



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2566 2565 Name Reuben Madore Corps Corps

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Reuben Madore</u>            |
| 2. What is your full Address? .....  | 2. <u>Stephenville Crossing</u>    |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>22</u> Years <u>9</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>Naval Reserve</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 .....                   |
| 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>                     |

FOR THE DURATION OF THE WAR

I, Reuben Madore 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.

Reuben Madore SIGNATURE OF RECRUIT.  
H. O. ... Signature of Witness.

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

I, Reuben Madore 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 Stephenville on this 24 day of Apr. 1916

H. O. ... 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 Corps.

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

Date.....1916 } Approving Officer.  
 Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....



## DESCRIPTIVE REPORT ON ENLISTMENT

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

Name \_\_\_\_\_

Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion 2 inches

Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John ...  
 Relationship Brother

#### Particulars as to Marriage


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

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

#### Particulars as to Children

Christian Names	Date and Place of Birth

### STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<i>Granted to Sept 25. 1716</i>									
Total Service forfeited as above.....									

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





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2566 ~~2565~~ Name Reuben Madore Corps

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

- 1. What is your name? ..... 1. Reuben Madore.....
- 2. What is your full Address? ..... 2. Stephenville Crossing.....
- 3. Are you a British Subject? ..... 3. Yes.....
- 4. What is your age? ..... 4. 22 Years 9 Months.....
- 5. What is your Trade or Calling? ..... 5. fisherman.....
- 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. naval Reserve.....
- 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 } 11. Yes.....  
to be signed by you if you are accepted? .....

I, Reuben Madore.....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.

E. Ap. 16.....Reuben Madore.....SIGNATURE OF RECRUIT.  
H. O. U. B. B. J. G......Signature of Witness.

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

I, Reuben Madore.....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.....Stephenville on this.....24 day of.....Apr.....1916

Signature of Attesting Officer.....H. O. U. B. B. J. G.

**†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..... } Approving Officer.  
Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

315  
358



# DESCRIPTIVE REPORT ON ENLISTMENT

2566

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

Name Robert Maden  
 Apparent age 22 years 4 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Madam Maden  
14 Pennington Street | Relationship Brother

### 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>22-4-16</u>					Kept <u>20</u> <sup>5</sup> / <sub>18</sub>				<div style="text-align: right;"> </div>
joined at <u>St John's</u> on <u>April 22<sup>nd</sup> 16</u>					Kept <u>11-10-18</u>				
<u>Discharged April 10/19</u>									
<u>Embarked at St John St. Hillman for 1st Bn 19<sup>th</sup> The Lancs</u>					<u>Embarked for 1st Bn 19<sup>th</sup> The Lancs 25-11-16</u>				
<u>13<sup>th</sup> 11<sup>th</sup> The Lancs 13<sup>th</sup> Battalion in the field 22-10-16</u>					<u>Admitted 5<sup>th</sup> The Hosp Coors 12<sup>th</sup> 17</u>				
<u>2 1/2 London Coy. Pneumonia 5<sup>th</sup> 17</u>					<u>Transferred to base 7<sup>th</sup> 17</u>				
<u>Invalide to England 17<sup>th</sup> 17</u>					<u>Admitted 3<sup>rd</sup> Gen Hosp 19<sup>th</sup> 17</u>				
<u>Collyer Depot 9<sup>th</sup> 17</u>					<u>Embarked for 1st Bn 19<sup>th</sup> The Lancs 19<sup>th</sup> 17</u>				
<u>Wounded 16<sup>th</sup> 17</u>					<u>Admitted 6<sup>th</sup> Oct. 18<sup>th</sup> 17</u>				
<u>32<sup>nd</sup> H. W. Wandsworth 26<sup>th</sup> 17</u>					<u>Invalide to England 25<sup>th</sup> 17</u>				
<u>Arrived Kenfour Road 7-2-19</u>					<u>Admitted 11-10-17</u>				
<u>Demobilization St John's</u>					<u>14. 17</u>				
Total Service forfeited as above..... <u>3</u>									

Total Service towards Engagement to 14-4-19 [date of discharge] 2 years 358 days  
 " " " Pension " [ " " ] " " " " " "





This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Reuben Modore  
aged 27 conducted at C. L. B.  
Date: Apr 27/16 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 yes little finger left hand.
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 left eye right
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

2566

33 yes 1 scar 13 months  
34 5'5"  
35 130  
36 33 1/2 35 1/2  
37 \$250  
38 mother was Brother Alfred Modore Stephen Crossing  
39 none

Fit

Signature of Medical Examiner: William Roberts.



C.R. 2566

Extract from Daily Orders part II, Depot St. Johns dated 19,4,19.

The discharge of the u/n on demobilization has been CONFIRMED  
by Officer ~~summiting~~ ~~discharge~~ i/c Records on 14-4-19.

2566 Sergt. Reuben Madore.



C.R. 2566

Reuban Madore was attested for General Service with  
the NEWFOUNDLAND CONTINGENT on April 22nd 1916  
Regimental No. 2566 was allotted to Pte R. Madore.

