



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3962 Name Edwin Crocher Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Edwin Crocher</u> |
| 2. What is your full Address? | 2. <u>Swift Current B.B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>yes</u> |

I, Edwin Crocher, 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.

Edwin Crocher, SIGNATURE OF RECRUIT.
P. H. D. Dowden, Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edwin Crocher, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's

on this 10 day of August 1918
 Signature of Attesting Officer P. H. D. Dowden

†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 12-8 1918
 Place St. John's } Approving Officer.
J. H. ...

† 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

5962.

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

Name Edwin Crocker
 Apparent age 19 years months. Height 5' feet 7 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Crocker
Swift-Current B B | 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 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>10-8-18</u>									
Joined at <u>St John's</u> on <u>August 10-1918</u>									
<u>Discharged August 5 1919</u>									
<u>Embarks St John's train to Halifax N.S. 22-9-18</u>									
<u>to the hospital for demobilization 22-6-1919</u>									
<u>Arrives to the hospital 1-7-1919</u>									
<u>Demobilization St John's 5-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-8-1919</u> (date of discharge) on <u>361</u> years <u>361</u> days									
" " Pensions " " " " " " " "									

Joh

Reg. No. 5962 Rank. *Plt* Name *Brooker Edwin G.*
Attested *10-8-18* Address *Sweet Current*
Allotment *60* Allottee *Mrs John Brooker (mother)*
Date of Allotment *1-9-18* Returned from Overseas.....
Embarked for Overseas **SEP 24 1918** Cause.....

Vac 15-8-18. 1st Inc 26-8-18 2nd Inc 14-9-18
S. leave 1-9-18. To 9-9-18. Reto 10-9-18

C.R. 5962

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

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

5962, Pte. F. Crocker.

C.R. 5962

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's. July 12th, 1919.

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

5962 Pte. E. Crocker.

C.R. 5962

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

5962 Pte. J. Cracker

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

C.R. 5962

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated August 12, 1918.

#5962 Pte. Edwin Cracker.

Attested for General Service with The Royal Hfld. Regt.
from 9-8-18

C.R. 5962

Excerpt from Medical Roll Entrained At St. John's for
Overseas Sept. 28, 1918. "C"

5962 Crocker Edmund (Pte)

C.R. 5962

Extract of Orders by MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5962 Pte. E. Crocker.

"B" Company.

E Crocker

C.R. 5962

1890

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 } *Justice*
2. Regtl. No. *1962* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brooker* *Edwin* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday.... *19*.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
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. *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? }

The Complaints of a disability

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

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

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W. E. Proctor Coffman

Medical Officer in charge of case.

Station *Hazley Barron*

Date *9/4/19*

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

No. ~~6590~~
6589



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edwin Crocker, Regl. No. 5962

hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
concerned, viz.:

Allotment begins 1-9-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6589	Mother	Mrs John (May) Crocker	Swift Current P.B.	60.
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.)

A. G. Summers
Officer Commanding
Company

(Sig.)

(Rank)

191

FORM K

No 6589



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edwin Crocker, Regl. No. 5962

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz:

Allotment begins 1-9-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6589	Mother	Mrs John Henry Crocker	Swift Current P.Q.	60.
Total Allotment, \$				

ENTERED.
PAY LEDGER 27/12/18
NUM. ROLL
ALLOT. INDEX
REGISTER
EXAMINED

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) A. C. Summers
Officer Commanding
St. John's Field Company
Aug 27th 1918

(Sig.) Edwin Crocker
(Rank) Pte

No. 1569/229/P&A.

N.F.R. 199.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn, Royal Nfld. RegtM,
Hazeley Down Camp,
Winchester.

27th January 1919

Feb. 14th 1919

Subject: 5962, Pte. E. Crocker,

With reference to the follow-
ing telegram (848) from the Hon.
Minister of Militia, received

"Pay to 5962, Crocker, £2:1:0.

Draft £ 2:1:0. is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

H. A. Minshall Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

E. Crocker
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Acting Commg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of £2.1.0.
Two pounds one shilling account of
cable remittance from Newfoundland.

E. Crocker
No. 5962 Rank Pte.
Witness Geo. Pempfe

No. 3138/474.

NEWFOUNDLAND CONTINGENT
ES, VICTORIA ST
LONDON, E.C. 1
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.

To: Officer Commanding
2nd/Bn. Ryl Nfld Regt.

Winchester.

23rd February 1919

March 3rd 1919

5962. Pte. E. Crocker.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (44)

Lieutenant Colonel
for
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5962. Crocker.

£5.3.0.

Received the sum of £5.3.0.

Cheque £5.3.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Five pounds three shilling, respect of
telegraphic remittance from the
Minister of Militia.

Chief Paymaster & O. i/c Records.

E Crocker
No. 5962 Rank Pte.

Witness Geo. Perry A/c
for C. G. M. S.

P.D.
67533
26/2/19
9/2

✓

No. 7993/1548

P.D. 0024
9.5.

N.F.P./70.

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.

27th May 1919

5962 Pte. E. Crocker

With reference to the following telegram from the Minister of Militia / / 19 (206:

"Pay to- 5962 E. Crocker
£5. 3. 0.

Cheque £ 5. 3. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minnall Pay.
Chief Paymaster & O. i/c Records.

May 29th 1919.

Receipt hereunder.

I Ouyman
LIEUT. COLONEL,
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commandg.

Received the sum of £5. 3. 0.

Five Pounds Three Shillings in respect of telegraphic remittance from the Minister of Militia.

E. Crocker
No. 5962 Rank Pte.

Witness: H. White.

Crocker, E

5962

Joseph

August 11, 1919

Mr. Edwin Cracker,
Swift Current, 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 the war Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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 & RECORD OFFICE, ST. JOHN'S.

Christian name *Edwin* 2. Surname *Crocker*

3. Rank *Pte* 4. Regt. No. *5962*

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

6. Date of enlistment in the Regiment *Aug. 7/18*

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.

9. Address in full of such dependents.

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *from Aug 7/18 to July 8/19*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
.....
..... *No!*

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.
.....
..... *No*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

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. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Regt.? *No*. If not give:- (a) date of discharge *July 8/19*

(b) Reason for discharge *Reassignment*

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. *No!*

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. *No*

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: *E. Crocker*
 Place of Residence: *Swift Current, P. B.*
 Declared before me at: *St. John's, Nfld.*
 This *8th* day of *July* 19*19*.

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

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

August 5th 1919.

#5962, Pte. E. Crocker,
Swift Current B.B.

Dear Sir:

Enclosed please find Discharge Certificate
3394.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 596a Rank Pte Name Brooker
 Intended place of residence Surft Curiant
 2. Occupation Intermen
 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 8 - 1919

H. M. St.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 8 - 1919

E. Brooker
 Signature of soldier

W. J. Leaton
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 8 - 1919

E. Brooker
 Signature of soldier

W. J. Leaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10⁸/₁₈ No. of days of Military
 Discharged from service JUL 22 1919 Plus 14 days Service 361

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

N. R. Lodge
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 5/1919

M. Bowley
 Officer in Charge Records
 The Royal Newfoundland Regiment

ADB 2079/5394

The Royal Newfoundland Regiment

Class for Demobilization:—

80

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *T. T. 19*

Regimental No. *5962*

Name *Crocker* *Edwin*

Address *Swift Current* *S.B.*

Present Medical Category..... *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

Spencer
Senior Medical Officer

De Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2962 Rank Pvt Name Crocker Edwin
 Date of Enlistment 10-8-18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Crocker

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied _____

Date 8-7-19

[Signature]
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2241-9854 to his home at and Release Certificate No. 3284 issued.

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

4. Pay and Allowances.

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

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

Discharge approved for 22-7-19.....

Forwarded with following documents to O.C Discharge Depot.

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

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

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 *L.R. Coople Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

E Crocker

Signature of Man.

J. J. Snowless

Signature of the Vocational Officer or his Representative.

Reg. No. 5962

Place

M Johns

Date

8-7-19.

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

MEDICAL HISTORY

Surname *Crocker*

Christian Name *Edwin*

Table I.—GENERAL TABLE

Birthplace :—Parish

County *Newfoundland.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	10	Aug		191
	at <i>St Johns.</i>		at	
Declared Age	19	years		days
Trade or Occupation	<i>fisherman</i>		years	days
Height	5	feet	7	inches
Weight	<i>135</i>		lbs.	
Chest Measurement {	Girth when fully expanded		36	inches
	Range of Expansion		4 1/2	inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
When Vaccinated				
Vision	R. E.—V=	<i>6/19</i>	R. E.—V=	
	L. E.—V=	<i>6/19</i>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defect but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lammie Dalton</i>			
(Rank)	<i>Major</i>		Medical Officer	Medical Officer
Enlisted	at	<i>St Johns.</i>	at	
	on	10 day of Aug	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal N.F.L.D. 5962</i>			
Transferred to	<i>Regiment</i>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *5962* 3. Rank. *2nd Lt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Hocker* *Edmund* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *19*
 6. Posted for duty on at
 in category (or grade)
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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.

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?

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. B. Hoemier *Capt. Ramo*

* Medical Officer in charge of case.

Station *Hazeley Down*

Date *9/4/19*

* 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



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 *Crocker Edwin*

Regiment from which discharged **Royal Newfoundland**

Regimental number *9962*

Intended address *St. John's N.B.*

Height on discharge *5* Feet

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Med.*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Black River. 7 Aug. 1899*

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) *Crocker Edwin*

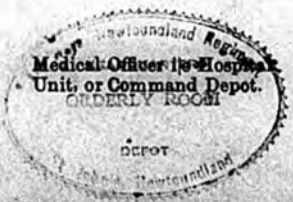
(Rank) *Private*

Station *St. John's* Date *4-7-19*

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

Station

Date



No. G 854

TRAVELLING WARRANT

Date 8-7-19. The Royal Newfoundland Regiment

General

\$12.⁰⁰/₁₀₀
twelve dollars

Please issue 1st Class Passage and Meals for

No. 5962 Rank T6 Name Proctor E.

From ST. JOHN'S To Amst. Bureau
Arnold's Cove

The Royal Newfoundland Regiment
DEPT ST. JOHN'S, N.F.

J. A. Howlett
SIGNATURE OF ISSUING OFFICER.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

turn over

. Please Enclose Cheque For Amt \$12.⁰⁰/₄
For Passage & 5 Meals.

To Alec Eddy
Sound Island
& Bay

The Department of Militia

The sum of

Twelve

#12

BOOK NO.	<i>Trans</i>	INITIALS	<i>JH</i>
CH. NO.	<i>8024</i>	INITIALS	<i>JH</i>
IND. LEADER		INITIALS	
GEN. LEADER		INITIALS	

Dollars in sum

OF *A. Eddy, Sergeant*

Reg No. *5962* Rank *Pte* Name *Brooker*

FROM *Arnold Cove* *Drift Current*

Voucher attached *Account for \$12.00*

8-19

J.A. Snow

Captain

Demobilisation Officer



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Edwin Crocker

in respect of his service as No. 5962 Rank Pte.

Name E. Crocker Royal Nfld. Regt.
~~Nfld. Fusiliers Corps.~~

Receipt of the same should be acknowledged hereon.

Received oct 26 / 21 war medal

Signature Edwin Crocker

Date oct 26 1921

Address Suibh current p B

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

C. B. D. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Edwin Crocker</i>	Age on <i>19</i> years <i>10</i> months	<i>Fisherman</i>		
Joined	Date	Place and Date of Enlistment	Religion		
Joined	Date	<i>St Johns</i> <i>10-18-18</i>	<i>Meth</i>		
Joined	Date	Period of } with Colours <i>36 1/2</i> years. with Reserve <i>36 1/2</i> years.	Place of Birth		
Joined	Date		<i>Swift Current P.B.</i>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St Johns</i>	<i>5 ¹/₁₉</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5962 Rank Plt Name Crocker Edwin
 Date of Enlistment 10-8-18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge F1 Medical Category F1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19

h O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

E Crocker

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 712241-98524 to his home at Smith-burnett and Release Certificate No. 3284 issued.

Date 8-7-19 *J.A. Knowlton*
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 8-7-19

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

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

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

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

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 *K.R. Coaker Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date July 21/19 *[Signature]*

C.R. 596-24

Sept. 20th., 1920

Secretary,
Civil Re-Establishment Committee.

Dear Sir:-

Herewith please, are communications
from Edwin Crocker, ~~no. 55742~~, and George Coffin, No.
5180, Millertown, relative to retraining. Will
you be good enough to reply thereto.

Yours faithfully,

Secretary
for Chief Staff Officer.

1047