



4 **FIRST NEWFOUNDLAND REGIMENT**

**ATTESTATION OF**

No. 1388 Name Thor Puddister Corps R.C.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Thor Puddister</u>           |
| 2. What is your full Address? .....  | 2. <u>Bay Bulls</u>                |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>School Teacher</u>           |
| 6. Are you Married? .....  | 6. <u>no</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....                   |
|  | { Corps .....                      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                     |

I, Thor 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.

Thor Puddister SIGNATURE OF RECRUIT.

Geo. C. Sumner Signature of Witness.

Thor Puddister OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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 6 day of April 1915

Geo. L. Hart 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 complied with. I accordingly approve, and appoint him to the .....

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

Date April 6 1915

Place St. John's } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Puddister  
 Apparent age 20 years 2 months Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 33 inches  
                                 { Range of expansion 4 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Puddister  
Bay Bulls | Relationship Father

### Particulars as to Marriage

<small>(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.</small>			
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from				<u>6-4-1918</u>					<u>Lance Cpl. 10</u> 6/18
Joined at <u>M. Knis</u> on				<u>April 6-1918</u>					
<del>Embarked</del>				<del>August 11/1919</del>					
<del>Embarked</del>				<del>M. Knis</del>	<del>S.S. 68th Bde</del>	<del>21-4-18</del>			
<del>to New Zealand for demobilization</del>				<del>14-6-1919</del>					
<del>Arrived at home on</del>				<del>1-7-1919</del>					
<del>to active service</del>				<del>Demobilized</del>	<del>M. Knis</del>	<del>7/1919</del>			

Total Service towards Engagement to 11-8-1919 (date of discharge) 1 years 178 days  
 Pensions [ " " ] " " " " " "

Reg. No. 4388 Rank Plt. Name Puddister, Thomas

Attested 8-4-18 Address Bay Bulls

Allotment \_\_\_\_\_ Allotee \_\_\_\_\_

Date of Allotment \_\_\_\_\_ Returned from Overseas \_\_\_\_\_

Embarked for Overseas JUL 22 1918 Cause \_\_\_\_\_

9-4-18 Vac

Granted Leave from 26-4-18 to 2-5-18

Return from A.S. 2-5-18

1st Inc 7-5-18 2nd Inc 17-5-18

10-6-18 Promoted 2/b

C.R. 4388

Extract from Daily orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by officer i/c Records from noted date  
12-8-19.

4388, Pte. Thos. Puddister.

C.R. 4388

Extract from Daily Orders Part 11 Unit The Royal Rifle,  
Regt. St. John's, July 16th, 1919

The discharge of the undernoted on demobilisation has been  
APPROVED by G.C. Discharge Depot with effect fro. 28-7-19

4388 L/c. Puddester, F.

C.R. 4388

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

4388 L/Cpl. T. Puddester.

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

Extract from telegram to Synoptical London, Nov. 27th, 1918.

In answer to your telegram Nov. 21st we have no records of allotment for 4388 Puddister.

H.H.

C.R. 4388

Extract from Telegram from Synoptical, London dated Nov. 12.  
1918.

Puddister.

With reference to your telegram October 28th., States he has  
made allotment verify carefully and report. whether correct

C.



C.R. 4388

Extract from Telegram received from Synoptical London,  
Oct.12,1918.

Please send following forms urgently required Allotment of pay  
4388 Puddister

C.R. 4388

Extract from Daily Orders part 11, Troop Unit The Royal  
Wald. Regt. St. John's, do ed July 25, 1918

The following men embarked for overseas on H.M.S.  
"Columbelle" July 22, 1918

#4388 L/Cpl. Thomas Puddester.

C.R. 4388

Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated June 10, 1918.

#4388 Pte. C. Puddester

To be Lance Corporal from 10.6.18

Extract from Daily Orders part 11, from Unit The Royal  
Newfound; and Regiment, dated April 9th, 1918.

#4388 Pte. P. Puddister.

Attested for General Service with the 1st. Newfoundland  
Regiment from 6/4/18.

Puddister, b.

