

Pitcher H 1729

1729

ROYAL NEWFOUNDLAND REGT.

Discharged 31-1-53

1914-1918



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1729 Name Hubert Pitches Corps _____

Questions to be put to the Recruit before Enlistment

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>Hubert Pitches</u> |
| 2. What is your full Address? | 2. <u>148 rue St-John St</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>28</u> Years <u>11</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Stamper</u> |
| 6. Are you Married? | 6. <u>Yes</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, Hubert Pitches 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.

Hubert Pitches SIGNATURE OF RECRUIT.
E. Joly at/s Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hubert Pitches 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 _____ day of July 1915

St. John Signature of the Attesting Officer.

† Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the : _____

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

Date _____ 191 _____

Place _____ Approving Officer.

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

* If so, the 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) _____

FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1729 Name Herbert R. Pitches Corps _____

Questions to be put to the Recruit before Enlistment

- | | |
|---|--|
| <p>1. What is your name?</p> <p>2. What is your full Address?.....</p> <p>3. Are you a British Subject?</p> <p>4. What is your Age?.....</p> <p>5. What is your Trade or Calling?.....</p> <p>6. Are you Married?.....</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? }</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. Are you willing to be enlisted for General Service?</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... }</p> <p>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?..... }</p> | <p>1. <u>Herbert R. Pitches</u></p> <p>2. <u>148 New Gower St. St. Johns</u></p> <p>3. <u>Yes</u></p> <p>4. <u>28</u> Years <u>11</u> Months.</p> <p>5. <u>Seaman</u></p> <p>6. <u>Yes</u></p> <p>7. <u>No</u></p> <p>8. <u>Yes</u></p> <p>9. <u>Yes</u></p> <p>10. { Name _____
Corps _____</p> <p>11. <u>Yes</u></p> |
|---|--|

I, Herbert Redvers Pitches do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

E. July 24/15 Herbert Pitches SIGNATURE OF RECRUIT.
S. C. Ross Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert Redvers Pitches 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 _____
 on this 24 day of July 1915

Signature of the Attesting Officer. S. C. Ross

† 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 _____ 1915 _____
 Place _____ _____ } Approving Officer.

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

* If so, the 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.

1729

Name Herbert R. Petcher
 Apparent age 28 years 11 months. Height 5 feet 9 inches.
 Chest measurement { Girth when fully expanded 38 inches.
 Range of expansion 4 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin St John 148 New Green
St John | Relationship Wife

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)
<u>Kenneth Smith</u>	<u>St John</u> <u>Apr 27/12</u>	<u>148 New Green St</u> <u>St John</u>	<u>St John</u>

Particulars as to Children.

Christian Names.	Date and Place of Birth.
<u>None</u>	

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, 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>24-7-15</u>							
Joined at <u>St John's</u> <u>July 124/15</u>							
<u>Despatched June 29/19</u>							
		<u>Embarked St. John's train to Quebec</u>		<u>27th 18.</u>		<u>Embarked for 1587.15 18.</u>	
		<u>Joined Battalion 24 18.</u>	<u>Colonel</u>	<u>17 19</u>	<u>Expanded to Acting rank</u>	<u>28.2.19</u>	
		<u>Attended International boat race Paris</u>		<u>27 19</u>	<u>Returned to UK and reported to HQ</u>	<u>29 19</u>	
		<u>en route to Winton to recruit</u>		<u>no further details for demobilization</u>		<u>22 19</u>	
		<u>Arrives Newfoundland 1-6-19</u>					
		<u>Demobilization St. John's</u>		<u>26 6-19</u>			
Total Service forfeited as above							
Total Service towards Engagement to <u>29-6-19</u> (date of discharge)					<u>3</u> years	<u>341</u> days	
" " " Pension " " " " " "							



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 *June 10th 1919.*

1. Unit *Royal Newfoundland*
2. Regimental No. *1759*
3. Rank *pte*
4. Name *Pitcher H.*
5. Age last birthday *32.*
6. Enlisted on *July 1915*
at *St Johns.*
7. Former trade or occupation *Sailor*
8. Disability *Sprained shoulder.*

9. History

while Regimental butcher in 1917 carrying a quarter of beef on shoulder sprained shoulder. Had massage treatment & still persists

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).

well. rounded good condition
nothing abnormal in chest -
Complains of pain at night
in left shoulder. no respiration
noticeable.
Teeth in bad condition.

