



FIRST NEWFOUNDLAND REGIMENT

No. **A401**

Name **Thomas French** Corps **Adjutant**

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. Thomas French |
| 2. What is your full Address? | 2. St. George's Bay |
| 3. Are you a British Subject? | 3. Yes |
| 4. What is your age? | 4. 21 Years 6 Months |
| 5. What is your Trade or Calling? | 5. no |
| 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, **Thomas French** 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.

Thomas French SIGNATURE OF RECRUIT.

James W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, **Thomas French** 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..... day of..... 191

James 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.....

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

Date..... 191

Place.....

James W. Pittman 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).....

Appointed 26-4-18



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. A401 Name Thomas French ~~Capt~~ Capt

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Thomas French</u> |
| 2. What is your full Address? | 2. <u>H. Grace Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, Thomas French 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.

Thomas French SIGNATURE OF RECRUIT.
W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Thomas French 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. The said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 10 day of April 1918
Signature of Attesting Officer W. James

† 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 that.....
If enlisted by special authority, such will be attached to the original attestation.
Date..... 1918
Place.....
Signature of Approving Officer W. James

† 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).....

Appointed 26-4-18

C.R. 4401

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated April 1st 1919.

The Discharge of the undernoted on Demobilization has b
been Confirmed by Officer i/c Records from bnoted date.

4401 Pte. Thos. French.

29/3/19

C.R. 4401

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S DATED MARCH 21st/19.

Admitted to N. & M. Conv. Hospital.

#4401 Pte. T. French.

18/3/19.

C.R. 4401

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
DEPOT ST. JOHN'S DATED MARCH 18th/19.

The Discharge of the undernoted on Demobilization has been
APPROVED by D.C. Discharge Depot from noted date.

4401 Pte. Thos. French.

15/3/19.

C.R. 4401

Extract from Medical Board held on TUESDAY AFTERNOON
MARCH 11th/19 the following were the findings.

Pte. 4401 T. French.

Recommends discharge the army,
N. & M. CONVALESCENT HOSP. FOR OBSERVATION.

C.P. 4401

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. St. John's, 11-2-19.

The Undernoted Returned from Overseas and Reported to
Depot 7-2-19.

Repatriated on A.F. 3179.

4401 Pte. Thos. French

C.R. 4401

Extract from Nominal Roll of the Royal Nfld. Regt.
Embarked S.S. Corsican, Jan. 30th, 1919.

4401 French.

C.R. 4401

Extract from Orders Part 11, by Lt. Col., B.J. Barton, D.S.O.,
Commanding 2nd Bn. Royal Newfoundland Regiment, dated 4/12/18.

The following having reported from the Newfoundland Forestry
Corps is taken on the strength and posted to "F" Company as
from 3/12/18:

4401 Pte. T. French

C.R. 4401

Extract from Daily Orders Part By Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies, 2-12-18.

The undermentioned having proceeded to Winchester,
is attached struck off the strength from this date.

4401 Pte. T. French.

C.R. 4401

Extract of DAILY ~~ORDER~~ ORDERS BY MAJOR H.S. SULLIVAN
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

18/11/18.

The undermentioned having completed his trial with this Unit
is attached to the strength from 25/10/18 and posted to C. Co'y:

#4401 Pte. **T.** French.

C.R. 4401

Extract from Orders by Lt.Col., B.J. Barten, D.S.O., Commanding
2nd Bn., Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 12/9/18:-

4401 Pte. T. French.

C.R. 4401

Extract from Daily Orders Part 11. from Unit The Royal Newfoundland Regiment, St. John's, dated June 14th 1918.

4401 Pte. T. French.

Embarked for Overseas with draft 11-6-18.

Extract from Daily Orders part 17, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 18, 1918.

#4401 Pte. T. French.
Attested for Service with the Royal Newfoundland Regt.
to report 26/4/18.

T. French

4401

2

FOO

FOO

~~FOO~~

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 Newfoundland* } Former Trade
 2. Regtl. No. *4401* 3. Rank. *Pte.* } or Occupation
 4. Name *FRENCH* }
 (Surname) (Christian Names)
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (b) Where (c) Opinion of Court
 (d) 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. *Sept 1918*
 12. Place of origin of disability. *Winchester (Depot)*
 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.
Has been complaining pain in back and coughing continuously was examined by M.O. and sent to Forestry Camp, Scotland to recuperate, has not improved any and been unable to do any strenuous work, has continuously worked out with balls, which have not improved with treatment.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i) Service during the present war | <i>Yes</i> | ..... |
| (ii) Previous active service | <i>No</i> | ..... |
| (iii) Climate in pre-war service | <i>No</i> | ..... |
| (iv) Ordinary military service before the war | <i>No</i> | ..... |
| (v) Serious negligence or misconduct on the man's part. } | <i>No</i> | ..... |

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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? *General appearance poor*
are hard and emaciated and
debilitated. breath sound
otherwise negative, heart normal.
complains of dyspnoea on exertion
and inability to perform military duties.