C.R. 4388

4388 Puddister

from 1.8 - 27.9.10 - 5 days @ 100

\$54.80

28.9 - 25.10.15 - 2 days @ 100

-- 11.20

\$46.00

EXTRACT OF TELEGRAM.

"Despatched 12/11/18 (1354):

"Military, ST. John's."

"Reference your telegram 28th October- Puddister- states that he-  
"has made- allotment of pay- verify carefully and report whether  
"correct.

(Sgd) SYNOPTICAL."  
-----

LOUGHENSEE  
*[Handwritten signature]*

EXTRACT OF TELEGRAM.

"Despatched 28/10/18..

"Synoptical, London."

"Reference your telegram 12th Oct - P. J. Ester - has made no -  
"allotment of pay - full stop."

(Sgd) MI - ITARY."  
-----

4388

*Admitted by 25/10/18*  
*C. S.*



Ruddister, T.

4388

Hay Sept.

5

August 12, 1919

#4388 Pte. Thomas Puddister,  
Bay Bulls,  
ST. JOHN'S WEST.

Dear Sir:-

Please find enclosed Discharge Certificate #3724.

Yours truly.

Captain & Quonaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4388 Rank Pte Name Passter J  
 Intended place of residence Bay Bulls  
 2. Occupation School Teacher  
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of  
**DEMobilIZATION**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S  
 Date JUL 14 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.  
 Place, ST. JOHN'S  
 Date JUL 14 1919  
 Signature of soldier  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 14 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 6-4-18 No. of days on Military  
 Discharged from service 28-7-19 Plus 14 days Service 49.3

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, 14 days from date.  
 Place, ST. JOHN'S  
 Date JUL 28 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S  
 Date August 11/1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*Handwritten notes at bottom:*  
 25  
 31  
 30  
 31  
 11  
 128  
 207 91 37 24

COPY

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—  
E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12-7-19

Regimental No. 4388

Name Puddister, T.

Address Bay Bulls

Present Medical Category A1

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

*R. H. Jait* MAJOR

O. C. Discharge Depot.

Members of Board

L. Paterson

Senior Medical Officer

F. W. Burden

M. O. Depot

Military Service 493 days

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 12388 Rank Plt Name Robert D. [unclear]  
 Date of Enlistment 6-24-18 Address [unclear] District A. Jones W  
 Occupation School teacher Classification for Discharge 1 Medical Category A1  
 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	(1)
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 1-2-19 O. C. Discharge Depot. [unclear]

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

*Thomas Puddister*

Particulars passed to Vocational Officer for information and action.

Date [unclear]

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) Clothing Supplied [unclear]

Date 1-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2426 to his home at Bay Bulls and Release Certificate No. 3586 issued.

Date 14-7-19 ..... Am Blomstedt  
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 11-8-19

Date 14-7-19 ..... J. M. [unclear]  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 173	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 14-7-19 ..... Am Blomstedt  
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 ..... H. R. Cooper Capt.  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*J. P. Puddister*

Signature of Man.

*W. H. Cowles*

Signature of the Vocational Officer or his Representative.

Reg. No. 4388

Place

ST. JOHN'S.

Date

14-7-18

191

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

# MEDICAL HISTORY

Surname Puddister OF Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Bay Bulls County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined ... ..	on <u>6<sup>th</sup></u> day of <u>April</u> 19 <u>18</u>	on	day of	19 <u>1</u>
	at <u>St Johns</u>	at		
Declared Age ... ..	<u>20</u> years	<u>—</u> days	years	days
Trade or Occupation ... ..	<u>School Teacher</u>			
Height ... ..	<u>5</u> feet	<u>6</u> inches	feet	inches
Weight ... ..		<u>115</u> lbs.		lbs.
Chest Measurement {	Height when fully expanded ...	<u>33</u> inches		inches
	Range of Expansion ...	<u>4</u> inches		inches
Physical Development ... ..				
Vaccination Marks {	Arm ... ..			
	Number ... ..			
When Vaccinated ... ..				
Vision ... ..	R. E.—V= <u>6/6</u>		R. E.—V=	
	L. E.—V= <u>6/6</u>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted ... ..	at <u>St Johns</u>	at		
	on <u>6<sup>th</sup></u> day of <u>April</u> 19 <u>18</u>	on	day of	19 <u>1</u>
Joined on Enlistment ... ..	Corps. <u>The Royal Newfoundland Regt</u>	Regtl. No. <u>4388</u>	Corps.	Regtl. No.
Transferred to ... ..				
Became non-effective by ... ..	on	day of	19 <u>1</u>	on
[Signature]				
[Rank]				



