



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5522 Name Thomas Pittman Corps R.C.

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

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>Thomas Pittman</u>            |
| 2. What is your full Address? .....  | 2. <u>Merasteen</u><br><u>R Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                       |
| 4. What is your age? .....   | 4. <u>23</u> Years ..... Months     |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                 |
| 6. Are you Married? .....  | 6. <u>no</u>                        |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                       |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                       |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. } Name .....<br>} 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>                      |

Thomas Pittman ..... 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.....  
Thomas Pittman ..... SIGNATURE OF RECRUIT.  
Jas Pittman ..... Signature of Witness.

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

Thomas Pittman ..... 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 20 day of May 1918.  
 Signature of Attesting Officer C.B. Duke 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.....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, 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. 5522

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from 7-7-19.

5522 Pte. Thos. Pittman.

C D 5522

Extract from Daily Orders Part II Unit Royal Nfld. Regt. Depot  
St. John's dated June 13th 1919.

The discharge of the undernoted on demobilization has been  
Approved by O.C. Discharge Depot with effect from 23/6/19.

5522, Pte. Thos. Pittman

C.R. 5522

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

Date 12-6-19.

5522 Pte. Thos. Pittman

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5522

Extract from Nominal Roll 1st, Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion  
left Rouen Camps 22/4/19, embarked at  
Havre 22/4/19; disembarked at Southampton  
23/4/19 and reached Hazeley Down Camp  
23/4/19.

#5522 Pte. T. Pittman.

C.R. 5522

Extract from Nominal Roll of Draft No. 56, from the 2nd.,  
Battalion of the Royal Newfoundland Regiment to the 1st.,  
Battalion of the Newfoundland Regiment B.E.F., Embarked

#5522 Pte. T. Pittman,



C.R.

5522

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

The following men embarked for overseas on H.M.S.  
"Columbella" July 28, 1916.

#5522 Pte. Thomas Pittman.

C.R. 5522

Extract from Daily Orders part 11 from Unit The Royal  
Nfld.Regt.St.John's, dated May 31,1918

#5522 Pte. T. Pittman

Attested for General Service with the Royal Nfld.Regt.  
from May 30,1918

T. Pittman.

C.R.

5522

1880

Medical Report on an Invalid.

Station Hazeley Doema

Date 1/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 5522
- 3. Rank plc
- 4. Name Pittman Thomas
- 5. Age last birthday 24
- 6. Enlisted { on May 27/18  
at St John's
- 7. Former Trade } Fisherman  
or Occupation }
- 7a. If with previous service in Army, state—  
(a) Former Unit ;  
(b) Regimental No. ;  
(c) Date of Discharge ;  
(d) Cause of Discharge .

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*He complains of no disability*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

*na.*

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

*na.*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

*W.E. Proenner. Capt. R.A.M.C.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazeley Down*

Date *1/5/19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.

No. 6135



THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, Thomas Pittman, Regl. No. 5522

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and 45 Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
concerned, viz.:

Allotment begins 1st August 1914

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4402</u>	<u>Mother</u>	<u>Mr Philip Lucas Pittman</u>	<u>St. Johns</u>	<u>50</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.) Watson Linn  
Officer Commanding  
Company  
1st  
1914

(Sig.) Thomas Pittman  
(Rank) Private



No. 17856/1944

065008  
703

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Wfld. Regt.  
Winchester.

4th November 1918

No 6 1918

Subject: 5522, Pte. T. Pittman

With reference to the following telegram (9492) from the Hon. Minister of Militia, received

Pay to 5522 Pittman £5:0:0

Draft £5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Minshall Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*J. J. Barton* LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2<sup>nd</sup> Batt'n,  
Royal Newfoundland Regiment.

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

T. Pittman  
No. 5522 Rank Private

Witness A. L. Carter, Pte.



Hittman, T.

5522

Ray sept.

