



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5494 Name Fredk Mutterface Corps Medth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Fredk Mutterface</u> |
| 2. What is your full Address? | 2. <u>Boat #1</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisher-man</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 Fredrick Mutterface 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.

28/5/18 Fredrick Mutterface SIGNATURE OF RECRUIT.
Pte K Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I Fredrick Mutterface do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 28 day of May 1918

Signature of Attesting Officer Almond

†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 1918 } 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 Fredrick Mutterface
 Apparent age 19 years _____ months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Mutterface
Boat H.V. | Relationship Father
P. B. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5494 Name Fredk Mutterface Corps Medth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Fredk Mutterface</u> |
| 2. What is your full Address? | 2. <u>Boat H. P. B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>.....</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Fredrick Mutterface 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.

28/5/18 Fredrick Mutterface SIGNATURE OF RECRUIT.
Pete Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Fredrick Mutterface 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.

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The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 28 day of May 1918

Signature of Attesting Officer As. Wickes

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DESCRIPTIVE REPORT ON ENLISTMENT

54914

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

Name Fredrick Mutterface
 Apparent age 19 years _____ months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Mutterface
Boat H. 1. | Relationship Father.
P. B. 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>28-5-18</u>									
Joined at <u>St. Paul's</u> on <u>1004 28-1918</u>									
<u>Discharged - St. John's Jan 11/1919</u>									
<u>Admitted Barracks Hospital 13-6-18</u>					<u>Admitted to M. Hospital 13-6-18</u>				
<u>Admitted Quarters 11-7-18</u>					<u>Discharged Quarters 26-7-18</u>				
<u>Rem 2 months Barracks 3-8-18</u>					<u>Returned from leave 8-8-18</u>				
<u>Discharged 21 Field Street 2-11-18</u>					<u>Admitted 2 Field St 9-18</u>				
<u>Demobilization St. Paul's 11-1-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-1-19</u> (date of discharge)					in <u>229</u> days				
" " Pensions " " " " " " " " " " " "									



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station **St. John's**

Date **Dec. 2nd 1918**

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 20 years |
| 2. Regimental No. 5494 | 6. Enlisted on May 27th 1918. |
| 3. Rank Pte | at St. John's |
| 4. Name MATTERFACE, FRED. | 7. Former trade or occupation Fisherman |
| | 8. Disability |

MEASLES AND PNEUMONIA

9. History **Admitted M.I.D. Hp. 13/6/18. Discharged Donovans 12/7/18.
Discharged from there 25/7/18.**

General condition good.

Has been on full duty since Nov. 1st,
1918.

10. What is his present condition?

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

11. Was sanatorium advised and refused?
operation

NO

12. Do you recommend discharge as permanently unfit?

YES

Signature

ARCH TAIT,
for M.O. Depot.

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

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

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

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

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

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

(State in percentage.)

NIL

Remarks if any:—

16. Is the disability permanent?

NO

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army **Unfit for general service**
retention in

Remarks if any:—

N. S. FRASER

President

Signatures **J. S. TAIT**

L. PATERSON, Major.

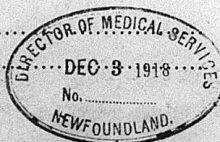
Place **St. John's**

Date **Dec. 3rd. 1918.**

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON, Major.

Administrative Medical Officer

C.R. 5494

Extract of Daily Orders Part II, Depot St. John's, dated
Jan. 14th 1919.

Discharge confirmed on demobilization.

The discharge of the undernoted on demobilization has been
confirmed by the Officer i/c Records.

5494 Pte. Fred. Matterface.

Discha ged 11-1-19

C.R. 5494

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated July 30, 1918.

#5494 Pte. T. M^{utter}face.

Discharged from Donovans Hospital 26-7-18

C.R. 5494

Extract from Preliminary Report at a Medical Board held on
TUESDAY AFTERNOON December 3rd., the following were the
findings.

#5494 pte . F. Matterface,

RECOMMENDED DISCHARGE FROM TSH ARMY
UNIT FOR GENERAL SERVICE.

