



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3885 Name W. J. Cuff Corps Meth.

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

1. What is your name? ..... William John Cuff
2. What is your full Address? ..... St. Blaise St. B. B.
3. Are you a British Subject? ..... yes
4. What is your age? ..... 19 Years 2 Months
5. What is your Trade or Calling? ..... Brickman
6. Are you Married? ..... no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } no
8. Are you willing to be vaccinated or re-vaccinated? ..... } yes
9. Are you willing to be enlisted for General Service? ..... } yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } II. yes

I, W. J. 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.

W. J. Cuff SIGNATURE OF RECRUIT.  
Brendan Smith Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, W. J. 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. Blaise on this 28 day of June 1917

Signature of Attesting Officer B. J. ...

†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 W. J. Cuff  
Apparent age 19 years 2 months. Height 5 feet 6 inches  
Chest Measurement { Girth when fully expanded 35 1/2 inches  
Range of expansion 3 1/2 inches  
Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Eldon Cuff  
Post. Blandford B.R. 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 towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

3885



# FIRST NEWFOUNDLAND REGIMENT

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No. 3885 Name W. J. Cuff Corps Meth

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

1. What is your name? ..... 1. William John Cuff
2. What is your full Address? ..... 2. Fort St. Blanford  
B. B.
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 19 Years 2 Months
5. What is your Trade or Calling? ..... 5. Brakeman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? ..... 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. yes

I, W. J. 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.

W. J. Cuff SIGNATURE OF RECRUIT.  
Brendan Bennett Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, W. J. 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 28 day of June 1917  
Signature of Attesting Officer W. J. Cuff

### †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 W. J. Cuff  
 Apparent age 19 years 2 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Lydean Cuff  
Post Blandford 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>28-6-17</u>									
Joined at <u>St John's</u> on <u>June 28-17</u>									
<u>Exchanged Regts 1/19</u>									
		<u>Embarked St John's B. Depot to Halifax</u>	<u>N. 4</u>	<u>17</u>				<u>Embarked for B.C. 4 2/18</u>	
		<u>Reembarked France 6-2-19</u>	<u>James B. Depot</u>	<u>15-2-19</u>				<u>Admitted 99 S.H.</u>	
		<u>Referred 23-3-18</u>	<u>Adm. to 3rd Camp St Martin</u>	<u>25-4-18</u>				<u>Met unit in the field 13 1/2</u>	
		<u>Admitted 62 Co. Buffs 29-4-18</u>	<u>Admitted 13 Harward</u>	<u>to St. Gen. Camp Boulogne</u>	<u>1-12-18</u>				
		<u>Admitted 10 Co. Buffs to camp 10-1-18</u>	<u>Rejoiner unit in the field</u>	<u>29-1-19</u>				<u>Transfer to 10 Co. Buffs 1-6-19</u>	
		<u>Arrives Harward 19-7-19</u>	<u>To Rfle for demobilization</u>	<u>22-5-19</u>				<u>Arrives Rfle. 1-6-19</u>	
			<u>Demobilization St John's</u>	<u>5-7-19</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 5-7-19 (date of discharge) 2 years 8 days  
 Pensions " " " " " " " " " "



C.R. 3885

Fort Blandford May 8<sup>th</sup>

Dear Sir,

I gave my rifle and Bayonet in at the prince rink when I came back.

Well Sir

this is my second time of writing to you about this rifle and Bayonet, Well Sir if I had the rifle you could have it in ten thousand welcome but I havent got neither one and I cant return it.

yours truly  
W J Cuff

C.R. 3885

R 50 Charleston Street  
St-Johns Aug 30<sup>th</sup>

Lieut. Col Rendell.  
Department of Militia.  
City.

Dear Sir:

the Value of the  
Business that I suppose to  
buy, will cost about \$1000.  
Hundred.

Yours truly

U. J. Cuff

no  
3885

C.R. 3885  
Port Blandford  
Sept 21

W. F. Randell

Dear Sir:-

I beg to  
say that most all of the  
boys from here got there  
~~W. F. Randell~~ but I haven't got  
neither one yet. Please see  
what is wrong.

Yours Truly,

W. J. Buff. Corp

3885

Sent  
Sept 20 | 1921  
" |



C.R. 3885

August 29th 1949.

W.J.Cuff Esq.,  
50 Charleston Street,  
City.

Dear Sir:

With reference to your application to secure the whole of your War Service Gratuity at once, I am directed to inform you that it is likely that your application will be favourably considered.

I shall be glad to be informed of the location and value of the business that you propose to buy. On receipt of these further particulars your application will receive further attention.

Yours truly,

Lieut.Col.

Chief Staff Officer.

C.R. 3885

50 Charleston Street

St Johns Aug 9.

Dear Sir:

I beg to ask you  
could I get all my money  
for I am going to buy  
a piece of land to build  
a house on.

Please advise

yours truly

W. J. Cuff

C.R. 3885

Extract from Nominal Roll of Draft for Repatriation, 1st,  
Bn. Royal Newfoundland Regiment, which arrived at Hazeley  
Down Camp, 19/4/19 from B.E.F.

3885 Cpl. W.J. Cuff.



C.R. 3885

Extract from daily orders Part II Royal Newfoundland Regt.  
Depot St. John's dated 8-7-19.

The discharge of the undernote on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date 5-7-19.

3885, Cpl. Wm. J. Cuff.

C.R. 3885

Extract from Daily Orders Part 11 Unit <sup>1</sup>/<sub>4</sub> The Royal WFLA. Regt.  
"In the Field" 31-5-19.

3885 A/Cpl. W.Guff.

Confirmed to rank of Cpl. 5-10-19.

C.R.