July 8, 1919

#5522 Pte. Thomas Pittman,

Marasheen, P.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 the War  
Service Gratuity

Yours truly

Captain  
Raymaster & C. i/c Records.

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..... *Thomas* ..... 2. Surname..... *Pedman* .....

3. Rank..... *Pte* ..... 4. Regt. No. .... *5522* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Marashan P Bay* .....

6. Date of enlistment in the Regiment..... *May 1918 - 27<sup>th</sup>* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*not applicable*

8. Relationship of such dependents..... *Do* .....

9. Address in full of such dependents..... *Do* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no* .....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months* .....

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

*Not applicable*

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.

*\$78.49*

*Clothing, Etc*

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

*Jun 23/19*

(b) Reason for discharge  
*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 & Germany*

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: *Altman*  
 Place of Residence: *Marasheen P.B.*  
 Declared before me at: *St Johns rd*  
 This *9<sup>th</sup>* day of *June* 19...*9...*

*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
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

May 9, 1919

The Operator,  
Flacencia.

Dear Madam:

I beg to acknowledge receipt of your letter of May 2nd, enclosing \$68.93, and as requested I have cabled £14 the equivalent of \$68.13 to 5522, Pte. Pittman.

Yours truly,

Lieut.  
For Paymaster.

July 7, 1919

#5522 Pte. Thomas Pittman,

Merasheen, P.B.

Dear Sir :-

Please find enclosed Discharge  
Certificate No. 2706.

Yours truly

Paymaster & U.i/c Records. Captain

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5577 Rank \_\_\_\_\_

Name Pittman T \_\_\_\_\_

Warned for demobilization on

JUN 8 1919



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5523 Rank Private Name Pittman Thos  
 Intended place of residence Merasheen

2. Occupation Fisherman  
 Classification of soldier R Medical Category AI

3. The above named man is discharged in consequence of DEMobilIZATION.  
Eligible for War Service C.I. 17

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 JUN 9 1919  
 Signature of Commanding Discharge Depot  
J. A. Snow Capt.  
 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 9 1919  
 Signature of soldier  
Pittman Thos  
 Signature of witness  
J. A. Snow Capt.

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

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

Place and Date ST. JOHN'S  
JUN 9 1919  
 Signature of soldier  
Pittman Thos  
 Signature of witness  
W. J. Kealey Qms

### STATEMENT OF SERVICE

7. Enlisted for service 30-5-18 No of days on Military  
 Discharged from service JUN 23 1919 Plus 14 days Service 404

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 23 1919  
 Signature of Officer Commanding Discharge Depot  
R. H. Lait Capt.  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
 Date July 7/1919  
 Signature of Officer in Charge  
W. J. Kealey Capt.  
 The Royal Newfoundland Regiment

*A. B. 2079/2706*

# 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 .....

*7.6.19*

 Regimental No. *5522*.....

 Name *J. L. Leman*.....

*Thomas*
*St.*

 Address *Murdoch*.....

Present Medical Category.....

*A.I.*

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

Members of Board {

*R. H. East Capt.*

O.C. Discharge Depot.

*J. Laberson*

Senior Medical Officer

*J. W. Burden*

M. O. Depot

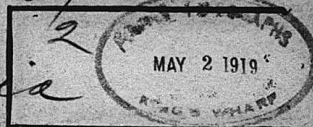


# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 5 Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check 16

Place from placencia



To Mr of Militia

Cable sixty eight dollars  
 thirteen to no 5522  
 private pitman npled  
 Regt Hazely Camp  
 England from Reals  
 Operator

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5522 Rank Plt Name Pittman Thomas  
 Date of Enlistment 30-5-18 Address Merseyton District Placentia  
 Occupation Intercom Classification for Discharge T Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	3
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 7-6-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*Pittman*

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 \_\_\_\_\_

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1705 to his home at Manasheen and Release Certificate No. 2523 issued.

