



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION

No. *182*

Name *Richard Fazzel* Corps *R.C.*

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <i>Richard Fazzel</i> |
| 2. What is your full Address? | 2. <i>Grand St. Bay Bulls Rd</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>23</i> Years |
| 5. What is your Trade or Calling? | 5. <i>Tradesman</i> Months |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 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. <i>Yes</i> |

I, *Richard Fazzel* do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made by me. SIGNATURE OF RECRUIT. *Richard Fazzel*

James [illegible] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Richard Fazzel* 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 *18* day of *May* 191*5*.

Signature of Attesting Officer *Edwards Lieut.*

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*5*

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

5182

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

Name Richard Triggall
 Apparent age 23 years 0 months Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Triggall Goulds
Ray Bulls Road | 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 L'capt	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 line of engagement reckons from <u>18-5-18</u>									
Joined at <u>St Johns</u> on <u>18-18-18</u>									
<u>Discharged July 30 1919</u>									
<u>Embarked St Johns St. John's to Halifax N.S. 22-7-18</u>									
<u>To be unfranchised for demobilization 20-6-1919</u>									
<u>Arrived to unfranchised 1-7-1919</u>									
<u>Demobilization St Johns 30-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>30-7-1919</u> (date of discharge)					<u>1</u> years	<u>74</u> days			
Pensions									

C.R. 5782

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c records from noted date 30-7-19.

5182, Pte. R. Frizzell.

C.R. 5182

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt
St. John's, July 19th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Dept from 16-7-19

5182 Pte. R. Frizzle.

Extract from Select Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, Mfld. dated May 20th, 1918

#5182 Pte. Richard Fizzal.

Attested for General Service with the Royal Mfld. Regt.
from 18.5.18

C.R. 5182

Extract from Daily Orders Part XI Unit The Royal Field Regt.
St. John's, July 2nd 1919.

5182 Pte. R. Frizzle.

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

C.R. 5182

Extract from telegram from Syn., London to Military.
dated June 26th 1919.

Remittances received as follows have not been paid - soldier
repatriated - you can ~~pay~~ adjust.

5182, Frisell, £1. 0. 0.

C.R.

5182

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

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

#5182 Pte. Richard Fizzle.

R. Krügel

C.R. 5182

11/10



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Richard Hizzel, Regl. No. 5182
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :

Allotment begins 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4217	Mother	Mrs Henry Hizzel	Rig Pond Bay of Bulls Road	50
Total Allotment, \$				50

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) R. G. James
 Officer Commanding
St Johns Company
8-6-18 1918

(S) ^{His} Richard Hizzel
 (Rank) Private
 Witness
B. Sartre

No: 3117/468.

From: NEWFOUNDLAND CONTINGENT

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

To: Office Commanding,
2nd Bn. Ryl Nfld Regt
Winchester.

NEWFOUNDLAND CONTINGENT
3, VICTORIA STREET
LONDON
N.F.P. 179.
MAR 1919

51182
[Handwritten signature]

23rd February 1919

February 26 1919

5182. Pta Frizell. R.

With reference to the following telegram from the Minister of Militia / / (43.)

"Pay to- 5182. Frizell.

£6.0.0.

Cheque £ 6.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]
OFFICER COMMANDING 2ND BATT
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £6 pounds
in respect of

telegraphic remittance from the Minister of Militia.

R. Frizell ^{his} mark

No. 51182 Rank Private

Witness [Signature]

No. 14872/1520.

N.F.P./79.

150473
gib
NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Newfoundland Rgt.,
Hazeley Down Camp,
Winchester.

September 17th, 1918

Subject: 5182, Pte. R. Frizzell, *D*

With reference to the following telegram (~~2246~~) from the Hon. Minister of Militia, received

"Pay to 5182, Pte. R. Frizzell, £2:0:0.

Draft £ 2:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. C. Minnells Maj.
Chief Paymaster & O. i/c Records.

Sept 19 1918

Receipt hereunder.

Forward major for LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment

Received the sum of Two
Pounds on account of
cable remittance from Newfoundland.

R. Frizzell
No. 5182 Rank Pte

Witness J Murphy Pk

No: 20178/2291/P&A

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To: DEC. 1918

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

9th. December, 1918.

Subject: 5182. Pte. R. Frizell.

With reference to the following telegram (10560) from the Hon. Minister of Militia, received

Pay to 5182 Frizell - £2:0:0

Draft £2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minnells Maj.
Chief Paymaster & O. 1/c Records.

Dec 12 1918

Receipt hereunder:

Cham
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Comdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Two
pounds on account of
cable remittance from Newfoundland.

R. X. Frizell
No. 5182 Rank Private

Witness *B. J. Johnson*

Kunzel, R

5182

Hay Sept.

July 30th 1919.

