



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4809 Name John Kitchen ~~Corps~~ Ed.

Questions to be put to the Recruit before Enlistment

- | | |
|--|--------------------------------|
| 1. What is your name? | 1. <u>John Kitchen</u> |
| 2. What is your full Address? | 2. <u>Martha Grace</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> <u>1/2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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, John Kitchen 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.

a. 30th - 4 - 18 John C. Kitchen SIGNATURE OF RECRUIT.
John W. P. Thomas Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Kitchen 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 recorded 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 2nd day of April, 1918.

Signature of Attesting Officer James St. John

†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 Ed.

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

Date.....1918

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 John Kitchen
 Apparent age _____ years _____ months. Height 5 feet 4 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Kitchen
Sabor Grace | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-4-18</u>									
Joined at <u>John's</u> on <u>April 30th 1918.</u>									
Enlisted August 4th 1917									
Embarked <u>St. John's train to Halifax N.S.</u> <u>11-6-1918.</u>									
To <u>Leopoldland for demobilization</u> <u>24-6-1919</u>									
Arrived <u>Leopoldland</u> <u>1-7-1919</u>									
<u>Demobilization St. John's</u> <u>4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> [date of discharge] <u>1</u> years <u>97</u> days									
Pensions " " " " " " " " " " " "									

C.R. 4809

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
4-8-19.

4809, Pte. J.Kitchen.

C.R. 4809

Extract from Daily Orders Part II Royal Newfoundland
Regiment dated July 22nd 1919. Depot St. John's.

The discharge of the undernoted on demobilization has
been APPROVED by C.C. Discharge Depot with effect from
following date

21-7-19.

4809, Pte. J. Kitchen.

C.R. 4809

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

4809 Pte. J.Kitchen.

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

C.R. 4809

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

4809 Pte J. Kitchin

Embarked for Overseas with draft 11-6-18.

C.R. 4809

Extract from Daily Orders part 11, from Unit The Royal ¹fld.
Regt. St. John's, dated May 1st, 1918.

#4809 Pte. John Kitchen~~s~~.

Attested for General Service with the Royal ¹fld. Regt.
from 30/4/18.

J. Kitchen.

4809

P. & P. Co

No. 20053/2264/P&A

65813

N.F.P./79.

From:

NEWFOUNDLAND CONTINGENT



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

To: Officer Commanding,
2nd Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester, Hants.

6th. December, 1918.

Decr. 10th 1918

Subject: 4809. Pte. J.C. Kitchen.

With reference to the following telegram (10515) from the Hon. Minister of Militia, received

Receipt hereunder.

Chapman

LIEUT. COLONEL,
COMMANDING 2ND BATTAL, ROYAL NEWFOUNDLAND REGT.,
Royal Newfoundland Regiment.

Pay to 4809 Kitchen - £5:0:0

Received the sum of 5.0.0

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Five pounds on account of cable remittance from Newfoundland.

A. A. Munnell Maj.

J. C. Kitchen

Chief Paymaster & O. i/c Records.

No. 4809 Rank Plt.

C. Witness A. Galagay C/M

No. 16733/1920

N.F.P./79.

NEWFOUNDLAND CONTINGENT



From:

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

To:

Officer Commanding,
2nd Bn Royal Newfoundland Regt.,
Winchester.

Handwritten signatures and initials, including 'MAGH' and 'J.P.'.

17th October 1918

Oct. 30th 1918

Subject: 4809, Pte. J. C. Kitchen,

Receipt hereunder.

With reference to the following telegram (8940) from the Hon. Minister of Militia, received

J. J. Boulton LIEUT. COLONEL
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n
Royal Newfoundland Regiment

Pay to 4809 Kitchen £1:9:0

Received the sum of £1-9-0

Draft £ 1:9:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon

One pound nine shillings on account of cable remittance from Newfoundland.

A. A. Minwell
Chief Paymaster & O. i/c Records.

Jack Kitchen
No. 4809 Rank Pte.

Witness
E. Manning

20254/2309/P&A

Forms
C. 348
83

ENCLOSURE
MEMORANDUM

FROM: CHIEF PAYMASTER & OFFICER I/C, RECORDS,
NEWFOUNDLAND CONTINGENT,
53, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.
To: Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Winchester.

From: Officer Commanding,
2nd Bn. Royal Newfoundland Regt.
Hazeley Down Camp,
London, S.W.
To: The Chief Paymaster,
Royal Newfoundland Regiment,
London, S.W.

M/NN

Pay & Record Office.

December 9th, 1918.

WORKING PAY.
ROYAL PAY WARRANT.

With reference to the enclosed Minute of Officer Commanding, "C" Coy., and A.F.W. 3685, attached thereto. As you will be aware Royal Pay Warrant, as regards Working Pay does not apply to this Contingent, and the Claim is therefore returned as inadmissible, please.

Dec. 12th 1918.

NEWFOUNDLAND CONTINGENT.
PAY & RECORD OFFICE.

Ref. Nos IN V10819

Rec'd 13 DEC 1918

Ack'd Ans'd

Ref. Nos. 001

Noted.

RECEIVED
SERIALIZED
INDEXED
FILED
DEC 13 1918
M. J. Peacher

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

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

To Chief Quartermaster
C. YC Records

Attached A.F.H. 3685 for
your action please.

J. M. Evers

O.C. "C" COY.
2/1st ROYAL NEWFOUNDLAND REGT.



ORIGINAL

CLAIM FOR CORPS WORKING PAY,

(Article 845 Pay Warrant)

for soldiers of the NEW FOUNDLAND REGT. employed with the
R.E. at HILSEA MILITARY HOSPITAL during the month
 of AUG. & SEPT. 19 18., under authority _____

(To be rendered to the Paymaster who compiles the soldiers' accounts. Separate claims to be prepared for detachments of different Regiments or Corps.)

Regimental No.	Rank and Name	Nature of duty	Period		No. of days	Rate of working pay for which graded	Particulars of assessment of net rate to be allowed. See instructions 1 to 3 on reverse			(For Pay Office use only)	
			From	To			Normal rate of regimental pay	Soldier's gross rate of pay less War Pay and N.C.O.'s extra pay	Net rate of working pay due		
1	2	3	4	5	6	7	8	9	10	11	
4809	PTE. KITCHEN J.	ENG. SERVICE	26 9/18	2 9/18		1/-	4 1/4	5 5/8	1 1/4		
			26 8/18		7/8	CWS	4 1/4	5 5/8	1 1/4		
			27		7/8						
			28		7/8						
			29		5/8						
			30		7/8						
			31		5/8						
			2 9/18		2/8						
			3 9/18		7/8						
								6 1/2	-	-	1 1/4	6 1/4

940
 100 POST

1048

HILSEA DIVISION

I certify that the numbers of Officers, Non-Commissioned Officers, and Privates shown on this Pay List were actually and necessarily employed during the time stated, and that the rates of Working Pay claimed do not exceed the rates of Engineer Pay or Corps Pay that would be issuable to soldiers of the Corps employed on the same duties. Where Working Pay is claimed for Sunday the men were actually working on that day. Except where specified overleaf, the daily period of employment was not less than 8 hours.

Station Hilsea

Date 18 Nov. 1918

C. Spragg

MMBR & I.W.

D. O. HILSEA

Signature of the Officer under whom the men have worked.

Regimental Paymaster _____

This claim has been approved by me, and is passed to you for adjustment.

[Signature]
C.R.E.
Mr. Colonel R.E. Head of

Goosport Department.

Station Goosport

Date 25th November 1918

INSTRUCTIONS.