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, syphilis, admissions and re-admission of treatment out of hospital
	Day	Month	Year	Day	Month	Year			
Hilsea	12	8	18	4	10	18	syphilis	54	Group G Has some Discharge to

al-or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Group G's found in urethral discharge  
has some gonorrhea. Wasserman Negative  
Discharged to unit after usual treatment. In attendance

5

**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
9-4-18.	Vacc. 40
7-5-18	T.A.B. 40
17-5-18	do 40
27-6-18	do 40
4-4-15	<p>Re-treatment tentatively 11/1/19  <i>W.K. 1/19</i>  <i>11/1/19</i></p> <p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>2</u> for Discharge on Demobilisation. Medical category <u>1</u></i>  <i>July 12/19</i>  <small>Date of M.B.</small></p> <p><i>M. W. St. H.</i>  <small>Assistant Surgeon  Discharge Depot—Newquay</small></p>

**Table IV.—SERVICE TABLE.**

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

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 } *School Teacher*  
or Occupation }  
2. Regtl. No. *4388* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.  
4. Name *P. DODDISTER, Thomas*  
(Surname) (Christian Names)  
5. Age last birthday. *21*  
6. Posted for duty on *6. Apr. 1918* at *St. John's*  
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

- Anaemia*
11. Date of origin of disability.  
12. Place of origin of disability. *Joined depot Aug. 1918 was treated for*  
*achility being flat chested, small*  
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. *expansion, heart rapid, and*  
*Dyspnoea, put on tonics &*  
*special exercises, was found*  
*unfit for draft to France*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i). Service during the present war .. .. .                | no                  |                   |
| (ii). Previous active service.. .. .                       | no                  |                   |
| (iii). Climate in pre-war service .. .. .                  | no                  |                   |
| (iv). Ordinary military service before the war .. .. .     | no                  |                   |
| (v). Serious negligence or misconduct on the man's part. } | V. D. G. Cured      |                   |

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

*Constitutional*

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.)

*Still flat chested expansion much improved, heart active still rapid especially after exercise Anemia less marked, and Depression less*

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

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

*Repatriation*  
*mc*

Station *Hughes Park*

Medical Officer in charge of cases

Date *4.4.15*

*W. J. D. Duns*  
*Royal Inf.*

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



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

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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, Thomas*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4388*

Intended address *Bay Bulls.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Thomas.*

Christian name of Mother *Dorothy*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Bay Bulls. Dec. 21, 1898*

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)

*Thomas Puddister*

(Rank) *Pte*

**ST. JOHN'S.**

Station

Date

*8-7-19*

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.



Medical Officer (i) Hospital, Unit, or Command Depot.

Station

Date

Paradise

Habitat. maculifrons

H. rapia. Res.

Am. to L. Fr. Br.

America. ~~W. R.~~

deproca. Capano.

August 16, 1919

Mr. Thomas Paddister,  
Bay Bulls  
PERCYLAND DIST.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *Thomas* ..... 2. Surname... *Pudister*

3. Rank... *R/Plt* ..... 4. Regtl. No... *4388* .....

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

6. Date of enlistment in the Regiment... *April 6/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *no* .....

8. Relationship of such dependents... *no* .....

9. Address in full of such dependents... *no* .....

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 field, if so, give dates and particulars of such service... *Newfoundland only* .....

12. Give total length of time which you served on active service, whether in field or Overseas... *1 yr 2 mos* .....

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

.....  
.....  
.....