11. Was sanatorium advised and refused ?
operation

No

12. Do you recommend discharge as permanently unfit ?

yes

Signature

J. J. Stearns

Rank or Qualification

Capt.

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.

*Still has weakness of deltoid muscle, & penis
cannot lift the arm freely.*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 40%

(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? 40% 3 months treatment including dental.

(State in percentage.)

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

20. We recommend discharge from retention in the Army

Remarks if any:—

[Signature]
.....
President
Signatures..... *[Signature]*
.....
[Signature]
.....

Place *St. Johns*

Date *June 10/19*

APPROVED

Station *[Stamp]*

Date *[Stamp]*



[Signature]
.....
Administrative Medical Officer.

here

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. (1), 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 New Fed*.....
2. Regtl. No. *1729* 3. Rank. *Pl 2*.....
4. Name *Pitches* *Stanley*.....
(Surname) (Christian Names)
5. Age last birthday *32*.....
6. Posted for duty on *Feb 18-15* at *St. Johns*.....
in category (or grade).....
7. Former Trade or Occupation } *Machinist*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
- (b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

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.
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
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. } | | |

Yes

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

No

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.)

He Complains of no disability

16. Was an operation performed? If so, when and what was its nature?

No

17. If not, was an operation advised and declined?

No

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?

No

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?

No

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

[Signature]

Capl Rame

Station *He A Camp*

Medical Officer in charge of case.

Date *20/5/19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier

Give details :

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

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

OR

- (b) In what other grade do the Board place him?
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

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

Signatures:—

Station *Headquarters 10 Camp* } President or Chairman.
 Date } Members.

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

Station
 Date
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

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

MEDICAL HISTORY

OF

Surname Pitcher

Christian Name Herbert

Table 1.—GENERAL TABLE.

Birthplace:—Parish

County St. John

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>20</u> day of <u>July</u> 191 <u>5</u> at <u>St John St. John</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>29</u> years _____ days		years _____ days	
Trade or Occupation				
Height	<u>5</u> feet <u>9</u> inches		feet _____ inches	
Weight	<u>160</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>38</u> inches		inches	
	Range of expansion... <u>4</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number	<u>1</u>		
When Vaccinated	<u>1902</u>			
Vision	R.E.—V=	<u>6/9</u>	R.E.—V=	
	L.E.—V=	<u>6/9</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	<u>jaw bone broken</u>		(b)	
Approved by (Signature)	<u>R. Munro, M.D.</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John</u> on <u>24th</u> day of <u>July</u> 191 <u>5</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps. <u>1st Wiltshire Regt</u>	Regtl. No. <u>1729</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Apbunty</i>	<i>9</i>	<i>5</i>	<i>17</i>	<i>29</i>	<i>5</i>	<i>17</i>	<i>Rheumatism, affecting since many.</i>	<i>20</i>	<i>Right elbow, affecting mainly lower & right wrist.</i>	<i>Alford</i>

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

Date	Brief Details, and Signature
15.10.15.	
19.11.15.	Vacc. R.P. Graham Lt. Rance

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category 10/6/19

10/6/19
Date of S.M.B.

[Signature]
Captain
Assistant Adjutant
General
Discharge Depot, Liverpool

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
St Johns 20/1/14					

No. 1729 Name *Pitches Herbert* ~~Sgt. Barry~~ or Company

"H" Corps ROYAL NEWFOUNDLAND REGT.

Date of enlistment } 24/7/15

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet } 28/2/18 No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No. 1

Signature O.C. Company, etc.

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Fox Rd.</i>	<i>25.2.19</i>	<i>A/Cork</i>	<i>appointed</i>	<i>Dutcher Butcher.</i>					
		<i>A/Cork</i>	<i>I</i>	<i>DRUNKENNESS.</i>	<i>C.S.M. Johnston M.P.</i>	<i>Supposed acting</i>	<i>24/2/19</i>	<i>Lt. Col. Mathias.</i>	
					<i>Sgt. Bromley</i>	<i>Rank & returned</i>			
	<i>5.3.19</i>	<i>Privt.</i>		<i>Disobedient Orders 1/2</i>	<i>Sgt. Lintress.</i>	<i>to duty.</i>			
					<i>C.M.S. officer</i>	<i>dismissed. Pay for Service 8-3-19</i>		<i>Lt. Col. Mathias</i>	

Army Form B. 122

C.R. 1729

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment in France, dated 28/2/19.

Deprived of acting rank 28-2-19.

1729, A/Cpl. H. Pitcher.

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... *Robert* 2. Surname... *Pitcher*
3. Rank... *Private* 4. Regtl. No... *1729*
5. Address in full to which future payments of gratuity are to be forwarded... *158 Hamilton Street St. John's*
6. Date of enlistment in the Regiment... *July 22 1915*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *Mary Pitcher*
8. Relationship of such dependents... *wife*
9. Address in full of such dependents... *Mary Pitcher 158 Hamilton Street St. John's*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *France Belgium Germany*
.....
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *3 years 10 months*
..... *1 1/2*

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

No.

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

No.

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

No.

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

No

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.

No.

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

No.

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

No.

19. Are you now serving in the Regt.?
If not give:- (a) Date of discharge. *13-4-19* (b) Reason for discharge.

Temporary Demobilization

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

France, Belgium, Germany
Aug. 27, 1915

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

No.

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

Signature of Applicant: *J. Pitcher*
 Place of Residence: *158 Hamilton St. St John's*
 Declared before me at: *St John's, Nfld*
 This *13th* day of *June* 19*17*...

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

POST DISCHARGE PAY.			Net amount due
Dr to post	paid	War Service Gratuity.	
Soldier.	Dependent.		
.....
.....
.....
.....
Certified correct.			Paymaster

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No. 1729.

Name Pitches, Herb. Rank Pte.

Address 148 New Corner St

Present Medical Category A

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

Members of Board {

RH Lat Capr
O.C. Discharge Depot.

Paterson
Senior Medical Officer

Swinden
~~M. O. Depot~~

C.R. 1729

Extrac from Casualties received from the Chief Staff
Officer London datd May 2nd. 1919.

The undermentioned who was attending the International
Boat Race in Paris 27/4/19 returned to the United Kin dom
and reported at the Pay and Record Office 29/4/19 en route
to Winchester to rejoin their Unite.

1729 Pte. H. Pitcher.

AUTHORITY: Officer i/c Records Newfoundland Contingent.

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 Newfind* 7. Former Trade or Occupation } *Machinist*
2. Regtl. No. *1729* 3. Rank *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Robert Pitches Herbert* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *32*.....
6. Posted for duty on *Feb 18/15* at *Oxford*
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

na.

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

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

no complaints of no disability -

16. Was an operation performed? If so, when and what was its nature?

na.

17. If not, was an operation advised and declined?

na.

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?

na.

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?

na.

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W. E. Proctor Capt. R. A. M. C.

Station H. D. Camp

Medical Officer in charge of case.

Date 20/5/19

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier
Give details :		

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

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

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

Signatures:—

Station Hospital D Camp } President or Chairman.

Date } Members.

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

Station } Only applicable in cases of Patients in Hospitals.

Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station } O.C. Discharge Centre.

Date

C.R. 1729

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records 29-6-19.

1729 Pte. Herbert Pitcher.

C.R. 1729

Extract from Daily Orders Part VII Unit The Royal Wfld. Regt.
St. John's, June 19th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

1729 Pte. H. Pitcher.

C.R. 1729

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
IN FRANCE DATED 31/1/19.

APPOINTED A/Cpl.

#1729 Pte. H. Pitcher.

17/1/19.

C.R. 1729

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

Date June 18th 1919.

1729, Pte. H. Pitcher.

Reported at Headquarters 1/6/19. RE "Corsican"
which sailed Liverpool May 22/1919.

C.R. 1729

Extract from Nominal Roll Embarked Hazeley Down Camp,
Winchester, for B.E.F. ~~12-10-18.~~

15.10.18

1729 Pte. H. Pitcher.

MM.

C.R. 1729

Extract from Memorial Roll Entitled St. John's 27/10/15 for Overseas

1729 Pte. H. Pitcher.

H. Pitcher.

C.R.

1729

P.O.

Bowden's

DEPARTMENT OF DEFENCE

Mr. Butler
m

Memorandum to

Date

Secretary for Public Health & Welfare.

July 24, 1942.

Private file, Port

The attached letter from Mr. Herbert R. Pitcher,
Ex-Private in the Royal Nfld. Regiment, is forwarded for
your attention and reply, please.

W. F. Readell
Lt.-Col.,

Secretary for Defence.

B.

1354 Midland Ave
Bronxville N.Y.
July 12 1942

Officer in Charge
St John's N.S.

Dear Sir

I had the misfortune a few years ago to lose my Army discharge, and, wish you would send me a duplicate as soon as you possibly can.

Yours truly,

ex. Pt. Herbert R. Fitcher
Regimental No 1739
Royal Newfoundland Regt

C.R. 1729

Herbert R. Pitcher was attested for General Service
with the NEWFOUNDLAND REGIMENT on ...: July 24th 1915

Regimental No. 1729 was allotted to Pte H.R. Pitcher

AUTHORITY:

Record Officer

Dept. of Militia; 1919.

March 25th. 1919.

attested for General Service

with the NEWFOUNDLAND REGIMENT

K 1704/80

March 21st 1916

To Paymaster, 1st Newfoundland Reg

Dear Sir

I made out an application some 3 months ago in duplicate and had it forwarded to you thro Capt Heddingtonham to have my allotment changed from 80¢ to 50¢ at present I am drawing only 30¢ a day and I would I like to have it changed where I can draw 60¢ and leave a balance of 50¢ Hoping that you will give this your earliest attention and thanking you in anticipation I remain

Dear Sir Yours truly

The Robert Pitcher

1729 E Company

Newton Park School

P.S. I came over in G company but was later transferred to my present company

24.1

977

MAR 2 1916

MAR 29 1916

29, March,

8.

1155/1.

No.1729, Pte.Herbert Pitcher,

2/1 Newfoundland Regiment,

Newton-on-Ayr, Scotland.

Allotment.

With reference to your letter 21/3/18, the documents relating to your allotment cannot be traced as having been received at this Office, but if you will apply to your present Company Commander and explain your wishes, I have no doubt he will have the necessary forms completed and sent to this Office.

Capt.

Paymaster & O. i/c Records.

104

ORIGINAL



NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I. (No.) 1729 (Rank) Pvt (Name) H. Pitcher
hereby apply for cancellation of Allotment made by me on
N.F.K.No. 1704 dated October 30 1915 in favour
of Mr H. Pitcher for \$ - cts. 80
per diem. Such cancellation to take place from (inclusive)
the 4 13th day of May 1916

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

Dated at Newton on Day
17 . 4 . 1916 .

H. Pitcher

Allotor.

Approved and Witnessed

W. Bain, Agent

O.C. "E" Company.

*Attention is drawn to the fact that Allotments are payable by Headquarters per Calendar, not Regimental month, and therefore reasonable time must be allowed for delivery of this request at St. John's, in order to become operative.

To be made out in triplicate and sent to the Paymaster & O. i/c Records, who will forward original to Headquarters by first mail, duplicate by the following, and retain triplicate.

FORM K.

No. 104



ORIGINAL

NEWFOUNDLAND CONTINGENT.

ALLOTMENTS.

I, Herbert Pitcher Regt. No. 1729

hereby agree, until further notification by me, and in similar official form, to make an Allotment of - Dollars and 50 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:-

Identity Certif. No.	Whether Wife Child, other Relative or Friend.	NAME (in full)	ADDRESS.	AMOUNT (each person.)
	wife	Mary Pitcher	Southport Trinity Bay N.F.L.D.	50 cts.
	In lieu of	No. 1704 Cancelled	May 15 th 1916.	

This Allotment to Commence from (inclusive) 13. 5. 1916

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. B. King Lieut.
Officer Commanding
E Company.

(Sig.) H. Pitcher

Master at Arms
17. 4. 1916.

(Rank) Pr.

Temp. a/c.

NO. 1729 BANK

NAME W. E. Simon

CO. 6

ALLOTMENT 70

Date	P.M.As. etc	Amount	PAY	Amount
	Dr. Balance	1 00	Credit Balance <u>17/3</u>	13 5 1 ✓
	<u>Hospital</u>		Exchange " _____	101
	<u>A.B. 64</u>		<u>PAY @ NET RATE</u>	
	<u>Expenses</u>	7 1 5 ✓	From <u>18/3</u> To <u>7/9</u> <u>17^d</u> days	<u>6960</u> 12 6 0 ✓
			From _____ To _____ days	27 " 1 ✓
			From _____ To _____ days	10-12-5
	<u>P. & R.O. Uniform.</u>	2 11 0 ✓	From _____ To _____ days	<u>1648-8</u>
		10 12 5 ✓	From <u>8/9</u> To <u>" 9/9</u> <u>1^d</u> days	<u>818-8</u>
			From _____ To _____ days	8 18 8
			From _____ To _____ days	6 7
			From _____ To _____ days	160
				9 5 3

F42

CHESTNUT STREET, LONDON, ENGLAND.
NEW... STREET,
LONDON, S.W. 1,
ENGLAND.

1729 H. Pilcher

Can the above man get paid
from your Office as his Coy
Commander is away and he drew
no money when his Company was
paid on the 3rd inst. He is
remaining in this country with
the HENLEY party. please

5/5/19

H. Waterman Lt.

& Adjt.

Paid £579
6d

3RD BN ROYAL NEWFOUNDLAND REGIMENT.

Pitchev, A.

1729

Gay Sept

June 29, 1919

#1229 Pts. Herbert Pitcher,

#158 Hamilton St.,

City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2498.

Yours truly

Captain,
Paymaster & O.i/c Records.

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

[Handwritten signature]

Signature of Man.

[Handwritten signature]

Signature of the Vocational Officer or his Representative.

Reg. No. 1729

Place

St. Johns

Date

191



No. 104

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Herbert Pitcher, Regl. No. 1729

hereby agree, until further notification by me, and in similar official form, to make an Allotment of _____ Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{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:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
	<u>wife</u>	<u>Mary Pitcher</u>	<u>South port Trinity Bays Newfoundland.</u>	<u>50</u>
<u>Commences May 13th 1916 (inclusive)</u>				
Total Allotment, \$				

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

(Sig.) L.G. Bain

Officer Commanding
Company

Herbert Pitcher
1729
1916

(Sig.) H. Pitcher

(Rank) Private

To J. M. Howley Esq.
Paymaster, N.F. Regt.
Military Office.

Golf Avenue.
City
Dec 3/18.

3364

Dear Sir: -
I beg.

to state that I have changed my address
and, and wish to have all future
monies due me sent to my City address
given below. as I am making it for
my permanent home, no monies
whatever are to be sent to my old
address (Southport) as it will cause
unnecessary delay before they reach
me trusting that you will give
this your earliest attention.

Believe me
yours very truly,
Mrs M. Pitcher.

Please address all monies to

Mrs Mary Pitcher
C/o Mrs John R. Rose
Golf Avenue
St. John
N.F.

My Husbands Regt address is

1729 Pte Herbert Pitcher

2/1 Batts Royal Newfoundland
Regt.

OK
L. P. [Signature]
Hazelton Down Camp.
Winchester
England

July 2, 1919

Mrs. Mary Pitcher,

C/o Mrs. J. Rose,

Golf Avenue

City

Dear Madam:-

I enclose cheque for Thirty
dollars (\$30.00), being amount of first
payment due yourself on account of the
War Service Gratuity.

Yours truly

Captain,
Raymaster & O.I/e Records.

St John's

Aug 21. 1919

Lieut. Col. Rendell

Dear Sir

I am leaving for Canada in a few days to settle there and would be glad if you could arrange to let me have the balance of my gratuity amounting to \$280.⁰⁰

Ex Lieut. W. Haynes and myself are going together and intend to work some land in the Province of Alberta.

Thanking you for a favorable reply believe me to be

Yours Truly

Herbert Pitcher

PM. Authorized if
not already paid.
not already paid.
not already paid.

J. M. Howley Esq.
Paymaster Royal
Wald Regtmt,

Gold Avenue.

St. John's

Mar 14/19

1729
send me copy

4309

Dear Sir,

In answer to my query last week of February you stated, payment of my back Dependent Allowance would be made 1st week in March. Such has not happened, will you kindly inform me why? Trusting for a favourable reply.

I am Dear Sir

Yours Very truly

Mrs A. Pitcher

C/o Mrs John R. Rose
Gold Ave
St. John's

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$210⁰⁰/₁₀₀

Aug 29 1919

Received from the First Newfoundland Regiment
the sum of Two hundred & ten ~~and~~ Dollars.
~~on account~~ of Pay. W.L.L.
balance

Herbert P. Pithers

Ch. No.	8554	Initials	WR
Pay Ledger	205	Initials	WR
Gen. Ledger		Initials	

Regtl. No. 1727

Rank P.W.E.

No. 1729

Rank P6

Name H. Pitaker

Dec 6th 1919

Major Howley
O. I. C. Records

Please pay to Herbert Pitcher, 1729
the sum of nine dollars and thirty three cents
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$9.33

Pension \$20.00

ACCOUNT	
OR NO	21542
INDEXED	INITIALS
PAY LOCUS	INITIALS
GEN. LEDGER	INITIALS

BA Hunter
for Vocational Officer

Herb Pitcher

January 24th 1920

Major Howley
O. I. C. Records

Please pay to H. Pitcher 1729
the sum of two dollars and thirty three cents
in payment of arrears of allowance for week ended Dec 6th 1919
and charge same to Civil Re-establishment Committee

\$2.33

Pension \$10.00

W. B. A.

W. W. S.

Vocational officer

[Signature]

ACCOUNT	
CHK. NO.	27027
TREAS. LEDGER	
PAY LEDGER	
GEN. LEDGER	

January 13th 1920

Major Howley
O. I. C. Records

Please pay to Mrs H. Pitcher, 158 Hamilton Ave
the sum of twenty seven dollars and ninety six cents
in payment of arrears of allowance for six weeks ended Jan 10th
and charge same to Civil Re-establishment Committee

\$27.96

ACCOUNT	
CHK. NO.	25965
INITIALS	EW
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

WWS
.....
Vocational Officer

Charles M. Guath

May 8th 1920

Major Howley
O. I. C. Records

Please pay to H. Pitcher, 1729
the sum of fifty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$50.00

Pension \$10.00

ACCOUNT	3700 &	INITIALS	HW
CHK NO			
GEN LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

2. C. A.

W. S. Macell.

Vocational Officer

H. Pitcher

GGB*EB

June 12th 1920.

