



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. H499 Name Cecil Puddister Corps 4th

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

- |   |  |
|---|--|
| 1. What is your name? .....   | 1. <u>Cecil Puddister</u>                    |
| 2. What is your full Address? .....   | 2. <u>11 Colburn St</u><br><u>St. John's</u> |
| 3. Are you a British Subject? .....   | 3. <u>Yes</u>                                |
| 4. What is your age? .....  | 4. <u>21</u> Years <u>0</u> Months           |
| 5. What is your Trade or Calling? .....   | 5. <u>Electrician</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>                               |

I, Cecil P. Puddister 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.

19-4-18 Cecil P. Puddister SIGNATURE OF RECRUIT.  
J. W. Pittman Signature of Witness.

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

I, Cecil P. Puddister 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me as follows on this 19th day of April 1918.

J. W. Pittman Signature of 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 compiled with. I accordingly approve and appoint him to the 4th Corps.

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

Date ..... 1918 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) .....

Recruit's name and number  
 4th Corps  
 1918

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name  Cecil R. Puddister   
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height  5  feet  7  inches  
 Chest Measurement { Girth when fully expanded  36  inches  
 Range of expansion  4  inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin  Mark Puddister   
 11 Gilbert Street  | Relationship  Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

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



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. H499 Name Cecil Puddister meth

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Cecil Puddister</u>             |
| 2. What is your full Address? .....  | 2. <u>11 Culpeper St<br/>St Johns</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                         |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>5</u> Months    |
| 5. What is your Trade or Calling? .....  | 5. <u>Distiller</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 accept? ..... | 11. <u>yes</u>                        |

I, Cecil A. Puddister, 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.

Cecil A. Puddister SIGNATURE OF RECRUIT.  
John Pittman Signature of Witness.

19-4-18

Cecil A. Puddister 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 recorded as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 19th day of April, 1918.

Signature of Attesting Officer James Hewitt

### †CERTIFICATE OF APPROVING OFFICER.

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

Date.....1918  
Place.....

Signature of Approving Officer James Hewitt

† 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).....

Re-enlistment 4-5-18

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Cecil R. Puddister  
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin J. Mark Puddister  
1 Gilbert Street | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged March 3<sup>rd</sup> 1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " [ " " ] " " " "

C.R. 4499

Extract from Daily Orders part II, Depot St. John's  
dated Mar. 6th., 1919.

The discharge of the undernoted on demobilization has been  
*Confirmed* ~~approved~~ by Officer i/c Records on noted date.

4499 L/C. Cecil Puddister.

3-3-19.

C.R. 4499

Extract from Daily Orders part II Depot St. John's  
dated Feb. 20th., 1919.

The discharge of the undernoted on demobilization have  
been APPROVED by C. C. Discharge Depot on noted date

4499 L/C Cecil Puddister.

17-2-19.

C.R. 4499

Extract from Daily Orders part II, Depot St. John's dated Feb. 10-1919.

Returned from Overseas and reported at Depot 7-2-19.

#4899 L/C. Cecil Fuddáster.

C.R. 4499

Extract from Nominal Roll of the Royal NFA. Regt.  
St. John's, Embarked S.S. Corsican, Jan. 30th, 1919.

4499 L/C. Puddister.



C.R. 4499

Extract from telegram to Synoptical from Military dated Jan. 13th. 1919

following for

#4499 L/Cpl. Puddester

father and mother both unwell but improving anxiously awaiting  
your return.

C.R. 4499

Extract from Telegram from Synoptical to Military dated Jan.11/1919

In answer to your telegram Jan. 7th., L/Cpl. 4499 Puddester  
will be repatriated ~~at~~ by earliest opportunity.

C.R. 4499

to

Extract\* from Telegram ~~from~~ Syroptical, dated January 7th., 1919.

#Father and mother of 4400 Puddister both seriously ill can he be repatriated at an early date do not inform him of parents condition.

M I L I T A R Y.

C.R. 4499

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#4499 B/Cpl. Cecil Puddester.

C.R. 4499

Extract from Daily Orders part 11, from Unit The Royal  
Hf16. Regt. St. John's, dated July 23, 1918.

#4499 Pte. C. Puddester.

*R/cpl.* 20  
to be ~~acting Sergeant~~ from July 23, 1918.

C.R. 4499

Extract from Daily Orders part 11, from Unit The Royal Newfoundland Regiment, St. John's, dated April 20, 1918.

#4499 Pte. C<sup>o</sup> Puddister.

Attended for General Service with the Royal Wfld. Bort.  
from 19/4/18 to report. 4/5/18.

