



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5865 Name James Chesman Corps R. I. C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Chesman
2. What is your full Address? 2. Bushoon P. B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. } Name
- } Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... 11. Yes

I, James Chesman 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.

29.7.18. James Chesman SIGNATURE OF RECRUIT.

P. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Chesman 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 St. Johns on this 29 day of July 1918

Signature of Attesting Officer P. D. Dickson Cent.

† 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 July 30 1918

Place St. Johns } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5865

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

Name James L. Heisman
 Apparent age 22 years months. Height 5 feet 9 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Joseph L. Heisman
Bushoon, P. B. | Relationship Brother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-7-8</u>									
Joined at <u>M. H. S.</u> on <u>July 29, 1915</u>									
<u>Discharged August 11, 1919</u>									
Embarks M. H. S. train to Halifax N.S. <u>22-9-18</u>									
To Newfoundland for demobilization <u>24-6-19</u>									
Arrives Newfoundland <u>1-7-1919</u>									
<u>Demobilization M. H. S. 4-8-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 7 days
 " " Pensions " " " " " " " " " " " "

C.R. 5865'

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date 4-8-19.

5865, Pte. J. Cheeseman.

C.R. 5865

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

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

5865 Pte. Jas. Cheeseman

C.R. 5865

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.
St. John's, July 3rd, 1919.

5865 Pte. J. Cheeseman.

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

C.R. 5865

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 55 Sent by _____ Rec'd by _____ Check ✓ No. _____

Place from Rushoon

To Maine St.
J.R. Bennett



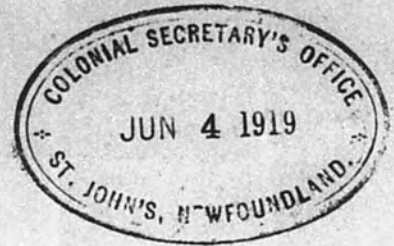
Reply in Cheeseman
5865 and 5862 ^{cheeseman} Arrived
in Draft.

John J. Cheeseman

No further

C.S.O.

Former message sent you for
reply.



C.R. 5865

Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connect on with the Telegraphic system or service of the N. P. T.

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

(NOT TRANSMITTED)

Signature of Sender _____ Address 11111 Dept.

Line Number	Rcd	By	Sent by	Check

Dated **June 5th. 1919.**

To **John J. Chocoman, Bushoon, Baine Hr.**

MSG TO INFORM YOU 5065 CHOCOMAN AND 5062 CHOCOMAN DID NOT ARRIVE WITH DRAFT.

**A. E. HICKMAN
MINISTER OF NIGERIA.**

URGENT TO DEPT. OF NIGERIA.

FOR TYPEWRITER

C.R. 5865

Extract from Daily Orders part 11, By Lt.Co. B. J. BARTON
Commanding 2nd., Battalion of the Royal Newfoundland
Regiment dated 18-12-18.

THE undermentioned ~~xxxxxx~~ having reported back from from
Hospital are taken on the strength and posted to "C" Co.,
23/11/18.

5731 Pte. D. Dobbin,

#5872 Pte.A.Laughlan

⁵⁻⁸⁶⁵
~~#5865~~ Pte.J.Cheeseman.

C.R. 5865

Extract from Casualties received from Pay & Record
Office, London dated October 19th., 1918.

5865 Pte^a J. Cheeseman.

THE ABOVE MENTIONED (from H. M. Transport) were admitted
to 4th., Southern G. Hosptl. Plymouth. 11/20/18.

C.R. 5865

Extract from ~~XXXXXXXXXX~~ Nominal Roll Entrained At. St. John's
for Overseas Sept. 22, 1918.

5865 Pte. Cheesman James.

C.R. 5865

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's Sept. 24/18/

THE FOLLOWING MAN RETURNED FROM SPECIAL DUTY AT MOUNT BEARL
19-9-18.

5865 Pte. J. Cheeseman.

C.R. 5865

Extract from Daily Orders Part 11 Unit The Royal Field. Regt.
St. John's, dated Sept. 9-18.

The undernoted man proceeded on special duty to Mount Pearl
9-9-18.

⁵⁸⁶⁵
~~5868~~ Pte. J. Cheeseman.

C.R. 5865

Extract from Daily Orders part 11, from Unit The Royal
Hild. Regt. St. John's, dated July 20, 1916.

#5865 Pte. James Cheeseman.