Major Howley,
O. I. C. Pay & Records.

Please pay to 1729 H. Pitcher,
the sum of six dollars, being the cost of meter car license
issued him on completion of his course in garage mechanics.
Charge same to the Civil Re-establishment Committee.

\$6.00

W. Mitchell
Vocational Officer.

ACCOUNT _____	
CHK. NO. <u>39309</u>	INITIALS <u>[Signature]</u>
INL. LEDGER _____	INIT. LE. _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

[Large scribbled signature]

A. C. R.

W. Pitcher

Civil Re-Establishment Committee.

(DEPARTMENT OF MILITIA.)

FORM R
21-11-19-1000

MAJOR HOWLEY

Officer in charge of Pay and Records.

Please pay to **H. Pitcher, 1729**
the sum of **eleven dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Pension Monthly \$10.00

Wages Monthly

J. Hunter
PROVOCATIONAL OFFICER.

H. Pitcher

DEC 13 '10

The Royal Newfoundland Regiment

1729

DEMOBILIZATION OF

Reg. No. 1729 Rank Pvt Name Pitcher A
 Date of Enlistment 23.7.15 Address St John's District St John's
 Occupation Seaman Classification for Discharge B Medical Category E
 Recommendation S. M. B. Remanably unfit Disability Rating 40% 3 mo
 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 12.6.19

for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

[Signature]

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied.....

[Signature]

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at _____ and Release Certificate No. 2700 issued.

Date

13-6-19

J.A. Snowcraft
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

Date

Depot Paymaster.

Discharge approved for

15-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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
B179c	B 120	M 93		

2 Form B

Date

13-6-19

J.A. Snowcraft
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 15 1919

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

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

Date

June 24/19

James Bath
for Records

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4A.
 (624) W5017/2124 1000m 6/15ss 83 56

Forms
B. 121.
29.

Regiment of 1st Newfoundland

Number of Sheet 2175

Signature of O. C. Company J. G. Bennett

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>1729 H. Pitcher</u>	Age on	<u>28</u> years <u>11</u> months	<u>Seaman</u>		
Joined	Date	Place and Date of Enlistment		Religion		
Joined	<u>2nd 11th N.F.W.D.</u>	<u>St. John's</u>	<u>July 24 1915</u>	<u>C of E</u>		
Joined	Date	Period of		Place of Birth		
Joined	<u>2nd 11th N.F.W.D.</u>	<u>with Colours</u>	<u>3 3/4</u> years.	<u>St. John's</u>		
Joined	Date	<u>with Reserve</u>	<u>5 1/2</u> years.			
Joined	<u>Jan. 1915</u>					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>London on Day</u>	<u>10/11/17</u>	<u>Pvt</u>	<u>1</u>	<u>Drunk in High St. about 9.35 p.m.</u>	<u>Documentary</u>	<u>48 hrs detention</u>	<u>12/1/17</u>	<u>Major March M.C.</u>	<u>S.S.</u>
<u>Hazley Down</u>	<u>28/2/18</u>	<u>"</u>		<u>Failing to salute an Officer</u>	<u>Documentary</u>	<u>3 days C B</u>	<u>4/2/18</u>	<u>Major March M.C.</u>	
				<u>Demobilized 29/6/19</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1729 Rank Private Name Pitcher A
 Date of Enlistment 23/15 Address Sydney District Sydney
 Occupation Seaman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Remanably unfit Disability Rating 40% 3-12

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 12.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

A.P. Kelner

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable... \$60.00

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

W. J. Clouston

Date 13-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at 158 Hamilton St. John and Release Certificate No. 2700 issued.