Reg. No. 4499 Rank Pte. Name Puddister C.  
Attested 19.4.18. Address City  
Allotment 50 Allotee Mrs Mary Puddister (Father)  
Date of Allotment 8-6-18 Returned from Overseas  
Embarked for Overseas JUL 22 1918 Cause

15-5-18 Vac  
Report 4.5.18 2<sup>nd</sup> Inoc 20/6/18

Leave extended from 4-5-18 to 15-5-18.

C. R. Puddister

C.R. 4499

Page



*Copy*

? Base sent from Depot to hfd.

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 Newfoundland* } Former Trade  
or Occupation }
2. Regtl. No. *4499* 3. Rank... *L. Cpl* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name... *Muddister R.R.*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Where (c) Opinion of Court  
(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.

COMM. 32ND LN ROYAL NEWFOUNDLAND REGT.

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

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.)

Complaints of Pain in Right Throat, due to <sup>Previous</sup> Enlistment. Pain has been increased, by long marches, and has been excused P.T. work.

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

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

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

Station

Hazeley Down

Date

10/11/18

J. J. J. Capt. James

Medical Officer in charge of case.

\* 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

N<sup>o</sup> 4389



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, Cecil Russell Puddister, Regl. No. 4499

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

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4455	Father	Mr. Mark Puddister	11 Gilbert St St. Johns		60
Total Allotment, \$					60

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

Sig.) A. Summers Lt.  
 Officer Commanding  
13<sup>th</sup> Company  
St. Johns  
8-6-1918

(Sig.) Cecil R Puddister  
 (Rank) Private

FORM K

No 4389

1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Cecil Russell Puddister, Regl. No. 4499

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <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

8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4455</u>	<u>Father</u>	<u>Mr. Mark Puddister</u>	<u>11 Gilbert St. St. Johns</u>	<u>60</u>
			Total Allotment, \$	<u>60</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.) W. Summers Lt.Officer Commanding  
13<sup>th</sup> CompanySt. Johns8-6-1918Sig.) Cecil R Puddister(Rank) Private

No. 20925/2561

*066223*  
*[Signature]*



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 Nfld. Regt.  
Winchester.

17th December 1918

Dec 18 1918

Subject: 4499, L/Cpl. C.Puddister,

With reference to the following telegram (10881) from the Hon. Minister of Militia, received

pay to 4499 Puddister £8:2:5

Draft £8:2:5 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*[Signature]*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*[Signature]*  
Officer Commandg. LIEUT. COLONEL,  
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of Eight  
pounds two sh. on account of  
cable remittance from Newfoundland.

*[Signature]*

No 4499 Rank L/c.

Witness POW Chesebrough  
Cap

*[Signature]*

412/71/R&O

Form  
G. 349

CHIEF PAYMASTER & OFFICER I/C. RMP  
NEWFOUNDLAND CONTINGENT,  
198, VICTORIA STREET,  
LONDON, S.W. 1.  
ENGLAND.

MEMORANDUM.

From Officer Commanding,  
2nd Bn. Royal Newfoundland Regt.  
Hazeley Down Camp.

To Officer Commanding,  
2/Bn R. Nfld. Regt.  
Winchester.

To The Chief Paymaster,  
Royal Newfoundland Regiment,  
London, S.W.  
ANSWER.

38/1

Pay & Record Office,

9th January 1919

Jan. 10th 1919.

4499, L/C.C.R. Puddester.

With reference to the following extract of telegram dated 7/1/19 (253) from the Minister of Militia:-

"Father and Mother of 4499-  
"Puddester both seriously ill-  
"can he be repatriated at an-  
"early date do not inform-  
"him of parents condition-  
"full stop"

Will you please take necessary action?

*A. C. Munro*  
Major,  
Chief Paymaster & O.I.C. Rds.

HA/S

This N.C.O. will be included in the repatriation draft sailing on or about the 24th inst.

*J. Barton*

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

as telegraphed 11/1/19  
#83

No. 724/123/R. & C.

To: Officer Commanding,  
2/Bn., R. Newfoundland R.,  
Hazeley Down Camp, Hants.

MINUTE III.

Reference reverse.

The following is an extract  
of telegram dated 13/1/19 (434)  
from the Minister of Militia.

"Following for- 4499- L/C-  
"(C.R.) Puddister- begins-  
"Father and Mother- both-  
"unwell- but- improving-  
"very anxiously- awaiting-  
"your- return- ends-"

For your attention, please.

*J. B. Anderson*  
Major,  
Chief Paymaster & O.i/c Records.

HA/JC

Pay & Record Office,  
London, S.W. 1.  
15th January 1919.

(4)

C. P. & O. C. Records

L. C. Puddister has  
been notified

*D. P. Burtin* LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REG'T

17.1.19.

NEWFOUNDLAND REGIMENT.	
PAY & RECORD OFFICE.	
REF. NO.	597
RECD	18 JAN 1919
CHKD	
FILED	
C. ind.	
P & A.	
R & C.	
B & E.	
P. S.	

