



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5288 Name William Puddle <sup>Corps</sup> Medt.

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

- |  |                              |
|--|------------------------------|
| 1. What is your name? .....  | 1. <u>William Puddle</u>     |
| 2. What is your full Address? .....  | 2. <u>Butter Cove S. 13.</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes.</u>               |
| 4. What is your age? .....   | 4. <u>25</u> Years .....     |
| 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, William Puddle, 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.

22/5/18 William Puddle <sup>PP</sup> Wm Puddle SIGNATURE OF RECRUIT.  
Pte. R. Power Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 22 day of May, 1918.

Signature of Attesting Officer Chas Hicks 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 22 May, 1918 } Approving Officer.  
 Place St. John's }

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).....



C.R. 5288

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 18th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c records ~~xxx~~ from noted date  
8-8-19.

5288, Pte. Wm. Peddle.

C.R. 5288

Extract from Daily Orders Part 11 Unit The Royal RFA.  
Regt. St. John's, July 15, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot with effect from 25-7-19.

5288 Pte. Wm. Peddle.



C.R. 5288

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, July 3rd, 1919.

5288 Pte. W. Peddle.

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

C.R. 5288

Extract from Daily Orders part 11, from Unit The Royal  
Helf. Regt. St. John's, dated July 25, 1916.

The following men embarked for overseas on R.M.S.  
"Columbella" July 25, 1916.

#5288 Pte. William Peddle.

Extract from Dolly Orders part 11, from Unit The Royal  
Hid. Regt. St. John's, dated May 23, 1918.

#5288 Pte. William Peddle.

Attended for General Service with the Royal Hid. Regt.  
from 22.5.18

W. J. Seddle

C.R. 5288

1890



*Pte Cornick*

No 6816/1115



N. F. P. 479.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd Batt. Ry. Nfld. Regiment  
Winchester.

*99674*  
*1919*  
*5288*  
*W. J. Peddle*

6th May 1919

Subject: 5288 Pte. W. J. Peddle

With reference to the following telegram (165) from the Hon. Minister of Militia, received

5288 W. J. Peddle  
£6. 0. 0.

Draft £6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Munroe*  
Chief Paymaster & O. i/c Records.

*B*

*May 8th* 1919

Receipt hereunder.

*Payment for*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. 2nd Batt H  
Royal Newfoundland Regiment

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

*W. J. Peddle*  
5288 Rank Pte  
*Whicket*



No. 1949/288.

067106

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Ryl Nfld Regt.  
Winchester.

5th February 1919

February 6th 1919

288. Pte Peddle. W.J.

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

"Pay to- 288. Peddle.W.J.

£10.0.0.

Cheque £10.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*R.A. Minors Maj.*

Chief Paymaster & O. i/c Records.

B

Receipt hereunder

*Kenn* LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n.

Received the sum of ten pounds

1 in respect of telegraphic remittance from the Minister of Militia.

W. J. Peddle

No. 288 Rank Private

Witness M. Rockett

No. 8613/1622

P. D. 100205  
N.F.P. No.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer ~~Commanding~~,  
2nd Batt. ~~Ryl.~~ Nfld. Regiment

WI NCHESTER. Hants. ●

13th June 1919

5288 Pte. W.J. Peddle

With reference to the following telegram from the Minister of Militia / / 19 ( 232):

"Pay to- 5288 W.J. Peddle  
£3. 0. 0.

Cheque £3. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A.A. Minard*  
Chief Paymaster & O. i/c Records.

14th June 1919.

Receipt hereunder.

*J. Seymour*  
LIEUT. COLONEL,  
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.  
Batt'n.

*R. N. R.*

Received the sum of Three Pounds

in respect of telegraphic remittance from the Minister of Militia.

*W. J. Peddle*  
No. 5288 Rank Pte

Witness: *W. R. Bode*

8613/1622

2nd Batt. <sup>Ry</sup>1. Nfld. Regiment

WI NCHESTER. Hants.

13th June

5288 Pte. W.J. Peddle

232

5288 W.J. Peddle

£3. 0. 0.

3. 0. 0.

Peddle, D<sup>u</sup>

5258

14 Sept.

August 8th 1919.

#5298, Pte. Wm. Puddle.

Little Heart's Case.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3626.

Yours truly,

Capt. c

Paymaster. O.I/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5288 Rank Pte Name Redde Wm  
 Intended place of residence Little Heads Cove

2. Occupation Disturber  
 Classification of soldier E Medical Category 47

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 11 1919

*Wm H. [Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 11 1919

*Wm H. Redde*  
 Signature of soldier

*Wm H. [Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

JUL 11 1919

Date

*Wm H. Redde*  
 Signature of soldier

*W. J. [Signature] D.M.S.*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22.5.18. No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 444

### 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 JUL 25 1919

*W. R. Cooper Capt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 8/1919

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

AB 2079/3626

19  
30  
31  
8  
79



# The Royal Newfoundland Regiment

Class for Demobilization:—

*g*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

*10.7.19*

Regimental No. *5285*.....

Name .....

*Siddle William*

Address .....

*Little Heath East*

Present Medical Category.....

*A-1*

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

(b) ~~Standing Medical Board~~.....

Members of Board {

*R. H. Last Major*  
O.C. Discharge Depot.

*P. Peterson*  
Senior Medical Officer

*Geo Burdson*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5788 Rank Plt Name Peddle Wm  
 Date of Enlistment 27.5.16 Address Little North Cove District St. John's  
 Occupation Fisherman Classification for Discharge 6 Medical Category AT  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 10.7.19O. C. Discharge Depot H. M. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2413 to his home at Little Hearts Base and Release Certificate No. 3461 issued.

Date 11-7-19 ..... J. H. Snow 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 8-8-19

Date 11-7-19 ..... J. H. Snow Capt  
Depot Paymaster.

Discharge approved for 25-7-19 .....

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 ..... J. H. Snow Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 ..... A. R. Cooper Capt  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*Tedde Wu*  
Signature of Man.

Reg. No. 3285

*J. H. Snowcraft*  
Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*11-7-18*

191

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

# MEDICAL HISTORY

Surname Pelle OF Christian Name William J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Burton Cove, N.S. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	22 <sup>nd</sup>	May	1918	191
Declared Age	at	23 years	at	days
Trade or Occupation	fisherman			
Height	5	feet	5	tuples
Weight	134	lbs.		lbs.
Chest Measurement	Girth when fully expanded	35		inches
	Range of Expansion	3		inches
Physical Development				
Vaccination Marks	Right		Right	
	Left		Left	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Patterson</u>			
(Rank)	Major			
Enlisted	at	5 September, Nfld.	at	
Joined on Enlistment	on	22 <sup>nd</sup> day of May	on	1918
Transferred to	Corps.	Royal Nfld Regiment.	Regtl. No.	288.
Became non-effective by	on		on	191
(Signature)				
(Rank)				







NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfound. Coy.* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5288* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Peddle* } } *Wm J* } (a) Former Regts. or Corps ;  
(Surname) } } (Christian Names) } with Regtl. Nos.
5. Age last birthday. *24*.....
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. *nil*

12. Place of origin of disability.

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

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | ..... ✓ .....       | .....             |
| (ii.) Previous active service                            | ..... ✓ .....       | .....             |
| (iii.) Climate in pre-war service                        | ..... ✓ .....       | .....             |
| (iv.) Ordinary military service before the war           | ..... ✓ .....       | .....             |
| (v.) Serious negligence or misconduct on the man's part. | ..... ✓ .....       | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *The Complaints of no disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible and in cases of amputation the exact position should be stated.

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

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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.

*Repatriation*

*W.E. Proemier, Capt. R.A.M.C.*

Medical Officer in charge of case.

Station *Hazeley Bourne*

Date *3/4/19*

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



## Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *William Cuddie*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5288*

Intended address *Little Heath, Essex*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Dark*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *David*

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 *Little Heath, Essex 9-8-age. 25-1895-*

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) *William Cuddie*

(Rank) *PTE*

Station

**ST. JOHN'S.**

Date *July 7th 1919*

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.



Station

Date

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

August 16, 1919

Mr. William Peddle,  
Little Hearts Base, T.B.

Dear Sir:-

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

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *W* ..... 2. Surname..... *Peddle* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5288* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Pt. Shearwater Esq. JB* .....
- .....
6. Date of enlistment in the Regiment..... *May 20/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No* .....
8. Relationship of such dependents..... */* .....
9. Address in full of such dependents..... */* .....
- .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months* .....
- ..... 1  $\frac{1}{2}$  .....



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

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

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

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

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

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

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

19. Are you now serving in the Res? *no* If not give - (a) date of discharge *July 28/19* (b) Reason for discharge *Demob*  
.....  
.....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.  
.....  
.....

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

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



Signature of Applicant: *W. J. Reader*

Place of Residence: *Little Heart Case, S.D. - County Box*

Declared before me at: *for John*

This

11 day of *July*

19...*19*...

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Registrar	





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5788 Rank Plt Name Peddle Wm  
 Date of Enlistment 22.5.15 Address Little North Street Trinity  
 Occupation Lasherman Classification for Discharge 16 Medical Category II  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
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 10.7.19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

**i. Civil Re-Establishment.**

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

*Low the Peddle  
Mark  
Lent to file.*

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 [Signature]

Date 11-7-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2413..... to his home at Little Hearts Cove and Release Certificate No. 3461 issued.

Date 11-7-19..... J.A. Knowlton  
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 8-2-19

Date 11-7-19..... J.A. Knowlton  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 263.	B, 121	N.F. Med.	D.F. 1.	
F 178.	W 3494	B 122	Board 1st.	" 2.	
F 178a	D 400A	B 1915	do 2nd.	" 3.	2 Form B
B 179.	D 400B.	Form L.	do 3rd.	" 4.	
B 179a.	D 400C.	Form K.	do 4th.	" 5.	
B 179b.	B 103.	ME 2.		" 6.	
B 179c.	B 120.	M 93.			

Date 11-7-19..... J.A. Knowlton  
Demobilization Officer.

APPROVED.

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

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 25 1919..... H.R. Cooper Capt.  
O. C. Discharge Depot.

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

Date Aug 2/19..... M.F.



Reg. No. *1284* Rank *Plt.* Name *Peader, John J.*  
Attested ..... Address *Buller Lodge.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *Jul 1 1919*  
Returned on S S *Cassara* Cause *Discharge*

*117 19*

*257 9*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.

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 F. 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 Newfoundlands* } Former Trade or Occupation } *Suterman*
2. Regtl. No. *5288* 3. Rank. *Plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Riddle* *Wm J* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on ..... at ..... in category (or grade) .....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ? (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

### Statement of Case.

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

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

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

*Ide Complaints of no disability*

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 ?  
(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—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W. E. Proemier, Capt R.A.M.C.*

Medical Officer in charge of case.

Station *Hazley, Down*

Date *3/4/19*

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