BC.

5494
C.R. ~~5954~~

Extract from Daily Orders part 11, Depot. St. John's
Dated December 14th., 1918.

5494
5954 Pte. E. Matterface

The above noted discharge of demobilization havee
been approved by G. G. Discharge Depot from noted
date. He is removed from Depot Strength and is
transferred to Discharge Depot pending confirmation
by Officer i/c Records.

14-12-18.

C.R. 5494

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt., St. John's ~~Regiment~~ Nov. 4th, 1918.

5494 Pte. F. Matterface.

Discharged from 21 Field St., transferred to ~~21st~~
~~Hospital~~.

HM.

C.R. 5494

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,

St. John's, Oct, 10, 1918.

5494 Pte. F. Matterface.

Admitted to 21 Field St. 9-10-18.

C.R. 5494

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. ST. John's, dated August 9, 1918.

5494, Pte, F. Mutterface,

Granted leave from 7-8-18-to 7-10-18.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

C.R. 46725 494

Line No. 50 Sent by Baine Hr Rec'd by H Check 9 No. _____

Place from Baine Hr

To W. F. Rendell

POSTAL TELEGRAPHS
JUL 4 1918
KING'S WHARF

How is private fred
Matterface's Condition
now please answer,

{ Mrs Joseph Matterface
Baine Hr. P. B.

Condition very much improved

D.P. Council No. 5494

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 Militia Dept.

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated July 4th 1918

To Mrs Joseph Mutterface,

Baine Harbour, P.B.

beg to inform you that the condition of your son 5494 Pte
Fred Mutterface is very much improved

W.F.Rendell,

Lieut.Colonel, C.S.O.

for Minister of Militia.

CR 5494
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's.

Line Number	Rcd	By	Sent	by	Check

Dated June 25, 1918.

To Mrs. Joseph Matterface. ~~Beine~~ Harbor.

Private Fred Matterface condition very

much improved.

Lieut. Col. W. F. Rendell.

Counter No. 5494

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 Mrs. Jos. Mutterface Address Baine Hr.

Line Number	Rcd	By	Sent	by	Cheek

Dated June 25th, 1918.

To, W.F.Rendell,

For Minister of Militia.

How is Private Fred Mutterface's condition now? Please answer.

Mrs. Jos. Mutterface.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 29 Sent by Rec'd. by Check

No. W

Place from St. John's

To W. F. Rendell



For men of Malcha

How is Private Fred
 Matterface's Condition
 Now please answer

Mrs Jos. Matterface
 Condition ~~improving~~
 Very much improved



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 9 Sent by PH Rec'd by _____ Check 10 No. _____Place from Boat HTo Via BonaW F Kempell
Lieut Col

please keep informed
freds condition if
dangerous matters may
proceed.

Jos matterface

Boat H: PB

slightly improved

C.R. 5494

FORM NO. 10



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____

Sent by _____

Rec'd by _____

Class _____

No. _____

Place from _____

To _____

Bayne Hr.
W F Rendell
via of Melita



How is freds condition
today answer please
writing here.

Mrs Joseph matteface
Bayne Hr.

Condition

improved

to-day

improved

Am



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 11 Sent by _____ Rec'd by _____ Check 10 No. _____ W.

Place from _____

To W. F. Rendellfor min of 7

How is Fred's Condition
 today please let me
 know reply.

Mrs Joseph Matherface
 Condition improved

C.R. 5494
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated June 16th, 1918

To Joseph Matterface, Boat Hr. P B.

In reply to your wire 16th June, 5494, Private Fred Matterface slightly improved.

W.F. Rendell Lieut. Col
Chief Staff Officer.

C.R. 5494
Distributor No.

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(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia.

Line Number	Rcd	By	Sent by	Check

Dated June 18th, 1918

To Mrs. Joseph Hatterface, Bayne Hr.

beg to inform you ~~MY~~ Fred's condition improved

W.F. Rendall Lieut. Col

Chief Staff Officer

C.R. 5494

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 30th, 1918.

