



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5752 Name Chealey Peter Moses Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Chealey Peter Moses</u> |
| 2. What is your full Address? | 2. <u>Osprey, Main Bay, Inf</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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, Chealey Peter Moses 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.

Peter Moses SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chealey Peter Moses 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 [Signature] on this 11th day of July 1915
 Signature of Attesting Officer [Signature]

†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 July 16/15

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5752 Name Charles Peter Moores Corp Mount

Questions to be put to the Recruit before Enlistment.

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

I, Charles Peter Moores, 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.

Charles Peter Moores SIGNATURE OF RECRUIT.
W. J. Ryan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Peter Moores, 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 Osmonton on this 11th day of July, 1915.
Signature of Attesting Officer A. B. Dicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date July 16/15 1915 Place Osmonton } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5752

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

Name Charles Peter Moores
 Apparent age 19 years 0 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frederick Moores
Osmondton | Relationship Father
N.D.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>11-7-18</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>July 11-1918</u> | | | | | | | | | |
| <u>Discharged St. John's Jan. 10/1919</u> | | | | | | | | | |
| <u>Admitted Barracks Hospital transferred to H.M.S. 15-7-18</u> | | | | | | | | | |
| <u>Discharge from H.M.S. to Birkbeck 9-10-18</u> | | | | | | | | | |
| <u>Admitted Cottesmore 24-10-18 Discharge Cottesmore 19-11-18</u> | | | | | | | | | |
| <u>Demobilization St. John's 10-1-1919</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to 10-1-1919 [date of discharge] 184 years 184 days
 " " Pensions " " " " " " " "

C.R. 5-75-2

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

DISCHARGE CONFIRMED ON DEMOBILIZATION

The discharge of the undernoted man on Demobilization
has been confirmed by Officer i/c Records on noted date.

5752 Pte. Chesley Moores

Discharged 10-1-19

C.R. 5-75-2

Extract from Preliminary Report, At a Medical Board held on
MONDAY AFTERNOON December 2nd., the following were the
findings.

5752 Pte. G. Moore.

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT.

C.R. 5752

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

The undemoted discharge on demobilization have been
approved by O. C., Discharge Depot from noted date.
He is removed from Depot Strength and is transferred
to discharge depot pending confirmation by Officer
I/O Records.

#5752 Pte. Chesley Moores

13-12-18.

C.R. 5752

Extract from Daily Orders part 11, Depot St. John's dated
Nov. 12st., 1918.

"HOSPITAL

#5752 Pte. C. Moores.

Discharged from Escasoni Con. Hospital 19-11-18.

BC.

C.R. 5752

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.,
St. John's dated 10, 1918.

5752 Pte. C. Moore.

Transferred from M.I.D. to Billetts 8-10-18.

NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 9

Sent by B Smonton

Rec'd by _____

Check 1.2

No. _____

Place from _____

To _____

Minister of militia



please inform me
where 5752 pte
Chesly p moores is
at present

Fred B moores

Military Hospital
Convalescent.

C.R. 5752
Counter No. _____

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 **Militia Department**

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

Dated **Sept. 26th, 1918**

To **Fred B. Moores,**

Osmenton,

via Fortune Harbor

beg to inform you No. 5752 Pte. Chesley P Moores

is at Military Hospital, Convalescent.

J. R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 5752
Counter No.

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 Department of Militia
St. John's, Nfld.

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

Dated August 23, 1918.

To Fred Moores,
Osmonton, Twillingate.

Reg to inform you that No. 5752 Pte. Chesley Moores
is now removed from seriously ill list at Military
Hospital.

J. R. Bennett,

Minister of Militia.

C.R. 5752
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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 St. John's

| Line Number | Recd | By | Sent | by | Check |
|-------------|------|----|------|----|-------|
| | | | | | |

Dated August 15, 1918.

To Mr. Fred Moores,

Osmondton, via Fortune Harbor.

Beg to inform you that No. 5752 Pte. Chelley

Moores condition improved.

Lt J. R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R.

5752

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

Class

London

Place from

To

London
Mr. J. H. Rendell



Would like to know
the Condition of
No 5752 Mr Chesley
moore

Fred. Moore
Condition improved

C.R. 5752
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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 St. John's.

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

Dated August 8th, 1918.

To Mr. Fred Moores,

Osmonton, Twillingate, Dist.

Regret to inform you that No. 5752 Pte. Chesley Moores is admitted Military Hospital, suffering from Measles seriously ill.

Lieut. Col. W. F. Rendell,

Chief Staff Officer.

FOR TYPEWRITER

C.R. 5752

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

#5752 Pte. C. Moores

Admitted to M.I.D. Hospital 28-7-18

C.R. 5752

EXTRACT FROM DAILY ORDERS PART 11, DEPOT
ST. JOHN'S DATED OCTOBER 30th., 1918.

#5752 Pte. C. Moores.

DISCHARGED FROM M. I. D., HOSPITAL 26/10/18
TO READING CONVALESCENT HOSPITAL.

CD 5752

Extract from Daily Orders Part 11, Depot St. John's #126

Dated July 12th 1918.

#5752 Pte. Chesley Moores.

Attested for Service with the Royal Newfoundland
Regiment from 8-7-18.

Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- 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 *Nov. 29th 1918*

- Unit *Royal Newfoundland*
- Regimental No. *5752*
- Rank *Pl*
- Name *Moore, Chesley*
- Age last birthday *20 years*
- Enlisted on *11th July 1918*
at *St. John's*
- Former trade or occupation *Lumberman*
- Disability

*Measles.
Broncho-Pneumonia.*

9. History

*Admitted M I D Hq. 28/7/18. Discharged to Escason 24/10/18
Discharged from there 19/11/18.*

10. What is his present condition?

General Condition Fair.

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

P. 70. T. Normal.

Rales all over areas of both bases.
Heart sounds weak + some irregularity in beat.

Medical Report on an Invalid

11. Was sanatorium advised and refused? No
operation

12. Do you recommend discharge as permanently unfit? Yes.

STATEMENT OF CASE

Signature

Archibald
for M.O. Dept.

Rank or Qualification

Remarks if any by Officer in Hospital.

Place

Signature

Date

Rank

COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **5752** Rank **Pte** Name **Chesley Moores**
 Intended place of residence **Osmondton, Twillingate**

2. Occupation **Rumberman**
 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 **DEC 11 1918** **G. G. DULEY, CAPT**
 Date for Comanding 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** **Chesley Moores**
 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 **DEC 11 1918** **CHESLEY MOORES**
 Signature of soldier
ST. JOHN'S **J. DAYMOND SGT**
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **11-7-18** No of days on Military
 Discharged from service **13-12-18** plus **28** days Service **184** days

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** **R. H. TAIT, CAPT**
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date **DEC 15th 1918**

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment

COPY

Form B.
16-10-18-300.

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 IN LUMBERWOODS

CHESLEY MOORES

Signature of Man.

Reg. No. 5752

C. B. DICKS A/CAPT

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 11-12-18 191

Moores, Chesley

5752

Pay Receipt.

January 10th., 1919.

#5752 Wte. Chesley P. Moores,

Osmondton,

New Bay, N.D.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 385."

Yours faithfully,

Paymaster & C. i/w Captain,
Records.

Enc '1 1.

T. G.



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 *Moores, Chesley*
 Regiment from which discharged *1st. Newfoundland.*
 Regimental number *5752*
 Intended address *Osmondton N. D. Bay*

Height on discharge Feet
 Color of hair on discharge *light brown*
 Complexion *fair*
 Color of eyes *grey*
 Descriptive Marks *scar on back of left hand*
 Figure on discharge *slight*
 Christian name of Father *Dorrick*
 Christian name of Mother *Phoebe*
 Wife's maiden name in full —
 Date and place of marriage —
 Christian names of children —

Place and date of soldier's birth. *New Bay, Green Bay. 18/8/98*
 Nature and locality of civil employment required *Lumbermen, Green Bay*

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) *Chesley Moores* (Rank) *Private*

Station *St Johns* Date *10/12/18*

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.



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

Station _____ Date _____

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *5759* Rank *P.O.* Name *Thomas Kenley*

Intended place of residence *Osmondton, Twillingate, Nfld.*

2. Occupation *Lumberman*

Classification of soldier *P* 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*

Date

W. Kenley Capt
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* *December 11th 1918*

Signature of soldier *Thomas Kenley*

Signature of witness *W. Kenley Capt*

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 *Dec 11th 1918* *St Johns*

Signature of soldier *Thomas Kenley*

Signature of witness *W. Kenley Capt*

STATEMENT OF SERVICE

7. Enlisted for service *11. 7. 18* No of days on Military

Discharged from service *13. 12. 18 plus 28 days* Service *184*

APPROVAL OF DISCHARGE

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

Place *ST. JOHN'S*

R. H. [unclear] Capt
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date *DEC 13 1918*

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place *St. John's, Nfld.*

M. Bowley, Capt
Officer in Charge
The Royal Newfoundland Regiment

Date *January 10/1919*

2079/385

184 days

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 575 Rank Plt Name Moore - Chesley
 Date of Enlistment 11.7.18 Address Grand Haven District Sully
 Occupation Lumberman Classification for Discharge B Medical Category F
 Recommendation S.M.B. Permanently unfit Disability Rating 20% 6 mos.