Attended for General Service with the Royal Hild.
Regt. from 23-7-16

J. C. Chuseman

C.R. 5865

1890

8

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* } Former Trade or Occupation } *Fitterman*
2. Regtl. No. *5865* 3. Rank..... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Phuseman James* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday..... *22*
6. Posted for duty on *July 29/16* 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?
9. If a Court of Inquiry was held on an injury state :—
 - (a) When (b) Date of Discharge ;
 - (b) Where (c) Cause of Discharge.
 - (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *dc. Sates. he was in Hospital*
12. Place of origin of disability. *2nd House. Dergport - for 103 days with Influenza*
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. *Discharged cured July 12/1919
Returned to Scot - to Light Duty*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war *Yes*
 - (ii) Previous active service *na*
 - (iii) Climate in pre-war service *na*
 - (iv) Ordinary military service before the war *na*
 - (v) Serious negligence or misconduct on the man's part. } *na*
- 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, disablities, &c., a specialist's report is to be attached with radiographs when 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.)

*General Condition Good
Health sound, normal
For first 3 weeks
Completes of occlusion
Rain over right lung front - -*

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

Repatriation

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

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

W.S. Procuier, Capt-Retire
Medical Officer in charge of case.

Station *Hazley Down*
Date *26/1/19*

* 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.
- (b) The present condition thereof.

22. 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 part of the soldier | | |
- Give details:

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

23. Is the disability in a final stationary condition? If
- (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 24.

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?

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)?

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?

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:—

Station *Agely D Camp* } President or
Date *126/5/19* } Chairman.
..... } Members.

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

Station }
Date } Only applicable
Officer in charge, Central Hospital. } in cases of
Hospitals.

OR

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 }
Date } O.C. Discharge Centre.

19727/1

Millbay Coiv.
Plymouth.

3rd December 8

5865 Pte

J. Cheeseman

1:0:0

Chq no 11139
Date 3-12-18

P.S.

No. 7663 / 1500

P.D 099954
N.F.P. 79.
8.5.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester.

19th May 1919

5865 Pte. J. Cheeseman

With reference to the following telegram from the Minister of Militia / / 19 (192):

"Pay to-5865 J. Cheeseman
£10. 0. 0.

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

A. A. Munroe
Chief Paymaster & O. i/c Records.

May 21st 1919.

Receipt hereunder for
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2 Batt n.

Received the sum of £10. 0. 0
Ten pounds. in respect of telegraphic remittance from the Minister of Militia.

J. Cheeseman
No. 5865 Bank Pte
Witness: J. Perry

21036/2

Hillbay, V.A.D.

18th December

8

Hillbay, Plymouth.

5865

Pto

J. Cheeseman,

1:0:0

Cheque no 11214
Date 18-12-8

P.S.A.

Cheeseman, J

5865

Pay sept.

August 11th 1919.

Mr. J. Cheeseman,
Kushoon, P.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 War Service
Gratuity.

Yours truly,

Capt. &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Ahe J* 2. Surname *Cheeseman*

3. Rank 4. Regt. No. *5868*

5. Address in full to which future payments of gratuity are to be forwarded. *Rushoon, P.B.*

6. Date of enlistment in the Regiment. *July 29, 1915*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge. *no*

8. Relationship of such dependents. */*

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

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

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

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

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 Res?..... If not give? - (a) date of discharge..... (b) Reason for discharge.....

Demobilization

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....

Tuplan's

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: *Lohuseman g*

Place of Residence: *Rushoon. P.B.*

Declared before me at: *St Johns*

This *7* day of *July* 19*19*... *John M. Corthay*

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

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

August 4th 1919.

#5865, Pte. Jas. Cheeseman,
Rushoon, P.M.

Dear Sir:

Enclosed please find Discharged Certificate F 3355.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5865 Rank Pvt Name Bleesman Jr
 Intended place of residence Rushoon
 2. Occupation Fisherman
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 7 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 7 1919
 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, ST. JOHN'S
 Date 7-7-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-7-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 372

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, 28 days from date.
 Place, ST. JOHN'S
 Date JUL 21 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 4/1919
 The Royal Newfoundland Regiment

Handwritten notes at the bottom of the page.

The Royal Newfoundland Regiment

Class for Demobilization: *E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.7.19*

Regimental No. *5865*

Name *Cheseman James* Rank *O.C.*

Address *Rushmore P. Bay*

Present Medical Category *A ÷*

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

Members of Board {

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

W. Paterson
Senior Medical Officer

W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5865 Rank Plt Name Cheeseman James
 Date of Enlistment 29-7-18 Address Rushoon District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category A.1.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2		<u>1237-1</u>	" 6	
B 179c	B 120	M 93				

Date 4-7-19

O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Cheeseman J

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 1/2

(b) Clothing Supplied 1/2

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. **R2223** to his home at **Ruchon** and Release Certificate No. **3242** issued.

Date **7-7-19**

J.A. Newbapt
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 **4-8-19**

Date **7-7-19**

H. M. ...
Depot Paymaster.

Discharged approved for **21-7-19**

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	1/2 Form B
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 **7-7-19**

J.A. Newbapt
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **JUL 21 1919**

L.P. Cooke Capt.
for O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Cheseman g

Signature of Man.

J. H. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 3865

Place

St Johns

Date

11-17-19.

191

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

MEDICAL HISTORY

Surname Odeurman

Christian Name James

Table I.—GENERAL TABLE

Birthplace:—Parish Roston P.S. County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on 29 day of July 1918 on day of 191

at St John's at

Declared Age 27 years days years days

Trade or Occupation Postman

Height 5 feet 7 1/4 inches feet inches

Weight 126 lbs. ll s.

Chest Measurement { Girth when fully expanded 34 inches inches

{ Range of Expansion 3 inches inches

Physical Development

Vaccination Marks {	Arm	Right	Left	Right	Left
	Number				

When Vaccinated
Vision R. E.—V= 6/9 L. E.—V= 6/6 R. E.—V= L. E.—V=

(a) Marks indicating congenital peculiarities or previous disease (a)

(b) Slight defects but not sufficient to cause rejection (b)

Approved by (Signature) Lambert (Rank) Medical Officer

Enlisted at St John's on 29 day of July 1918 on day of 191

Joined on Enlistment Corps Royal Regtl. No. 5865 Corps Regtl. No.

Transferred to 1st Lt Regt ROYAL NEWFOUNDLAND REGIMENT.

Became non-effective by on day of 191 on day of 191

(Signature) (Rank)

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

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

1. Unit and Corps..... *Royal Newfoundland* }
 2. Regtl. No. *5865* }
 3. Rank..... *Pvt* }
 4. Name *Chuseman* }
 (Surname) }
 (Christian Names) }
 5. Age last birthday..... *23*
 6. Posted for duty on..... at.....
 in category (or grade).....
 7. Former Trade or Occupation } *Fisherman*
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos. }
 (b) Date of Discharge ;
 (c) Cause of Discharge ;
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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
- | | (a) attributable to | (b) aggravated by |
|--|-------------------------------------|--------------------------|
| (i.) Service during the present war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input type="checkbox"/> | <input type="checkbox"/> |

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.)

All Complain for 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?

Repatration

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

W. J. Proctor, *Capt. Rank*
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *10/4/19*

* 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.

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 } *Fisher*
2. Regtl. No. *S.F.S.* 3. Rank. *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cheesman* *James* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*
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. *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? }

No Complaints of no Disability

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

15. What is his present condition?

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

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Repatration

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.

H. Procunier. Copy Rawe

Station *Hazley Down*

Date *10/4/19*

Medical Officer in charge of case.

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Cheeseman, James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5165*

Intended address *Rushoon, Placentia Bay*

Height on discharge *5* Feet *11 1/4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

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 *Rushoon 25-8-1896*

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) *James X Cheeseman* (Rank) *Alte*

Station *Rushoon* Date *JUL 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.



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

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 New Zealand* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5865* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cheesman James* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *22*
6. Posted for duty on *Jan 29-1918* at *St-Johns* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service (b) Date of Discharge;
(c) on duty (d) off duty? (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 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

He states he was in Hospital Ford House Devonport for 103 days with Influenza and Pneumonia. Discharged cured Jan 12th 1919. Returned to Depot, to light-duty.

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war

yes
nd.

(ii.) Previous active service.. .. .

nd.

(iii.) Climate in pre-war service

nd.

(iv.) Ordinary military service before the war

nd.

(v.) Serious negligence or misconduct on the man's part. }

nd.

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

nd.

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.)

General condition Good,
breath sounds normal
over both lungs, Complains of occasional pain
over right-lower lung (front).

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

16. Was an operation performed? If so, when and what was its nature?

nd.

17. If not, was an operation advised and declined?

nd.

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?

nd.

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?

nd.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Repatriation

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

W.E. Procuier Cap Lt Col

Medical Officer in charge of case.

Station ... Hazley Down

Date ... 26/2/19

* 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

MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4124, 23.	5865	Pte	Cheeseman	Joe
Year 1918	Unit.		Age.	Service.
1918	newf. 6 Coy		22	3 12
Station and Date.	Disease			
Ford House 11.10.18	Influenza Admitted from S.S. City of Boro with cough & fever.			
14- 15	improving morning improving			
7/11/19	Developed diarrhoea.			
11/11/18	Discharged to M.C. Bury, 7 M J. T. Montgomery James B. S. 24 M. S. P. 100.			
28-12-18	Transferred to 2nd			
30-1-19	Transferred to Millway Mill			
V.A. HOSPITAL 27 11 1918	Transfer to Manchester			
		H. S. A.		