*H. H.*

Huddister, C

4499

Ray Sept.



March 3, 1919

#4499 L/Corpl. Cecil R. Puddister,  
#11 Gilbert St.,  
City.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 1091."

Yours truly,

Paymaster W. O. i/c Records      Capt.

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4499 Rank Spl Name Reddicks C. B.  
 Intended place of residence. 11 Gilbert St City
2. Occupation Electrician  
 Classification of soldier C. Medical Category A.1
3. The above named man is discharged in consequence of DEMOBILIZATION

## Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place St. John's Date FEB 17 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection, subject to my overseas pay being adequately adjusted.
- Place and date St. John's 17.2.19  
 Signature of soldier Becil R. Reddicks  
 Signature of witness Reddicks 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 Feb. 17th 1919 St. John's  
 Signature of soldier Becil R. Reddicks  
 Signature of witness Reddicks Capt

## STATEMENT OF SERVICE

7. Enlisted for service 19.1.18 No of days on Military  
 Discharged from service 17.2.19 per 14 days Service 329 days

## 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 17-2-19  
 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 Date March 3/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

A.A.B. 2099/1091

# 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 .. 17 - 2 - 17 .....

Regimental No. *4499* .....

Name *J. Madigan* *Casib* *2/corp.* .....

Address .. *11. J. Hillier St.* .....

Present Medical Category *A-11* .....

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

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

Members of Board

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

Senior Medical Officer

*St. Lawrence*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 214299 Rank Cpl. Name Quadeater Cecil R.  
 Date of Enlistment 1.9.14 Address St. Johns District St. John's  
 Occupation Electrician Classification for Discharge S 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	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1. D 400A	1. B 1915		do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1. D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 17.2.19

W. C. Discharge Depot  
 O.C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Cecil R. Quadeater

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 \_\_\_\_\_

Date \_\_\_\_\_

W. C. Discharge Depot  
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *ml* to his home  
 at *St John's* and Release Certificate No. *1082* issued.

Date *17-2-19*

*C. S. Dicks Capt.*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to *3-3-19*

Date *17-2-19*

*W. H. W. Capt.*  
 Depot Paymaster

*overseas pay etc to be adjusted*

Discharge approved for *17 2 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	<i>30000</i>
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 *17 2 19*

*C. S. Dicks Capt.*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Date *17-2-19*

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

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

Date .....

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

## MEDICAL HISTORY

OF

Surname Puddester Christian Name Basil R

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined .....	19 <sup>th</sup> day of	St Johns	day of	191
Declared Age .....	26	years	years	days
Trade or Occupation .....	Electrician			
Height .....	5	feet	7	inches
Weight .....	156		lbs.	lbs.
Chest Measurement {	36		inches	inches
	4		inches	inches
Physical Development .....	Right	Left	Right	Left
Vaccination Marks {	/			
When Vaccinated .....				
Vision .....	R. E.—V=	6/15	R. E.—V=	
	L. E.—V=	6/10	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>Lamont Satorian</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted .....	at	St Johns	at	
	on	19 <sup>th</sup> day of	on	day of
		1918		191
Joined on Enlistment .....	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Medical</u>	<del>11189</del>		
	<u>Nfld Coy</u>	4499		
Transferred to .....				
Became non-effective by .....	on	day of	on	day of
		191		191
(Signature)				
[Rank]				

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

Date	Brief Details, and Signature
15-5-18	Vacc. <i>LD</i>
5-6-18	IAB <i>LD</i>
13-6-18	Do <i>LD</i>
20-6-18	Do <i>LD</i>
19.1.19	<i>Recommended for discharge on permanent allowance</i>
	<i>J. B. H. M. D. Regal Surgeon Major</i>
	<i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as &amp; for Discharge on Demobilisation. Medical category <u>RT</u></i>
	<i>17.1.19</i> Date of T.M.B. <i>[Signature]</i> Discharge Agent Adjutant Captain

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

## 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 take up former of occupation  
Electrician*

*Cecil R. Pradeschi*  
Signature of Man.

Reg. No.

*4499*

*[Signature]*  
Signature of the Vocational Officer or his Representative.

Place

*St. Louis*

Date

*11-2-19*

191





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

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. 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 *Puddister, Cecil.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4499.*

Intended address *11 Gilbert St. City*

Height on discharge *5 Feet 7 1/2*

Color of hair on discharge *Light Brown*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks */*

Figure on discharge *Medium*

Christian name of Father *Mark.*

Christian name of Mother *Sarah.*

Wife's maiden name in full */*

Date and place of marriage */*

Christian names of children */*

Place and date of soldier's birth *Northam May. 23<sup>rd</sup> Oct 1896*

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) *Cecil Puddister*

Station *St John's*

Date *15.2.19.*

(Rank) *Lieut.*

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.

