



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3193 Name George Cuff Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>George Cuff</u> |
| 2. What is your full Address? | 2. <u>Bonaville</u>
<u>B.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes.</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Cabman</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, George Cuff 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Cuff 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 12th day of November 1915

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date.....191

Place.....

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name George Cuff

Apparent age 20 years 11 months. Height 5 feet 8 1/2 inches

Chest Measurement { Girth when fully expanded 34 1/2 inches
Range of expansion 3 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Cuff
Bonaville St | 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 _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pensions " _____ [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Meth

No. 3193 Name George Cuff Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>George Cuff</u> |
| 2. What is your full Address? | 2. <u>Bonaventure</u>
<u>BB</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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, George Cuff 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.

6 Nov. 1/16 George Cuff SIGNATURE OF RECRUIT.
Harold Knight Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Cuff 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 1st day of November 1916.

Signature of Attesting Officer Chas. Aye Capt.

†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 compiled with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name George Huff
 Apparent age 20 years 11 months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 35 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Huff
Bonham, Va. | Relationship 1st

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	1-11-16								
Joined at	Mokai on November 1								
Discharged Free by 12/11/19									
Embarked	M. John's St. Royal Co. Windsor N.S.			31-1-9					Embarked for 136th. 11-9
Disembarked	Rover 12-6-17								Joined 1st Bn on the field 2-7-17. Wounded
Shell Shock	12-8-17	Admitted to 22 CC. D. N.Y. D. N.		12-8-17					Admitted 89. H. 110. 19-9
Dis to leave depot	Rover 28-8-17								Joined 29 Bnd. Rover 28-8-17. With Bn on the field 30-9
Wounded to death	same date 12-4-18								Wounded in action 29-9-18. Admitted 10 St. Troop.
Calais	1-10-18	Transferred to long leave		4-10-18					Admitted 32. 11/12. Wounded 11. W. 100 12-10-18
Discharge free	12-12-18	Arrives temporary land		5-12-18					to confirm laws for demobilization 12-12-18
Total Service forfeited as above	D. demobilization								1-1-1919

Total Service towards Engagement to 11-2-1919 (date of discharge) 2 years 103 days
 " " " Pensions " " " " " " " " " " " "



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of

George Buff

aged

20-1/2 months

conducted at

CRB

Date:

Nov 1/16

Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *yes*
- 10 *no*
- 11 *n*
- 12 *n*
- 13 *to be attended to*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6 1/2 lb 1/6 st*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

3193

*5.8%
11 1/2
31 3/4*

*\$400 per year
presents to Mr James Buff Bonavata*

Ad subject to 13

Signature of Medical Examiner:

W. Burden

C.R. 3193

Extract from Daily Orders Part II,
Depot of The Newfoundland Regiment
from G.H.Q. 3rd. Echelon dated Sept.
22nd. 1917.

Casualty.

3193 Pte. G. Guff.

Wounded Shock Shell 13/8/17 AUTHORITY. O.C.
62 G.C.S. (Spec. Hosp. 14/9/17.)

C.R. 3193

Extract from Daily Mex Orders Part 11 Unit The Royal WFLA.
Regt. Feb. 18th, 1919.

The Discharge of the Undernoted on demobilization has
been ~~approved~~ confirmed by Officer S/c Records on noted
Dates.

3193 Pte. Geo. Cuff.

11-2-19.

C.R. 3193

RECEIVED FROM SALES OFFICE 11, DEPT. OF. JOHN'S BIRTH FEB. 3rd. 1919.

The discharge of the note noted on demobilization have been APPROVED
by G. C. Discharge Dept on noted date.

3193 Ste. Geo. Guff

31-1-19.

C.R. 3193

Extract from Medical Board held Jan. 13th, 1919.

3193 Pte. G. Cuff.

Recommended discharge as permanently unfit

C.R.

3193.

Extract from Nominal Roll discharged from 3rd London Gen.
Hospital, ~~sent~~ on 7-12-18 and sent to 2nd Batta. Winchester
for immediate repatriation, in accordance with arrangements
by Major Timewell. 17 Dec. 1918.

3193

3193 Bts. G. Cuff.

C.R. 3193

Extract from Nominal Roll of repatriation draft No. 79
per S. S. CORNICAN, which embarked at Tilbury Docks
12/12/18 from the 2nd., Battalion of the Newfoundland
Regiment./

#3193 Pte. G. Guff.