Date 9-6-19 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 7-16-19

Date 9-6-19 J.A. Snow Capt.  
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36	B 268	B 121	N.F. Med.	D.F. 1.	1
F 178	W 3494	B 122	Board 1st	" 2.	2 Form B
F 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 9-6-19 J.A. Snow Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

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

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

Date .....

## Civil Re-establishment Committee



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

*To resume former occupation*

*Altman J*

Signature of Man.

Reg. No.

*2522*

*J. A. Shaw Capt.*  
Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*JUN 9 1919*

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

# MEDICAL HISTORY

OF

Surname Pittman Christian Name Homes

Table I.—GENERAL TABLE.

Birthplace:—Parish Merasheen S.B. County Klea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30	May		191
Declared Age	23	years		days
Trade or Occupation	Fisherman			
Height	5	feet $\frac{1}{4}$ inches		
Weight	117	lbs.		
Chest Measurement	Girth when fully expanded		33	inches
	Range of Expansion		3 1/2	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
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 Robinson</u>			
(Rank)	Major			
Enlisted	at	5th Nov.	at	
Joined on Enlistment	on	30 day of May 1918	on	day of 191
Transferred to	Corps.	Royal Nfld. Regiment.	Corps	Regtl. No.
Became non-effective By	on	day of 191	on	day of 191
(Signature)				
(Rank)				







## 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 *Thomas Pittman*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *5522*  
 Intended address *B. Inarashen, P.B.*  
 Height on discharge *5* Feet *6*  
 Color of hair on discharge *Dark Brown*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge *Medium*  
 Christian name of Father *Philip*  
 Christian name of Mother *Lucy*  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_  
 Place and date of soldier's birth *Inarashen, April 24, 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)

ST. JOHN'S.

*Thomas Pittman*

(Rank) *Plt*

Station

Date

*5-6-19*

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

**Casualty Form—Active Service.**

ROYAL NEWFOUNDLAND REG.

Regiment or Corps Pte Surname Pittman Christian Name P  
 Religion P. C. Age on Enlistment 23 years — months  
 Enlisted (a) 20/7/18 Terms of Service (a) DURATION Service reckons from (a) 20/7/18  
 Date of promotion to present rank 17.8.1915 Date of appointment to lance rank —  
 Extended ( ) Re-engaged ( ) Qualification (b) —  
( ) or Corps Trade and Rate —  
 Occupation Fisherman Signature of Officer W. L. King Capt

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 ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		13/4/19	

(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, Shoeing-Smith, &c. (17591) Wt. W 1287—P 1124. 1,000,000. 6/12. D & S. Form B.103. (E. 1286.)

Next of Kin: Father: Philip Pittman. Merashan. Phantia Bay. N. F. L. D.

## Medical Report on an Invalid.

Station HazeltonDate 1/5/19

1. Unit Royal Newfoundland
2. Regimental No. 5522
3. Rank Pte
4. Name Patterson Thomas
5. Age last birthday 24
6. Enlisted  $\left\{ \begin{array}{l} \text{on } \underline{\text{May 27/18}} \\ \text{at } \underline{\text{St John's}} \end{array} \right.$
7. Former Trade } Fisherman  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit ;  
(b) Regimental No. ;  
(c) Date of Discharge ;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. na

13. What is his present condition?

*He complains of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

*na*

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

*na*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

*W. E. Crocimer*

*Sgt. M. M., Capt Rame*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station *Hazelton Down*

Officer in charge of Hospital.

Date *1/5/19*

\*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.

† Delete this word if no exceptions are to be made.

FORM K

No 6135



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Thomas Pittman, Regl. No. 5522

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 75 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins August 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4402	Mother	<u>Mr. Philip (Lucy) Pittman</u>	<u>Marathon P Bay</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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.) Watson Luce

Officer Commanding  
E Company

(Sig.) Thomas Pittman

(Rank) Pvt

A J G M  
June 29<sup>th</sup> 1918

June 3rd. 1918.

