

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5633

Name Charles Elgar ~~Corp~~ C.P.R.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Charles Elgar</u> |
| 2. What is your full Address? | 2. <u>St. Deep</u>
<u>St. John's White Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>1</u> Month |
| 5. What is your Trade or Calling? | 5. <u>Foreman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Charles Elgar 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 Elgar SIGNATURE OF RECRUIT.
W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Elgar 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 7 day of June 1918

W. Pittman Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1918 } Approving Officer.
Place.....

† 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

5633

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

Name Charles Edgar
 Apparent age 22 years 3 months Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Edgar, Jr Deep SW
Cove White Bay | 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>7-6-18</u>									
Joined at <u>St John's</u> on <u>June 7-1918</u>									
<u>Discharged August 19 1919</u>									
<u>Embarked St John's N.S. Colchester to Halifax N.S. 22-7-18</u>									
<u>to Newfoundland for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 7-8-1919</u>									
Total Service forfeited as above									

Total Service towards Engagement to 7-8-1919 (date of discharge) 1 years 62 days
 " " Pensions " " " " " " " " " " " "

C.R. 5633

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

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5633 Pte. Charles Elgar.

C.R. 5633

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt
St. John's ,Aug. 16th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED ^u_by Officer i/c Records from 7-8-19

5633 Pte. C. Elgar.

C.R. 5633

Extract from Daily Orders Part II Unit The Royal Welch Regt.
St. John's, July 15th, 1919.

The discharge of the undersigned on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from ~~15th July~~

24-7-19

5653 Pte. C. Edgar.

C.R. 5633

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

5633 Pte. C. Elgar.

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

G.R. 5633

Extract from Daily Orders Part 2. from Unit, The Royal Newfoundland
Regiment, St. John's, dated June 8th 1918.

5633, Pte. C. ~~Edgar~~ Edgar.

Attested for General Service with the Royal Nfld. Regt.
from 7/6/18.

Elgar, C.

C.R. 5633

P.Y.R.O.

Elgar, Charles

5633

Ray Sept

August 7th 1919.

#5633, Pte.C.Elgar

Hr.Deep. W.B.

Dear Sir:

Enclosed please find Discharge Certificate
3563.

Yours truly,

Capt.&

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5633 Rank. PL Name. Elgar C
 Intended place of residence. St. John's
 2. Occupation Fisherman
 Classification of soldier. E Medical Category. A-1

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

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 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, ST. JOHN'S
 Date JUL 10 1919
 Signature of soldier: E. Charles Elgar
 Signature of witness: J. A. Newman

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 10 1919
 Signature of soldier: E. Charles Elgar
 Signature of witness: James O. Newman

STATEMENT OF SERVICE

7. Enlisted for service. 7-6-18 No. of days on Military
 Discharged from service. 24-7-19 Plus 14 days Service. 427

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 24 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 7/1919
 Officer in Charge
 The Royal Newfoundland Regiment

APP 20 79/2513

26
37
7
62

The Royal Newfoundland Regiment

Class for Demobilization:—

86

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

8.7.19

Regimental No. 5633.

Name

Edgar Charles

Address

Hr. Deep

Present Medical Category

4j

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

R. H. [Signature] Major
O.C. Discharge Depot.

[Signature] Senior Medical Officer

[Signature] M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5633 Rank Plt Name Edgar F
 Date of Enlistment 7.6.18 Address St. Johns District St. John's
 Occupation Fisherman Classification for Discharge H Medical Category AI
 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 9.7.19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation [Signature]

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

(b) ~~Clothing~~ Supplied [Signature]

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ⁴⁸⁸².....to his home

~~Mr Deep~~ and Release Certificate No. ³⁴¹¹..... issued

Date 10-7-19.....
J.A. Howcroft
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 ¹⁻⁸⁻¹⁹.....

Date 10-7-19.....
J.A. Howcroft
Depot Paymaster.

Discharge approved for..... 24-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 10-7-19.....
J.A. Howcroft
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

JUL 24 1919

Date
D.R. Cooper Cabot
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

E. Elgar

Signature of Man.

Reg. No. 5133

J. H. Shaveloff

Signature of the Vocational Officer or his Representative.

Place

at Johns

Date

10-7-19

191

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

MEDICAL HISTORY

OF

Surname

Egan

Christian Name

Lehales

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. Deeh, White Bay County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	7 th day of June 1918	Seyonius	day of 191	
Declared Age	22 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 7 inches		feet	inches
Weight	133	lbs.		lbs.
Chest Measurement	Girth when fully expanded	37 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/24	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>Lambert Peterson</i>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	Seyonius	at	
	on	7 th day of June 1918	on	day of 191
Joined on Enlistment	Corps.		Corps	
	Regtl. No.		Regtl. No.	
	Royal N.S.I. Regiment.		5622.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *Elgar, Charles.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1633.*

Intended address *41 Beep. W.B.*

Height on discharge *5* Feet *10"*

Color of hair on discharge *Dark.*

Complexion *Ruddy.*

Color of eyes *Brown.*

Descriptive Marks _____

Figure on discharge *Tall.*

Christian name of Father *John.*

Christian name of Mother *Mallan*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *41 Beep. W.B. July 20th 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) *Charles Elgar* (Rank) *Able*

Station **ST. JOHN'S** Date *1.7.19*

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



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

Station _____ Date _____

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

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

1. Unit and Corps..... *Royal Artillery* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *533* 3. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Elgar Chas* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos:
5. Age last birthday *22*.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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 his disability

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Repatriation

W. E. Procunier. Capt RMC
 Medical Officer in charge of case.

Station *Mageby Down*

Date *1/4/19*

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

August 15, 1919

Mr. C. Edgar,
Harbor Dept.
White Bay.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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..... *C* 2. Surname..... *Egan*

3. Rank..... *Pte* 4. Regtl. No..... *5633*

5. Address in full to which future payments of gratuity are to be forwarded..... *Shorker Deep White Bay*

6. Date of enlistment in the Regiment..... *7 June 1918*

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..... *w*

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 Hfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Shorker woods*

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?

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

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the Regt.? *no* If not give? - (a) Date of discharge. *July 24/19* (b) Reason for discharge. *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Charles Elgar*
 Place of Residence: *Harbor Nap. White Bay*
 Declared before me at: *St John's*
 This *10* day of *July* 19*19*....

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

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

5633

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5633 Rank Plt Name Edgar E. H. Deech
 Date of Enlistment 7.6.18 Address St. Barbe District St. Barbe
 Occupation Fisherman Classification for Discharge 1 Medical Category A.I.
 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 <u>3</u>
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 9.7.19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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~~ [Signature]

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4882 to his home.

Mr Deep and Release Certificate No. 3411 issued.

Date 10-7-19

J.A. Howcroft
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 7-8-19

Date 10-7-19

H.M. W. A.
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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 10-7-19

J.A. Howcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

N.R. Cooper Capt.
O. C. Discharge Depot.

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

Edward [Signature]

Date July 31 1919

[Signature]

Reg. No. 5633 Rank Y6 Name Edgar, L.

Attested Address Ho Deep

Allotment Allottee

Date of Allotment Returned from Overseas JUL 1 1919

Returned on S S. Cassandra Cause Discharge

[Handwritten scribbles]

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

5633.

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

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

- 1. Unit and Corps... *Royal N. F. L.S.*
- 2. Regtl. No. *2633* 3. Rank... *Pvt.*
- 4. Name *Ugari* *Blas*
(Surname) (Christian Names)
- 5. Age last birthday. *22*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|-------------------------------------|--------------------------|
| (i.) Service during the present war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

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

No complaint of no disability

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

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

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

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

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

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

Repatreated

O. G. Procmier
 Medical Officer in charge of case.

Station .. *Hazelhurst*

Date .. *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