#5494 Pte. F.C. ^aMutterface.

Attested for General Service with the Royal Nfld. Regt.
from 28.5.18

C.R. 5494
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated

June 14th 1918.

To

Mr. Joseph Mutterface, Boat Harbour, P.B.

Regret to inform you that #5494, Pte. Fred Mutterface is at Military Hospital, St. John's Seriously ill with Measles.

W.F. Rendell,
Lieut. Colonel,
Chief Staff Officer,
for Minister of Militia.

FOR TYPEWRITER

Watterface, Fred

5494

Ray Sept

Watterface, Fred

5494

Ray Dept

January 11th., 1919.

#5494 Pte. Frederick Matterface,
Boat Harbor,
Placentia.

Dear Sir:-

Please find enclosed

"Discharge Certificate No. 399."

Yours faithfully,

Captain,
Paymaster & U. i. c Records.

Enc'l 1.

The Royal Newfoundland Regiment

COPY

PROCEEDINGS ON DISCHARGE

1. **5494**.....Rank **Pte**.....Name **Fred Matterface**
 Intended place of residence.....**Roat Hr**.....**Placentia**

2. Occupation.....**Fisherman**.....
 Classification of soldier.....**B**.....Medical Category.....**E**

3. The above named man is discharged in consequence of...**Demobilization**.....

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

Place.....**G.C. DULEY, CAPT.**.....
 Date **DEC 11 1918**.....**FOR** 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**.....**FREDERICK MATTERFACE**.....
 Signature of soldier
**DEC 11 1918**.....**G. B. DICKS, A/CAPT.**.....
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date.....**ST. JOHN'S**.....**F. MATTERFACE**.....
 Signature of soldier
**10-12-18**.....**E. F. PETERS, I/C**.....
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service.....**28-5-18**.....No of days on Military
 Discharged from service...**14-12-18 plus 28 days**.....Service **222**.....

APPROVAL OF DISCHARGE

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

Place.....**ST. JOHN'S**.....**R. H. TAIT, CAPT.**.....
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date.....**DEC 14 1918**.....

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place.....**St. John's**.....**M. Bowley Capt**.....
 Officer in Charge Records
 Date.....**January 11th 1919**.....
A.S. 2079/599
 The Royal Newfoundland Regiment

30
31
31
30
31
30
31
11
29

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 549H Rank Private Name Matterface Fred
 Date of Enlistment 28. 9. 18 Address Boat Wd. District Placentia
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. See report Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 10. 12. 18

Money Caps
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Frederick Matterface

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 65.00
 (b) ~~Clothing Supplied~~ *Joseph H. [Signature]*

Date 10. 12. 18

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B 182 to his home at East St. Louis and Release Certificate No. 261 issued.

Date 10-12-18

Arthur P. Coffey
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-1-19

Date 11-12-18

W. H. Stanley Capt.
Depot Paymaster.

Discharge approved for 14. 12. 18

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
E 178	W 3494	B 122		Board 1st	" 2	1	15
F 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		1
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	1				

Date 11. 12. 18

Arthur P. Coffey
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 14 1918

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

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

Date Dec. 14/1918

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

MEDICAL HISTORY

Surname Mutterface # OF Christian Name J. M. C.

Table I.—GENERAL TABLE.

Birthplace:—Parish Bar St. P.B. County Mex.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	2 ^{8th}	May	1918	
	at	Sejovis.	at	
Declared Age...	19.	years		days
Trade or Occupation	J. Wharman.		years	days
Height	5	feet	5	inches
Weight	137.	lbs.		lbs.
Chest Measure- ment	34		inches	inches
	3.		inches	inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/24	R.E.—V=	
	L.E.—V=	6/24	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>James Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	Sejovis.	at	
	on	28th day of May	1918	on
		Corps.	Regtl. No.	
Joined on Enlistment...	Royal Mex. Regiment.			
Transferred to..	5494.			
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(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 future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M. I. D. Hospital	13	6	18	12	7	18	Measles + pneumonia.	29	Transferred to Donauus Convalescent Hosp. Aug 12. 18	<i>[Signature]</i>
Donauus Conv. Hospital	12	7	18	25	7	18		13		<i>[Signature]</i>



