



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5 263 Name Charles Dunsen Corps RC.

Questions to be put to the Recruit before Enlistment.

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

I, Charles Dunsen 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.

Charles Dunsen SIGNATURE OF RECRUIT.
2/5/18 Charles Dunsen Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Dunsen 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 21 day of May 1918.
Signature of Attesting Officer R. B. Dicks

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 May 21 1918
Place Portugal Cove } 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)

C.R. 5263

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officers i/c Records from 29-6-19.

5263 Pte. Chas. Druken.

C.R. 5263

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 14th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.G. Discharge Depot with effect from 24-6-19.

5263 Pte. Chas. Druken.

C.R.V. 5263

Extract from Daily Orders Part 11 Depot, St. John's,

Date 13/6/19.

5263, Pte. Chas. Druken.

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

RE "Corsican"

C.R. 5263

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

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

#5263 Pte. G. Druken.

C.R. 5263

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 25, 1918.

The following men embarked for Overseas on H.Q.M.S.
"Columbella" July 22, 1918.

#5263 Pte. Chas. Druken.

C.R. 5263

Extract from Daily Orders part 11, from Unit The Royal
HFLD. Regt. St. John's. Dated May 22, 1918.

#5263 Pte. Charlie Druken.

Attested for General Service with the Royal HFLD. Regt
from 21.5.18

To Mr. ~~Patrick~~ ~~Spencer~~

Portugal Cove

St. Johns

Newfld.

Cable seven pounds
through Militia

5263. Pto. M. Spencer

243

June 29, 1919

#5263 Pte. Charles Druken,

Portugal Cove Road,

City.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2409.

Yours truly

Captain,
Paymaster & O.i/c Records.

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

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

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

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *5263* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Druken G.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *23*
6. Posted for duty on *20. 5. 18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

As complaint of no 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 invanded at Foreign Stations.

Repatriation

W. P. Prosser *Capt. R. C. M. C.*

Station *Hazelys Camp*

Medical Officer in charge of case.

Date *29. 11. 19*

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



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 *Charlie Druken*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *5263*
 Intended address *Portugal Cove Road*

Height on discharge *5* Feet *8*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*

Descriptive Marks *—*
 Figure on discharge *medium*
 Christian name of Father *Patrick*
 Christian name of Mother *Mary Ann*

Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*

Place and date of soldier's birth *St. John's, March 21st, 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)

Station

C. Druken
ST. JOHN'S.

Date

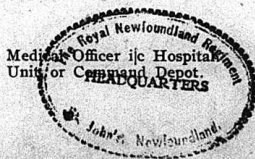
9-6-19

(Rank)

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



AS263

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2263 Rank Pr Name Druken, Charles
 Date of Enlistment 21.3.78 Address Portugal Cove District
 Occupation Farmer Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	B 122	Board list	" 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 9.6.19 in News Lt O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 10.6.19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00
- (b) Clothing Supplied _____

Date 10-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home
 at _____ and Release Certificate No. 2359 issued.

Date 10-6-19 _____

 Demobilization Officer

4. Pay and Allowances.

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

Date 10-1-19 _____

 Depot Paymaster.

Discharge approved for 15-6-19
 Forwarded with following documents to O. C. Discharge Depot.

N.F. P136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		" 7

Handwritten notes: "2 Form B", "9-2-19"

Date 10-6-19 _____

 O. C. Discharge Depot.

APPROVED.

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

Date JUN 1 1919 _____

 Eligible for War Service Gratuity

 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
 Date June 19/19 _____

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5263 Rank Pte Name Truhen, Chas.
 Intended place of residence Portugal Cove Road
 2. Occupation Farmer
 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 10 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S JUN 10 1919
 Signature of soldier C. Truhen
 Signature of witness W. J. Beaton

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 10 1919
 Signature of soldier C. Truhen
 Signature of witness W. J. Beaton

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No of days on Military Service 405
 Discharged from service JUN 15 1919 Plus 14 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S Date JUN 15 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's Date June 29 1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

a & B 2079/2409

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 5263 Rank Pl Name Druken Charles
 Date of Enlistment 21-2-18 Address Portugalton B. District St. John's
 Occupation Farmer Classification for Discharge 1/4 Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	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	3
B 174	D 400B	Form L		do 3rd	" 4	
B 170a	D 400C	Form K		do 4th	" 5	
B 170b	B 103	ME 2			" 6	
B 170c	B 120	M 93				

Date 9-6-19 in St. John's O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

C. Druken

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied W. Druken

Date 10-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Portugal Cove, P. M. and Release Certificate No. 2359 issued.

Date 10-6-19 *J.A. Shaw*
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 29-6-19

Date 10-6-19 *J.A. Shaw*
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 174	D 400B	Form L	do 3rd	" 4
B 176a	D 400C	Form K	do 4th	" 5
B 176b	B 103	ME 2		" 6
B176c	B 120	M 93		

2 Form B

Date 10-6-19 *J.A. Shaw*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 15 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

9.6.19

Regimental No. *5263*

Name

Druken Chas

Rank

Pte

Address

Portugal Cove Road

Present Medical Category

A7

Recommended for :-

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

R.H. Lat
O.C. Discharge Depot.

Stanton
Senior Medical Officer

Sturden
M.O. Depot

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

B. Drueker

Signature of Man.

Reg. No.

52.63

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

10-6-19.

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

MEDICAL HISTORY

Surname Wauken OF Christian Name Charlie

Table I.—GENERAL TABLE.

Birthplace:—Parish Portugal Cove Rd County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>21</u> day of <u>May</u> 191 <u>8</u>	at <u>S. John</u>	on	day of 191
Declared Age	<u>27</u> years	<u>27</u> days	<u>27</u> years	<u>27</u> days
Trade or Occupation	<u>Farmer</u>			
Height	<u>5</u> feet <u>7 1/2</u> inches		feet	inches
Weight	<u>140</u> lbs.		lbs.	
Chest Measure-ment	Girth when fully expanded	<u>37</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches

Physical Development	Right	Left	Right	Left
Vaccination Marks				
When Vaccinated				

Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>	R.E.—V= L.E.—V=
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(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) James O. Parsons
(Rank) _____
Medical Officer. Medical Officer.

Enlisted at S. John on 21 day of May 1918

Corps	Regtl. No.	Corps	Regtl. No.

Joined on Enlistment... The Royal 263
Nfld Regt

Transferred to... _____

Became non-effective by _____

(Signature) _____ on _____ day of 191 _____ on _____ day of 191 _____

(Rank) _____

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Fit or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signatures
22-5-78.	Vacc. 100
4-7-18	S A B 10
10.5.18	T 1/2 100
10 20 18.	T 1/2 100

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as C for discharge on Demobilisation. Medical category AT
 9.6.19
 Date of Fitting for Major H. J. Captain

Table IV.—SERVICE TABLE

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

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

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

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

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *6263* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *D. McKim* *C* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *23*
6. Posted for duty on... *20-5-15* 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 venereal disease.

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

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

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

He complains of a 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 invaded at Foreign Stations.*

Repatriation

W. B. ...

Capt Adams

Medical Officer in charge of case.

Station *Hazley Down*

Date *29/1/19*

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

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *Charles* 2. Surname..... *Drake*

3. Rank..... *Pvt* 4. Regtl. No. *5263*

5. Address in full to which future payments of gratuity are to be forwarded..... *Portugal Cove Rd. St. John's*

6. Date of enlistment in the Regiment..... *May 21/18*

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

8. Relationship of such dependents.....

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

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

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

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

June 18/19

From May 21/18 to

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.

.....

15. Have you been issued with a War Service Badge?.....

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No*

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

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

19. Are you now serving in the Regt.?..... *No* If not give - (a) date of discharge..... *June 10, 1919*

(b) Reason for discharge..... *Revolutions*

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 Nov. 1917 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: *E. Druhen*
 Place of Residence: *Portugal Cove Rd. N. John's Cove*
 Declared before me at: *N. John's, Nfld*
 This *16th* day of *June* 19...*19*....

John McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount
Date paid	Paid, Soldier.	Paid Dependant.	War Service Gratuity.	due
.....	<i>4 mes</i>	<i>250 00</i>
.....
.....
Certified correct.			Paymaster	<i>or</i>

ST. JOHN'S, June 10th /19

Royal Newfoundland Regiment.

Billeting Account,

To H. C. Draken

Billeting Soldiers as undermentioned

from June 1st /19 to June 15th /19

5263 H. C. Draken 15 50

ACCOUNT	<u>B. V. M.</u>
CH. NO.	<u>23227</u>
IND. LEDGER	INITIALS <u>ED</u>
PAY LEDGER	INITIALS
CERTIFIED CORRECT FOR \$	<u>15</u> INITIALS <u>50</u>

Certified

J. A. [Signature]
Billeting Officer.

H. C. Draken