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

.....  
.....

15. Have you been issued with a War Service Badge? *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 Regulars? *No*. If not give: (a) Date of discharge *July 14/19* (b) Reason for discharge *Wounded*

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 England Only*

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 Committed? *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.

*Thomas Puddister*

Signature of Applicant:

Place of Residence:

*Bay Bulls*

Declared before me at:

*St John's*

This

*14* day of *July* 19...*19*....

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

*John W. Carthy*

POST DISCHARGE PAY.

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

Certified correct.

Paymaster

ST. JOHN'S, July 14<sup>th</sup> 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Lieut. J. Puddister

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> 1919 to July 7<sup>th</sup> 1919

4388. Lieut. J. Puddister 7 20

ACCOUNT	<u>B.M.</u>
CH. NO.	<u>2994</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	<u>20</u> INITIALS

Certified correct for \$

A. J.

M. Clouston

Billeting Officer.

L. Puddister

P.M.

4388 Puddester

Please make one pay to L.L.

19/7/19

L.L.  
P.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

July 19<sup>th</sup> 1919

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay msg.  
balance

Ch. No. 3523 Initials.....

Pay Ledger 281 Initials Wn

Gen. Ledger..... Initials.....

Regtl. No. 4388

Rank Plc

J. Puddister

No. 4288 Rank Plt

Name J. Guadaster

C. 4388

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 *(4388) Thor P. ...*

Date *Nov. 10. 1919*  
Place *Gay Mills*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forma  
B 121.  
39

Number of Sheet one

Regiment of The Royal Nfld

Signature of O. C. Company C. James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>10.6.18 Promoted Lance Corporal</u>
No.	<u>4248</u>	Age on	<u>20</u> years - months	<u>School teacher</u>	
Joined _____ Date _____		Place and Date of Enlistment	<u>St John's</u>	Religion	<i>MP</i>
Joined _____ Date _____		Period of	<u>8-4-18</u>	<u>R.C.</u>	
Joined _____ Date _____		} with Colours <u>128</u> years. with Reserve <u>365</u> years.	Place of Birth		
Joined _____ Date _____			<u>St John's</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
<p style="font-size: 2em; font-family: cursive;">Demobilized St. John's, 11/89</p>									

To be carried over

Army Form B. 121.

4388  
Demobilization Form 8

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4388 Rank Pl Name Quadrister J  
 Date of Enlistment 6-17-17 Address Bay Bulls District A. John W  
 Occupation School teacher Classification for Discharge 1 Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date 12-17-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Thomas Quadrister

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 14-7-19 O. i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2426 to his home at Bay Bulls and Release Certificate No. 3586 issued.

Date 14-7-19

*[Signature]*  
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 11-7-19

Date 14-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	S.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

*[Signature]*  
L. Form B

Date 14-7-19

*[Signature]*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 28 1919

*[Signature]*  
O. C. Discharge Depot.

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

Date Aug 7/19

*[Signature]*

Reg. No. *4348* Rank *L/Cpl* Name *Waddell, Thomas*

Attested ..... Address *Bay Mills*

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

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S S *Castro* Cause *As charge*

*7 19*  
*9 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**

C.R. 4388.

Army Form B. 179a.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and 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 } *School Teacher*
2. Regtl. No. *4588* 3. Rank. *Lt.* 7. If the soldier claims previous service in Army, he should state—
4. Name *P. DOOSTER* (Surname) *Thos.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *21*
6. Posted for duty on. *6 April 18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

#### Statement of Case.

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

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

*Undeclared.*

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.  
*joined depot Aug 1918 was treated for scabiness being flat chested small expansion health rapid with dyspnoea put on tonics and special exercises was found unfit for draft to France*

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

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.)*

still flat chested  
 expansive much improved  
 heart action still rapid especially after  
 exercise anaemia less marked and  
 respiratory less

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation  
 MK

Station *High Wycombe* .. .. .

Date *14. 11. 19* .. .. .

*major*  
 Medical Officer in charge *W. D. M. S.*  
*Royal W. 416*

\* 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