*W. B. B. B.*  
Medical Officer of Hospital,  
Unit, or Command Depot.

Station *St John's*

Date *15.2.19.*

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 New Zealand* } Former Trade }  
 2. Regtl. No. *4499* 3. Rank.. *S/Cpl* } or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
4. Name *P. D. D. I. S. T. E. R.* }  
 (Surname) } (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
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.

**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.

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

In all cases such as facial injuries, eye, ear, nose and throat, dislocation, 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? *Contracture of Pains Right Tarsals Due to Injury Previous to enlistment.*

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

*Pain has been increased by long marches & has been exposed P.T. work*

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?

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:

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Anthony for Repatriation*

*John's G. James*

Medical Officer in charge of case.

Station *Stazley Brown Camp*

Date *7 JAN 1913*

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 24.

\* 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

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 question 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, WY & RECORD OFFICE, ST. JOHN'S.

Christian name *Eric R*..... 2. Surname *Pearsons*.....

3. Rank *H/c*..... 4. Regt. No. *4499*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *11 Galt St. St. John's*.....

6. Date of enlistment in the Regiment. *April 19<sup>th</sup> 1918*.....

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..... *Not Applicable*.....

9. Address in full of such dependent..... *Not Applicable*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not Applicable*

11. Were you on active service only in Mfld. If so, give dates, and particulars of such service..... *Not Applicable*.....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *319 Days*.....

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.....

*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?.....

*Not Applicable*

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

*March 3<sup>rd</sup> / 19*

*Demobilized*

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.....

*No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

*No*

(b). If so, are you in receipt of full pay and allowances from that Committee?.....

*Not Applicable*

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: *Cecil R. Pussater*  
 Place of Residence: *11 Gilbert St, St John's*  
 Declared before me at: *St John's*  
 This *7<sup>th</sup>* day of *March* 191*8*

*Robert also,*

Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependant	War Service Gratuity	Net amount due
.....	.....	.....	..... <i>3.40</i> .....	..... <i>210.00</i> ..
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Byraster.	

FORM K

Nº 4389



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Geiril Russell Puddister, Regl. No. 4389

hereby agree, until further notification by me, and in similar official form to make an Allotment of          Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
455	Walter	Mrs. Martha Puddister	11 Gilbert St St. Johns.	60
			Total Allotment, \$	60

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

Sig.) W. A. ... St.  
 Officer Commanding  
13<sup>th</sup> Company  
St. Johns  
8-6-1918

(S) Geiril R. Puddister  
 (Rank) Private

C.R. 4499

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal 1914-1919.

Name.....

*C. R. ...*

Date.....

*Nov 17<sup>th</sup> 1919*

Place.....

*...*



## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.Regiment of Royal NewfoundlandNumber of Sheets OneSignature of O. C. Company J. James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>Promoted to Capt. 25-7-18</u>
No.	<u>C.R. Piddister</u>	Age on	<u>21</u> years <u>—</u> months	<u>Electrician</u>	
Joined	Date	Place and Date of Enlistment	<u>St. Johns</u>	Religion	
Joined	Date	Period of } with Colours <u>170</u> years. with Reserve <u>365</u> years.	<u>19. 6. 18</u>	<u>Moth.</u>	
Joined	Date		Place of Birth	<u>St. Johns.</u>	
Joined	Date				

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>Demobilized St. John's 3 <sup>3</sup>/<sub>19</sub></u>

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 111499 Rank Lt. Col. Name Quadeater Cecil R.  
 Date of Enlistment 19.4.16 Address St Johns District St Johns  
 Occupation Electrician Classification for Discharge E Medical Category A1  
 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
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 17.2.19

W May Capt  
O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Cecil R Quadeater

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 .....

Asst Dir O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. me to his home  
at St John's and Release Certificate No. 1082 issued.

Date 17-2-19

Edwards 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 3-3-19

Date 17-2-19 Whaley Capt.  
overseas pay etc to be adjusted - Depot Paymaster.

Discharge approved for 17.2.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	2012-6
B 178	W 3494	B 122		Board 1st	" 2		
B 178a	D 400A	B 1915	1	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93					

Date 17.2.19

Edwards Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date 17-2-19

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

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

Date 17.2.19

Edwards Capt.  
Whaley Capt.

EXTRACT FROM STATEMENT OF A/C TO 31-1-19  
FROM PAY & RECORD OFFICE LONDON

4499 L/C. Puddester, C.      Cr. Bal.      £1-17-11

This is transferred to Pay Office from 26/3/19

Reg. No. 4499 Rank S/90 Name Puddister Cecil R.

Attested ..... Address 11 Gilbert St

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

Date of Allotment ..... Returned from Overseas 2-19

Embarked for Overseas ..... Cause Discharge

17.2.19  
17.2.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION