



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4694 Name John Chato ~~Corps~~ RF

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

1. What is your name? ..... 1. John Chato
2. What is your full Address? ..... 2. 20psail
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 21 Years 0 Months
5. What is your Trade or Calling? ..... 5. farmer
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, John Chato ..... 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.

John Chato ..... SIGNATURE OF RECRUIT.

John W. Pittman ..... Signature of Witness.

John Chato ..... DOATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, ..... 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 .....  
on this 25th day of April 1918

Signature of Attesting Officer ..... James Pitt

### †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) .....

20 psail 2-5-18

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Chatoz  
 Apparent age ..... years ..... months. Height  feet 7 $\frac{3}{4}$  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 John Chatoz 22 France  
Chatoz | Relationship father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>25-4-1918</u>									
Joined at <u>St. Omer</u> on <u>April 25-1918</u>									
<u>Discharged July 6/19</u>									
<u>Report for duty 2.5.1918</u>									
<u>Embarked St. Omer train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for B.C. 26-10-18</u>									
<u>Disembarked France 26-10-18</u>									
<u>joined Battalion France 3-4-18</u>									
<u>transferred from France 22-4-19 Arrived Home Centre 22-4-19</u>									
<u>to field for demobilization 22-5-1919. Arrived Longbeundland 1-6-1919</u>									
<u>Demobilization St. Omer 4-7-1919</u>									
Total Service forfeited as above .....									

Total Service towards Engagement to 4-7-1919 (date of discharge) 1 years 65 days  
 Pensions .....

C.R. 4694

Extract from Serial 1011 re-inforcement draft No. 55: Substantiated Falkenstein  
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Havelock Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, D.S.F.

4694 Pte. Chaytor, J.

C.R. 4694

Extract from Daily Orders Part II Unit the Royal Wfld.  
Regt. 588888 By. Lt. Col. T.O. Mathias, D.S.O. Commanding  
1st Bn. 5-11-18.

The following joined the Bn. 5-11-18.

4694 Pte. J. Chayter.

A Coy.

C.R. 4694

Extract from Daily Orders Part 11. from Unit the Royal Wfld.  
Regiment, St. John's, dated June 14th 1918.

4694 Pte. J. Chater.

Embarked for Overseas with draft 11-6-18.

C.R. 4694

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated April 26, 1918.

#4694 Pte. John Chaytor.

Attested for General Service with the Royal Nfld. Regt.  
from 25/5/18. to report 2/5/18

C.R. 4694

Extract from Daily Orders Part II Unit The Royal N.M.A.  
Regt. St. John's, July 7th, 1918.

The discharge of the interneted on demobilization has been  
COMPLETED BY OFFICER i/o Records with effect from 2-7-19.

4694 Pte. John Chaytor.

C.R. 4694

Extract from Daily Orders Part II Unit (The Royal WFLA.  
Regt. St. John's, June 23rd, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.G. Discharge Depot with effect from  
~~19-6-19.~~ 19-6-19.

4694 Pte. J. Chater.



**C.R.** 4694

**Extract from Medical Board held on June 16th.  
1919. The following were the findings.**

4694 Pte. J. Ghaytor.

**Recommended discharge from the Army.**

C.R. 4694

Extract from Daily Orders Part 11 Depot. St. John's,  
Date June 18th 1919.

4694, Pte. J. Chaytor.

Reported at Headquarters 1/6/19. BX "Corsican"  
which sailed Liverpool May 22/1919.

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C.R. 41694

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

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4694 Pte. J. Chaytor.

J. Heater

C.R.

2694

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**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 Newfild*..... 7. Former Trade or Occupation } *Farmer*
2. Regt. No. *4064* 3. Rank: *Pte*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Chaytor J*..... (a) Former Regts. or Corps; (Surname) (Christian Names) with Regt. Nos.
5. Age last birthday *22*.....
6. Posted for duty on *25. 4. 18* at *St John's* 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 (if any)
- (b) Where
- (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (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."
- nil*
11. Date of origin of disability.
- nil*
12. Place of origin of disability.
- nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | }                   | }                 |
| (ii.) Previous active service .. .. .                      |                     |                   |
| (iii.) Climate in pre-war service .. .. .                  |                     |                   |
| (iv.) Ordinary military service before the war .. .. .     |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. } |                     |                   |

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

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

*He employs few disabilities*

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 invaded at Foreign Stations.

*Repatriation*

*W. D. Brown*  
 Medical Officer in charge of case.

Station *Hazley D. Camp*

Date *29. 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







No. 14740/1499

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,  
2/Bn. R. Newfoundland Regt.  
Winchester.

13th, September 1918

Subject: 4594, Pte. H. Dawe

With reference to the following telegram (8078 ) from the Hon. Minister of Militia, received

\*Pay to 4594 Dawe £10. 0. 0

Draft £10. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*J. B. Anderson*  
Chief Paymaster & O. i/c Records.

Witness

*Dr. B. Wainwright*

*Sept. 17* 1918

Receipt hereunder.

*J. J. Barton*

COMMANDING OFFICER ROYAL NEWFOUNDLAND REGT.  
Officer Commanding, *ad* Batt'n  
Royal Newfoundland Regiment

Received the sum of ten  
pounds on account of  
cable remittance from Newfoundland.

Harry Dawe  
No. \_\_\_\_\_ Rank \_\_\_\_\_

No. 6458/919

*Adroy*

*099337*

M.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.  
2nd Batty. Ryl. Nfld. Regiment  
*J.C.*  
Winchester.

29th April 1919

4694 Pte. J. Chaytor

*May 8<sup>th</sup>* 1919

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (145)

*J. Chaytor*  
Officer Commdg. *2nd* Batt'n.

"Pay to- 4694 J. Chaytor

£10-0-0

Received the sum of *Ten*

Cheque £10-0-0 is enclosed for payment to this Soldier.

*pounds £10-0-0* in respect of

Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

*H. O. Minard*

*J. Chaytor*

Chief Paymaster & O. i/c Records.

No. *4694* Rank *Pte.*

Witness *French W Sgt*

To Mr John Chayter,  
Stamels.

Newfoundland

Cable ten pounds through  
Malta.

H. G. P. J. Chayter

257

Chator, J.

4694

Ray Sept.

The Royal Mtd. Regiment

DEMOBILIZATION

No. *4694* Rank

Name *Blator J*

Warned for demobilization on

JUN 19 19

July 4, 1919

#4694 Pts. John Chator,

Topsail C.B.

Dear Sir :-

Please find enclosed Discharge Certificate

No. 2654.

Yours truly

Captain  
Paymaster & O.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4694 Rank Plt Name Chaton J  
 Intended place of residence Toprail St John  
 2. Occupation Farmer  
 Classification of soldier B Medical Category E

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 JUN 19 1919 ST. JOHN'S  
 Date ST. JOHN'S Commanding Discharge Depot  
H. Muns H.  
 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 JUN 18 1919 ST. JOHN'S  
J. Chayton  
 Signature of soldier  
Admission  
 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 JUN 18 1919 ST. JOHN'S  
J. Chayton  
 Signature of soldier  
James O'Neenan  
 Signature of witness S.P.

### STATEMENT OF SERVICE

7. Enlisted for service 25-4-18 No of days on Military  
 Discharged from service 19-6-19 PLUS 14 DAYS Service 435

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S R. H. Last Major  
 Date JUN 19 1919 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St Johns Nfld J. Bouley Capt  
 Date July 4 1919 Officer i/c Records  
 The Royal Newfoundland Regiment

*Handwritten note:* 27 B 209/1654

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4694 Rank R/1 Name Chater J  
 Date of Enlistment 25.4.18 Address St. John's District St. John's  
 Occupation Farmer Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 10% 6 mos  
 Passed to Demobilization Officer with following documents: —

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	" 6	" 6	
B 179c	B 120	M 93			

Date 18.6.19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am [Signature] in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 19-6-19 [Signature]

#### 2. Clothing.

Certified that Clothing Regulations have been complied with: —

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied [Signature]

Date 19-6-19 O. i.c. Re-clothing [Signature]



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 2925 issued.

Date 19-6-19

*J. M. Bloustein*  
 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 19-6-19

*J. M. Bloustein*  
 Depot Paymaster.

Discharged approved for 19-6-19  
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	1	<i>Form B</i>
B 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 400A	B 1915	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B179c	B 120	M 93				

Date 19-6-19

*J. M. Bloustein*  
 O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records,  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 19 1919

*R. H. Jant 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 take a course in Motor Mechanics

*J. Hayter*

Signature of Man.

Reg. No. 4694

*A. Hutter*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*June 19th 1919*

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

# MEDICAL HISTORY

OR

Surname

*Charos*

Christian Name

*John*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*St. John's*

County

*Nfld*

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at		at	
Declared Age		years	years	days
Trade or Occupation				
Height		feet	feet	inches
Weight		lbs.	lbs.	
Chest Measurement	Girth when fully expanded		inches	
	Range of Expansion		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R. E.—V		R. E.—V	
	L. E.—V		L. E.—V	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Lambert Paterson</i>			
(Rank)				
Enlisted	at		at	
	on	day of	on	day of
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>The Royal 469th Nfld Regt</i>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				





## 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. & 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 *John C. Kator*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *4694*  
 Intended address *St. Johns.*  
 Height on discharge *5* Feet *9*  
 Color of hair on discharge *Black*  
 Complexion *Dark*  
 Color of eyes *Brown*  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge *Tall*  
 Christian name of Father *John*  
 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 *Topsail 22 Sept. 1897*  
 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)

*John C. Kator*

*Pte*  
(Rank)

Station

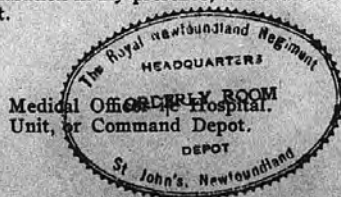
Date

*14/6/19*

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.

Station

Date



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

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

1. Unit and Corps... **Royal Newfoundland.**..... 7. Former Trade or Occupation }  
2. Regtl. No. **4694** 3. Rank... **Pte.**..... 7a. If the soldier claims previous service in Army, he should state—  
4. Name ... **Chaytor J.** ..... (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.  
5. Age last birthday... **22**.....  
6. Posted for duty on..... at.....  
in category (or grade).....  
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.  
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. **NIL.**  
12. Place of origin of disability.  
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.

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) "The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. **PAIN IN BACK & NERVOUSNESS.**

(b) The present condition thereof.

**Has been nervous for the past 12 months. Pulse 72. Very slight tremor in fingers.**

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	<b>No.</b>	<b>Was.</b>
(ii) Previous active service	.....	.....
(iii) Climate in pre-war service	.....	.....
(iv) Ordinary military service before the war	.....	.....
(v) Serious negligence or misconduct on the part of the soldier	<b>No.</b>	.....

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .....

**Nil Service.**

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

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

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

15. What is his present condition? **He complains of no disability. He complains of pain in back & nervous tremors. He cough but states he has got thinner,**
- (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— **Repatriation.**

- (a) Discharge as permanently unfit?  
(b) Change to United Kingdom?

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

**W. D. PROCTOR, CAPT. R.A.M.C.**

Medical Officer in charge of case.

Station .....

Date .....

\* 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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

**10% 6 Months.**

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

**Yes.**

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

**Yes.**

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require :—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures :—

**H. S. FERDER.**

{ President or  
Chairman.

Station ... **ST. JOHN'S.**

**J. S. TAIT.**

{ Members.

Date ... **June 16/19.**

**L. PATTERSON, MAJOR.**

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ... **JUN 16 1919**

**(SGD) CLJUNY MACPHERSON, MAJOR.**

Only applicable in cases of Patients in Hospitals.

Date ...

Officer in charge, Central Hospital.

Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

O.C. Discharge Centre.

Date .....



# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No. 4694

Name Chater, J. Rank Pte

Address St Johns.

Present Medical Category F

Recommended for:— { (a) ~~Immediate discharge~~  
(b) Standard Medical Board

Members of Board {

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

P. Peterson  
Senior Medical Officer

G.W. Bunden  
M. O. Depot

No. 4194 Name *Chester J.* Sqn., Batty., or Company *A* Corps *ROYAL NEWFOUNDLAND REG.* Date of enlistment *25/10/18* Service or Proficiency Pay *15/1/19*  
 Date of last entry in Company Conduct Sheet *16/1/18* No. and date of last drunk *12/1/18* Period not reckoning towards freedom from extra fine *12/1/18* Sheet No. *110* Signature O.C. Company, etc. *J. M. [Signature]* Character *[Signature]*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rosedale</i>	<i>16/1/18</i>	<i>Pte</i>		<i>Deficient of iron rations</i>	<i>Capt. Moore</i>	<i>Admonished</i>	<i>16/1/18</i>	<i>W. J. [Signature]</i>	<i>B7</i>
<i>Rosedale</i>	<i>24/12/18</i>	<i>Pte</i>		<i>Def. of powder &amp; gun. sent to care of [Signature] [Signature] [Signature] [Signature] [Signature]</i>	<i>Capt. Moore</i> <i>Lt. Bennett</i>	<i>pay for same</i> <i>pay for same</i>	<i>26/12/18</i>	<i>[Signature]</i>	<i>[Signature]</i>
<i>Rosedale</i>	<i>16/8/19</i>	<i>Pte</i>		<i>neglect of duty whilst on guard</i>	<i>C. S. N. [Signature]</i> <i>Ch. Cuff</i> <i>[Signature]</i>	<i>[Signature]</i> <i>7 Days P.F.</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
<i>Rosedale</i>	<i>18/3/18</i>	<i>Pte</i>		<i>Deficient of G. Shirt, Vest, Drawers and Socks</i>	<i>[Signature]</i>	<i>pay for same</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>Value 2/6</i>
<i>Rosedale</i>	<i>15/4/19</i>	<i>Pte</i>		<i>Deficient of Ket -/9</i>	<i>[Signature]</i>	<i>pay for same</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

Army Form B. 122

## Casualty Form—Active Service.

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.  
 Rank Plt Surname Chato Christian Name John  
 Religion C. I. Age on Enlistment 21 years — months  
 Enlisted (a) 2/4/18 Terms of Service (a) DURATION Service reckons from (a) 2/4/18  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended (.....) Re-engaged (.....) Qualification (b).....  
S for Corps Trade and rate.....  
 Occupation Farmer Signature of Officer W. H. Emerson

Report		Record of promotions, reductions, transfers, casualties, &c. during active service. As reported on Army Form B.215, Army Form A. 25, &c. in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.215, Army Form A. 25, or other official documents.
Date	From whom received				
		Embarked ...	<u>26 OCT 1918</u>		
		Disembarked ...	<u>3 NOV 1918</u>		
	<u>BC. Unit.</u>	<u>Awarded 7dys. F.P. No 2 for "neglect of duty while on Guard"</u>		<u>18/3/19</u>	<u>AT B 2069.</u>
		<u>Arrived in UK.</u>		<u>15/4/19.</u>	

(a) In the case of a man who has re-engaged for, or entered into Section D, Army Reserve, particulars of such re-engagement or enlistment shall be entered in the column headed "Remarks".

(b) For fuller particulars, see Army Form B. 103, Army Form A. 25, &c.

Printed and Published by the War Office, London. P. & S. Ltd., Form B. 103 & 1057.

P.T.O.

Next of Kin  
Father John Chato, Topsail Bay, Newfoundland.

July 5, 1919

#4694 Pte. John Chaytor,

Topsail, C.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 & O.i/c Records.

600

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... *John* ..... 2. Surname... *Clayton* .....

3. Rank... *Rte* ..... 4. Regt. No. *24694* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Doparis C.B.* .....

6. Date of enlistment in the Regiment... *April 25/18* .....

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

8. Relationship of such dependents... *no* .....

9. Address in full of such dependents... *no* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no* .....

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

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

*all my days* ..... 13. ....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

.....  
.....  
.....  
.....  
.....

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 Forces?

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 rank held by you on your arrival in England?

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

19. Are you now serving in the R.C.S.T.? If not give - (a) Date of discharge

.....  
.....  
.....

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.

.....  
.....  
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *John Chapter*

Place of Residence: *Napsaic C.B.*

Declared before me at: *Dr. John Apen*

This *21<sup>st</sup>* day of *June* 19*19*.....

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

POST DISCHARGE PAY.

Date paid	Widow	Paid Soldier.	Dependents	War Service Classify.	Net amount due
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Certified correct.

Pagmaster





Receipt for Army Book 64

No. .... *4694* ... Name *Chaste* .....

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

*John Chaytor*  
Name .....

Date *July 22 received* .....

Place *Gahquil* .....

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

*7*

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

Army Form B. 121.

Forms  
B. 121.  
39.Number of Sheet 210Regiment of Royal NewfoundlandSignature of O. C. Company C. James Kent

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Chater 2nd</u>	Age on	<u>21</u> years <u>0</u> months	<u>Farmer</u>	
<u>4694</u>		Place and Date of Enlistment	<u>St. Johns</u>	Religion	
Joined		Date	<u>25.4.14</u>	<u>C of E</u>	
Joined		Date	} with Colours <u>1 3/4</u> years. } with Reserve <u>3/4</u> years.	Place of Birth	
Joined		Date		<u>Topmas CB</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>	<u>4</u>	<u>7</u>	<u>19</u>		

To be carried over

Army Form B. 121.

54694  
Demobilization Form 3

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4694 Rank PLT Name Chapman J  
 Date of Enlistment 25 4 18 Address St John's District St John's  
 Occupation Farmer Classification for Discharge B3 Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 10% 6 mos  
 Passed to Demobilization Officer with following documents:—

N.F. 1936	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board Ist	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 18.6.19 J. A. Howcroft  
 O. C. Discharge Depot.

## PARTICULARS FOR DEMobilIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date VII: 19-6-19 J. A. Howcroft  
19-6-19 J. A. Howcroft

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Ambleton

Date 19-6-19 O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 2925 issued.

Date 14-5-19 *C. M. Blouster*  
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 14-6-19 *W. H. [unclear]*  
Depot Paymaster.

Discharge approved for 14-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	<i>Form A</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 14-6-19 *C. M. Blouster*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 19 1919 *R. H. [unclear]*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 3/19 *[Signature]*

Reg. No. 4687 Rank Pvt. Name Chater J.  
Attested ..... Address St. Johns  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas .....  
Returned on S.S. .... Cause Discharge

18.6.19  
19.6.19

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED BY DEMOBILIZATION.**

**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 F., 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 New Zealand* }  
 4694 2. Regt. No. *4684* 3. Rank. *Pte* } Former Trade or Occupation } *Farmer*  
 4. Name *Chastor J.* }  
 (Surname) (Christian Names)  
 5. Age last birthday. *22*  
 6. Posted for duty on *25-4-18* at *St. Johns.*  
 in category (or grade).....  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regt. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service \*  
 (c) on duty (d) off duty ?  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
 11. Date of origin of disability. *nil*  
 12. Place of origin of disability. *nil*  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service .. .. .                              | } na                | }                 |
| (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? } na

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

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

*He complains of no disability -  
 He complains of pain in back, and nervous tremors; no cough; but states he has got rheum.*

16. Was an operation performed? If so, when and what was its nature? .. .. . ne
17. If not, was an operation advised and declined? .. .. . ne
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? .. .. . ne
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? .. .. . ne

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.S. Proemier Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *St. George's, D. 2000*  
 Date *28. 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *Pain in back & nervousness.*
- (b) The present condition thereof.

*Has been nervous for the past 12 months. Pain in very slight tremor in fingers*

22. State whether the disabilities are:—

- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                              | (a) Attributable to | (b) Aggravated by |
| (ii.) Previous active service .. .. .                                    | <i>no</i>           | <i>Yes</i>        |
| (iii.) Climate in pre-war service .. .. .                                |                     |                   |
| (iv.) Ordinary military service before the war .. .. .                   |                     |                   |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | <i>no</i>           |                   |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

*Shilling, Serbia*

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

10% Six months

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Yes

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

*[Signature]*

President or Chairman.

Station *St. John's*

*[Signature]*

Members.

Date *June 16/19*

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *JUN 16 1919*

*[Signature]*  
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Date *No.*

Discharge Approved under Para. 392 ( ) King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date