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

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

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?

Slight curvature of spine, which gives continuous pain he states.

20. Do you recommend—

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

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

Reputation
Probert - M.D.
 ROYAL NEWFOUNDLAND REG.

Station *Hazley Down Camp*
 Date

Medical Officer in charge of case.

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

To: - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-
Please charge the amount set opposite my name to my account and
pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments
for the period of the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4407	Plt	French J	£250	J French

I have the honour to be, Sir,
Your obedient servant.

J. French

Date July 1/18

OFFICE COPY

No. 3751/57

NEWFOUNDLAND CONTINGENT

N.F.P/55.

Pay & Record Office,
58, Victoria Street,
London, S.W.,

To: The Minister of Militia,
St. John's,
Newfoundland.

6th March 191 9

Reference: 4401, Pte. T. French,

Herewith N. F. P. 94, "Last Pay Certificate" for the above-named
soldier.

Please acknowledge receipt hereon.

(Sig.) _____

(Date) _____


Chief Paymaster & O. i/c Records.

Krench, Mos.

4401

Gay Sept.

March 31, 1919

#4401 Pte. Thomas French,

Herber Grace.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1610."

Yours truly,

Paymaster & C. i/c Records ^{Captain.}

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4401 Rank Plt Name Thomas Thomas
 Date of Enlistment 10-1-18 Address St. Grace District St. Grace
 Occupation Boatman Classification for Discharge B Medical Category F
 Recommendation S.M.B. Typically Unfit Disability Rating 5 1/2 Aggravation + 0%
 Passed to Demobilization Officer with following documents:—

N.F. F 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 11-3-19 for H.M. ins. H O.C. Discharge Depot:

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

at home

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.50
 (b) Clothing Supplied Joseph A. Crawford

Date 11-3-19 O.C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. K 718 to his home at St. Paul and Release Certificate No. N 27 issued.

Date 14-3-19 P. B. Dicko Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-3-19

Date 15-3-19 W. H. Miller Lt.
Depot Paymaster.

DISBURSEMENT TO ADJUSTMENT OF OVERSEAS PAY ACCT.
Discharge approved for 15.3.19

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.
R 178a	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L.	do 3rd.	" 4.
B 179a	D 400C	Form K.	do 4th.	" 5.
B 179b	B 103	ME 2		" 6.
B 179c	B 120	M 93		

Date 14.3.19 P. B. Dicko Capt.
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

MAR 15 1919

Date 15-3-19 R. H. Sait Capt.
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname French or Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish St. George County Newfoundland

SPECIAL RESERVE.

REGULAR ARMY.

Examined	on <u>10th</u> day of <u>April</u> 191 <u>8</u>	at <u>St. John's</u>	on	day of	191
Declared Age	<u>21</u> years	<u>—</u> days		years	days
Trade or Occupation	<u>Painter</u>				
Height	<u>5</u> feet <u>2 1/2</u> inches			feet	inches
Weight	<u>112</u> lbs.				lbs.
Chest Measurement	Girth when fully expanded	<u>36 1/2</u> inches			inches
	Range of Expansion	<u>9 1/2</u> inches			inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm				
When Vaccinated					
Vision	R.E.—V=	<u>6/20</u>	R.E.—V=		
	L.E.—V=	<u>6/20</u>	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)	<u>Thomas Babson</u>				
(Rank)	<u>Major</u>				
at	<u>St. John's</u>				
Enlisted	on <u>10th</u> day of <u>April</u> 191 <u>8</u>		on	day of	191
Joined on Enlistment	Corps. <u>The Royal Artillery</u>	Regtl. No. <u>4101</u>	Corps.		Regtl. No.
Transferred to	<u>11th Regt</u>				
Became non-effective by	on	day of	191	on	day of
(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 resume former occupation
Fishing

Thos French
Signature of Man.

Reg. No. 4401

Chas Dicks Cap

Signature of the Vocational Officer or his Representative.