Date 13-6-19 *J.A. 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

Date Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 13-6-19 *J.A. 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

JUN 15 1919

Date *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date



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

Pitcher, Herbert

Regiment from which discharged

Royal Newfoundland

Regimental number

1729

Intended address

158 Hamilton Street

Height on discharge

5 Feet 11.

Color of hair on discharge

Dark Brown

Complexion

Dark

Color of eyes

Grey

Descriptive Marks

Scar Left Hand.

Figure on discharge

Slender

Christian name of Father

Miriam

Christian name of Mother

Mary Smith

Wife's maiden name in full

Date and place of marriage

27-10-1912 St Johns

Christian names of children

Place and date of soldier's birth

St Johns 14-8-1887

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)

Herbert Pitcher

H.P.

(Rank)

Station

Date

10-6-19

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

Station

Date



August 7th., 1942.

Mr. Herbert R. Pitcher,
1354 Midland Avenue,
Bronxville, N. Y.,
U. S. A..

Dear Sir:

Your letter of July 12th., requesting an extract of your Great War service, was directed to this Department, and we are attaching the information you require.

Yours truly,

D. L. Butler,
Clerk, War Pensions.

DLB/EK

August 6th., 1942.

To Whom it May Concern.

This is to certify that No 1729 Herbert R. Pitcher, enlisted in the Royal Newfoundland Regiment on the 24th. July 1915, embarked for the B. E. F. in October 1918, returned to Newfoundland on May 1919, and demobilized at St. John's, Newfoundland June 29th. 1919.

D. L. Butler,
Clerk, War Pensions

Casualty Form - Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REGT
 Rank Ot Surname Pitche Christian Name Herbert Leves
 Religion Church of England Age on Enlistment 28 years 11 months
 Enlisted (a) St. John's Terms of Service (a) REGULAR Service reckons from (a) 24/7/15
 Date of promotion to present rank — Date of appointment to lance rank —
 Extended Re-engaged Qualification (b) —
 or Corps Trade and Rate —
 Occupation Seaman Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	15/1/18		
		Disembarked...	8/10/18		
		<u>James [unclear]</u>	<u>24-10-18</u>		
		<u>Apprd Regt Quiche 14/1/19</u>			<u>B 213. 15/1/19</u>
		<u>Apprd Cape 27/1/19</u>			<u>B 213. 27/1/19</u>
		<u>Deprived of lach rank as</u>			
		<u>Causes to hold appointment for</u>		<u>28/2/19</u>	<u>B 213</u>
		<u>when on active service being.</u>			<u>04B 2069.</u>
		<u>To Paris for Boat Race.</u>		<u>27.4.19</u>	
		<u>James Report UK</u>		<u>29.8.19</u>	

(a) In the case of a man who has re-engaged for or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoemakers, &c.
 Next of Kin: Wife, Pitche, Mrs Herbert K. 148 New Tower St. St. John's

The Royal Newfoundland Regiment

K6

PROCEEDINGS ON DISCHARGE

1. No. *1729* Rank *Pvt* Name *Peterson H*
Intended place of residence *158 Hamelton St*

2. Occupation *Seaman*
Classification of soldier *B* Medical Category *F*

3. The above named man is discharged in consequence of.....
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
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*
JUN 13 1919
Signature of soldier *[Signature]*
Signature of witness *[Signature]*

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*
JUN 13 1919
Signature of soldier *[Signature]*
Signature of witness *[Signature]*

STATEMENT OF SERVICE

7. Enlisted for service *23-7-15* No of days on Military
Discharged from service *15-6-19 plus 14 days* Service *1438*

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*
JUN 15 1919
Signature of Officer *[Signature]*
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
Place *St. John's Nfld*
June 29/1919
Signature of Officer *[Signature]*
Officer i/c Records
The Royal Newfoundland Regiment

ATB 209/2498