1. Column 8. The rate should be the full normal Pay Warrant rate for the soldier's rank or appointment, but should not include Proficiency, Service or War Pay. In the case of a soldier who on transfer has retained the rate of pay of another arm, the normal rate for that arm will be shown.

2. Column 9. Here should be shown the full rate of pay (including Proficiency or Service Pay, but not War Pay, or the addition of 8d. made to the pay of N.C.Os. by Art. 4 of Army Order 1 of 1918) to which the soldier would be entitled if making no allotment.

3. Column 10. Here should be shown the excess (if any) of the combined rates in columns 7 and 8 over the rate in column 9.

4. If for any days in the period of the claim the soldier was employed less than 8 hours (or, on the West Coast of Africa, 6 hours), the claim for such days at the correspondingly reduced rate of Working Pay will be made on a separate line of the form, the number of working hours for those days being stated.

5. The local Head of the Department or Arm of the Service responsible for the administration of the Vote concerned should in all cases approve payment or countersign the Pay List before it is passed to the Paymaster.

6. The amounts due to the men will be credited to their accounts by the Paymaster, for issue in the usual weekly payments on the Pay and Mess Book.

NOTES.

A.—When Corps Working Pay (Art. 845 Pay Warrant) is issued, the rate drawn will be the excess of (1) the rate of Engineer or Corps Pay issuable to a soldier of the Corps with which he is employed, over (2) the rate of Proficiency or Service Pay of which he is already in receipt together with any increase of pay under para. 5 of Army Order 1 of 1918.

B.—Corps Working Pay is not issuable to a soldier who is—

- (a) In receipt of Regimental Pay as an Artificer;
- (b) In receipt of Engineer or Corps Pay, whether as part of the normal emoluments of the Corps or whether retained by him on transfer from another corps;
- (c) In receipt of additional pay;
- (d) A member of a pioneer battalion in receipt of pioneer rates of pay.

No. 4855/710

N.F.F./90.

FROM: NEW FOUNDLAND CONTINGENT

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 Regt.,
Hazeley Down Camp,
Winchester.

27th March 1919

March 29th 1919

4809 Pte Kitchen J.C.

With reference to the following telegram from the Minister of Militia / / (99)

"Pay to - 4809 Kitchen
£5. 0. 0.

Cheque £ 5. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Munnell Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

P. P. O'Connell
Officer Comdng. ² BATT'N
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £5.0.0

Five pounds in respect of telegraphic remittance from the Minister of Militia.

J. Kitchen
No. 4809 Rank Pte.
Witness Geo. Perry S/c

Kitchen, John

4809

Aug Sept.

August 4th 1919.

#3516.

#4809, Pts. J. Kitchen,

Hr Grace.

Dear Sir:

Enclosed please find Discharge Certificate
3516.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4809 Rank Pte. Name Kitchener J
 Intended place of residence St. John's
 2. Occupation Surveyor
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 19 1919

L. M. St.
 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 19 1919

J. Kitchener
 Signature of soldier
M. Clouston
 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 19 1919

John Kitchener
 Signature of soldier
W. J. Leatroy Esq.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30.4.18 No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 462

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

Date JUL 21 1919

L. R. Coogan 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 August 4/1919

M. Bowley Capt.
 Officer in Charge of Records
 The Royal Newfoundland Regiment

2079/5516

4
31
20
31
4
97

The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: July 18/19

Regimental No. 4809

Name: Kitchen - John

Address: H. Grace

Present Medical Category: A1

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

H. Paterson
Senior Medical Officer

Geo Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 809 Rank Pl Name Kitchener J. Grace
 Date of Enlistment 30.4.18 Address St. George's District St. George's
 Occupation Surveyor Classification for Discharge 1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

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 18.7.19

Minst
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

John Kitchener

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$6.00
 (b) ~~Clothing~~ Supplied Amulobush

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2486..... to his home at W. Spruce..... and Release Certificate No. 3739... issued.

