depot.  |
| Received the above noted documents from O. C. Discharge Depot.  |
| Received the above noted documents from O. C. Discharge Depot.  |
| Date June 1/19 Of of fections   |
| Date  |
| Victorial Control of the Control of |

•

337 Rank Mt. Name Chaulk Geo.

Address Boonf Islds. Allotment ..... Allottee Returned on S.S. Corseeau Cause Discharge PASSED TO DEMOBILIZATION OFFICES