The Royal Newfoundland Regiment,

To 5522 Pte. Thos. Pittman.

*3 Pines  
3 Pink*

May 29th./18 To Board and lodgings while waiting passage to

St. John's.

\$0.80.

(AS per voucher).

*ok.  
L.P.*

*Care of Eighty Cents*

*P.B. Dicks  
Lieut  
a.s.k.*

*J.P. B.A.B.*

*3/6/18*



ACCOUNT	<i>R. Massey</i>	INITIALS	<i>SM</i>
CH. NO.	<i>1430</i>	INITIALS	<i>SM</i>
IND. LEDGER		INITIALS	<i>SM</i>
PAY LEDGER	<i>SM</i>	INITIALS	<i>SM</i>
GEN. LEDGER		INITIALS	<i>SM</i>

Chas Pittman 5522

Boveri  
+ food sings. .80p

Pair

was ~~found~~ by

29/5/18

~~Chas Pittman~~  
Pittman

June 13th. 1918.

Pte. Thos. Pittman,  
Prince's Rink.

*J. H.*

Dear Sir,-

I enclose herewith cheque for ~~Eighty~~ Fifty Cents  
being the amount due you for board and lodging while  
waiting passage.

Yours faithfully,

Capt. & Paymaster.

J/H.



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

---

Fold Here

OCT 20 1921

1921

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

Thomas Pittman

in respect of his service as No. 5522 Rank Pte.

Name T. Pittman

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Oct 25

Signature Thomas Pittman

Date Nov 5

Address Merakhen P. G. Nfld.

[P.T.O.]

Receipt for Army Book 64

No. 5522 Name T. Pittman

To Certify that I have received the AB 64 of the above  
named soldier.

Name Thomas Pittman

Date August 9

Place Merakem

N.B. For completion and return to the Department of Militia  
Insert in corner of envelope "AB 64"

*WP*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One

Signature of O. C. Company A. Dickshead

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>5522 Thos. Pittman</u>	Age on	28 years months	<u>Fisherman</u>			
Joined	Date	Place and Date of Enlistment	<u>C. Davis</u> <u>30-5-18</u>	Religion			
Joined	Date	Period of	with Colours <u>139</u> years. with Reserve <u>34s</u> years.	Place of Birth			
Joined	Date				<u>R.C.</u>		
Joined	Date					<u>Mesalheen P.B.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>1</u>	<u>7/19</u>		

To be carried over.

Army Form B. 121.

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 Newfoundland* 7. Former Trade or Occupation } *Siderman*
2. Regtl. No. *522* 3. Rank. *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Williams Albert* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*
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;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (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.
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*

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? }

*ReComplains 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?

*Repatriation*

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

*W. E. Proctor* *Capt Rains*

Station *Fazley, Devon.*

Medical Officer in charge of case.

Date *2/4/19*

\* 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.

DM22

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 2522, Rank Plt Name Pittman Thomas  
 Date of Enlistment 30-5-18 Address M. Washburn District Placentia  
 Occupation Soldier Classification for Discharge 1/4 Medical Category A.1  
 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	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 7-6-19 for H. M. Sims St.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

*Pittman T*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied \_\_\_\_\_

*Mike Conston*

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1705 to his home at Manasheen and Release Certificate No. 2323 issued.

Date 9-6-19

J.A. Snow  
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 7-7-19

Date 9-6-19

J.A. Snow  
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36]	B 268	B 121	N.F. Med.	D.F. 1.	1 2 Form 13
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	
R 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 9-6-19

J.A. Snow  
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 JUN 23 1919

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

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

Date June 19/19

Ameluth  
for O.C. Records



Reg. No. 1122 Rank 1st Lt Name Sullivan T.  
Attested..... Address Merakew  
Allotment..... Allottee.....  
Date of Allotment..... Returned from Overseas 29.1.19.  
Returned on S.S. Corsican Cause Discharge

7.6.19  
22.1.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIGATION