



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4924 Name Herbert Rideout Corps Infantry

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>Herbert Rideout</u> |
| 2. What is your full Address? | 2. <u>George Island</u>
<u>St Barbe</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>6</u> 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 |
| | 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, Herbert Rideout 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.

Herbert Rideout SIGNATURE OF RECRUIT.
James A. White Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert Rideout 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 Johns on this 6th day of May, 1915

Signature of Attesting Officer J. J. Jamieson

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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Herbert Rideout
 Apparent age 20 years 6 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Rideout Horse Island
St Barbe | 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 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>6-5-18</u> Joined at <u>St John's</u> on <u>May 6th 1918</u> Discharged August 9th 1919 (101) Admitted to I.D. Hospital <u>Headles 9th 18</u> Discharged from I.D. Hospital <u>6th 18</u> to <u>Hampstead</u> for demobilization <u>24-6-19</u> Arrived to England <u>1-7-1919</u> Demobilization <u>St John's 9th 1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge)					<u>1</u> years	<u>96</u> days			
Pensions _____									

H. Eideout

C.R.

4924

1890

No. 8548/1615

P. D. B. Coy
100195

N.F.P./70

From: NEWFOUNDLAND CONTINGENT

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

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

12th June 1919

13th June 1919.

4924, Pte. H. Rideout

Receipt hereunder.
Lieut. Colonel
LIEUT. COLONEL,
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.,
Winchester.
R. C. R.

With reference to the following telegram from the Minister of Militia / / 19 (230):

"Pay to-

4924 Rideout £3:2:0

Received the sum of Three Pounds

Cheque £ 3:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Two Shillings in respect of telegraphic remittance from the Minister of Militia.

M. J. ...
Chief Paymaster & O. i/c Records.

H. Rideout
No 4924 Rank Pte

Witness: W. N. ...

No. 6268/916

N.F.F./79.

From: NEW FOUNDLAND CONTINGENT

Chief Paymaster & O.17c Records,
Newfoundland Contingent,
Pay Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

24th April 1919

April 26th 1917

4924 Pte. Bideout H.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (150)

Comd / LIEUT. COLONEL

"Pay to- 4924 Rideout
£5. 3. 0.

COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Cheque £ 5. 3. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five pounds in respect of telegraphic remittance from the Minister of Militia.

J. H. Marshall
Chief Paymaster & O. 1/c Records.

H. Bideout
No. 4924 Rank Pte

Witness *W. Rockett*

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

Herewith Postal Draft as regards 4924 Pte. ⁹⁶⁷H. Rideout as per your telephone request this a.m. 5151 Maloney is now on the strength of the Newfoundland Forestry Coys. and a wire has been sent to the O.C. asking him to stop payment.

Hazeley Down Camp,
Winchester,
Jan. 29th 1919.

W. C. Canty
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

1566/227/P&A.

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.,
Hazelby Down Camp,
Winchester.

28th, January, 1919

191

Subject: 4924, Pte. H. Rideout,

Receipt hereunder.

With reference to the following telegram (628,) from the Hon. Minister of Militia, received

Officer Commdg: Batt'n,
Royal Newfoundland Regiment.

"Pay to 4924, Rideout, £5:3:0

Received the sum of _____

Draft £ 5:3:0. 1 is enclosed
for payment to this Soldier.
Kindly obtain receipt
hereon.

_____ on account of
_____ cable remittance from Newfoundland.

Chief Paymaster & O. i/c Records.

No. _____ Rank _____

Witness _____

Handwritten notes:
Sent by post
Draft
Cash
1/11/19
Received
1/11/19

067033
~~NEWFOUNDLAND CONTINGENT~~
~~PAY & RECORD OFFICE~~

No. 1249/185/P.&.A NEWFOUNDLAND CONTINGENT

N.F.P/55.

Pay & Record Office,
58, Victoria Street,
London, S.W.,

To: Officer Commanding,

2/Bn.R.Nfld.Regts.,

23rd January 1919

Winchester.

Reference: 4924 PTE. H. RIDEOUT.

Herewith Postal Draft for £5:3:0d in respect of remittance
from Newfoundland, forwarded at request of Minister of Militia.

Please acknowledge receipt hereon.

(Sig.) H. Rideout

(Date) Jan 25th 19

Witness M. Raketo

[Handwritten signature]

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

RECORDS

No. 3614/561

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Btn. Royal Nfld. Regiment
Winchester

6th March 1919

4924 Pte. Rideout H.

With reference to the following
telegram from the Minister of
Militia / / (62)

"Pay to- 4924 Rideout
M. S. O.

Cheque £ 2. 0. 0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

J. P. Hudson
Chief Paymaster & O. i/c Records.



M.F.P./79.

March 7th 1919

Receipt hereunder.

My name is

ST. LIEUT. COLONEL,
COMMANDING OFFICER, ROYAL NEWFOUNDLAND REGT.

Received the sum of Four pounds

Two Shillings in respect of
telegraphic remittance from the
Minister of militia.

H. Rideout
No. 4924 Rank Pte

Witness M. Rochett

Rideout, H.

4924

May - Sept.