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 *Matterface, Frederick*
Regiment from which discharged *1st. Newfoundland*
Regimental number *5494*
Intended address *Boat H-1 - P. P.*
Height on discharge *5* Feet *5*.
Color of hair on discharge *Lt Brown*
Complexion *Fair*
Color of eye *Blue*
Descriptive Marks
Figure on discharge *Medium*
Christian name of Father *Joseph*
Christian name of Mother *Martha*
Wife's maiden name in full
Date and place of marriage
Christian names of children
Place and date of soldier's birth. *Baine Hs. Sept 20th 1897.*
Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Frederick Matterface*

(Rank) *Pte*

Station *St Johns* Date *July 30th 1918*

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

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

Station *St Johns N.Y.* Date *Aug. 30/18*



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 *Matterfare Frederick*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5494*
 Intended address *Boat St. S. 73.*
 Height on discharge *5 Feet 5 in*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eye *Blue*
 Descriptive Marks *Scar on knee, right.*
 Figure on discharge *Medium*
 Christian name of Father *Joseph*
 Christian name of Mother *Martha*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Maine St. 21st Sept 1895*
 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) *Frederick Matterfare.* *Pte*
 (Rank)

Station *St Johns* Date *2nd Dec 1915*

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.

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

Station *St Johns* Date *2nd Dec 1915*

Civil Re-establishment Committee.



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Fishing

G. Mattifou

Signature of Man.

R. B. Dick *ACapt*

Signature of the Vocational Officer or his Representative.

Reg. No. *5494*

Place *St. John's*

Date *10/12/18*

191

Placentia

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *2nd Dec 1918*

Regimental No. *5494*

Name *Matterfall, Fredrick* *(P.M.)*

Address *Boat Harbour, Placentia Bay*

Present Medical Category *A^{II} E*

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

*Proceeding of S.M.B.
in file*

Members of Board } *R.H. Hunt Capt.*
O.C. Discharge Depot.

Members of Board } *J. P. Pacion*
Senior Medical Officer

Members of Board } *S.W. Borden*
M. O. Depot



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station *St. John's Nfld.*
Date *Dec 2nd 1815*

- | | |
|--|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>20</i> |
| 2. Regimental No. <i>5494</i> | 6. Enlisted on <i>27th May 1815</i> |
| 3. Rank <i>PLC</i> | at <i>St. John's</i> |
| 4. Name <i>Matterface Fred.</i> | 7. Former trade or occupation <i>Fisherman</i> |
| 8. Disability <i>Measles & Pneumonia</i> | |

9. History

*Admitted M 10 11p. 13/6/15. Discharged Dominion. 12/7/15
Discharged from them 25/7/15.*

10. What is his present condition?

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

General Condition Good.
Has been on full duty since Nov 1st 1915

11. Was sanatorium advised and refused? No
operation

12. Do you recommend discharge as permanently unfit? Yes

Signature

Archibald
for the report

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability \times *cannot* be considered as aggravated by:—
due to _____
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

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

Remarks if any:—

16. Is the disability permanent? *no*
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

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

}	General Hospital,
	Naval and Military Con-
	valescent Hospital,
	Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *for unfit for general service*
- Remarks if any:—

..... President

Signatures..... *J. H. ...*
L. ...

Place..... *S. Johns*

Date..... *Dec 30 1918*

APPROVED

Station.....

Date.....



Clayton Macpherson
Administrative Medical Officer *Major*



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station *St Johns*
 Date *July 30th 1918*

1. Unit *1st. Newfoundland*
 2. Regimental No. *5494*
 3. Rank. *Pte.* at *St Johns.*
 4. Name. *Mattarface. F.*
 5. Age last birthday. *19.*
 6. Enlisted on *28th May 1918*
 7. Former trade or occupation *Fisherman*

8. Disability

*Debilit. following
measles and pneumonia.*

9. History: *Developed measles at Bonaventure St Johns, 13.6.18
 was treated at Military Inf. Dressing Hosp. for 29 days
 and had 13 days at Bonaventure Convalescent Camp.*

10. What is his present condition?

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

Heart slightly irregular no valvular
lesion - Lungs - Normal
No evidence of anything abnormal
in Lungs.
He complains of weakness

11. Was sanatorium operation advised and refused?

✓

12. Do you recommend discharge as permanently unfit?

✓

Signature

W. Borden

Rank or Qualification

Regt. M.D.

Remarks if any by Officer i/c Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

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

13. For pension purposes, the disability x be considered as aggravated by:-
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:-
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes.

weight 145 lbs.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:-
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:-

16. Is the disability permanent?

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

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

Remarks if any:-

19. If fit subject for Hospital do you recommend admittance to
- | | | |
|--|---------------------------|-------------|
| | General Hospital, | } <i>no</i> |
| | Naval and Military Con- | |
| | valescent Hospital, | |
| | Jensen Tuberculosis Camp. | |

20. We recommend ~~discharge~~ retention in the Army *with 3 months furlough:*

Remarks if any:-

Signatures.

Chas. Macpherson
Wm. Duncan President
A. C. Galt

Place

Date

S. Johns, Nfld.
Aug. 3, 1918.

APPROVED

Station

Date



Chas. Macpherson
Administrative Medical Officer.

D. M. S. NEWFOUNDLAND.

To be Noted

Book of Orders
Card Index
Nominal Roll



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date July 1918

Regimental No. 5494

Name Middleface Frank C.

Address

Disease or Disability measles

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation Standing medical Board.

Category

Members
of
Board

R. H. Lant Aph

O. C. Depot

W. Barden

D. D. M. S.

Archibald for

M. O. Depot

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

West Quarters May 27/18

1. Name Geo's E Mattuface Age (a) Declared 19
(b) Apparent2. Do you know of anything wrong with you? noWhat severe illnesses have you had? none3. Height 5ft 5" Weight 137
4. Eyesight (a) Left 6/24 (b) Right 6/24
5. Physical Defects (Examine after strenuous exercise) ~6. Examination of Lungs ~

Measurement

(a) Expiration

31

(b) Inspiration

347. Examination of Heart ~8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin

Father Joseph Boat W.

REMARKS--

A 11Witnessed by
Archibald

Medical Examiners.

This is to certify, that Frederick Ches. Mudge
of Burl Harbor has been examined by me and found
Medically unfit for service in the Royal Naval Reserve.

Dated this 28 day of May 1918.

Alfred W. B. ...

$R.V. = \frac{6}{\text{mt}}$ $L.V. = \frac{6}{\text{mt}}$

D. Bannerli
Fleet Surgeon, R.N.,

H. M. S. "Briton,"

St. John's, N.F.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frederick Matterface, Regl. No. 1494 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz.:

Allotment begins ~~10~~ Nov. 1st-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6786	Mother	Mrs Jos Matterface	Boat Hk Placentia B.	0 60
Total Allotment, \$				= 60

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.) H. H. Small 2/18

Officer Commanding
7 Company

(Sig.) Fred Matterface

(Rank) Private

St Johns
Nov. 27th 1918

FORM K

Nº 6535



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frederick Matterface, Regl. No. 5494
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and sixty 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 ~~to~~ Nov. 1st-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6786	Mother	Mrs Jos Matterface	Boat Hr. Placentia B.	0 60
Total Allotment, \$				<u>60</u>

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

(Sig.) H. H. Small 2/1st

Officer Commanding
7 Company

St Johns
Nov. 7th 1918

(Sig.) Fred Matterface

(Rank) Private

Boat Harbour
Dec 1 1921

Please send me my silver
to see about in St Johns. B adge I was

Fred. Matterface
Boat Hr.
P B.

Supp

Mailed Dec 8/1921

[Signature]

No 391

391

A REGISTERED POSTAL PACKET

Received from.