AUTHORITY:

Record Ledger

Dept. of Militia,

March 25th 1919



Madore

C.R. 2566

~~ARRD~~



C.R.

2566

Extract from Nominal Roll of Mfld. Regt. Draft No.12  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-  
ampton, 11-10-16.

2566 Pte. R. Madore.



CR 2566

~~XXXXXXXXXX~~

Extract from Daily Orders Part 11 Unit The <sup>R</sup>oyal Nfld.  
Regt. St. John's, April 9th, 1919.

The discharge of the unde noted on demobilization  
has been APPROVED by O.C. Discharge Depot ~~April 9th, 1919~~  
31-3-19

2566 Sgt. Reuben Madore

31-3-19



C.R. 2566

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

The Undornoted returned from Overseas and Reported  
to Depot. 7-2~~1~~-19

Repatriated on A.F.B179.

2566 Sgt. Reuben Madore,



C.R. 2566

Extract from Nominal Roll of the Royal Wfid. Regt.  
S.S. Schutz Corsican, Jan. 30/19.

2566 Sgt. Madore.



C.R. 2566

Extract from Daily Orders By Major M.S. Sullivan, Commanding  
Mfld. Forestry Co. 10-10-18,

Ref Part 2 (Orders) of to-days date "Promotions" cancelled  
and the following substituted.

The following to be promoted to A/Sergeant.

2566 A/Cpl. R. Madore,



C.R. 2566

Extract from Daily Orders ~~issued~~ By Lt. Col. B.J. Barton  
D.S.O. Commanding 2nd Battalion, Royal Wilt Regt.,  
date not legible.

R.of Battn. Orders Part 2 Promotions and After Orders  
"Correction" dated 10-10-18 are cancelled and the following  
substituted.  
The following to be Acting Sergeants-

2566 R/6pl. R. Hadore,

MM.



C.R. 2566

April 16, 1918.

Mr. A. J. MacKey,  
Stephenville Crossing,

Sir,

In reply to the inquiry forwarded by this department concerning #2566, L/Cpl. R. Madore, I have the honour to inform that the Record Office, London, reports that he is classified duty 1, and is now with the 2nd Battalion, at Winchester.

I have the honour to be,

Sir,

Your obedient servant,



Major,

Chief Staff Officer.

WFR/JMF.



C.R. 2566

Extract of Telegram to Military St. John's from Synoptical London  
Dated May 29th. 1918.

In answer to your telegram April 10th.

2566 Madore

Duty 1 Depot Feb'y 13th.



C.R. 2566

April 10, 1918.

Mr. A. J. McKay,  
Stephenville Crossing.

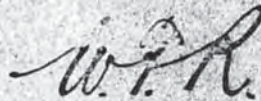
Sir,

I am directed to acknowledge receipt of your letter of 7th April, in which you inquire concerning #2566, L/Cpl. R. Madore, a cable has been despatched to the Record Office, London, asking his present whereabouts and condition and you will be notified when a reply has been received.

I have the honour to be,

Sir,

Your obedient servant,



Major,

Chief Staff Officer.

WFR/JMF.



C.R. 2566

Extract from Telegram despatched to Synoptical, London,  
dated April 9th, 1918.

Please inform whereabouts 2566 Madore and category.



Stephenville <sup>90</sup> Texas  
Apr 7/18

ANSWERED  
APR 9 1918

Ministry of Militia  
Johns  
Dear Sir

C.R. 2566

Would you please  
find out how Lt. Reuben  
Madore (No 2566) is he was badly  
wounded last August and his  
brother Fred Madore would  
like to know how he is as  
he heard nothing from him  
since Sept last. You can  
send answer to me

Yours Truly  
J. McKay  
Agent  
R.N. Co



C.R. 2566

Extract from Memorial Roll of Draft No. 24; from 2/1st Newfoundland Regiment  
Newton on Apr. to 1/1st Newfoundland Regiment B.M.F. 1/6/17.

2566 L/C R. Madore.



# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated

August 30, 1917.

To

Mr. Fred Madore,

Stephenville Crossing.

Record Office, London, today reports No. 2566, L.Corp. Reuben Madore, has been admitted to Wandsworth suffering from gas poisoning.

R.A. SQUIRES

Colonial Secretary



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The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated August 27, 1917.

To Mr. Fred Madore,

Stephenville Crossing.

Regret to inform you that Record Office  
London, officially reports No. 2566, L. Corp.  
Reuben Madore, was wounded August sixteenth.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

~~XXXXXXXXXXXX~~ R.A. SQUIRES  
JOHN R. BENNETT,  
Colonial Secretary.



C.R. 3584

2566 L/Cpl. Reuben Madore. ✓

EXT. OF CASUALTY RECEIVED AUG.30th 1917.

PREVIOUSLY REPORTED WOUNDED AUG16th NOW

REPORTED GAS POISONING "ADMITTED WANDSWORTH."



# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender Frederick M. Madore Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated February 23, 1917.

To Mr. Fred Madore,  
Stephenville Crossing.

Record Office, London, today reports  
No. 2566, L. Corp. Reuben Madore, has been  
admitted to Wandsworth suffering from pneumonia.

J.R. BENNETT

Colonial Secretary.



**NEWFOUNDLAND POSTAL TELEGRAPHS.****Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**Signature of Sender *Fred Madore* Address \_\_\_\_\_

Line Number	Rcd	By	Sent	Check
		<i>Fred Madore</i>	<i>Feb 20 1917</i>	

Dated February 20, 1917.

To Mr. Fred. Madore,

Stephenville Crossing.

Record Office, London, today reports No. 2566,  
L. Corp. Reuben Madore, has been transferred to Fifth  
General Hospital, Rouen, severe attack pneumonia.

J. R. BENNETT

Colonial Secretary.



C.R. 2566

Extract of Code Telegram from Major Timewell,  
(recd. 19, February 1917)

2566 L/C Madore.

Transferred to 5th Gen. Hosp. Rouen, now severe



# NEWFOUNDLAND POSTAL TELEGRAPHS.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address

Line Number	Rcd	By	Sent	by	Check

Dated February 8, 1917.

To Mr. Fred. Madore,  
Stephenville Crossing.

Regret to inform you that Record Office,  
London, officially reports No. 2566, L. Corp.  
Reuben Madore, was dangerously ill of pneumonia on  
February fifth at Casualty Clearing Station.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER



C.R. 2566

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Extract from Casualties received from P & R Office London,  
Feb. 8th, 1917.

2566 Pte. Madore.

Dangerously ill. Pneumonia Casualty Clearing Station, Feb. 5th. 17.



C.R. 2566

Extract of Daily Orders part 11, from Unit 1st Bgd.  
Regiment, 3rd Echelon, B.E.F., dated December 12, 1916.

#2566 Pte. R. Madore, A. Co.,

Appointed Lance Corporal. 25/11/16. ✓



C.R. 2566

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Sicilian" July 19<sup>th</sup> 1916.

2566 Pte. Madore R.





**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

March 29th, 1919

.....191.....

From Officer Comanding,  
Discharge Depot  
Office of D.M.S.

To ~~Board of Pension Commissioners,~~  
Militia Bldngg

2566 Sgt. R. Maddore

Above noted man was before the Standing Medical Board  
on 27-3-19 and was recommended for discharge as perman-  
ently unfit and treatment of the eyes.

His discharge on demobilization has been approved by the  
Officer Commanding, effective from 31-3-19 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.

*Albaley Capt*

Adjutant

Discharge Depot

Copy to Bd. of Pension Commissioners



C.R. 2566

Extract of Preliminary Report of a Medical Board held  
on Thursday Evening March 27th/19. the following was  
the finding.

-----

Recommended Discharge from the Army.

REQUIRES TREATMENT OF EYES.

#2566 Sgt. R. Madors.





**1ST. NEWFOUNDLAND REGIMENT**

8 AUG 1916

**ALLOTMENTS**

I, Reuben Modore, Regl. No. 2566

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins June 1<sup>st</sup>

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2230</u>	<u>Self</u>	<u>Bank of Montreal</u> <u>In case of</u> <u>death</u> <u>Fred Modore</u>	<u>Stepenville</u> <u>Crossing</u>	<u>50</u>
		<u>Commencing 21/7/16.</u>		
		<u>Cancelled</u> <u>31/10/17</u>		
		Total Allotment, \$		

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

(Sig.) R. O. Underbridge  
for  
Officer Commanding  
Company  
St John's  
May 26<sup>th</sup> 1916

(Sig.) Reuben Modore  
(Rank) Pte







ORIGINAL.



N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

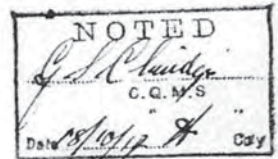
1. I, (No) 2566 (Rank) Lt Col (Name) Rhubert Madore  
hereby apply for cancellation of Allotment made by me on N.F.P/11  
No. 2204 dated March 1916 in favour of  
Self via Bank of Montreal  
for \$      cts <sup>30¢</sup>  per diem

Such cancellation to take effect on the Thirty first day of  
October 1917.

2. I agree to accept all risks and consequences of this applica-  
tion failing to reach Headquarters, St. John's, in time to become  
operative at above nominated cancelling date; and that in the  
event of such non-delivery, and thereby the allotment continuing  
to be paid to the Allottee, I also agree to such further stoppage  
in the Pay Books as may be necessary, or otherwise to refund such  
overpaid amount or amounts.

Dated at

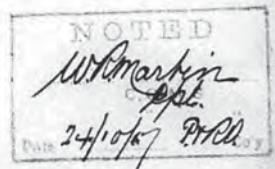
Sydney N.B.  
Scotland  
October 18th 1917



Rhubert Madore  
Allotter.