#5182, Pte. R. Russell,
Goulds,

Dear Sir:

Enclosed please find Discharge Certificate
" 3272.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5182 Rank Pvt Name Inzoggel R
 Intended place of residence Goules

2. Occupation Fisherman
 Classification of soldier 2 Medical Category A1

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 15 1919

L Mrs. A.
 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 15 1919

R. Inzoggel
 Signature of soldier

M. Blonsh
 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, ST. JOHN'S

Date

JUL 16 1919

R. Inzoggel
 Signature of soldier

W. Watson
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18.5.18 No. of days on Military
 Discharged from service JUL 16 1919 Plus 14 days Service 439

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 16 1919

N. R. Cooper 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

Date

July 30 1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

CAF 130 79/3272

14
30
30

The Royal Newfoundland Regiment

Class for Demobilization: —

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 15/19

Regimental No.

5182

Name

Inghell RS

Address

Louisa

Present Medical Category

A-1

Recommended for: (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

K. P. Coe
O.C. Discharge Depot.

M. P. Mason
Senior Medical Officer

Geo. Sinden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 182 Rank Plt Name Therrell R
 Date of Enlistment 18.5.18 Address Goalds P District St. John's
 Occupation Steward Classification for Discharge Ex Medical Category 1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3. <u>5</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 15.7.19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. [Signature]

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable [Signature]

(b) Clothing Supplied [Signature]

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2435 to his home at London and Release Certificate No. 5647 issued.

Date 16-7-19 *Ambr...*
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 50

Date 16-7-19 *Ambr...*
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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	2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 17-7-19 *Ambr...*
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 17 1919 *K R Cooke Capt.*
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.

Griggell R.

Signature of Man.

McLester

Reg. No. 0182

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

16-7-19

191

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

MEDICAL HISTORY

Surname Frigzel OF Richard
Christian Name Richard

Table I.—GENERAL TABLE.

Birthplace:—Parish Gonzales Bay, St. John's County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	191	8
Examined	on	18 day of May	191	8
	at	St. John's	at	
Declared Age		37 years		
Trade or Occupation		Fisherman		
Height		5 feet 5 inches		
Weight		120 lbs.		
Chest Measurement	(Girth when fully expanded)	33 inches		
		32 inches		
Physical Development	Right		Right	
	Left		Left	
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/12	R.E.—V=	
	L.E.—V=	6/10	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>Samuel P. Stinson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St. John's	at	
	on	18 day of May	191	8
		Corps.		Regtl. No.
Joined on Enlistment		The Royal Nfld. Regt		
Transferred to				
Became non-effective by	on	day of	191	
(Signature)				
(Rank)				

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

Date	Brief Details, and Signatures
20-5-18	Vacc. 10
13-6-18	Inoc. 10
10-5-18	Inoc. 100K
10-7-18	" 100K
4.11.19	Revaluation 100K with 100K 100K 100K

NO. & RANK 512 PL.		DATE OF EXAM. 4-10-18	
NAME F. J. R.		DATE OF RE- 11-10-18	
CORPS 8. 100K		FRAME NO. 77	
VISION WITHOUT GLS	SPH	CYL	AXIS
6	+1.00	-	-
SIGNATURE OF M.O. J. J. R.		OPTICIAN'S INITIALS J. J.	

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on i. . . bilisation. Medical category 100K
 Date of P.M.R. July 15/19
 J. J. R.
 100K

Table IV.—SERVICE TABLE.

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



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

Frygell, Richard

Regiment from which discharged **Royal Newfoundland**

Regimental number

5182

Intended address

Goulds St. John's

Height on discharge

5 feet 6

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Blue

Descriptive Marks

Figure on discharge

None

Christian name of Father

Henry

Christian name of Mother

Mary

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Goulds, 19 Jan., 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)

Richard Frygell
Richard Frygell (Rank) *Private*

ST. JOHN'S.

Date

14-7-19

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 of Hospital.
Unit, or Command Depot.

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 Newfoundland* } *Fisherman*
 7. Former Trade or Occupation }
 2. Regtl. No. *5182* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *FRIZZEL Richard* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *22*
 6. Posted for duty on *May 11/18* at *St. John's* in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (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.

Sebelity
 joined depot Aug 18 when examination showed extremely bad teeth with resultant poor physique. Teeth extracted, put on tonics special exercises to improve physique and increase exertion. He was turned down as unfit for draft to France and sent to Forester Batt. attached his copy of report of mission

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

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

Constitutional
Condition is remains in statu quo

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.)

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 ?

Repatriation

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.

MRS 1

Station *dot* .. *7/4/19*
 Date .. *Hyde Park*

Major
 Medical Officer in charge of case
P.R.S.

* 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

Fingid:

Bad health - extracted
that checked. from
physic. kept to time
in soldier. Rec.
unfit for. Br.

Wick

NO. & RANK		5782 Pte.		DATE OF EXAM:		4-10-18	
NAME		Fryzel R.		DATE OF ISSUE:		11-10-18	
CORPS		2nd Regt. Rpt.		VISION W/OUT GLS		R 6/2	
VISION W/OUT GLS		SPH		CYL		AXIS STANDARD NOTATION	
L 6/9		+1.00		-		-	
VISION WITH GLS		R 6/6		VISION WITH GLS		L 6/6	
OPHTH. CENTRE:		71		FRAME NO. (OR MEASUREMENTS)		E	
SIGNATURE OF M.O.		R. Lockhart		OFFICIAN'S INITIALS		LL	

" OPHTHALMIC DEPARTMENT "

Military Hospital,
Winchester.

Oct. 24th 18

To :-

Medical Officer i/c.

R. Med. Regt.

Hazely Down.

5782 Pte. Fryzel R.

Please cause this man to attend here in six days' time (Sunday excepted) for spectacle fitting. He should bring with him Army Book 64 and Medical History Sheet for the necessary entries to be made therein.

Pay for Pay

R. Lockhart
Ophthalmic Surgeon.

Book Please

From : Ophthalmic Surgeon. Central Military Hospital.

To : Medical Officer in Charge R. H. Fed

Hazley, Dow.

Oct. 4th 1918.

" REPORT OF VISION "

No. 5182 Pte. Fyzel R.

Has V.A. R.E. $\frac{6}{12}$

With correct-
ing lenses.

R.E. $\frac{6}{9}$

" " L.E. $\frac{6}{9}$

L.E. $\frac{6}{6}$

Hyperopia, bilateral

R. Lockhart
Capt. M.C.

R. M. C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this man's
Medical History Sheet for future reference please.

August 1st 1919.

Mr. R. Frisell,
Goulds St. John's. W.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster.

Rs/.

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..... *Richard* 2. Surname..... *Triggell*

3. Rank..... *Pte* 4. Regt. No. *5782*

5. Address in full to which future payments of gratuity are to be forwarded..... *Soueds, St. John's West,*

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

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?..... */*

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..... *70 - 4 months*

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 R.A.F.? *no* If not give: (a) date of discharge *July 31, 1919* (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.
not applicable

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: *Richard ^{his} Russell*
 Place of Residence: *Guards, St John's West,*
 Declared before me at: *St John's Newfoundland.*
 This *17th* day of *July* 19*19*....

Signature of Barrister of the *John M. Curthey*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.				Net amount
Date paid	Wage	Paid	War Service	Due
	Gratuity	Expenses	Gratuity	
.....
.....
.....
Certified correct.				Registrar

FORM K

№ 4649



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Richard Hizzel, Regt. No. 5182
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz: 8-6-18.

Allotment begins: 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4-217	Mother	Mrs Henry Hizzel	Big Pond Bay of Bulls Road	50
Total Allotment, \$				50

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig. H. G. Jones
 Officer Commanding
St Johns Co. Company
8-6-18

(Sig.) ^{His} Richard Hizzel
 (Rank) Private
 Witness Rehanter

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt. R. Frizell

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

5182 Pt. R Frizell 16.60

BY A

ACCOUNT	
CH. NO.	<u>3130</u>
IND. LEDGER	INIT. NO.
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 16.60

A. M. Blouin

Billeting Officer.

R. Frizell
mark root

6/19/19

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet One

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. Dicks, Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Frizze!, Richard</u>	Age on	<u>23</u> years <u></u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>18.5.18</u>	Religion	
Joined	Date	Period of } with Colours } <u>7⁴</u> years. with Reserve } <u>3⁶</u> years.		<u>R.C.</u>	
Joined	Date		Place of Birth	<u>Goulds, Bay Balls Rd.</u>	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>		<u>30 1/19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5182 Rank Plt. Name Grizzell, R.
 Date of Enlistment 18-5-18 Address Quelbeck St. District St. John's
 Occupation St. Lawrence Classification for Discharge 1/4 Medical Category 1/1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 15-7-19 R. Grizzell
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.
Richard Mark Grizzell with 20 f.c.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) ~~Clothing~~ Supplied *Richard Grizzell*

Date 16-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2433 to his home at Yonkers and Release Certificate No. 3647 issued.

Date 16-7-19

Ambleton
Demobilization Officer

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 30 - 7 - 19

Date 11-7-19

Depot Paymaster.

Discharge approved for.....

16-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 17-7-19

Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

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

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

Date July 20 1919

Reg. No. *147* Rank *Alie* Name *Triggs R.*
Attested Address *Goulds.*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

15 8 19
17 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION

C.R. 5182

Army Form B. 179a

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) or xvia.), 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 West Kent* } *Fisherman*
 7. Former Trade or Occupation }
 2. Regt. No. *2182* 3. Rank... *Pte* }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regt. Nos.
 4. Name *FRIZZELL* *Richard*
 (Surname) (Christian Names)
 5. Age—last birthday... *22*
 6. Posted for duty on *May 18/18* at *St John's*
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Debility

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.

Joined Depot August 18. When Examination show extremely lead Put on tonic and special exercises to improve physique to increase recuperation. He was turned down. He was accepted for draft to France, and sent to Forwarding Battalion. attached in copy of report of vision.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>no</i> | <i>no</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? } *Constitutional*

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.)

Condition in ~~status~~ (Remain in Status in quo

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.

Repatination

Wicks

Major Bardon

Station *Romeley Down*

Date *27.11.19*

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