76 Millway, West Montgomery
CASE HISTORY SHEET.

No. 5865 Rank Pte Hospital: St. H. Huntland Station.
 Name Cheesmen J. Age _____
 Unit R. New F. Reg. Completed years of service _____ Where and how long _____
 Date of admission Oct. 2/18 Date of discharge Oct. 9th 18
 Diagnosis Influenza Place of origin Ship

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaints: General malaise.
 Headache & pain in the right ear.

Present condition: General condition poor.
 Lips dry and covered in herpes. Tongue coated. Bloody expectoration (probably pharyngeal).
 Heart - negative apart from the rapid pulse.
 Lungs - crepitations in the bases of both lungs.
 T. 99.3 R. 24. P. 110.
 Abdomen negative.

Not obtained

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Bed. Forced fluids.
 Mouth, nose & throat wash q. 2. d.
 Paint nose & throat & protargol 50% bid.
 Eucema prn.
 Rapid sponging prn.
 Cleanse both & tongue q. 2. h.

CONDITION ON DISCHARGE

(and disposal made of case.)

T. P. & R. normal. No complaints. General appearance bright. Discharged with no duty for two weeks.

Date Oct. 19/18.

Abbelementt
 Medical Officer i/c case.

No. 1107

Army Book 42.

PATIENTS' PERSONAL HOSPITAL EQUIPMENT.

Required for No. 5865 - Pte Newman Corps 11th Hussars
 admitted into 26 Ward 2-5C Hospital
 at Ford on (date) 20.11.18

London: Printed for H.M. Stationery Office by Jas. Truscott & Son, Limited.

Bedding.		Utensils, &c.—continued.	
Case, slip, pillow, large	One	Towel, hand, hospital	One
Sheets, hospital	Two	" Turkish°	One
Utensils, &c.		Clothing.	
Basin, sores°		Chevrons, bars°†	
" soup	One	Crowns°	
Comb, small tooth°		Drawers, cotton°	
Cover, tin, for basin, soup°		" flannel°	
" " for mug or tumbler°		Gown, serge°	
Cup, spitting, earthen°		Handkerchief	One
Dish, butter, enamelled	One	Jacket, sleeping°	
Fork	One	Neckerchief	One
Knife, table	One	Shirt, cotton	One
Label, tin, for denoting religious belief	One	" flannel, white	One
Mug, drinking	One	Socks, worsted	One pair
Plate, dinner, G.S.	One	Slippers	One pair
Pot, chamber, earthen°		Trousers, serge	One pair
Spoon	One	" pyjama, sleeping°	
	One	Waistcoat, serge	One

* Only when necessary.

† Insert number of bars.

Received the above.

Signature of Patient or Ward Orderly

J. Chessman

ROYAL NEWFOUNDLAND REGIMENT.

Duplicates

Medical Examination Held at Headquarters on July 29 1918

5865

1. Name James Cheesman Age (a) Declared 22
(b) Apparent

2. Do you know of anything wrong with you? Trouble with

What severe illnesses have you had? None

*Eyes. Any.
Ears. None.
Marks. —*

3. Height 5-7¹/₄ Weight 126

4. Eyesight (a) Left 6/9 (b) Right 6/9

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~

Measurement (a) Expiration 31 (b) Inspiration 34

7. Examination of Heart ~

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? No.

11. Name and address of next of kin Father John Joseph Rushoon RB

REMARKS—

A II

Sgt Archibald
D W Burden

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5865 Rank Pvt. Name Cheeseman James
 Date of Enlistment 29-7-18 Address Rushoon District Placentia
 Occupation Fiskerman Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1)36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	3
B 179	2 D 400H	Form L		do 3rd	" 4	
B 179a	2 D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2		1237-1	" 6	
B 179c	B 120	M 93				

Date 4-7-19

H. M. W. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Cheeseman James

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable Alex. 100

(b) Clothing Supplied H. M. W. H.

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2223 to his home at Rushon and Release Certificate No. 3242 issued.

Date 7-7-19 *J.A. Newbapt*
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 7-7-19 *J.A. Newbapt*
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>1237-1</u>	" 6
B179c	B 120	M 93		

2 Form B

Date 7-7-19 *J.A. Newbapt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 *L.R. Cooke Capt.*
O. C. Discharge Depot.

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

Date July 21/19 *[Signature]*