Approved and Witnessed:

J. H. Rendell Capt  
O.C. "A" Company.



To be made out in TRIPPLICATE and delivered at the Pay & Record  
Office not later than date of cancellation, in accordance with  
P. & R.O. C.L./10, 9/12/16.





to 11/17  
Officers Mess,

3RD LONDON GENERAL HOSPITAL,  
T.F.,  
WANDSWORTH, S.W.

Hotel app  
after 11/10/17 app  
Dear Sir,

Oct 3. 1917.

L/Cpl R. Madore 2566

1st Newfoundland was sent for disposal from this Hospital yesterday. He was marked by the Registrar's office for furlough & depot. I am much interested in a curious



ocular condition which he possesses  
and am therefore anxious to keep  
in touch with him.

Would you give me  
1. his private address in England.

2. the address of his depot?

Ref. No.

Rec'd.

Ans'd.

Ans'd.

File No.

5633  
I hope I do not trouble you.

Yours faithfully,  
J. W. J. [Signature]  
Civilian Surgeon.

4/10/17



NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 2566 *naak*

Name R. Madere

*L/L*

Pay	P. Alice	Working	Total
<i>105</i>	<i>10</i>	<i>15</i>	<i>115</i>
Less Allotment			<i>50</i> ✓
Net Rate			<i>65</i> ✓

Date	DEBITS	£ s d	CREDITS	£ s d
1917	Balance	/ / 1	Balance	<i>27/10/16</i>
	<u>P.M. ADVANCES:</u>			
	A.B. 64.	<i>1 5 1</i> ✓	<u>Pay &amp; Net Rate:</u>	
	Acquittance rolls	<del><i>2 17 4</i></del>	<i>28/10/16 to 29/12/17 = 153</i> ✓	<i>2 12 1</i> ✓
	Hospital Advances	<i>4 9 4</i> ✓	<i>265</i> ✓ = \$ <i>99.45</i>	<i>20 8 8 1/2</i> ✓
	<u>STOPPAGES:</u>	<i>1 7 0</i> ✓	<i>29/12/17 to 7/4/17 = 10</i> days	
	Hospital dys =		<i>2/0</i> = \$ <i>Ration Alice</i>	<i>1 0 0</i> ✓
	Forfeited Pay dys =		<i>1/1 to 1/1 =</i> days	
	Miscellaneous		<i>0 = \$</i>	
	Cables			
	<u>P. &amp; O. PAYMENTS:</u>			
	Sundry Bills			
	Cash	<i>7 1 8</i>		<i>24 0 9 1/2</i>
	<i>2823</i>	<i>29/3/17</i>		
		<i>16 10 0</i>		

*[Handwritten signature]*



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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
2566	Cpl.	Madore R.	\$2 <sup>50</sup>	

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

Date 27-6-18

Madore



Stephenville crossing  
Oct 4/19

6735

J. M. Howley Esq  
Dept of Militia  
Johns

Dear Sir I had to omit my number  
as I sent in my Book to Militia  
about a month ago and forgot to  
take note of my number  
Yours  
Reuben Madore



April 16, 1919

#2566 Sergt. Reuben Madore,

Stephenville Crossing,

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1955."

Yours truly

Paymaster & O.I/c Records  
Captain



Madore, R.

2566

Ray Dept



DUPLICATE  
ORIGINAL



N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No) 2566 (Rank) Sgt. (Name) Reuben Madore.

hereby apply for cancellation of Allotment made by me on N.F.P/11 No. 2204 dated March 1916. in favour of

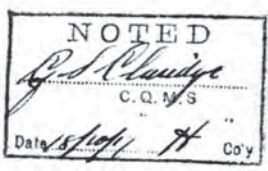
Dep. per Bank of Montreal.  
for \$      cts 50 ~~##~~ per diem

Such cancellation to take effect on the Thirty-first day of October 1917.

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

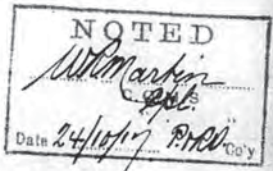
Dated at Sydney N.S.  
Scotland.  
October 18<sup>th</sup> 1917

*Amor*



Reuben Madore  
Allotter.

Approved and Witnessed:  
W. Russell Capt  
O.C. "H" Company.



To be made out in TRIPPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/16.



ORIGINAL.

No. 5547

NEWFOUNDLAND CONTINGENT

H.M.P. 144

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

No. 244

" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on Account of  
other stoppages.

NOTE:- Charge under Credit Pay & Record Office, London. Column.

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT				
				£	s	d		
2566	Sgt.	Madore R.	Overcredited with one days Ration Alice @ 2/1. Dr. 2/1d as per 1st Bn. Vr.33				2	1
<i>OK</i>							2	1

CHECKED  
S.P.  
8/4/19

Pay & Record Office,  
58 Victoria Street,  
London, S.W. 1.

*H.O. Minshall*

8th April 1919. Chief Paymaster & O. i/c Records.

CERTIFIED that the above stoppages/~~credits~~ have been made  
in the Pay Book " " Co'y for Period / / to / /

Dated at \_\_\_\_\_

\_\_\_\_\_ 191

O.C. " " Company,  
\_\_\_\_\_ Battalion.



DUPLICATE

No. \_\_\_\_\_ NEWFOUNDLAND CONTINGENT

No. 244

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

" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on Account of  
**other stoppages.**

NOTE:- Charge under \_\_\_\_\_ Column.  
Credit **Pay & Record Office, London.**

Regt'l No.	Rank & Name		Particulars & Authority	AMOUNT						
				£	s	d	£	s	d	
2566	Sgt.	Madore R.	Overcredited with one days Ration Alice @ 2/1. Dr. 2/1d as per 1st Bn. Vr.33				2	1		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>S.P.</i> 8/4/19                 </div>							2	1		

Pay & Record Office,  
58 Victoria Street,  
London, S.W. 1.

*A. J. Minors Maj.*

**8th April** 191 **9.** Chief Paymaster & O. i/c Records.

CERTIFIED that the above Stoppages/~~credits~~ have been made  
in the Pay Book " " Co'y for Period / / to / /

Dated at \_\_\_\_\_

\_\_\_\_\_ 191

O.C. " " Company,  
\_\_\_\_\_ Battalion.



No. 7023

ORIGINAL

NEWFOUNDLAND CONTINGENT

N.F.P./E4.

To: The Hon. The Minister of Militia.

No. 304

St. John's,  
Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on account of  
Hospital stoppages.

NOTE:- Charge under Column  
Credit Pay & Record Office, London, S. W. 1.

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT				
				£	s	d		
✓ 2566	Sgt	Madore R.	Pay for cost of one soup basin, one dinner plate whilst at Hilsea Hosp. 16.1.19 as per Vr. 7777.			1		9½
							1	9½

*OK*

CHECKED.  
*[Signature]*  
7-579

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

*A. R. [Signature]*

7th May 1919. Chief Paymaster & O. i/c Records.

CERTIFIED that the above Stoppages/Credits have been made  
Headquarters  
in the Pay Book " " & Co's for Period  
and credited to Pay & Record Office, London, S.W. 1. /

Dated at \_\_\_\_\_

\_\_\_\_\_ 191

C.C. " " Company.  
Battalion.



# DUPLICATE.

NEWFOUNDLAND CONTINGENT

N.F.P. / 24.

The Hon. The Minister of Militia.

No. 304

To: St. John's,  
Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on account of  
**Hospital stoppages.**

NOTE: - Charge under \_\_\_\_\_ Column  
Credit Pay @ Record Office, London, S. W. 1.

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT				
			£	s	d		
2566	Sgt Madore R.	Pay for cost of one soup basin, one dinner plate whilst at Hilsea Hosp. 16.1.19 as per Vr. 7777.			1		9½
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     CHECKED  <i>[Signature]</i>                      7-2-19                 </div>							1 9½

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

7th May

191

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

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book <sup>Headquarters</sup> Co'y for Period / / to / /  
and credited to Pay @ Record Office, London, S. W. 1.  
Dated at \_\_\_\_\_

191

C.C. " " Company.  
Battalion.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2566 Rank Supt Name Madore Ruben  
 Date of Enlistment 22-4-16 Address Stephenville Camp District St. Georges  
 Occupation Fredericton Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 20% 3 months  
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	2	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	2		" 6	
B 179c	B 120	M 93				

Date 29-3-19

*H. Mars*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*R. Madore*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied 1 pair

Date 29-3-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. K-10-27..... to his home at St. Paul, Minn...... and Release Certificate No. 1-8-51..... issued.

Date 29-3-19..... R. J. Sait 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 4-11-19.....

Date 24-3-19..... R. J. Sait  
Depot Paymaster.

Discharge approved for 31-3-19.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 29-3-19..... R. J. Sait  
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 31 1919

Date ..... R. J. Sait 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  
(Fishing)

*R. Madore*

Signature of Man.

Reg. No. 2566

*Charles C. C. C.*

Signature of the Vocational Officer or his Representative.

Place

*St. John*

Date

29/3/19

191



used only for Special Reserve Recruits, and for Special Reserve Army.

# MEDICAL HISTORY

OF

Surname Madore

Christian Name Rosen



Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 22 day of April 1916		on _____ day of _____ 191	
Declared Age	22 years 270 days		_____ years _____ days	
Trade or Occupation	Fisherman			
Height	5 feet 5 inches		_____ feet _____ inches	
Weight	130 lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... 35 1/2 inches		_____ inches	
	Range of expansion... 2 inches		_____ inches	
Physical Development				
Vaccination Marks	Arm		Right	
	Number	1	Left	
When Vaccinated	13 months ago			
Vision	R.E.—V=	6/9	R.E.	
	L.E.—V=	6/6	L.E.	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	Major Medical Officer.			
Enlisted	at <u>St John</u>		at _____	
	on 22 day of April 1916		on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st. Nfld. Reg. 2564			
Transferred to	Newfoundland			
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

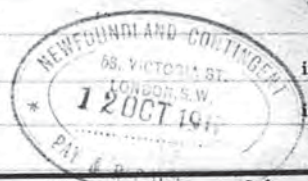




Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	19	2	17	29	3	17	Pneumonia - L.	38	Reported sick in France 5.2.17 with pain in left side head ? cough. In No 215 Genl. Hosp. - on ad <sup>2</sup> some dulness & weak to some at Base - Furlough	W. H. R. [Signature] Capt. Ramer
3 <sup>rd</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	26	2	17	2	10	17	Shell gas poisoning	30	Was gassed in Belgium 17/11/17 has conjunctivitis & photophobia	W. S. [Signature] Capt Ramer
Hilsea	27	12	18	16	1	19	Amoebiasis	21	Triglycerin & Pot. Permangan. fed to lesion and	W. S. [Signature] Capt Ramer









## 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 *Reuben Madone.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2566*

Intended address *Stephenville Crossing*

Height on discharge *5* Feet *5*.

Color of hair on discharge *Black.*

Complexion *Dark.*

Color of eyes *Brown.*

Descriptive Marks *Tattoo on left arm.*

Figure on discharge *Medium.*

Christian name of Father \_\_\_\_\_

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Stephenville Crossing 4<sup>th</sup> July 1894*

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)

*R Madone*

(Rank) *Sgt.*

Station *St John's*

Date *25-3-19*

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

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

Station

Date

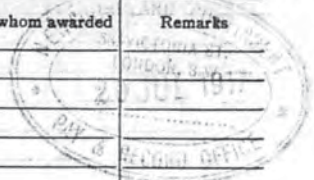






No. 706 (Name *Lieut. R. Madore* Sq. Batty. or Company } *B* Corps *Newfoundland* Date of enlistment } *April 26/16* G.C. Badges } Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning toward freedom from extra fine } Sheet No. *1* Signature O.C. Company, etc. } *J. W. M. Capt.* Character *Very Good*

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



Army Form B. 199



April 25, 1919

#2566 Sergt. Reuben Madore,

Stephenville Crossing.

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

Paymaster & U.I/c Records Captain.



15836

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 & RECORDS OFFICE, ST. JOHN'S.

- 1. Christian name, *Reuben*..... 2. Surname, *Madore*.....
- 3. Rank, *Sergeant*..... 4. Reg't. No. *2566*.....
- 5. Address in full to which future payments of gratuity are to be forwarded, *Stephenville Crossing*.....  
*St. George's*.....
- 6. Date of enlistment in the Regiment, *Apr. 24/16*.....
- 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. 24/16 to Mar 29/19 date of temporary discharge*.....



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 60*  
*Board " 1.19*  
*5.5*

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.?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

.....  
.....  
.....  
*Newport* *Remobilization*

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.....

*France & Belgium from Oct 4/16 to Aug 18/19*  
*Cambray, Monchy, Somme, Vimy, Ridge, Arras*

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.



Signature of Applicant: *Reuben X. Madore*  
 Place of Residence: *Stephenville Xing, St George's*  
 Declared before me at: *St. John's, Nfld.*  
 This *29th* day of *March* 19*19*.

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

*John M. Carthy*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>5 mes.</i>	<i>350.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Paymaster.

*[Signature]*





# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Reuben Modore, Regl. No. 2566

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 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins June 1<sup>st</sup>

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2230</u>	<u>Self</u>	<u>Bank of Montreal</u>		
		<u>In case of</u>		
		<u>death</u>	<u>Stepenville</u>	<u>50</u>
		<u>Fred Modore</u>	<u>Crossing</u>	
Total Allotment, \$				

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

(Sig.) R. O. O'Leary  
for  
Officer Commanding  
Company

(Sig.) Reuben Modore  
(Rank) Pte

St Johns  
May 26<sup>th</sup> 1916



ST. JOHN'S, Mar 21<sup>st</sup> / 19

# Royal Newfoundland Regiment.

Billeting Account,

To Sgt - R. Madore

Billeting Soldiers as undermentioned

from Feb 8<sup>th</sup> / 19 to Mar 31<sup>st</sup> / 19 *A.C. 9*

2566 - Sgt. R. Madore 53 70

APPARENT	<u>Bym</u>
CH. NO.	<u>17828</u>
IND. LEGER	<u>INT. LG.</u>
PAY LEGER	<u>INITIALS</u>
GEN. LEGER	<u>70 - INT. LG.</u>

Certified correct for \$ 53

R. J. Lawrence  
R.J. *[Signature]*  
Billeting Officer.



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





SEP 28

1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

**Reuben Madore**

in respect of his service as No. **2566** Rank **Pte**

Name **R. Madore**

**Royal Nfld. Regt.**

**Nfld. Forestry Corps.**

Receipt of the same should be acknowledged hereon.

Received

*From the Royal Nfld. Regt*

Signature

*R. Madore*

Date

*10th*

Address

*Stephenville Crossing*

[P.T.O.]



Reg. No. 2566 Rank Serjt. Name Madove Reuben  
Attested ..... Address Stephenville Crossing  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 2-19  
Returned on S.S. .... Cause Discharge

27.3.19 Sec. Dis. from the Army. requires treatment  
of eyes.

29.3.19 PASSED TO DEMOBILIZATION OFFICER

31.3.19 DISCHARGE APPROVED ON DEMOBILIZATION.



**Casualty Form—Active Service.**

Regiment or Corps Newfoundland

Rank Lepl Surname Madore Christian Name Richard

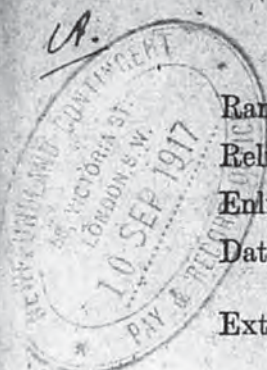
Religion Roman Catholic Age on Enlistment 22 years 9 months.

Enlisted (a) St Johns Terms of Service (a) Duration Service reckons from (a) April 23/16

Date of promotion to present rank ..... Date of appointment to lance rank April 16

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate.....

J. W. Mardo Capt Signature of Officer.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked <u>Folkestone</u>	<u>2.6.17</u>	
			Disembarked... <u>Boulogne</u>	<u>3.6.17</u>	
			Joined Battalion	<u>19 JUN 1917</u>	<u>B 213</u>
<u>18.8.17</u>	<u>OC. Unit</u>	<u>Wounded in Action</u>		<u>16 AUG 1917</u>	<u>B 213</u>
<u>18.8.17</u>	<u>64 C.I.S</u>	<u>Ad. W. Lashed shell</u>		<u>18.8.17</u>	<u>S.D. 9158</u>
	<u>Grantully, N.S.</u>	<u>Invalidated to England in</u>		<u>25.8.17</u>	<u>W 3083</u>
		<u>10 Genl Hosp, Rouen</u>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

[P.T.O.]



**Casualty Form - Active Service.**



Regiment or Corps 2/1 New Zealand Regt  
 Rank Rte Surname Madore Christian Name Ruben 1915  
 Religion R.C. Age on Enlistment 22 years 9 months.  
 Enlisted (a) 22/4/16 Terms of Service (a) War Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked Southampton	11 OCT 1916	
			Disembarked ROUEN	12 OCT 1916	
		<b>Joined Battalion</b>		22 OCT 1916	
	Unit	Appointed Lance Corp.	France	23/1/16	61810 46 B
			With BATT.	28.1.17	
	2/2 hon CCS.	Admitted P.M.O.	France	3/2/17	ED 9539
	At "Aberdonian"	Invalided to England	cc 5. G. H. Ross	17/2/17	W 5083

*W. B. Burchell*  
 CAPTAIN.  
 for Officer i/c No. 1 Regular Infantry Section  
 General Headquarters, 3rd Echelon.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoing-Smith, &c.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

F. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 W-017/2154 1000m 6/15s 93 56

Forms  
B. 121.  
89.

Regiment of 1st Newfoundland

Number of Sheet Just

Signature of O. C. Company Altherton

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay  <i>Promoted a Corporal 28.5.18 of Cpl promoted to Sgt 10-10-18</i>
No.	<u>Madore R</u>	Age on	<u>22</u> years <u>9</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date		<u>April 22 1916</u>	<u>R. Catholic</u>	
Joined	Date	Period of	with Colours <u>2</u> <u>35</u> years.	Place of Birth	
Joined	Date		with Reserve <u>36</u> years.	<u>Newfoundland</u>	

*captain*

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
<i>Hazelton Wood Camp.</i>	<i>21.4.18</i>	<i>L. Cpl.</i>		<i>absent from tattoo until 4.30 p.m. 22.4.18 (18 1/2 hours).</i>	<i>L. Cpl. Young</i>	<i>Reprimanded</i>		<i>Capt Kern</i>	<i>Forfeit 2 days pay</i>
	<i>4.5.18</i>	<i>Sgt</i>		<i>absent from tattoo 4.5.18 to 10<sup>00</sup> P.M. 5.5.18.</i>	<i>Cpl Wilson</i>	<i>Reprimanded</i>	<i>23.4.18</i>	<i>Lt Col. R. A. Bennett</i>	<i>Forfeit 2 days pay</i>
				<i>Demobilized</i>	<i>14-19</i>				

To be carried over

Army Form B. 121.



# The Royal Newfoundland Regiment 2566

## DEMOBILIZATION OF

Reg. No. 2566 Rank Capt Name Madore Ruben  
 Date of Enlistment 22-4-16 Address St. John's District St. Georges  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 20% 3 months

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	2	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 29-3-19 ..... for O. C. Discharge Depot. *H. Madore*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*R. Madore*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Manufact

Date 29-3-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1027* to his home at *Stephenville* and Release Certificate No. *1881* issued.

Date *29-3-19* ..... *Chas. J. King 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 *4-11-19*

Date *14-3-19* ..... *R. J. King*  
Depot Paymaster.

Discharge approved for *31. 3. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	2	Board 1st	" 2	1
B 178a	D 400A	B 1915		do 2nd	" 3	2
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 *29 3-19* ..... *J. H. King*  
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 31 1919* ..... *R. J. King Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date *April 12, 1919* ..... *J. H. King*  
Records.



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 Devonshire*  
2. Regtl. No. *2566* 3. Rank. *Serjt.*  
4. Name *M. ADORE*  
(Surname) (Christian Names)

7. Former Trade or Occupation }

7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.

5. Age last birthday.....  
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.

(d) Particulars of Pension or Gratuity (if any)

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 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. *Gas shell poisoning Aug 1918*  
12. Place of origin of disability. *Belgium*  
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. *was gassed by gas shell barrage, had conjunctivitis and photophobia. Evacuated U.K had previously in Feb 1917 contracted pneumonia in Belgium*



**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.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. *Yes* .. ..
  - (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. } *V.O.G. Cured* .. ..
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *NA.*

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? *He now complains of dyspnoea on exertion. Physical signs nil.*
- (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?

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

Station *Hazeley, Iowa Camp* Medical Officer in charge of case.

Date *22. 1919.*

\* 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

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. *Gas poisoning*
  - (b) The present condition thereof. *Complains of cough. Feels mist before the eyes. In "jumping" in left eye. Pulse 84. Easily tired*

22. State whether the disabilities are:— (a) Attributable to (b) Aggravated by
- (i) Service during the present war .. .. *Yes* .. ..
  - (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 .. .. *No* .. ..
- Give details:

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



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).
- (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?

*70% 3 months*

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?
- 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)?

*Yes*

Opinion of Military Member in case of disagreement.

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?

*Requires treatment of eyes*

29. Does the soldier require:—

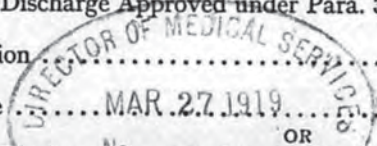
- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *St Johns* ..... *Shan* ..... { President or Chairman.  
Date *Mar 17, 19* ..... *W. D. ...* ..... Members.  
*W. D. ...* ..... Major

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

Station ..... *Chung* ..... } Only applicable in cases of Patients in Hospitals.  
Date *MAR 27 1919* ..... Officer in charge, Central Hospital.



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.



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. *2567* } or Occupation  
 3. Rank. *Serjeant* }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 4. Name *M A D O R F R.*  
 (Surname) (Christian Names)  
 5. Age last birthday.....  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *Aug 1918.*  
 12. Place of origin of disability. *Belgium*  
 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.  
*was gassed by gas shell barrage. had conjunctivitis and photophobia. evacuated U.K. had pneumonia in July 1917. contracted pneumonia in Belgium.*



14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. .                        | Yes                 |                   |
| (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. } .. .. . | V.D. cured          |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } U.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? *He now complains of dysphasia on the left hand*  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*  
*Typical signs etc.*

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?

*Definitive*

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.

*mic 1 mtd 1000*

Station *Hazley Down Camp*

Date *22.2.1919*

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



# The Royal Newfoundland Regiment

Class for Demobilization:—

*B*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *27-3-19* .....

Regimental No. *2566* .....

Name ..... *Sergt Reuben Madore* .....

Address ..... *Stephenville X in 9.* .....

Present Medical Category..... *VI* .....

Recommended for:— { (a) ~~Immediate discharge~~ .....

(b) Standing Medical Board.....

Members of Board { .....

*R. J. [Signature]*  
O.C. Discharge Depot.

.....  
Senior Medical Officer

*[Signature]*  
.....  
M. O. Depot



# The Royal Newfoundland Regiment

Class for Demobilization:—

*B*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *27.5.19* .....

Regimental No. *2566* .....

Name ..... *Sergt Reuben Madore* .....

Address ..... *Stephenville X in 9.* .....

Present Medical Category ..... *III* .....

Recommended for:— { (a) ~~Immediate discharge~~ .....

(b) Standing Medical Board .....

Members of Board {

*RH [Signature]*  
O.C. Discharge Depot.

Senior Medical Officer

*[Signature]*  
M. O. Depot



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 2566 Rank Sgt Name Madore R.  
 Intended place of residence Stepenville Xing.

2. Occupation Soldier  
 Classification of soldier B Medical Category E

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 MAR. 29. 1919

*H. Mus. 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  
29. 3. 19

*R. Madore*  
 Signature of soldier  
*C. B. who left*  
 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  
29. 3. 19

*R. Madore*  
 Signature of soldier  
*W. J. Eaton R. Capt*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22-4-16 No of days on Military  
 Discharged from service 31-3-19 Plus 14 days Service 1088

### 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  
 Date MAR 31 1919

*R. H. J. 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 April 14/1919

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

*a B 2079/1955*