Date 19-7-19..... Albion
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 4-8-19

Date 19-7-19..... H. M. West
Depot Paymaster.

Discharge approved for 21-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
E 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 19-7-19..... Albion
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 21 1919

Date L. R. COOPER, 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.

John Kitchen

Signature of Man.

W. M. Boulster

Signature of the Vocational Officer or his Representative.

Reg. No. 4809.

Place

ST. JOHN'S

Date

19-7-19

191

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

MEDICAL HISTORY

Surname Kitchen

OF

Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Harbor Grace county Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30	Apr		191
at	St Johns		at	
Declared Age	24	years		days
Trade or Occupation	Surveyor			
Height	5	feet	4 1/4	inches
Weight	120	lbs.		lbs.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	= 6/6		R.E.—V=	
	L.E.—V= 6/6		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>Lamm Paterson</u>			
(Rank)	Major		Medical Officer.	Medical Officer.
Enlisted	at	St Johns	at	
	on	30	day of	Apr 191
Joined on Enlistment	Corps.	The Royal	Corps.	
		Nfld Regt	Regtl. No.	4809
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

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 or Occupation } *Sergeant*
2. Regtl. No. *4809* 3. Rank... *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hitcher* } (Surname) } *John* } (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *25*
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 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 general disease.

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

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

Not cured

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

No Complaints of no disability

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.

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?

Repatriation

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

W.E. Proenier, Captain

Medical Officer in charge of case.

Station *Mozley Barrs*

Date *8/4/19*

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



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 *John Kitchen*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4809*

Intended address *St Grace,*

Height on discharge *5* Feet *5*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *George*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Grace, Oct 29th, 1893*

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) *John Kitchen*

Pte
(Rank)

Station **ST. JOHN'S,**

Date *17-7-19*

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



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

Date

August 12, 1919

Mr. John Kitchen,
Harbor Grace.

Dear Sir:-

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

Yours truly.

Captain & Paymaster.

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

.....
.....
.....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....
.....

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

16. Have you, during the present war, served in the Imperial Forces...

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

.....

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

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

19. Are you now serving in the Regt.?

.....

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....

.....
.....

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

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

England,

Aug 2/19

Demob

no

no

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

John G. Kitchen

in respect of his service as No. 4809 Rank Pte.

Name J. G. Kitchen Royal Nfld. Regt.
~~Infantry~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature John Kitchen

Date Oct. 21st

Address Bell Island, Wabana Mines
AB

[P.T.O.]

The Royal Newfoundland Regiment

4809

DEMOBILIZATION OF

Reg. No. 1809 Rank Plt Name Kitchen J.
 Date of Enlistment 30-11-18 Address St. George District St. George
 Occupation Surveyor Classification for Discharge E-1 Medical Category H-1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	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

J. Must
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

John Kitchen

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

✓ Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied Amelbush

Date 19-7-19

O i/c. Re-clothing.

2101 15 JUL

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192486.....to his home at Ms. Grace..... and Release Certificate No. 3739 issued.

Date 19-7-19

Amelou
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 4-8-19

Date 19-7-19

Amelou
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st.	" 2
E 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 19-7-19

Amelou
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 21 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot

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

Date Aug 1 1919

Reg. No. 4809 Rank Private Name Kitchin J.
Attested Address 41 Nass.
Allotment Allottee ..
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S.S. Cassandra Cause Discharge

1919
21 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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. *Regt. Westmount*
2. Regtl. No. *4809* 3. Rank. *Plt*
4. Name *Kitcher* *John*
(Surname) (Christian Names)
5. Age last birthday... *25*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Sergeant*
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.
(d) Particulars of Pension or Gratuity (if any)
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

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

Statement of Case.

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

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

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

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

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.)

The Complaint of his disability-

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.

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 ?

Repatriation

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

W.S. Pocumie *Apfhamc*

Station *Hazely, Iowa*
Date *8/4/19*

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