Place

Pt Thomas

Date

11-3-19

191

The Royal Wld. Regiment

DEMOBILIZATION

No. *4401* Rank *Pte*

Name *J. French*

Warned for demobilization on

MAR 14 1919

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

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

1. Unit and Corps *Royal Fusiliers* } Former Trade or Occupation
 2. Regtl. No. *4412* 3. Rank *Plt* }
 4. Name *FRENCH Thomas* } 7a. If the soldier claims previous service in Army, he should state—
 (Surname) (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday *23*
 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 (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *Not clear*

12. Place of origin of disability. *Winchester (depot)*

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.

has been complaining of pain in back and everything continuously was examined by M.O. and sent to Forestry Dept. Scotland to recuperate, has not improved any and been unable to do any strenuous work has continuously broken out with boils which have not improved with treatment

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | ..... |
| (ii.) Previous active service | <i>No</i> | ..... |
| (iii.) Climate in pre-war service | <i>No</i> | ..... |
| (iv.) Ordinary military service before the war | <i>No</i> | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.C.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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? *General appearance poor*
whemic and stability
breath sounds are fresh
and expiration prolonged otherwise
negative, heart normal, complaints of dyspnoea
on exertion and inability to perform military
duties
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

Slight curvature of spine which gives continuous pain he states.

20. Do you recommend— *Repatriation*
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Proby - No
 ROYAL NEWFOUNDLAND REG.

Station *Hazelton Camp*

Medical Officer in charge of case.

Date

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

Disability

(b) The present condition thereof.

*states that has pain & tenderness of spine
Pain in stomach
Pulse 72. Restless in lungs
Complained of back before enlistment.*

22. State whether the disabilities are:—

(i) Service during the present war

(a) Attributable to

(b) Aggravated by

(ii) Previous active service

(iii) Climate in pre-war service

(iv) Ordinary military service before the war

(v) Serious negligence or misconduct on the part of the soldier

Yes

Yes

No

Give details:

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

✓

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

*city
Hors
Linn
of a pro
Linn*

*of spine
& pain*

hat

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). *Met 45%*
40% aggravation
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army? *5%*

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? *Yes*

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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

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

28. Is treatment being recommended on Army Form B. 179c? *Advised by M. Gen. Staff for observation*

29. Does the soldier require:—

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

Signature *[Signature]*

Station *L. Johns*

Date *Mar 11/19*

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

Station *[Signature]*

Date *MAR 11 1919*

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

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

Station

Date

O.C. Discharge Centre.

President or Chairman.

Members.

Only applicable in cases of Patients in Hospitals.



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

Thomas French.

Regiment from which discharged *Royal Newfoundland*

Regimental number

440

Intended address

St. Grace.

Height on discharge

5 Feet *5*

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Med.

Christian name of Father

James

Christian name of Mother

Isabel

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

St. Grace. 28. July. 1855

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)

Thomas French

Station

John

Date

10.5.19

(Rank)

R

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



17689

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 *Thomas* 2. Surname *French*

3. Rank *O/C* 4. Regtl. No. *4401*

5. Address in full to which future payments of gratuity are to be forwarded. *St. Grace, Nfld*

6. Date of enlistment in the Regiment. *Apr 15/18* ✓

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*

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? *No*

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

12. Give total length of time which you served on active service whether in Nfld. or Overseas. *From Apr 15/18 to Apr 17/19*

date of temporary discharge Mar 29/19

Inc

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.
Clothing allowance back pay 87.30
Board allowance 31.50

15. Have you been issued with a War Service Badge? *No*

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *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 *Res.*? *No* If not give? - (a) Date of discharge *Mar. 29/19*. (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. *No.*

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.

Thomas French

Signature of Applicant:

Place of Residence:

Declared before me at:

This

17th

day of

April

19*19*

*St. Grace, Nfld.
St. John's, Nfld.*

John M. Carthy

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

POST DISCHARGE PAY.

Date paid Paid
Soldier. Dependent.

War Service
Gratuity.

Net amount

\$ 210 00

3 mos

Certified correct.

Registrar

[Signature]

4401. French. Escadron de Cavalerie

Recommandé à l'usage de la Cavalerie
ou à l'usage de la Cavalerie.

M. A. B. C.
- Cap. Cav.

Retourne ma lettre imprimée 9/9/18.
Nouvel. D. C. 17/18.

M. A. B. C.
- Cap. Cav. 17/18.

No. 3751/57

NEWFOUNDLAND CONTINGENT

DUPLICATE
MAIL COPY

N. F. P. 94

Post & Record Office,

58, Victoria Street,
London

Posted 27 MAR 1919

To: The Minister of Militia,

St. John's,

Newfoundland.

8th March 1919

Reference: 4401, Pte. T. French,

Herewith N. F. P. 94, "Last Pay Certificate" for the above-named
soldier.

Please acknowledge receipt hereon.

(Sig.) _____

(Date) _____

J. H. Mansell
Chief Paymaster & O. i/c Records.

ORIGINAL

No. 3751/57

NEWFOUNDLAND CONTINGENT

N.F.P/55.

Pay & Record Office,
58, Victoria Street,
London, S.W.,

To: The Minister of Militia,

St. John's,

8th March 1919

Newfoundland.

Reference: 4401, Pte. T. French,

Herewith N. F. P. 94, "Last Pay Certificate" for the above-named
soldier.

Please acknowledge receipt hereon.

(Sig.) _____

(Date) _____

J. H. Marshall
for Chief Paymaster & O. i/c Records.

Amended A/C.

LAST PAY CERTIFICATE ORIGINAL

N.F.P./94.

To be rendered for all ranks on discharge, transferr to other Units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 4401 Rank Private Name French T. Unit Nfld Forestry Corps who was repatriated Newfoundland on 30/1/19. Authority Cause

STATEMENT OF ACCOUNT

PARTICULARS	\$			£			PARTICULARS	\$			£		
	d	s	d	s	d	d		s	d	s	d		
Balance Dr. from							Balance Cr. from prev. Pay books						
Allotment 28 days @ 70¢	19	80	4	0	6		Pay 28 days @ \$ 1.00	28	00			1	9
Cash Payments:							Field Alice 28 days @ \$.10	2	80				
28/12/18					10	0		30	80		6	6	7
4/1/19					10	0	Other Allces days @ \$						
11/1/19					10	0							
18/1/19					10	0	Other Credits:						
29/1/19				1	3	0							
Other Debits:													
Misc. Stoppages.						2	11						
Sub. P. of War Fund						2	8						
Overcredited a days pay F.Coy													
20/12/18.	1	10											
Less Allotment.		70			1	8							
		40											
Total Debits				10	0	9	Total Credits				6	8	4
Balance due by Paymaster				10	0	9	Balance due to Paymaster				3	12	5
				10	0	9					10	0	9

PERIOD: from 21.12.18 To 17.1.19

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

191

(Place)

(Date)

Made up and checked in accordance with information received in the Pay & Record Office London 14/2/19. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, S.W. 1.

8/3/19.

191

O.C. " " Company.

Chief Paymaster & O. i/c Records.

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 23/5/17.

Regt No. 4401 Rank Private Name French, T. Rptl No. Unit Nfld Forestry Corps who was repatriated Newfoundland on 30/1/19 Authority Cause Authority

STATEMENT OF ACCOUNT

STATEMENT OF ACCOUNT

PARTICULARS	\$			£			PARTICULARS	\$			£			
	d	s	c	d	s	c		d	s	c	d	s	c	
Balance Dr. from							Balance Cr. from prev. Pay Book							
Allotment 28 days @ 70¢	19	60		4	0	6	Pay 28 days @ \$1.00	28	00				1 9	
Cash Payments:							Field Allowance 28 days @ \$.10	2	80					
28/12/18					10	0	Other Allowances days @ \$	30	80		6	6	7	
4/1/19					10	0	Other Credits:							
11/1/19					10	0								
18/1/19					3	2								
29/1/19				1	3	0								
Other Debits:					0	0								
Misc Stoppages.					2	11								
Sub.P. of War Fund.					2	6								
Total Debits					9	19	1	Total Credits				6	8	4
Balance due by Paymaster					9	19	1	Balance due to Paymaster				3	10	9

PERIOD: From 21/12/18 To 17/1/19

PERIOD: From

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

191

191

(Place) (Date)

(Place) (Date) " " Company

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

Pay & Record Office, London, S.W. 1.
3/3/1919

Pay & Record Office, London, S.W. 1.
Chief Paymaster & O. i/c Records.

Amended A/C.

LAST PAY CERTIFICATE

N.F.P./94.

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

Regt No. 440 Rank Private Name French T. Unit Nfld Forestry Corps who was repatriated
Newfoundland on 30/1/19 Authority _____ Cause _____

STATEMENT OF ACCOUNT

PARTICULARS	£ s d					PARTICULARS	£ s d						
	£	s	d				£	s	d				
Balance Dr. from						Balance Cr. from prev. Pay books							
Allotment 28 days @ .70¢	19	30	4	0	8	Pay 28 days @ \$ 1.00	28	00			1	9	
Cash Payments:						Field Alice 28 days @ \$.10	2	80					
28/12/18				10	0	Other Allices days @ \$	50	80			6	7	
4/1/19				10	0	Other Credits:							
11/1/19				10	0								
18/1/19				0	0								
29/1/19				0	0								
Other Debits:													
Misc. Stoppages.				2	11								
Sub. P. of War Fund				2	8								
Overcredited a days pay F.Goy 20/12/18.	1	10											
Less Allotment.		70		1	8								
		40											
Total Debits				10	0	9	Total Credits				6	8	4
Balance due by Paymaster				10	0	9	Balance due by to Paymaster				3	12	5
				10	0	9					10	0	9

DUPLICATE
MAIL COPY

Posted.....

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

191

(Place)

(Date)

Made up and checked in accordance with information received in the Pay & Record Office O.C. " " Company. London No 14 2 19.

and is therefore subject to amendment if and as may be found necessary.
Pay & Record Office, London, S.W. 1.

8/3/19.

191

Chief Paymaster & O.C. Records.

WVB/OR.

LAND SETTLEMENT

May 1, 1920.

Major Howley,
O.I.C. Pay and Records.

Kindly pay to Thos. French, 4401,
the sum of seven dollars and ninety cents,
for transportation.
Charge same to Civil Re-establishment Land Settlement.

\$7.90

A. C. W. W. Macdell
.....
Vocational Officer.

ACCOUNT	36486	<i>LW</i>
CHEQ NO.		
CASH LEDGER		
PAY LEDGER		
GEN LEDGER		

Thomas French

44401

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 44401 Rank Private Name French, Thomas

Date of Enlistment 10-11-18 Address H. Grace District H. Grace

Occupation Chalrman Classification for Discharge B Medical Category F1

Recommendation S.M.B. Physically Unfit Disability Rating 5/100 Aggravated

Passed to Demobilization Officer with following documents:-

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

Date 14-3-19 for H.M. ews H O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am French in a position to resume civilian occupation.

Thomas French

Particulars passed to Vocational Officer for information and action.

Date

a. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied French, Thomas

Date 14-3-19 Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 718 to his home
 at H. H. H. and Release Certificate No. 1527 issued.

Date 14-3-19
 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 11-3-19

Date 11-3-19
 Depot Paymaster.

Discharge approved for 15. 3. 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 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 14. 3. 19
 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 MAR 15 1919
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
 Date 14/3/19

Reg. No. *4401.* Rank *Plt* Name *French, Tho.*
Attested Address *414. Grace*
Allotment Allottee
Date of Allotment Returned from Overseas *2-19.*
Returned on S.S. Cause *Discharge*

1.3.19. *Rec. Dis - from the Army & Mr.*
Convalescent Hosp for observation

14.3.19. **PASSED TO DEMOBILIZATION OFFICE**

15.3.19. **DISCHARGE APPROVED ON DEMOBILISATION.**



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

March 14th, 1919 191

From Officer Comanding,
Discharge Depot

~~Office of Pension Commissioners,
Military Buildings~~

4401 Pte. T. French

Above noted man was before the Standing Medical Board
on 11-3-19 and was recommended for discharge as perman-
ently unfit and ~~admission to Naval & Military Convalescent~~

Hospital.

His discharge on demobilization has been approved by the
Officer Commanding, effective from 15-3-19 and I am send-
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due
course.

Michael East

Asst. Adjt. Discharge Depot

Copy to Bd. of Pension Commissioners



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

March 19th., 1919.

From:- D. M. S.
To:- O. C. Depot.

4401, Pte. French, T.

Please note that the marginally noted man was admitted to the Naval & Military Convalescent Hospital March 18th., 1919.

Cluny Macpherson

Major, D. M. S.

Copy to B. of P. Commissioners.



The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4401 Rank Private Name French Thos.
 Intended place of residence. St. John's
 2. Occupation Fisherman
 Classification of soldier B Medical Category 6

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

Date MAR. 14 1919 *H. M. Lewis Lt.*
 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

14-3-19

PERMIT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Thos. French

Signature of soldier

Joseph A. Snowling
 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

14-3-19

Thos French
 Signature of soldier

W. J. Houston
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-4-18 No of days on Military
 Discharged from service 15-3-19, Plus 14 days Service 354

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

MAR 15 1919

Date

R. H. Lint Capt
 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, Nfld

Date March 29/1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

H. B. 2079/1610