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..... | | do 4th..... | " 5..... | |
| B 179b..... | B 103..... | ME 2..... | | | " 6..... | |
| B 179c..... | B 120..... | M 93..... | 1 | | | |

Date 11.12.18

W. Chesley
D. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Chesley Moore

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) ~~Clothing Supplied~~.....

Date..... 11-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 216* to his home at *Osmondton* and Release Certificate No. *64* issued.

Date *11-12-18*

C B Dicks 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 *10-1-19*

Date *11-12-18*

B Stanley Capt
Depot Paymaster.

Discharge approved for *13.12.18*

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 | | Board 1st. | " 2 | 1 | <i>Form B</i> |
| 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 | | do 4th. | " 5 | | |
| B 179b | B 103 | ME 2 | | | " 6 | | |
| B 179c | B 120 | M 93 | 1 | | | | |

Date *12.12.18*

C B Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date *DEC 13 1918*

R H Tait 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 Moore OF most respectable Christian Name Charles Peter

Table I.—GENERAL TABLE

Birthplace:—Parish New Bay, N.B. County Newfoundland

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---|----------------------|--------------|-----------------|
| | on | day of | on | day of |
| Examined | on <u>11th</u> day of <u>July</u> 191 <u>8</u> . | | on | day of 191 |
| | at <u>St. John's</u> | | at | |
| Declared Age | <u>19</u> years | days | years | days |
| Trade or Occupation | <u>timberman</u> | | | |
| Height | <u>5</u> feet <u>6^{1/2}</u> inches | | feet | inches |
| Weight | <u>133</u> lbs. | | | ll s. |
| Chest Measurement { | Girth when fully expanded | <u>34</u> inches | | inches |
| | Range of Expansion | <u>2</u> inches | | inches |
| Physical Development | | | | |
| Vaccination Marks { | Right | Left | Right | Left |
| | Number | — | — | |
| When Vaccinated | | | | |
| Vision | R.E.—V= <u>4</u> | | R.E.—V= | |
| | L.E.—V= <u>19</u> | <u>6</u> , <u>18</u> | L.E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>Samuel Peterson</u> | | | |
| (Rank) | <u>Major</u> Medical Officer | | | Medical Officer |
| Enlisted | at <u>St. John's</u> | | at | |
| | on <u>11th</u> day of <u>July</u> 191 <u>8</u> . | | on | day of 191 |
| Joined on Enlistment | Corps | Regtl. No. | Corps | Regtl. No. |
| | <u>Royal Nfld. Regiment.</u> | <u>5752</u> | | |
| Transferred to | | | | |
| Became non-effective by | on | day of | on | day of |
| (Signature) | | 191 | | 191 |
| (Rank) | | | | |

Table II.—Only for admission to hospital or to the sick

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on Syphilis, admissions of treatment |
|-------------------|----------------------|-------|------|--------------------------|-------|------|--------------------------|-------------------------|--|
| | Day | Month | Year | Day | Month | Year | | | |
| M. I. D. | | | | | | | | | |
| Hospital | 23 | 7 | 18 | 8 | 10 | 18 | measles | 72 | |
| Admitted M. I. D. | | | | | | | Measles Bronchopneumonia | | |
| Hospital | 9 | 10 | 18 | 24 | 10 | 18 | Influenza | 15 | |
| Cocconi | 24 | 10 | 18 | 19 | 11 | 18 | Convalescent | 26 | |

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

| Date | Brief Details, and Signatures |
|------|--|
| | <p><i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u></i></p> <p><u>78.11.18</u> _____ Captain <small>Date of S.M.B. Assistant Adjutant General</small></p> <p style="text-align: right;"><small>Discharge Depot—Heworth Road</small></p> |

TABLE IV.—SERVICE TABLE

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

Swillingate

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 28. 11. 18

Regimental No. 5752

Name Moore, Chesley

(Pte)

Address Diamondton, New Bay, Notre Dame Bay

Present Medical Category E

Recommended for:— (a) ~~Immediate discharge~~
(b) Standing Medical Board

Proceeding of S.M.B.
in file

Members of Board

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

H. Paterson
Senior Medical Officer

S.W. Burden
M. O. Depot

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 in Lumberwoods

Charles M. ...
Signature of Man.

Charles M. ...
Signature of the Vocational Officer or his Representative.

Reg. No. *5752*

Place *St. John's*

Date *11/12/18* 191



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. & 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 *Moore, Chesley, John.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5752*
 Intended address *New Bay. N. W. I.*
 Height on discharge *5* Feet *6 1/2*.
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks */*
 Figure on discharge *Medium*
 Christian name of Father *Fredrick.*
 Christian name of Mother *Prudence*
 Wife's maiden name, in full */*
 Date and place of marriage */*
 Christian names of children */*
 Place and date of soldier's birth. *New Bay. N. W. I. 15th August 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) *Chesley Moore* *Pte*

(Rank)

Station *St. John's*


Date *29th Nov 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.

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

Station *St. John's*

Date *29th Nov 1915*



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

St. John's

Station
Nov. 29th 1918.

Date

- | | | |
|-----------------------------------|-------------------------------|------------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday | 20 years |
| 5752 | | |
| 2. Regimental No. | 6. Enlisted on | July 11th 1918. |
| Pte. | | |
| 3. Rank | at | St. John's |
| MOORE, CHESLEY | | Lumberman |
| 4. Name | 7. Former trade or occupation | |

8. Disability

MEASLES.

BRONCHO - PNEUMONIA

9. History **Admitted M.I.D. Hospital 28/7/18. Discharged to Escasoni 24/10/18. Discharged from there 10/11/18.**

General condition fair.
Pulse 70. T. Normal.

Rales all over areas of both bases.
Heart sounds weak, and some
irregularity in beat.

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.)

Department of Militia

Medical Department

Medical Report on an Invalid

NO

11. Was sanatorium
operation advised and refused?

YES

12. Do you recommend discharge as
permanently unfit?

ARCH TAIT

Signature

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 **may** 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

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **20%**
- (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.) **20% six months**

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance **No** (b) Misconduct **No**
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, **No**
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army **Permanently Unfit**

Remarks if any:—

..... **H. S. FRASER**
President

Signatures **J. S. TAIT**

..... **L. PATERSON, Major**

Place **St. John's**

Date **Dec. 2nd 1918**

APPROVED

Station

Date



(SGD) **CLUNY MACPHERSON, Major**

Administrative Medical Officer

Report for service 1820

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

Headquarters July 8/18

1. Name Chesley Peter Moores

Age (a) Declared 19
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

Blue
Dark

Key as
Damp
marks

5752

3. Height 5'6 1/2

Weight 155

4. Eyesight (a) Left 4/9

(b) Right 4/9

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs

Measurement

(a) Expiration 32

(b) Inspiration 34

7. 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 Friedrich Osmenton

New Bay H.D.B.

REMARKS--

Atkinson
A. C. [Signature]

Medical Examiners.

AH

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 575-1 Rank Plt Name Moore - Chesley
 Date of Enlistment 11.7.18 Address Opmondton District St. John's
 Occupation Lumberman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Personally unfit Disability Rating 20% 6 mos.
 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 | | do 4th | " 5 | |
| B 179b | B 103 | ME 2 | | | " 6 | |
| B 179c | B 120 | M 93 | 1 | | | |

Date 11.17.18 Monkey Caps
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment

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

Chesley Moore

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. 60.00

(b) ~~Clothing supplied~~ Joseph H. Humphreys

Date 11-12-18 O i/c. Re-clothing.

DEC 13 1918

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 216 to his home at Osmondton and Release Certificate No. 64 issued.

Date 11-12-18

C B Dicks 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 10-1-19

Date 11-12-18

W Stanley Capt
Depot Paymaster.

Discharge approved for 13-12-18

Forwarded with following documents to O.C Discharge Depot.

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

Date 12. 12. 18

C B Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date **DEC 13 1918**

R H Lait Capt
O. C. Discharge Depot.

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

Date Dec. 14/1918

W Stanley Capt
11-21-18

Reg. No. 5752 Rank Pte Name Moores Ashley

Attested 8-7-18 Address New Bay N.S.W.

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas..... Cause.....

| | |
|----------|--|
| 9-7-18 | Sick in Belts at Mrs Peets Longs Hill. |
| 18-7-19 | Vacc |
| 28-7-19 | Admitted to Bansects Hosp. Transferred to N.S.W. |
| 9-10-18 | Discharged from N.S.W. to billets |
| 25-10-18 | Discharged from N.S.W. to Cassoni |
| 19-11-18 | do do Cassoni |
| 4-12-18 | Rec. Discharge permanently unfit. |
| 11-12-18 | PASSED TO DEMOBILIZATION OFFICER |