



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6247 Name Gordon Ethridge Corps Life  
 Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Gordon Ethridge</u> .....          |
| 2. What is your full Address? .....  | 2. <u>Green St. D.B.</u> .....           |
| 3. Are you a British Subject? .....  | 3. ....                                  |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>5</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Boatman</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 <u>Yes</u> .....                |
|  | 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, Gordon Ethridge 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.

Gordon G. Ethridge SIGNATURE OF RECRUIT.  
George [illegible] Signature of Witness.

9.10.15

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

I, Gordon Ethridge 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 courageously 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 [illegible] on this 9 day of October 1915.

[Signature] 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 [illegible].  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date.....1915  
 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 Arthur Gordon  
 Apparent age 18 years 5 months. Height 6 feet inches  
 Chest Measurement { Girth when fully expanded 36 inches  
                               Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Arthur Gordon  
Green St. | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									

Total Service forfeited as above.....

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

“ “ Pensions “ \_\_\_\_\_ | “ “ | “ “ “ “





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6247 Name Gordon Ethridge Corps CofE

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Gordon Ethridge</u>          |
| 2. What is your full Address? .....  | 2. <u>Green H. St B</u>            |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Handyman</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, Gordon Ethridge 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.

9.10.18

Gordon E. Ethridge SIGNATURE OF RECRUIT.  
George Walsh Signature of Witness.

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

I, Gordon Ethridge 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 9 day of Oct. 1918  
 Signature of Attesting Officer Chas. Dickson

### † 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) .....

501



6247

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Ethridge Gordon  
 Apparent age 18 years 5 months. Height 6ft feet \_\_\_\_\_ inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Ethridge  
Green St. | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged Jan'y 19<sup>th</sup> 1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



C.R. 6247

Extract from Daily Orders part II, Depot St. John's dated Jn. 21st. 1919.

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The discharge of the undernoted on demobilization have<sup>s</sup> been ~~ADMITTED~~  
CONFIRMED by Officer I/c Records on noted date.

#6247 Pte. Gordon Ethridge

19-1-19.



C.R. 6247

Extract from PRELIMINARY REPORT from : The Director of Medical Services, to: O.C. DEPOT, dated December ~~12~~<sup>13</sup>th, 1918.

At a Medical Board held on TUESDAY AFTERNOON, December 10th., the following was a finding:-

6247 Pte. G. Etheridge

Recommended Discharge. Unfit for General Service.



C.R. 6247

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated October 11th 1918.

Strength Increases:

6247 Pte. Gordon Ethridge.

Attested for general service with The Royal Newfoundland Regiment.

Etheridge, Gordon

6247

Sept.



January 19th., 1919

#6247 Pte. Gordon Ethridge,

Green's Harbor, T.B.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No.580."

Yours faithfully,

Captain,  
Paymaster & O.i/c Records

Enc'l 1.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 47 Rank Plt Name Gordon E. Thridge  
 Intended place of residence Greens St. St.

2. Occupation Fisherman  
 Classification of soldier B Medical Category F

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

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 DEC 20 1918 Albany Capt  
 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 Gordon E. Thridge  
Dec 20<sup>th</sup> 1918 Signature of soldier  
Albany Capt  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date St. John's Gordon E. Thridge  
20-12-18 Signature of soldier  
Albany Capt  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 9-10-18 No of days on Military  
 Discharged from service 27-12-18 Pls 25 days Service 113

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Luntant  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

Date DEC 22 1918

### CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld M. Bowley Capt  
 Date January 19/1919 Officer in Charge  
 The Royal Newfoundland Regiment

22 B 2079/580



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 62427 Rank. Pte Name G. Hardy Dodson  
 Date of Enlistment. 9.10.18 Address Spence St District St. John's  
 Occupation Fisherman Classification for Discharge B Medical Category VE  
 Recommendation S.M.P. Unfit for further service Disability Rating Nil

Passed to Demobilization Officer with following documents:—

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

Date. 20.11.18

W. W. Carr  
O.C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Gordon G. Thridge

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$600

(b) Clothing Supplied Joseph A. Brown

Date. 20.12.18

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 375* to his home at *Greens Pt* and Release Certificate No. *527* issued.

Date *20-12-18* ..... *C. S. Dinko Capt.*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *19-1-19*

Date *20-12-18* ..... *W. S. M. Capt.*  
Depot Paymaster.

Discharge approved for *22.12.18* .....

Forwarded with following documents to O.C Discharge Depot.

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

Date *21.12.18* ..... *C. S. Dinko Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date *DEC 22 1918* ..... *R. H. Last Capt.*  
O. C. Discharge Depot.

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

Date *Dec. 26/1918* .....



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

# MEDICAL HISTORY

OF

Surname

*Ethridge*

Christian Name

*Gordon*

Table I.—GENERAL TABLE

Birthplace :—Parish

*Green St. N.B. County Newfoundland.*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>9</i> day of <i>Oct</i> 191 <i>8</i>	on	day of	191
	at <i>H. John</i>	at		
Declared Age	<i>16</i> years <i>5</i> days		years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>6</i> feet	inches	feet	inches
Weight	<i>153</i>	lbs.		ll s.
Chest Measurement	Girth when fully expanded	<i>36</i>	inches	inches
	Range of Expansion	<i>4</i>	inches	inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R. E.—V= <i>6/9</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>Lamm Paterson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>H. John</i>	at		
	on <i>9</i> day of <i>Oct</i> 191	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Nfld 6247</i>			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				







# 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 work as fisherman*

*S. E. Whidge*

Signature of Man.

Reg. No. *6247*

*W. Dicks Capt.*

Signature of the Vocational Officer or his Representative.

Place *St Johns N.Y.C.D.*

Date *20/12/18.* 191



Conditional

Security

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 5-12-18 .....

Regimental No. ... 6247 ...

Name ..... Ethridge Gordon .....

Address ..... Greens St. S. S. Bay .....

Present Medical Category ..... ~~A II~~ E .....

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

Proceedings of SM B. in file

Members of Board

R. J. East Capt.  
O.C. Discharge Depot.

W. A. Pearson  
Senior Medical Officer

W. W. Burden  
M. O. Depot



*Condit*



# Department of Militia, Newfoundland

## Medical Department

### Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

#### STATEMENT OF CASE

Station ..... *St John's Wfld.* .....

Date ..... *10 Dec 1918* .....

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *6247*
- 3. Rank *Private*
- 4. Name *E Mudge Jordan*
- 5. Age last birthday *18 years*
- 6. Enlisted on *9th Oct 1918*  
at *St John's Wfld.*
- 7. Former trade or occupation *Fisherman*

8. Disability *? Pulmonary T.B.*

9. History  
*Nearly 2 years service in R.N.R. discharged in Feb. 1915 for "Suspicious lump" after Broncho pneumonia. Was a patient in Jensen Camp for nearly 5 months. Enlisted in Regt. Oct. 1918. Nothing found in lump on enlistment.*



10. What is his present condition?

General condition fair.

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

T. Normal P. 80.

Breathing weak over both apices.  
He has a recent cold, & bronchitis present throughout both lungs.

11. Was sanatorium advised and refused?  
operation

no

12. Do you recommend discharge as permanently unfit?

yes.

Signature

*Archibald*  
for M.O. Depot

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank



## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability ~~cannot~~ <sup>cannot</sup> be considered as aggravated by:—  
due to

(a) Service during this war.      (b) Climate.      (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Yes*      *See Sect. 9.*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *ful*

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?  
(State in percentage.) *ful*

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by      (a) Intemperance      (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to 

}	General Hospital,
	Naval and Military Convalescent Hospital,
	Jensen Tuberculosis Camp.
	<i>hw</i>

20. We recommend discharge from retention in the Army *Infantry General Service*

Remarks if any:—

..... *[Signature]* .....  
President

Signatures ..... *[Signature]* .....  
..... *[Signature]* .....

Place *[Signature]* .....

Date *Dec. 10/18* .....

APPROVED

Station .....

Date .....



*[Signature]*  
Administrative Medical Officer *[Signature]*





## Department of Militia, Newfoundland

### Medical Department

### *Medical Report on an Invalid*

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

#### STATEMENT OF CASE

Station ..... **ST. JOHN'S, NFLD.**....

Date ..... **DEC. 10th 1918.**

- |                   |                           |                               |                          |
|-------------------|---------------------------|-------------------------------|--------------------------|
| 1. Unit           | <i>Royal Newfoundland</i> | 5. Age last birthday          | <b>18 years</b>          |
| 2. Regimental No. | <b>6247</b>               | 6. Enlisted on                | <b>OCT. 9th 1918.</b>    |
| 3. Rank           | <b>PRIVATE</b>            | at                            | <b>ST. JOHN'S, NFLD.</b> |
| 4. Name           | <b>ETHRIDGE, GORDON</b>   | 7. Former trade or occupation | <b>FISHERMAN</b>         |
|                   |                           | 8. Disability                 |                          |

**? PULMONARY T.B.**

9. History **Nearly two years service in R.N.R. Discharged in Feb. '18., for "suspicious lungs" after broncho-pneumonia. Was a patient in Jensen Camp for nearly five months. Enlisted in Regiment October 1918. Nothing found in lungs on enlistment.**



10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General condition fair.  
T. Normal. P. 80.  
Breathing weak over both apices.  
He has a recent cold, and rhonchi present throughout both lungs.

Medical Department

Medical Report on an Inmate

11. Was sanatorium advised and refused? **NO**  
operation

12. Do you recommend discharge as permanently unfit? **YES**

STATE OF MASS.

Signature **ARCH TAIT**.....  
for M.O. Depot.

Rank or Qualification .....

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....



## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—  
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

**Yes. See Sec. 9.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

**NIL**

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

**NIL**

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to } General Hospital,  
Naval and Military Con-  
valescent Hospital, **NO**  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army **UNFIT GENERAL SERVICE**

Remarks if any:—

. N. S. FRASER .....  
President

Signatures ..... J. S. TAIT .....  
..... L. PATERSON, Major. ....

Place .. **ST. JOHN'S** .....

Date ..... **DEC. 10th 1918.** .....

APPROVED

Station .....

Date .....



(SGD) ... **CLIFFY MACPIERSON, Major.**  
Administrative Medical Officer





## 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 *Ethridge Gordon*

Regiment from which discharged *1st. Newfoundland*

Regimental number *6247*

Intended address *Greens St*

Height on discharge *6* Feet *4*"

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *-*

Figure on discharge *Medium*

Christian name of Father *Charles*

Christian name of Mother *Melinda*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *Greens St 8<sup>th</sup> May 1900*

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) *Gordon Ethridge*

(Rank) *Plt*

Station *St John's*

Date *10 Dec 1918*

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.

*Archibald*  
Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

*St John's Wfld.*

Date

*10<sup>th</sup> Dec 1918*





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Gordon Etridge, Regl. No. 6347  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 ..... Dollars and 50 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 Nov 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<u>Melinda</u>		<u>50</u>
<u>7535</u>	<u>Mother</u>	<u>Mrs Charles Etridge</u>	<u>Greens St</u>	
Total Allotment, \$				<u>50</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  
S Company  
St John  
Oct 14 1918

(Sig.) Gordon Etridge  
 (Rank) Pte





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Gordon Ethridge, Regl. No. 6247  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
50 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 Nov 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<u>Melinda</u>		<u>50</u>
<u>7535</u>	<u>Mother</u>	<u>Mrs Charles Ethridge</u>	<u>Greens St</u>	
Total Allotment, \$				<u>50</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  
8 Company  
St John  
Oct 1 1918

(Sig.) Gordon E. Ethridge  
 (Rank) Pte



# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's on OCT 9 1918 191

1. Name London E. Thridge Age (a) Declared 18  
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

*rys. Blac  
comp fair  
marks*

6247

3. Height 6ft Weight 153

4. Eyesight (a) Left 6/6 (b) Right 6/9

5. Physical Defects (Examine after strenuous exercise) 7

6. Examination of Lungs +

Measurement (a) Expiration 52 (b) Inspiration 36

7. Examination of Heart "

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth attention

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? yes, 2 yrs ago

11. Name and address of next of kin Father Charles Brown St. J. N. S. B.

12. Category

REMARKS—

A11  
Layout

Archibut  
W. Gordon

Medical Examiners.



10869

Allotment of 50<sup>¢</sup> per day was paid to the mother of soldier from 1/11/18. (the time he declared allot) to 19/1/19. (date of discharge)

Greens H May 24 1920

Dear Sir i wrote to you a little while ago asking if there was any monthly allotment for me but i forgot my Sons number but here it is in the regiment - his number was

6247

and in the navy his number was 2762 and his name is Alexander <sup>E.</sup> Ethridge in the navy

and in the regiment - his name is a Gordon

So you see in the navy he used his first name and in the regiment - he used his second name and the monthly allowance i am asking for is the money he allowed me when he joined the navy and army both of course i didnt get one cent while he was in the regiment - but i received so much a month while he was in the navy up until January 1918 so you will oblige me very much if you will see to it and send me what is

Due to me . i remain yours truly

Melinda Ethridge



HMM/LM

May 28, 1920

Mrs. Helinda Etheridge,  
Green's Hr.

Dear Madam:

With reference to your letter of  
May 24th. I beg to advise you that your son declared  
an allotment of fifty cents per day in your favour, from  
November 1/18, which was forwarded to you monthly, up to  
the date of his discharge, January 19th. 1919.

Yours truly,

Capt.

For Paymaster.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland Regt*

Signature of O. C. Company

Number of Sheet

*One*  
*M. D. K. Smith*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	<i>18</i> years <i>5</i> months	<i>Fisherman</i>	
<i>6247 Gordon Ethridge</i>		Place and Date of Enlistment	<i>St Johns</i>	Religion	
Joined	Date		<i>9.10.18</i>	<i>A.F.E.</i>	
Joined	Date	Period of	with Colours <i>18<sup>2</sup></i> years.	Place of Birth	
Joined	Date				
Joined	Date				

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

To be carried over.