3885

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

The discharge of the undernoted on demobilisation has been  
APPROVED by C.C. Discharge Depot with effect from 21-6-19

3885 Cpl. W.J. Cuff.



G.R. 3885

Extract from Daily Orders Part II Depot, St. John's,  
Date 10-6-19.

3885 Cpl. W.J. Cuff

Reported at Headquarters 1--619. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 3885

Jan 6th, 1919

Mrs. Harriett Cuff,  
Port Blendford

Dear Madam:-

With further reference to your letter of 29th Dec. with reference to No. 3885, Private William J. Cuff, and our reply of 31st Dec., I beg to inform you that a message has to-day been received from the Record Office, London in answer to our enquiry regarding this soldier, stating that he has been at the 10th Convalescent Depot since Dec. 10th suffering from Muscular rheumatism mild. Nothing can be done regarding his repatriation until he has been discharged from Hospital.

Yours faithfully

Lieut. Col.,

Chief Staff Officer.

C.R. 3885

Extract from telegram received from Synoptical London,  
Jan.4th, 1919.

In answer to your telegram Jan.2nd.

3885 Cuff 10th Convalescent De pot Dec.10th suffering  
from Myalgia mild.



C.R. 3885

Extract from telegram sent to Synoptical London,  
Jan .2nd, 1919.

Inform whereabouts & condition of:

3885 Cuff.

C.R. 3885

Dec. 31st, 1918

Mrs. Harriett Cuff  
Port Blandford

Dear Madam:- #3885, Pte. Wm. J. Cuff

Your letter addressed to the Minister of Militia has been passed to me to be dealt with, and I might say in reply to your request that the only thing we can do at the present time is to make enquiries to the proper authorities in the United Kingdom as to when it is likely for your son to be repatriated, and to recommend that he be returned to this country at the earliest possible opportunity. I shall communicate further with you when reply comes to hand.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 3885

N

Port Blendford  
Dec 28<sup>th</sup> 1918

To the Minister of Militia

Sir

I received a letter from my  
son Pt Wm J Cuff No 3885 who is in  
France lately in hospital & am writing  
to you praying and beseeching you if his  
service is no longer required for fighting  
purposes to recall him home. He is my  
only child and his father is an invalid  
and at present is very sick. Therefore I am  
spending a very anxious time. and it would  
be a great relief to get my son home.  
please reply if there is a possibility of  
getting him home. Hoping that my prayer  
will be answered.

I am your humble and  
respectful servant  
Harriett Cuff.

I certify that Pt Cuff is the only  
child and his father is a great sufferer  
and very sick at present  
J. P. Rowse J.P.



C.R. 3855

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

MACHINE GUN CORPS

LIST No.E.A. 33435

DIS TO TERLINTHUN DETAILS CAMP BOULOGNE ex 10 CON DEP ESCAULT 21st DEC'18.

134982 Pte Gees, R.S. 33 M.G.C. . . . Boils.  
 59819 " Harker, E. 47 M.G.Bn x 3 DLI. Influenza.  
 126051 Pnr Toberts, L. 30 M.G.Bn x 4 E. do.  
                         Lance.  
 139330 Pte Morrell, R.W. 37 M.G.Bn x 8 S.L.I. do.  
 23596 " Groome, W. . 24 M.G.Bn x 1/1 Herts do.  
 144070 " Graines, T.C. 31 MGC x 14 Y.& L. Prapella Bureit. (22nd Dec'18)  
 100345 Tpr Smart, K.A. 2 MGC.1 Cav.Dv. Influenza. do.

MINERS DIS TO DUBLIN REST CAMP BOULOGNE FOR TRANS TO ENG FOR DEMOBILIZATION EX 10 CON DEP 21st DEC'18.

29

136648 Pte Ward, G. . . 29 MGC. . . . P.U.O.  
 14865 " Swift, A. 58 do. Syno Knee Lt.  
 170323 " Royston, W.E. 52 do. Influenza.  
 170904 " Pickering, J.E. 3 do. W.Gas Kust.

3RD (ROYAL NAVAL) DIVISION

LIST No.E.A. 33435

S/2162 Pte Lendles, T. 63 RND.Train. Influenza. . . . Miner Dis.to Dublin Rest Camp Boulgogne for Transfer  
 to England for demobilization ex 10 Con.Dep.21 Dec'18.

NEWFOUNDLAND EXPEDITIONARY FORCE

LIST No.E.A. 33435

3885 Cpl Cuff, W.J. 1 R.Newfld. Myalgia. . . . Dis.to Terlinthun Details Camp Boulgogne ex 10 Con.Dep.  
 Escault 21st Dec'18.



C.R. 3885

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

No. 1 RECORD OFFICE Y O R K

No.H.A.33029

ADM. 3 CON DEP LE TREPONT 11th DECR. '18.

92240	Pte	Magson H.S.	13/D.L.I.	Diarrhoea
1243	"	Stewart T.	12/13 North'd Fus.	Influenza

ADM. 10 CON DEP ECAULT 10th DEC.18.

10032	Pte	Atherton W.S.	'B'.....19/D.L.I.	Myalgia Mild.
875019	"	Thompson F.	22/N.Fus.	Influenza Mild.
87461	"	Laiken W.	22/ do.	do.
102155	"	Harrington J.P.	'B'.....20/D.L.I.	IGT Heel R. "
59319	"	Hawkey R.	22/N.Fus.	Scabies Mild.
94343	"	Hopkins F.	30/MG. x 1 Yorks.	Scabies Mild.
475517	Pte	Reed I.	822/AE.Co.x 1/4 Yorks.	Influenza Mild.
80260	"	May J.	2/6 D.L.I.	Influenza Mild.
651393	"	Barton J.	277/AE.Co.x 12/13 N.Fus.	Ac.Bronch/Gatarrh.
<u>DIS TO TERLINCTHUN DTLS CAMP B'LOGNE EX 10 CON DEP ECAULT 10 DEC.18.</u>				
54615	Pte	Stobbs C.A.	.....1/E Yorks	Influenza
<u>DIS TO LAB,CPS,BASE DEP HENRIVILLE B'LOGNE EX 10 CON DEP 10 DECR.18.</u>				
373656	Cpl	Lawler T.	.....777/AEG.x 2 Yks	Influenza
<u>DIS TO TERLINCTHUN DTLS CAMP B'LOGNE EX 10 CON DEP ECAULT 10 DEC.18.</u>				
63984	L/C	Cronin F.H.	.....36/N.Fus.	Bronchitis
118497	Pte	Tench J.A.	200/MGB. x 6 D.L.I.	Nuthal Wart
76391	"	Brown J.	29/D.L.I.	Trench Foot

NEWFOUNDLAND EXPEDITIONARY FORCE

No.H.A.33029

ADM 10 CON DEP ECAULT 10th DECR. 18.

X 3885	Cpl	Cuff W.J.	'A'.....1/R.Newfound.	Myalgia Mild.
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4697

C.R. 3885



SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

SOUTH AFRICAN RECORD OFFICE

No. H.A. 32620

ADM 13 HARVARD USA GEN H BOULOGNE 1 DEC'18

227 Sqr Dudley B.C. .... 1 S.A. Ry Co. .... Contusions Gn. Mild.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 32620

ADM 13 HARVARD USA GEN H BOULOGNE 1 DEC'18

X 3885 Gpl Carr A.J. .... l/R. Newf. .... Myalgia Mild.

8/5/2

GOVERNMENT CONTRACTORS

No. H.A. 32620

ADM 39 GEN H HAVRE 3 DEC'18

Civ. Burn H. .... Messrs Trollope & Colls Harfleur. N.Y.D. Mild.  
att RE Harfleur.

MILITARY POLICE A L D E R S H O T

No. H.A. 32620

ADM 72 GEN H TROUVILLE 2 DEC'18

6729 L/O Lewis H. .... M.F.P. .... N.Y.D. Sgt.

CAVALRY - CANTERBURY

No. H.A. 32620

DIED IN 13 HARVARD USA GEN H BOULOGNE 1 DEC'18

659 Pte Stevens L. .... 5/Drsg Gds 11/35 1 XII-18. Broncho-Pneumonia Sev.

## ARTILLERY ROYAL GARRISON

No. H.A. 22630

Adm 10 Con. Dep. Boulogne 25 April. 18.

69120 Bdr Heeps F.B. 'C'.....RGA 101 Sge.....Wd Gassed Mus. Mild. (ex 53 Gen. H.)

Dis to 5 Rest Camp. St Martins Boulogne ex 10 Con. Dep. 25 April. 18.

180843 Gnr Evans A.....RGA 256 Sge.....  
 161392 Gnr Williams J.O. RGA 266 Sge  
 253337 " Lowle H. RGA 3 L5 Sge  
 50792 Gnr Lichman H. RGA 102  
 67029 Gnr Jackson H.....RGA 147 Sge .....

62793 " Hemming W.J.....RGA 102 Sge.....  
 280529 L/Bdr Healey T. RGA 61 Sge  
 135141 Gnr Cronk C.A. RGA 251 Sge.  
 73640 Gnr Rees A.V. RGA 164 Sge.  
 227614 Dvr Ferguson A.....RGA AA Bty.....

N/08668 Pte Phelan R.....ASC MT att RGA 190 Sge.....  
 283859 " Bryant A. ASC MT att RGA 100 Sge.  
 66674 Gnr Britton A.S. RGA 102 Sge.  
 66331 Gnr Stagg F. RGA 102 Sge.  
 193067 Dvr Wimbrich A.....RGA 1/1 H.B.....

167691 Gnr Johnson W.....RGA 158 Sge.....  
 175594 " Lowe L. A. RGA 163 Sge

Dis. to Labour Base Dep. Henriville ex 10 Con. Dep. 25 April. 18.

48663 Pte Brett H.S. 'Q'.....82 Lab. Co. I RGA.....  
 477471 L/C Wright N..... 129 Lab x RGA 493 Sge.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 22630

Dis to 5 Rest Camp. St Martins Boulogne ex 10 Con. Dep. 25 April. 18.

3885 Pte Cuff W.J. .... 'G'.....1 R Newfoundland.....



970

C.R. 885

Nov. 22nd, 1917.

Mr. J. R. Rowsell,  
Port Blandford.

3885 Pte. J. Cuff

Sir:-

Your letter of 17th Nov. has been received, and I am instructed to forward you blank form for claim for Separation Allowance to be filled up by Mrs. Cuff, and a medical certificate to be filled up by the medical officer dealing with the case of Mr. Cuff. On return of this form, the case will be considered and dealt with accordingly.

I have the honour to be

Sir,

Your obedient servant,

Major, C.S.O.

C.R. 3885

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 20/11/18.

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Appointed A/ Cpl.

#3885 Pte. W. Cuff.

23/10/18.



Extract from Casualties received from Pay & Record  
Office, London, dated April 10, 1918.

#3885 Pte. W. J. Guff.

Tonsillitis mild. ex 7th Con. Dept.

C.R. 3885

Extract from War Office List No.H.A. 21484.

FIELD RECORD OFFICE.

#3885 Pte. W.J.Cuff.

Tonsillitis slight.

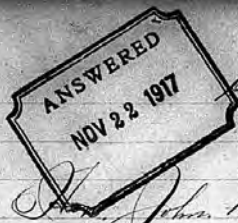
Admitted 7th Con.Dep. Boulogne April 1st, 1918. ex 7th  
Gen Hosp.

C.R. 3885

Extract from Casualties received from Pay & Record  
Office, London, dated March 29th, 1918.

#3885 Pte. W. J. Cuff.

Diphtheria mild....Admitted 7th General Hospital, St. Omer  
March 23, 1918.



Post. Dunsford  
Nov. 17<sup>th</sup> 1917

Hon. John R. Bennett,  
Minister of Militia

Hon. Sir

On behalf of Mrs. Harriet Cuff  
mother of Private John Cuff of Post  
Dunsford - I beg to make application  
for the Separation Allowance.

The following is her statement  
in regard to her husband, Private Cuff. Private Cuff's  
Father is a invalid being afflicted  
with the fallen Sickness, which the  
Doctors pronounce incurable, he cannot  
possibly do anything towards his own  
Support. - Such is her statement,  
which I firmly believe to be correct.

I am, Hon. Sir,  
Yours Obedt. Servant,  
John R. Bennett, Jr.

3885 Pte. W. J. Cuff

Extract from Nominal Roll of Draft No. 36, 200 Other Ranks  
from 2nd., (Reserve) Battn. Royal Newfoundland Regiment  
and proceeded to join the 1st., Battalion Royal Nfld.,  
Regiment B. E. F., Embarked Southampton, 4/2/18.

3885 Pte. W. J. Guff.

BC\*.



C.R. 3885

Extract from Nominal Roll embarked St. John's for Overseas  
per S.S. "Florisel" Aug. 4, 1917.

3885 Pte. W. Guff.

C.R. 3885

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, June. 28th, 1917.

3885 Pte. W.J. Cuff,

Attested this day posted P. Coy, assigned to number as  
shown.

W. J. Buff

3885

P.T.P. 10

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 be considered 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 } *Bayonetman*
2. Regtl. No. *3885* 3. Rank *Capt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Buff* (Surname) *W. J.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on *June 29/17* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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 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."
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? } .. .. .

na  
na

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.)

No complaints of no Disabilities

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na  
na  
na

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

Repatriation

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

W. E. Proemier Capt R. A. M. C.  
Medical Officer in charge of case.

Station H. D. Camp  
Date 17-5-19

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



**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war .. .. .	.....	.....
(ii) Previous active service. . . . .	.....	.....
(iii) Climate in pre-war service .. .. .	.....	.....
(iv) Ordinary military service before the war ..	.....	.....
(v) Serious negligence or misconduct on the part of the soldier .. .. .	.....	.....

Give details:

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

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

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

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

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

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station H. D. Camp ..... } President or Chairman.

Date 17-5-19 ..... } Members.

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

Station ..... } Only applicable in cases of Patients in Hospitals.

Date ..... } Officer in charge, Central Hospital.

OR

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

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

Station ..... } O.C. Discharge Centre.

Date .....



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, W. J. Cuff, Regl. No. 3885

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 <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins August 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3234	Mother of	<u>E. Merritt (widow)</u> <u>Cuff</u>	<u>St. Bonifacius</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.) W. J. Cuff  
 Officer Commanding  
 Company  
John H. C.  
July 20 1917

(Sig.) W. J. Cuff  
 (Rank) Pte

No 3526



## 1st. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, W. J. Cuff, Regl. No. 3885  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Seven Dollars and 00 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz.:

Allotment begins August 1 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3234	mother of	W. J. Cuff (Edson)	St. Bonifacius	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.)

W. J. Cuff  
 Officer Commanding

Company

Company

(Sig.)

W. J. Cuff  
 (Rank)

(Rank)

Edson Co  
July 20 1917

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*Pay*  
**WESTERN UNION**  
**ANGLO-AMERICAN DIRECT UNITED STATES**  
**CABLEGRAM**



Prefix	Code	At _____	FOR STAMPS
WORDS	CHARGE	To _____ By _____	
11		<b>VIA WESTERN UNION</b>	

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

11/1/19

To **MRS CUFF**

**PORT BLANDFORD (newfoundland)**

**CABLE EIGHT POUNDS POST OFFICE AYR**

*W* **CUFF**

*11/-*  
*Charge 3886*

**CHECKED.**  
*16/1/19*

**CHARGED**  
**PAYLEDGER** *15/1/19*  
Date *16/1/19* by *[Signature]*

**AUTHORIZED**

**NOT TO BE TELEGRAPHED.**

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_ Address **58, VICTORIA ST., S.W., LONDON**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.



17th January .9

1038/1/Demob.

Corporal W. J. Cuff,  
Royal Newfoundland Regt.,  
Queens Hotel, Ayr.

Demobilization.

In reply to your letter of 12/1/19, I am directed to inform you that the matter of your return to Newfoundland, is one for the consideration of the O. C. 1st Battalion. You should communicate with him, with a view to obtaining the necessary sanction for your release from Military Service, on compassionate grounds.

JF/S

Major,  
Chief Paymaster & O. 1/c Records,

Ayr  
12.1.19

Capt Frot

Dear Sir

I am on leave from France, is there any chance of getting home by this boat.

Will Sir I no you will no your best for me I am one of your old Coy boys and I have no one to support my mother & father only myself and they want to get me home. Please if there is any change let me no, I lay at Queens.

I remain

Yours

Cpl. W. J. Cuff

Queens Hotel  
Ayr

Furlough

10-1-19 — 25-1-19

att.

No. 3885 Rank Cpl Name Cuff W.P.

Pay	170	10	120
...			68
...			60

DEBITS	Date	s	s	CREDITS	Period From	To	Pay	...	...	...
Balance				Balance	122					1 14 4
Acquittance Rolls		10	00	Pay @ Net Rate	16 7/8	22 10/8	249	60	124 50	25 11 8
Hospital Advances					23 10/8	11 7/8	81	60	48 60	9 19 8
A.B. 64. <i>frances 100</i>		3	168		10 7/8	25 7/8	14	1/9		1 4 6
P.&R.O. Payments					12 1/8	24 1/8	13	60		38 10 2
Cash R. 401	11 1/9	18	10 0	<i>Ra 387</i>						7 50 1 12 1
997		1	15 7	<i>Cr Bal 78 14 4</i>						
				<i>18 13 6</i>						
				<i>Cr Bal 15 7</i>						

*11 1/6*  
~~19-168~~  
~~19-168~~

*11 1/6*

SECRET  
 BETWEEN

No. 6787/1097

099914

N.F.P. No.

From: NEWFOUNDLAND CONTINGENT

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

To: ~~Officer Commanding, Depot  
(For) 1st Batt. R.I. Nfld. Regiment.  
Winchester~~

9th May 1919

1919.

3885 W.J. Cuff

Receipt hereunder.

*J. Williams Lieut & Adjutant*  
Officer Commdg.      Batt'n.

With reference to the following  
telegram from the Minister of  
Militia 27/4/19 (     ):

"Pay to- 3885 W.J. Cuff  
£5. 0. 0.

Received the sum of Five

pounds (£.5.0.0) in respect of  
telegraphic remittance from the  
Minister of Militia.

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

*J. J. Marshall*  
Chief Paymaster & O. 1/c Records.

W. J. Cuff  
No. 3885 Rank cpl.

Witness: W. Hutchings Sgt

No. ~~2152/85~~ NEWFOUNDLAND

CONTINGENT

N.F.P./80.

From:

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

CHIEF PAYMASTER & OFFICER I.C. RECORDS,  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
LONDON, S.W. 1.  
R.E.F. ENGLAND.

15th January 1919

26-2 1919

3885 A/Cpl W.J. Cuff.

With reference to the following telegram from the Minister of Militia, / / (464)

"Pay to- 3885 Cuff.

£8.0.0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Chief Paymaster & O. i/c Records

*3885 A/Cpl W.J. Cuff*

*The above N.C.O. wishes this amount retained to the credit of his account please*

*T.G. Matthews*  
NEUT. COO  
CORPORAL 1st Bn. ROYAL NEWFOUNDLAND REGIMENT

7 MAR 1919



775/142/P.&.A

2nd. Bn. R. Newfoundland Regt.  
Hazeley Down Camp,  
Winchester.

15th. January, 9

3885.a/Cpl.W.J.Cuff.

✓464

Pay to 3885 Cuff - £8:0:0

8:0:0

Cuff, W J

3885

Hay sept.

July 5, 1919

#3885 Cpl. William E. Cuff,  
Port Blandford.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2668.

Yours truly

Captain  
Raymaster & O.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3885 Rank Capt Name Buff W J  
 Intended place of residence Port Blandford
2. Occupation Breakersman  
 Classification of soldier E Medical Category AI
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 JUN 7 1919 *J. H. M. H.*  
 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  
JUN 7 - 1919  
*W. J. Buff*  
 Signature of soldier  
*A. H. L. H. H.*  
 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  
JUN 7 - 1919  
*W. J. Buff*  
 Signature of soldier  
*W. J. Buff*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 25.6.17 No of days on Military  
 Discharged from service JUN 21 1919 Plus 14 days Service 738

### 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  
 Date JUN 21 1919  
*R. H. L. H. H.*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place St. Johns, Nfld.  
 Date July 5/1919  
*M. Dowley, Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*AFB 2019/2668*

# The Royal Newfoundland Regiment

Class for Demobilization

*E.C.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*6.6.19*

Regimental No. *3895*

Name

*Cuff Wm John*

Address

*Port Blandford P.B.*

Present Medical Category

*A-1*

Recommended for:— (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

*R.H. Gant Capt.*  
O.C. Discharge Depot.

Members of Board

*J. Patena*  
Senior Medical Officer

*S.W. Burden*  
Mr. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5885 Rank Cpl Name Cuff W. J.  
 Date of Enlistment 28-6-17 Address P.O. Box 5, St. John's District Newfoundland  
 Occupation Bakerman Classification for Discharge E Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	5
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 6-6-19 for W. J. Cuff O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am W. J. Cuff in a position to resume civilian occupation.

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 None

Date 7-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1590 to his home  
 at Port Blanford and Release Certificate No. 2411 issued

Date 7-6-19 *J.A. Snowcroft*  
 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 5-7-19

Date 7-6-19 *J.A. Snowcroft*  
 Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 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		

**2 Form B**

Date 7-6-19 *J.A. Snowcroft*  
 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**

**JUN 21 1919**

Date ..... *R.H. Jait Apf.*  
 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*

*H. J. Caff*

Signature of Man.

Reg. No.

*2885*

*J. H. Shawcraft*

Signature of the Vocational Officer or his Representative.

Place

*At Johns.*

Date

*JUN 7 1970*

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# Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
------------	-------	--------------------	-------------------

Name Buff, W J No. 3585 Rank Cpl. R. N. R. or Regiment.

Home Address Port Blanford City Address Port Blanford

Age 21 Height 5 ft. 7 ins. Complexion Fair Eyes Blue Hair Light Character Man

Date of enlistment 28.6.17 Where enlisted St John's Where seen service France

Ship returned by Corcoran Date of return JUN 7 1919 How Long 1 3/4 yrs

Birthplace Brunswick Date of discharge JUN 21 1919 Religion Method

Name and address next of kin Wife, G. Eden, Port Blanford

Cause of disability.....

Condition which prevents the soldier from earning a full livelihood.....

Degree of incapacity (Please state in fractions) Eng. Board..... Newfoundland Board.....

Probable duration of incapacity.....

Is final disability likely to prevent return to previous occupation?.....

Recommendation of Newfoundland Board.....

Members of Board.....

### INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Breaker

Regular trade or profession.....

Average earnings previous to enlistment \$6.00 Any other income.....

Name and address of last employer Rawnsley St

If in receipt of sick benefits or other insurance—name of society..... Amt. per mo. \$.....

At what age left school? 12 What grade, standard, &c., was he in? 2

Has he had any further education since leaving school, if so what?.....

Whether given Vocational Training while in Hospital in England. If so, what subjects?.....

If unable to follow previous occupation, name preference.....

References W J Blalock

Witness W J Blalock I declare that the above statement is correct.

Date JUN 7 - 1919 Signature W J Blalock

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

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

# MEDICAL HISTORY

Surname *Coff*Christian Name *W. J.*

Table I.—GENERAL TABLE

Birthplace:—Parish *Port Blandford*County *8**FEB 1918*

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>28</i> day of <i>June</i> 191 <i>7</i>	on	day of	191
	at <i>Headquarters</i>	at		
Declared Age	<i>19</i> years <i>2 months</i> days		years	days
Trade or Occupation	<i>Brakesman</i>			
Height	<i>5</i> feet <i>6</i> inches		feet	inches
Weight	<i>128</i> lbs.		lbs.	
Chest Measurement (Grith when fully expanded)	<i>35 1/2</i> inches			inches
	Range of Expansion <i>3 1/2</i> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <i>6/6</i>		R.E.—V=	
	L.E.—V= <i>6/6</i>		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>Samuel Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St. John's</i>	at		
	on <i>28</i> day of <i>June</i> 191 <i>7</i>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>4/1st Bn. 10.</i>	<i>3885.</i>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)		day of	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... *Hotel Newfoundland* }  
 2. Regtl. No. *3888* }  
 3. Rank... *Corporal* }  
 4. Name *Cuff* }  
 (Surname) }  
 (Christian Names) }  
 5. Age last birthday... *21*  
 6. Posted for duty on... *June 28/17* at... *S. J. J. J.*  
 in category (or grade).....  
 7. Former Trade or Occupation } *Sergeant*  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—  
 (a) When  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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?

*Re Complaints of no Disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputations 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? *na*
17. If not, was an operation advised and declined? *na*
18. \*In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

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.

Station *Haydock D. Camp*  
Date *17/5/19*

*Repatriation*  
*W. J. Prosser Capt R. A. M. C.*  
Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.  
(b) The present condition thereof.

22. State whether the disabilities are:— (a) Attributable to (b) Aggravated by
- (i) Service during the present war .. .. .
- (ii) Previous active service .. .. .
- (iii) Climate in pre-war service .. .. .
- (iv) Ordinary military service before the war .. .. .
- (v) Serious negligence or misconduct on the part of the soldier .. .. .  
Give details:

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

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

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

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

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

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

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station Harley, D. Camp ..... { President or Chairman.

Date 7/6/19 ..... } Members.

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

Station ..... } Only applicable in cases of Patients in Hospitals.

Date ..... } Officer in charge, Central Hospital.

OR

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

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

Station ..... } O.C. Discharge Centre.

Date .....

**The Royal Nfld. Regiment**

**DEMOBILIZATION**

No. 3885 Rank

Name *Lips W. J.*

Warned for demobilization on

**JUN 7 1919**



## 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 *William John Cuff*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *3885*  
 Intended address *Port Blandford, B.B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Normal*

Christian name of Father *Gideon*

Christian name of Mother *Harriett*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bonavista, Apr. 7, 1897*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*William John Cuff*

(Rank) *Private*

Station **ST. JOHN'S.**

Date *5-6-19*

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



Station

Date



**Casualty Form—Active Service.**

Regiment or Corps Royal Newfoundland  
 Rank Plt Surname Cuff Christian Name William  
 Religion meth Age on Enlistment 19 years 2 months  
 Enlisted (a) 28-6-17 Terms of Service (a) Duration Service reckons from (a) 28-6-17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 Occupation Drakesman or Corps Plt Captain Signature of Officer [Signature]

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.413, Army Form A. 36, 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.36, or other official documents.
			Embarked	3 FEB 1918	
			Disembarked	6 FEB 1918	
			Formed Battalion	15 FEB 1918	
	992A	Ad. RFD? Systema Trans	7 Genstb	23/5/18	E.O. 9180
	10 Coasol	ex	Togach	7/4/18	NA 21381
	D. 9112	James Dept	Kouan	1/5/18	Case
		Went down	12-6-18		B.213 2/6/18
	James	App of Dept from Plt	Fried	22/10/18	B.213 7/1/18
	62 CCS	Ad. "Uyogegia" in 3 Am CCS		29/1/18	E.O. 9859
	13 Genstb		Boulogne	1/12/18	NA 32620
4.1.19	60	Adv. 10 G. 10 Myalgia Milda.	Eggle	10/12/18	NA 32079
	D. S. B. D.	Arrived	Kouan	29/12/18	Case
		Discharged 40p 29/1/19			B.213 1/2/19

(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, Sheering-Smith, &c. W. 2184-M1183 1005M 1/17 (27227) S.P. & Co. Ltd. Forms B. 103/4. E. 1354. [P.T.O.]

Report		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.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		<i>Reformed to Rank Capt. to England for Dec 26.</i>	<i>(5/10/18)</i>	<i>1323</i>	
				<i>16/1/15</i>	<i>W 100810 M 727</i>
		<i>Int</i>			
				<i>[Signature]</i>	
				<b>Captain for</b>	
				<b>Officer i/o Infantry Section No. 3</b>	
				<b>G.M.Q. 3rd Echelon,</b>	

July 5, 1919

#3885 Cpl. William J. Guff,

Port Blandford, B.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 & C. i/ c records.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

1. Christian name..... *William J. Buff* .....
2. Surname..... *Buff* .....
3. Rank..... *Corporal* .....
4. Regtl. No. .... *3885* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Port Blandford, B.B.* .....
6. Date of enlistment in the Regiment..... *June 28/17* .....
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 June 28/17.* .....
- ..... *To June 7/19.* ..... 1.<sup>2</sup>

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..... *ho*

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?.....

19. Are you now serving in the Regt.?..... *No* If not give? - (a) date of discharge..... *June 7/19* (b) Reason for discharge..... *Demobilization*

..... *Temporary* .....

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....

*France, Belgium + Germany - From Feb. 2/18 to April 1919* .....

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: *W. J. Cuff*  
 Place of Residence: *Port Blandford, B.B.*  
 Declared before me at: *St. John's, Nfld.*  
 This *7th* day of *June* 19*49*.....

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

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

Approved by Applicant:  
 Place of Residence:  
 Declared before me at:  
 This day of 19.....

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

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

Approved by Applicant:  
 Place of Residence:  
 Declared before me at:  
 This day of 19.....

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



No. 3885 Name **Buff, W. J.** Sq. Batty. or Company } **Corps 1st Newfoundland Regt** Date of enlistment } **28-6-17** G.C. Badges }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } **1** Signature O.C. } **[Signature]** Service or Proficiency Pay } **Grad**  
 Company, etc. } **1st Lt** Character }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<b>Field</b>	<b>20-5-18</b>	<b>Private</b>		<b>Duty Brass</b>	<b>1st Lt Flynn</b>	<b>1 day C.B.</b>	<b>20-5-18</b>	<b>Capt. Beck</b>	<b>RHC</b>
<b>Rowen</b>	<b>11-4-19</b>	<b>Cpl</b>		<b>Neglect of duty while on guard</b>	<b>RSM Sullivan</b>	<b>reprimanded</b>	<b>11-4-19</b>	<b>Major Bernard</b>	<b>W.H.</b>
<b>Rowen</b>	<b>15-4-19</b>	<b>"</b>		<b>Deficient of Kit - 7/1</b>	<b>CMS Wardlaw</b>	<b>Pay for same</b>	<b>15-4-19</b>	<b>Major Bernard</b>	<b>RSE</b>

Army Form B. 193



1st. NEWFOUNDLAND REGIMENT *S*

ALLOTMENTS

I, W. J. Cuff, Regl. No. 3885

hereby agree, until further notification by me, and in similar official form to make an Allotment of Eighty Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins August 1<sup>st</sup> 17.

Identity Certificate No.	Whether Wife, Child, other Relative or friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3234</u>	<u>Mother of</u>	<u>McNairitt (widow) Cuff</u>	<u>Port Blanford</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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.) [Signature]  
 Officer Commanding  
 Company  
John H. Cuff  
July 20<sup>th</sup> 1917

(Sig.) W. J. Cuff  
 (Rank) Pte

MEDICAL CERTIFICATE.

(For Information of Separation  
Allowance Department)

1.

Name and regimental number  
of soldier in respect of whom  
Separation Allowance is Claim-  
ed.

2.

Name and age of Father  
of said soldier.

Gedgson  
Age 56 years

3.

Is said father a chronic  
invalid and totally in-  
capacitated.

yes, yes

4.

Of what nature is his disability?

Epilepsy

5.

From what date has this total  
incapacity been existent.

Eight years

6.

How long is total incapacity  
likely to continue and what  
will be effect on his earning  
power?

During his life time

7.

If not totally incapacitated  
by what per cent in your op-  
inion is capacity for work  
reduced, and from what date?

Totally Incapacitated

8.

Are you the regular attending  
physician?

yes

9.

Relationship to soldier of  
Applicant.

Father

I hereby certify that the above statements are correct

*J. S. Cluskey*  
.....  
Physician.

*Manuel*  
..... Place.

*Dec 1st 1917*  
..... Date.

(Separation Allowance Branch.)

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply, must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to—

THE PAYMASTER  
Separation Allowance Branch,  
St. John's Nfld.

11.

Name in full of Soldier.	Rank	Reg't. or Unit	Reg't. No.
<u>Mr John Cuff</u>	<u>Private</u>	<u>1<sup>st</sup> Field Regt.</u>	<u>3885</u>
Age of Soldier <u>21</u>		Married or Single.	
		<u>Single</u>	

Name in full of Mother	Age	Occupation	Permanent Address.
<u>Harriet Cuff</u>	<u>59</u>	<u>Housewife</u>	<u>Port Blandford</u>

Give name of your husband.	Age	Occupation	Where employed.
<u>Gideon Cuff</u>	<u>56</u>	<u>none</u>	<u>unable to work</u>

3. If your husband is not supporting you state the reason.

Epileptic. unable to work.

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long or more. Son sole support since then.)

Yes Epileptic. chronic unable work for past eight years or more. Son sole support since then.

5. If you are a widow, state date and place of death of your husband.

8. Have you married again since death of above mentioned husband?

Names of your other Children	Address in Full.	Age.	Occupation	Married or Single.

*J.P.A.*

(2)

10. State amount earned by (a) yourself (b) Your husband (a) *Nothing do.* (b) *do.*
11. State amount and source of any other income. *none*
12. State value of Real Property belonging to you and your husband. *Son's house and property*
13. State value of personal property belonging to you and your husband. *none*
14. If husband is dead state value of Real and personal Property left by him. \_\_\_\_\_
15. Actual amount contributed by soldier during the year prior to enlistment. \_\_\_\_\_
16. Was this amount contributed weekly or monthly. *Twenty five dollars and more monthly.*
17. Did this amount include payment of son's Board etc. *No.*
18. State your son's trade or occupation prior to enlistment. *Brakeman with Reid mfd Co.*
19. State amount of his wages per week. *11.25*
20. State name and address of his last employer. *Reid mfd Co. St Johns.*
21. State amount of support monthly from son since enlistment. *none.*
22. State amount of Allotment received by you from son monthly. *60¢ 18.60 - one pay I have sent one each to him*
23. From what date did you receive Allotment? *August 8th 1917.*
24. Actual amount contributed by other children } *have no other children*  
Weekly Monthly.
25. Are any of these children in the employ of you or husband? \_\_\_\_\_
26. If not receiving support from other children state cause, Explain fully. *He is the only child*
27. With whom are you residing at present. *Husband in Son's home*
28. Have you made a previous claim for Separation Allowance? If not, Why? Give particulars. *no. didn't know there was Separation allowance until month since*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *Yes (have no other money coming in)*



30. Are you in receipt of any payment from any Patriotic Fund? If so, How much. *Nil*

31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government. *No.*

32. In what capacity and in what place. \_\_\_\_\_

33. Is he in receipt of a salary as much while serving in the 1st. Mfld. Regt. If so, how much?.

*Recd fifteen or twenty dollars more when working with Field Company*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... *H. Harriet Cuffe* *Jack R. Rowlett*

Place of Residence *Port. Stansford*

Declared and subscribed before me at..... *Port. Stansford*

this *First* day of *December* 191*7*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *Jack R. Rowlett J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above Soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman *S. Edgewood*

Signature of Member of Patriotic Fund Committee. *Burton Carter*

*Approved 15/1/18.*  
*[Signatures]*



Receipt for ARMY BOOK 64

No. .... 3885- ..... NAME ..... *Cuff* .....

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

Date ..... *July 19* ..... Name ..... *W. J. Cuff* .....  
Place ..... *Port Blandford* .....

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

*F.*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
23.

Number of Sheet First

Regiment of 1<sup>st</sup> Newfoundland

Signature of O. C. Company \_\_\_\_\_

Regimental Number and Name		Enlistment		Trade
No.	<u>3885. Buff W.J.</u>	Age on	19 years 2 months	<u>Craftsman</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's 25-6-17</u>	Religion
Joined	Date			<u>Meth.</u>
Joined	Date	Period of	} with Colours <u>8</u> years. } with Reserve <u>2</u> <u>365</u> years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's 5 <sup>3</sup>/<sub>17</sub></u>					

To be carried over

# The Royal Newfoundland Regiment

D 3885

## DEMobilIZATION OF

Reg. No. 3885 Rank *Cpl.* Name *Cuff W.J.*Date of Enlistment *28.6.17* Address *P.O. Box 15 St. John's* District *St. John's*Occupation *Breaker* Classification for Discharge *E* Medical Category *A.1*

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 *6.6.19* O. C. Discharge Depot *W. J. Cuff*

## PARTICULARS FOR DEMobilIZATION

## 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date *7-6-19*

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *\$60.00*(b) Clothing Supplied *W. J. Cuff*Date *7-6-19* O. i/c. Re-clothing *W. J. Cuff*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1590 to his home at Port Blandford and Release Certificate No. 2411 issued.

Date 7-6-19 *J.A. Snowball*  
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 5-7-19

Date 7-6-19 *J.A. Snowball*  
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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	2 Form B
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 7-6-19 *J.A. Snowball*  
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 21 JUN 1919 *R.H. Salt* Capt.  
O. C. Discharge Depot.

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

Date June 14 11 1919 *R.A. Dwyer*  
*For O.C. Discharge Depot*

Reg. No. 388A Rank Cpl. Name Cuff, W. J.

Attested ..... Address Port Klandford.

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas 29.1.19.

Returned on S.S. Consuean Cause Discharge.

6-6-19  
21-6-79

**PASSED TO DEMOBILIZATION**  
**DISCHARGE APPROVED ON DEMOBILIZATION**

COPY.

C.R. 3885

April 23rd 1920.

Dear Sir:-

I have been informed that you have a rifle and bayonet in your possession since last year. I am endeavouring to close up the Militia Office, and am having these outstanding rifles and bayonets collected. Of course, I can appreciate the fact that you would like to keep these as souvenirs, and also possibly for use, but I am afraid that cannot be. These rifles and bayonets are the property of the Government and were purchased from the Imperial ~~War~~ Government. Will you, therefore, please take the necessary steps to have them returned as soon as possible.

I do not want you to have any unnecessary expenditure in this connection, so if you will take them to Magistrate Mifflin at Greenspond, or some other suitable person, they will undertake to have them sent to St. John's. If you prefer to return them direct please let me know what your expenses are.

I hope to hear from you in the near future.

Yours faithfully,

Lieut. Col.  
Chief Staff Officer.

4959 Ex. Pte. L. Fry,  
Charleston, Southern Bay, B.B.  
3356, Ex. Pte. Cater Hunt,  
Fair Islands, B.B.  
5241 Ex. Pte. Leander Paul,  
Deer Island, B.B.  
3885 Cpl. W.J. Cuff,  
Port Blandford.  
3956, Ex Pte. Wm. Green,  
Port Blandford.  
5047, Ex. Pte. Alec. Tucker,  
Bunyan's Cove.