~~Addressed~~

REGISTERED

DEC 9 1900

ST. JOHNS N.F.

Received a Registered Postal Packet addressed as above ...

*Waterfall
Boat Harbor
P.B.
P.M.*

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office Stamp }

[Handwritten signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One.
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade
No. <u>5194</u>	<u>Regt. C. Matthews</u>	Age on <u>19</u> years <u> </u> months	<u>Fisherman.</u>	
Joined _____	Date _____	Place and Date of Enlistment } <u>Seymour</u> <u>28.5.18.</u>	Religion	
Joined _____	Date _____		<u>Methodist</u>	
Joined _____	Date _____	Period of } with Colours <u>229</u> years. with Reserve <u>365</u> years.	Place of Birth	
Joined _____	Date _____		<u>Port Harb. N.S.</u>	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>				<u>11/19</u>

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5494 Rank Private Name Matterface Fred.
 Date of Enlistment 25.9.18 Address Boak St District Placentia
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Per. unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 10-12-18 Matterface Fred.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Frederick Matterface

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 65.00

(b) Clothing Supplied Joseph H. H. Snowling

Date 10-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B 182 to his home
at Boat House, Tharant and Release Certificate No. 261 issued.

Date 10-12-18

Abdicks 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 11-1-19

Date 11-12-18

Howley Capt.
Depot Paymaster.

Discharge approved for 14.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	✓ 11	N.F. Med.	D.F. 1	✓ 11	
F 178	W 3494	B 122		Board 1st.	" 2	✓ 11	2517 154
F 178a	✓ 11 D 400A	✓ 2 B 1915	✓ 2	do 2nd.	" 3	✓ 2	
H 179	✓ 12 D 400B	Form L		do 3rd.	" 4		
B 179a	D 400C	Form K	✓ 11	do 4th.	" 5		S.D. 1 ✓
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	✓ 11				

Date 11.12.18

Abdicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

DEC 14 1918

Date

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

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

Date Dec. 14/1918

M. Howley Capt.
O.C.P.

Reg. No. 5494 Rank Pte Name Matterface F.C.
Attested 28-5-18 Address Boat Ho. 13
604
Allotment Mrs. J. Matterface (Mother)
Date of Allotment 1-11-18 Returned from Overseas
Embarked for Overseas Cause

30/7/18	Leave	7-8-18	To	9-10-18
13/6/18	Admitted	To	Barracks Ho.	
13/4/18	Ad.	In	S.D. Hosp. Measles	
11/1/18	Discharged	M. S. D.	To	Convales
30-7-18	Headquarters	travelling	Rec. Standing	medic. Serv.
				(measles)
26-7-18	Discharged	From	Convales	
5-8-18	Rec	Home	Furlough	Returned from leave 8-10-18

9-10-18

Admitted to 21 Field Street

2-11-18.

Discharged from 21 Field St.

3-12-18

Recommended discharge permanently
Unfit for General Service.

10-12-18.

PASSED TO DEMOBILIZATION OFFICER

14-12-18.

DISCHARGE APPROVED ON DEMOBILISATION.

Civil Re-establishment Committee.

CCBY

I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

TO WORK AT FISHING

F. MATTERFACE

Signature of Man.

5494
Reg. No.

C. B. DICKS, A/CAPT

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 10-12-18

191

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5494 Rank Plt Name Fred Matherface
 Intended place of residence Boat #2 Placentia
2. Occupation Fisherman
 Classification of soldier B Medical Category F
3. The above named man is discharged in consequence of Demobilization
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place DEC 11 1918 W. H. Coy
 Date 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. Johns Fred Matherface
Dec 11th 1918 Signature of soldier
W. H. Coy 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. Johns W. H. Coy
10-12-18 Signature of soldier
W. H. Coy Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28.5-18 No of days on Military
 Discharged from service 14 12-18 plus 28 days Service 229

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. Johns R. H. Coy
 Date DEC 14 1918 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place Officer i/c Records
 Date The Royal Newfoundland Regiment