C.R. 3193

Extract from Daily Orders part II, Depot Winchester by
LIEUT. COL. B. J. BARTON, D.S.O. Officer Commanding 2nd.,
Battalion of the Royal Newfoundland Regiment dated
10-12-18.

The u/m having reported back from the 1st., Battalion
is taken on the strength and posted to "H" Co.,

10-12-18

8/18

3193 Pte. G. Cuff.

C.R. 3193

Extract from War Office, List No. C. 1716 dated 16. 10. 18.

#3193 Pte. G. Cuff.

WOUNDED 29-9-18.

BC.

C.R. 3193

Oct. 16th, 1918

Mr. James Cuff
Bonavista

Dear Sir:-

I beg to inform you that additional information concerning your son, No. 3193, Private George Cuff, has been received through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

BOOKKEEPER
BOND
LOFT DRIED

C.R. 3193

Extract from Casualties received from Pay & Record
Office, London.

Admitted to 3rd London General Hospital 5-10-18.

3193 Pte. G. Cuff.

G.S.W. R. Foot.

M.M.

C.R. 3193
Count 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 connection with the Telegraphic system or service of the N. P. T.

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

(NOT TRANSMITTED)

Dept of Militia.

Signature of Sender _____

Address _____

Line Number	Recd	By	Sent	by	Check
	Oct 8th, 1918				

Dated

To

James Cuff, Bonavista

Regret to inform you that Record Office, London,
officially reports No. 2193, Private George
Cuff at 3rd London General Hospital, Wandsworth suffering from
G.S.W. right foot.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. F. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3193

Extract from War Office List No. H. A. 29369 dated 7 October 1918.

#3193 pte. 2d. Cuff

WOUNDED N. Y. D. MILD.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Gable Connection with all the World

C.R. 3193

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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 _____

Dept of Militia.

Line

Number

Recd

By

Sent

by

Cheek

Dated

April 30th.

To

Jas. Guff, Bonavista

Regret to inform you that Record Office, London,
officially reports No. 3193, Private George Guff
wounded remaining on duty.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Acting Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **September 26, 1917.**

To **Mr. James Cuff,**

Bonavista.

Record Office, London, today reports No. 3193,
Private George Cuff, was discharged for duty to unit
September eighth.

R.A. SQUIRES

Colonial Secretary.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

September 18, 1917.

To

Mr. James Cuff,

Bonavista.

Record Office, London, today reports No.

3193, Private George Cuff, was admitted to Sixtysecond Casualty Clearing Station August thirteenth.

R.A. SQUIRES

Colonial Secretary

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated August 25, 1917.

To Mr. James Cuff,

Bonayista.

Regret to inform you that Record Office

London, officially reports No. 3193, Private

George Cuff, was wounded on August thirteenth, no further particulars given.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

JOHN F. BENNETT
~~XXXXXXXXXX~~ R.A. SQUIRES

Colonial Secretary.

3193 PTE. GEORGE CUFF

C.R. 3644

EXT. OF CASUALTY LIST RECEIVED SEPT. 18th 1917.

PREVIOUSLY REPORTED WOUNDED AUG. 13th. "ADMITTED

62nd CASUALTY CLEARING STATION aug. 13th"

3193, Pte. George Cuff. ✓

C.R. 3712

Ext. of Casualty list received Sept 26, 1917.
Previously reported Wounded August 13, and
now reported Discharged for Duty to unit
Sept 8.

C.R.3193

Extract from Nominal Roll of Draft No.25; Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.E.F.

3193 Pte.Cuff, G.

MP

C.R.3193

Extract from Nominal Roll Draft embarked St. John's, per
S.S. "GRAMPIAN" 31/1/17 Sailed Halifax 16/4/17.

3193 Pte. G. Cuff.

C.R. 3193

Extract from Daily Orders Part 12 Unit The Royal
Field Regt., St. John's, Nov. 9th 1916.

3193 Pte. G. Cuff.

Attached to the strength from Nov. 1st, 1916.

9. Cuff

3/93

P. & R. ①

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps.....
2. Regt. No. *3193* 3. Rank. *OTE*
4. Name *CUFF*.....
- (Surname) (Christian Names)
5. Age last birthday.....
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) Where
- (c) Opinion of Court
- (d) Date of Discharge;
- (e) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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 general 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."

G. S. W. foot fracture middle toe

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.
- X + X wound foot now healed swelling on dorsum foot due to old sprain prior to enlistment. Scar right chest due to abscess formation after inoculation healed, at present limitation of movement of right arm due to pain at site of scar*

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.

14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i) Service during the present war | <i>Yes</i> | ..... |
| (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, dislocation, 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.)

Wound of foot healed but painful in walking so he consequently walks on inner side of foot.

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
M.C.S. 1
Cipps
ROYAL NEWFOUNDLAND REG.
Medical Officer in charge of case.

Station *Hazley Barracks*
Date *28/1/18*

* 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

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 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.

No. 8822



3 1ST. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

I, George Cuff, Regl. No. 3193, hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Twenty 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 Dec 1/10

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3140	Wife	Mrs James (Mary Anne) Cuff	Cplacura Rd. Bonaville	60
Total Allotment, \$				60

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.) Charles Ayre Capt.
Officer Commanding
Company
S. Jones
Nov 24 10

(Sig.) George Cuff
(Rank) Pvt.

O.K. # 10-0-0 M.R. 12/11/18
Receipt No

Esher

Wen. 12, 1918

Dear Sir

I want to draw the
sum of ten pounds and charge
to my account. Oblige
yours Obediently

3193 G. Cuff.

Royal Newfoundland Regt

approved

H. Ballot

Receipt No

9692

M.R.

P.P. 2.

NEWFOUNDLAND CONTINGENT

N.F.P./45.

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

Please remit to G. Coffey

the sum of four pounds 10 shillings (£ 4.⁰⁰)
on account of any balance that may be due to me.

Regtl No. 3193 Rank PL6

Name G. Coffey

Approved Hil Salbot

Officer i/c.,

Dated at Essex

Essex Hospital.

Nov. 7 1918



Urgent and Confidential.

Army Form W3436.



Report to be rendered in the case of Officers and other ranks who, without any visible wound, become non-effective from physical conditions claimed presumed to have originated from effects of British enemy weapons in action.

Copy Refd Extracted

NAME WUFF, J. No. 3193 RANK 1st Lt
UNIT 1st Newfoundland Regt

I. To O.C. do
The above-named was admitted to this unit on 12.8.17
He reported sick on 13.8.17 and was transferred through (1) 13th Field Ambulance

(1) Medical Units

On admission his condition (2) General tumor Extracted
Complained of Headache and dizziness left ear

(2) State in general terms the condition observed.

He states that (3) 4.9.17 3.8.17
Was buried in the trench by a shell (killed)
Rescued out able to walk to the Dressing Station

(3) Time, date, place and assigned cause to be entered. Facts reported by a responsible officer on transfer will be noted and clearly distinguished from unsupported testimony of the officer or soldier concerned.

Date 9.9.17 J. March
In O.C. No. 62 635 (Special Hospital.)

II. To (4) O.C. Special Hospital.

(4) To Army Headquarters through the usual channels if O.C. Unit considers there was no exceptional exposure, or that the patient's conduct demands further enquiry or report, otherwise it will be returned direct to O.C. Special Hospital.

I certify that the above-named (5) was subjected in the course of his duty to exceptional exposure (6) of the following nature The trench in which this man was stationed was heavily shelled on Aug 13. and this man was buried by a shell. There were a large number of casualties.

(5) "Was" or "Was not."
(6) Exposure should not be regarded as exceptional if it was not of a specific nature, more intense or prolonged than that which others in the same area of operations endured without being similarly affected thereby. When this is so a brief account of nature of exposure, e.g., shell or mine explosion, or shell fire, etc., will invariably be given.

Date 7.9.17. A.L. Harris. Lt Col.
Commanding Newfoundland Regt.

III. To D.A.G., 3RD ECHELON, G.H.Q. (8). Wound Shell Shock

The above case has been classified D. 1st 8.9.17
Disposal (9) J. March 1917
Date 14.9.17. O.C. No. 63.665 (Special Hospital.)

(8) The O.C. Special Hospital will be responsible that any points which appear to require investigation are brought to the notice of the Army Headquarters before this form is finally disposed of.

(9) "Discharged to duty on (date) or Transferred to Base by No. Ambulance Train on (date)."

No 3822



3 1ST. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

I, George Cuff, Regl. No. 3192

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 Dollars and 50 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 Dec 1/16

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3140	Mother	Mrs James (Mary Anne) Cuff.	Cape St. John's Bonaville.	60
Total Allotment, \$				60

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

(Sig.) Charl. Ayle Capt.
Officer Commanding Company
S. Johns
Nov 26 1916

(Sig.) George Cuff
(Rank) Pvt.

LAST PAY CERTIFICATE

OFFICE COPY N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 5195 Rank Private Name Cuff G. Unit Royal Wfld. Regt. who was repatriated
to Newfoundland on 12/12/18 Authority Draft 79 Cause _____

DR. STATEMENT OF ACCOUNT

PARTICULARS	£			s			d			PARTICULARS	£			s			d			CR.	
	£	s	d	£	s	d	£	s	d		£	s	d	£	s	d					
Balance Dr. from										Balance Cr. from											
Allotment 4 days @ 60	2	40		9		11				Pay 4 days @ \$ 1.00				4	00					1	4
Cash Payments:										Field Allowance 4 days @ \$.10				4	40						
A.F.N. 1510 Depot				9		6				Other Allowances days @ \$				4	40					18	1
Other Debits										Other Credits:											
Total Debits										<i>Copy sent to Mr. N. H. D. S. 59/3 3/19</i>											
Balance due by Paymaster							19	5					Total Credits								
							19	5		Balance due to Paymaster											

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.
Pay & Record Office, London,

Chief Paymaster & O. i/c Records.

31/12/1918

CHECKED
31-12-18

Period: From 8/12/18 To 11/12/18

No. 2193 Rank Pvt Name Cuff G

Pvt Cuff G

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			60
Net Rate			50

N.Y.P. 1918

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	\$			£ s d		
						From	To								
Balance					Balance		21 ¹² / ₇₇						14	15	6
Acquittance Rolls		18	7	4	Pay @ Net Rate	22 ¹² / ₇₇	7 ¹² / ₁₈	351	50	195	50	36	1	2	
Hospital Advances															
A.B. 64.															
P.&R.O. Payments		14	00												
<i>Sub. P. from fund</i>				8 00	<i>Ord. P. 11</i>										
<i>Cash. 102 07</i>	<i>4/2/18</i>	18	00		<i>18-11-11</i>										

32-12-11

50-16-8

Cuff Geo

3193

Pay Dem

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3193 Rank Private Name Guff G. Unit Royal Wfld. Regt. who was repatriated
to Newfoundland on 12/12/18 Authority Draft 79 Cause: _____

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS					\$	¢	£	s	d	PARTICULARS					\$	¢	£	s	d
Balance Dr. from										Balance Cr. from									
Allotment 4 days @ 60					2	00		9	11	7/12/18									
Cash Payments:										Pay 4 days @ \$ 1.00					4	00			
A.F.N.1510 Depot								9	6	Field Allow 4 days @ \$.10						40			
Other Debits										Other Allowes days @ \$					4	40		18	1
Total Debits								19	5	Total Credits								19	5
Balance due by Paymaster								19	5	Balance due to Paymaster								19	5

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 1918

Made up/Checked in accordance with information received in the Pay & Record Office _____ O.C. " " Company, _____
and is therefore subject to amendment if and as may be found necessary. London 31/12/18

Pay & Record Office, London,
31 / 12 / 1918

Chief Paymaster & O. i/c Records.

CHECKED
31-12-18

PERIOD: From 8/12/18 To 11/12/18

LAST PAY CERTIFICATE

N.F.P./94.

DUPLICATE
MAIL COPY

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5193 Rank Private Name Guff G. Unit Royal Field Regt. who was repatriated
to Newfoundland on 12 12 18 Authority Draft 79 Cause _____

DR.

STATEMENT OF ACCOUNT

	PARTICULARS						PARTICULARS					CR.
	£	s	d				£	s	d			
Balance Dr. from						Balance Cr. from						
Allotment 4 days @ 80	2	00		9	11	7/12/18				1	4	
Cash Payments:						Pay 4 days @ \$1.00	4	00				
A.F.N.1510 Depot				9	6	Field Allow 4 days @ \$.10		40				
Other Debits						Other Allowes days @ \$	4	40		18	1	
Other Credits:												
Total Debits				19	5	Total Credits				19	5	
Balance due by Paymaster				19	5	Balance due to Paymaster				19	5	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____

(Place) _____ (Date) 1918 O.C. " " Company, _____

Made up/Checked in accordance with information received in the Pay & Record Office London on 31 12 18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

31 / 12 / 1918

Chief Paymaster & O. i/c Records.

CHECKED
31-12-18
PERIOD: FROM 8/12/18 TO 11/12/18

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3198 Rank Private Name Cuff Geo
 Intended place of residence Bona Vista

2. Occupation Labourer
 Classification of soldier B Medical Category C

3. The above named man is discharged in consequence of... **DEMOBILIZATION**

ELIGIBLE for POST DISCHARGE PAY

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 Wiley Capt
 Date 31-1-19 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S George Cuff
St John's Signature of soldier
31-1-19 Wiley Capt
 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 ST. JOHN'S George Cuff
Jan 24th 1919 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-11-16 No of days on Military
 Discharged from service 31-1-19 Plus 14 days Service 836 days

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. Lait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JAN 31 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St John's, Nfld Wiley Capt
 Date February 14/1919 Officer in Records
 The Royal Newfoundland Regiment

20 B 2079/909

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3193 Rank Pvt. Name Buff Geo
 Date of Enlistment 1.11.16 Address Bonanza District Bonanza
 Occupation Labourer Classification for Discharge B Medical Category E
 Recommendation S.M.B. Monthly profit Disability Rating 20% 6 mos
 Passed to Demobilization Officer with following documents:—

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

Date 18.1.19

W. J. Cap.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

George Buff

Particulars passed to Vocational Officer for information and action.

Date 2 Feb 1919

A. B. Deeks Cap.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$100.00

(b) Clothing Supplied George Buff

Date 31.1.19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Me* to his home at *Donacona* and Release Certificate No. *963* issued.

Date *31-1-19* *Osborne Capt.*
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 *14-2-19*.

Date *31-1-19* *Atchley Capt.*
Depot Paymaster

Discharge approved for *31-1-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1		
F 178	W 3494	B 122	Board 1st	" 2	<i>1</i>	<i>Form B</i>
F 178a	D 400A	B 1915	do 2nd	" 3	<i>2</i>	
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 *31-1-19* *Osborne Capt.*
Demobilization Officer

*30
31
114
106*

APPROVED.

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

ELIGIBLE for POST DISCHARGE PAY

JAN 31 1919

Date *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname

Buff

Christian Name



Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	1 st day of Nov 1916	St John's Hld	day of	191
Declared Age	20 years	11 months	years	days
Trade or Occupation	Sawyer			
Height	5 feet	8 1/2 inches	feet	inches
Weight		114 lbs.		lbs.
Chest Measurement	Grith when fully expanded	34 1/2 inches		inches
	Range of Expansion	3 1/2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	4/649	R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<i>L. M. Paterson</i>			
(Rank)	Major			
		Medical Officer.		Medical Officer.
Enlisted	at	St John's Hld	at	
	on	11 day of Nov 1916	on	day of 191
Joined on Enlistment	Corps.	1st Hld Reg	Corps.	Regtl. No.
		3193		
Transferred to	ROYAL NEWFOUNDLAND REGIMENT			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number, Days in Hospital.	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
3 rd LONDON GENERAL HOSPITAL WANDSWORTH.	4	10	18	7	10	18	CSW. Foot: R. Inactive 43 toe.	64.	Wounded France 29. 9. 11. Small laceration on dorsum of foot at base of middle toe. Small abscess in chest & spine while in hospital 4/12/18. Wm. Thaler. General condition not good.	Wm. Thaler Capt. R.A.M.C.

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 course of motor engineering

George Craft

Signature of Man.

Reg. No. 3193

Huttler

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

Jan 24

1919

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.....
2. Regtl. No. 2193 3. Rank. Private
4. Name Buff.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury 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
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity
(if any)

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

Statement of Case.

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

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

S.S.W foot fracture middle toe

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.
- T & T wound foot now healed swelling on dorsum foot due to old sprain prior to enlistment scar right chest due abscess formation after inoculation healed at present limitation of movement of right arm due to pain at site of scar

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.

14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i) Service during the present war | Yes | ..... |
| (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.)
- Wounded in foot healed but painful in walking he consequently walks on inner side of foot*

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.

*Reputation
 M.M. J.
 C.P.M.S.*

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station **SEELY DOWN CAMP.**
 Date **15 DEC 1918.**

* 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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *S.S.W. right toe. I.C.T. chest from inoculation.*
 (b) The present condition thereof. *Legs in the r under sole of foot. Impairment in use of right arm from scar on chest.*

22. State whether the disabilities are:—
- | | | |
|---|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i) Service during the present war | Yes | ..... |
| (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? *S.S.W.*

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?

20% for 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)?

Opinion of Military Member in case of disagreement.

yes

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?

Signature

[Handwritten signatures]

President or Chairman.

Members.

Station *[Handwritten]*

Date *[Handwritten]*

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

Station *[Handwritten]*

Date *[Handwritten]*

Officer in charge, Central Hospital.

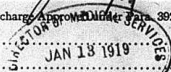
Only applicable in case of Patients in Hospitals.

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





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 this 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

George Cuff

Regiment from which discharged

Royal Newfoundland

Regimental number

2193.

Intended address

Bonavista

Height on discharge

5 Feet 7.

Color of hair on discharge

Dark.

Complexion

Fair.

Color of eyes

Blue.

Descriptive Marks

Figure on discharge

Med

Christian name of Father

James.

Christian name of Mother

Maryann.

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Bonavista 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)

George Cuff

Station

A Johns

Date

10.1.19

(Rank)

Plc.

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



February 11th., 1919

#3193 Pte. George Cuff,
Bonavista.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 909."

Yours truly,

Captain,
Paymaster & C.i/c Records

Enc'l 1.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 question 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 *George* 2. Surname *Buff*
3. Rank *Private* 4. Regtl. No. *3193*

5. Address in full to which future payments of gratuity are to be forwarded. *Bravista*

6. Date of enlistment in the Regiment. *Nov 1st 1916*

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

Not applicable

8. Relationship of such dependents. *Not applicable*

9. Address in full of such dependent. *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *No overseas*

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

Two years 107 days

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.....

Not applicable

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?.....

Not applicable

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge.....

No

July 15th 1919

(b) Reason for discharge.....

Progression of wounds

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.....

Ypres 1917 Somme 1918
Armentieres 1918 Ypres 1918

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:

George Luff

Place of Residence:

*Emaginfa 27th St
St John Nfld*

Declared before me at:

14th day of March 1967

This

[Signature] Substrate at Law.
Notary in
Signature of Barrister of the
Supreme Court, Extraordinary Magis-
trate, 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
.....	<i>5.00</i>	<i>\$ 50.00</i>
.....
.....

Certified Correct.

Prvraster.

Signature of Applicant: *George Luff*
 Place of Residence: *Omaha, Neb.*
 Declared before me at: *St. John, Neb.*
 This *14th* day of *March*, 19*19*.
[Signature] *Notary at Law.*
 Signature of Barrister of the
 Supreme Court, Secondary Magistrate,
 Notary Public, Justice of the
 Peace, or Commissioner of affidavits. *[Signature]*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5.00</i>	<i>5.00</i>
.....
.....

Certified Correct.

Paymaster.

No. 3822



3 1ST. NEWFOUNDLAND REGIMENT 16

ALLOTMENTS

I, George Cuff, Regl. No. 2192

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 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 Dec 1/16

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3140</u>	<u>Mother</u>	<u>Mrs James (Mary Anne) Cuff.</u>	<u>Cplacema Rd. Bonaville.</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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.) Charl. Aye Cpt.
 Officer Commanding
 Company

Johns
Nov 21/16
91

(Sig.) George Cuff
 (Rank) Pt.

March 26, 1919

Mrs. Mary Cuff,
BOHAVISTA,

Dear Madam:

With reference to your letter of recent date, I beg to inform you that #3193 George Cuff was discharged on Feb. 11th. therefore his allotment of 60¢ per day was paid you for the 11 days in February, which is 11 days @ 60¢ per day, \$6.60.

Yours truly,

Lieut.
For Paymaster

Casualty Form - Active Service.

Regiment or Corps **1st Newfoundland**Rank **Pte** Surname **Cuff** Christian Name **George**Regiment **Military** Age on Enlistment **20** years **71** monthsEnlisted (a) **1-11-16** Terms of Service (a) **Duration** Service reckons from (a) **1-11-16**

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....

or Corps Trade and Rate.....

Occupation **Labourer** **T. S. G. Captain** Signature of Officer.

Date	From whom received	Report	Place of Casualty	Date of Casualty	Remarks
		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.			Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked	Shampton	11.6.17	
		Disembarked...	Rouen	12.6.17	
		Joined Battalion		2 JUL 1917	B 213
14.8.17	Unit	Wounded in Action		13 AUG 1917	B 213
15/8/17	62 S.B.S	M.V.D.N.		13/8/17	EA 9250
8.9.17	DO	Discharged to Duty		8.9.17	EA 314
14.9.17	DO	Diagnosed w/ Shock Shell		14.9.17	AE W 34286
22.9.17	56 Unit	Ad. Hospital		14.9.17	B 213
22.9.17	89 F.A.	Ad P.W.O. trans	14 & R.A.	19.9.17	EA 916
22.9.17	63 C.A.A.	Ad P.O.		21.9.17	AE A 36
	2 Cav Coy	DO	Minerve	22.9.17	P.O. 41355
B-1077	2 Cav Coy	Ad 2 Cav Coy Trans 11 Coy	Dep Bucky	10-10-17	EA W 3034
29/11/17	29 9/17	Joined 29 9/17	Rouen	28/11/17	EA

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.



2193 Pte. A. Cuff

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.34, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.34, or other official documents
Date	From whom received				
		WITH Bn. 30-13-17.			
14/4/18	577a	ad 7/4/18 Brokehead trans to duty		7/4/18	Ed. 164
		Wounded in Action		29.7.18	
	36 CCS	Ad Gswfoot		30.7.17	
	10 With HQ	A. Gswfoot	Colais	7/10/18	A.A. 29860
	10 With HQ	" transferred to England on 10/10/18	Colais	4/10/18	29860
		(Gswfoot)			
			O 1/c No 2 Infantry Section,		
			3rd Battalion, G. H. Q. B. E. R.		

The Royal Newfoundland Regiment

3193

DEMOBILIZATION OF

Reg. No. 3193 Rank Plt Name Lieut Leo
 Date of Enlistment 1.11.16 Address Bonaville District Concordia
 Occupation Laborer Classification for Discharge B Medical Category E
 Recommendation S.M.E. Plt Disability Rating 20% 6 mos
 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 18.1.19

W. S. Cap.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment W. S. Cap.
 I am Plt in a position to resume civilian occupation.

~~L. S. Cap.~~ George Luff

Particulars passed to Vocational Officer for information and action.

Date 24.1.19

C. S. Cap.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplier John H. Snow

Date 31-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Nil* to his home at *Donairete* and Release Certificate No. *963* issued.

Date *31-1-19* *C. S. Dicks Capt.*
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 *14-2-19*

Date *31-1-19* *Albany Capt.*
Depot Paymaster.

Discharge approved for *31. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1.	
F 178	W 3494	B 122	Board Ist.	" 2.	<i>1</i>
F 178a	D 400A	B 1915	do 2nd.	" 3.	<i>2</i>
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 *31. 1. 19* *C. S. Dicks Capt.*
Demobilization Officer.

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

ELIGIBLE for POST DISCHARGE PAY

JAN 31 1919

Date *R. H. Jait Capt.*
O. C. Discharge Depot.

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

Date *31. 1. 19* *W. J. ...*

Reg. No. *3193* Rank *Plt* Name *Cuff Geo*
Attested Address *Bonavista*
Allotment Allottee
Date of Allotment Returned from Overseas *21-12-18*
Embarked for Overseas Cause *Discharge*

4. Leave from 21-12-18 to 6-1-19

18-1-19

PASSED TO DEMOBILIZATION OFFICER

31-1-19

DISCHARGE APPROVED ON DEMOBILISATION.

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3193 Rank Plt Name Geo Buff
 Former Occupation Salvage Address Bona Vista District Bona Vista
 Class B Medical Category FR Disability Rating 20% 6 mm
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Auto Engineer His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 24-1-19
 To be forwarded Orderly Room in Duplicate.



Edwards Capt
 Demobilization Officer

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

Attention of

NAME CUFF George.

P.A.

OTTAWA 4, ONTARIO.
Date FEBRUARY 26, 1965.SERVICE 3193 C.P.C. No. 260864
NUMBER ROYAL Nfld REG V.A. No.NAVY
ARMY I
R.C.A.F.

The DEPARTMENT has received information from

S. P. M. E. ST. JOHN'S NEWFOUNDLAND. FEBRUARY 23, 1965.
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

FEBRUARY
Date of Death ~~FEBRUARY~~ 9, 1965.
Cause of Death.....
Place of Death NOT STATED.

Name and Address of next of kin (if known).....

Copies to: W.S.R. }
V. I. }
~~W.S.R.~~ }
~~W.S.R.~~ }
H.O. }

Destroy form if advice of death already received.

for
Chief, Central Registry