August 14, 1919

#4924 Pte. Herbert Kideout,
LaSalle,
St. Barbe Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #3690.

Yours truly,

Captain & Paymaster.

C.R. 4924

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date
9-8-19.

4924, Pte. Herbert Rideout.

C.R. 4924

Extract from Daily Orders West 11 Unit The Royal WFLD.
Bgt. St. John's, July 18th, 1918.

The discharge of the Undersigned on demobilization has been
APPROVED by C.O. Discharge Depot, with effect from 8-7-18.

4924 Pte. H. Rideout.

C.R. 4924

Extract from Daily Orders War Office Unit The Royal Field.
Regt. St. John's, July 2nd, 1919.

4924 Pte. H. Rideout.

Reported at Headquarters 127-19 on "Casualties" which
sailed Glasgow June 24th, 1919.

C.R. 4924

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

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

#4924 Pte. Herbert Rideout.

Extract from Daily Orders part II, from Unit The Royal
Mfld. Regt. St. John's, dated May 7, 1918.

#4924 Pte. H. Rideout.

Attested for General Service with the Royal Mfld. Regt.
from 6.5.18

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4924 Rank Plt Name Rideout H
 Intended place of residence La Scie
2. Occupation Indoorman
 Classification of soldier E Medical Category AT
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 12 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 12 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 12 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6.3.18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 532

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 26 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 9/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

207 9/3696

26
30
31
9
96



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

D.J.

Date *July 11th* 19 *19*

Regimental No. *4924*

Name *Ridout* *Hubert*

Address *Le Scie*

Disease or Disability

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation

Category *A7*

Members
of
Board

R.H. Laith Major
O. C. Depot

W. Robinson
D. D. M. S.

J.W. Burden
W. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 924 Rank Plt. Name Puleant, A.
 Date of Enlistment 6-3-18 Address La Roche District St. John's
 Occupation Butcher Classification for Discharge E 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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied _____

Date 12-7-19

O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82432 to his home at La Jolie and Release Certificate No. 3577 issued.

Date 12-7-19

J.A. Snoweoff
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 9-8-19

Date 12-7-19

H. M. W. H.
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[26]	B 268.	B 121.	1	N.F. Med.	D.F. 1.	1
E 178.	W 3494.	B 122.		Board 1st.	" 2.	
R 178a.	1 D 400A.	1 B 1915.	1	do 2nd.	" 3.	2 Form B
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 12-7-19

J.A. Snoweoff
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

Date JUL 26 1919

D.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.

H. Rideout
Signature of Man.

Reg. No. 49724

J. A. Knowlton
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 12-2-19 1911

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

MEDICAL HISTORY

Surname

Lideout

OF

Christian Name

Herbert

Table I.—GENERAL TABLE.

Birthplace:—Parish Horse Islands & Basle County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on	6th day of May 1919	on	day of 191
Declared Age	at	St John's, Nfld.	at	years days
Trade or Occupation		Fisherman		
Height		5 feet 6 1/2 inches		feet inches
Weight		153 lbs.		lbs
Chest Measurement	Girth when fully expanded	48 inches	11 5/8	inches
		R-idge of Expansion		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.R.—V=	6/6	L.R.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	L. J. Peterson			
(Rank)	Major		Medical Officer.	
Enlisted	at	St John's, Nfld.	at	
	on	6th day of May 1919	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment		The Royal Nfld Regt.		4924
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals 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
	Day	Month	Year	Day	Month	Year				
M. S. D. Hospital St. Johns.	9	5	18	6	6	18	Measles.	28	This man did not have much sign of measles on admission. Temp. dropped first week. No sign of measles since. Discharged. Cured.	Stalman 24/10/18

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 Artillery*
2. Regtl. No. *3924* 3. Rank.....
4. Name *Ridout* *Herbert*
(Surname) (Christian Names)
5. Age last birthday... *21*.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war ✓
- (ii.) Previous active service ✓
- (iii.) Climate in pre-war service ✓
- (iv.) Ordinary military service before the war ✓
- (v.) Serious negligence or misconduct on the }
man's part. ✓

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

No complains of no disability

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.)

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.

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 ?

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

W. E. Procmier, Capt R.A.M.C.

Medical Officer in charge of case.

Station *Hazley, B. W. W.*

Date *27/4/19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Herbert Rideout*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4924*

Intended address *La. Sea*

Height on discharge *5 Feet 7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Amillias*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Anse Island 22-8-age 22-1898*

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)

Herbert Rideout

(Rank) *Plt*

Station

Date *July 7th 1919*

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

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

Station

Date

August 18, 1919

Mr. Herbert Rideout,
Horse Islands, N.B.

Dear Sir:-

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

Yours truly

Captain & Paymaster

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

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

Christian name..... *Herbert* 2. Surname..... *Rideout*

3. Rank..... *Pte* 4. Regtl. No. *4924*

5. Address in full to which future payments of gratuity are to be forwarded..... *House 10 W.B.*

6. Date of enlistment in the Regiment..... *May 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 Nfld. If so, give dates and particulars of such service..... *England only*

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

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *July 17/19* (b) Reason for discharge. *Discharged*

..... *Rank*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of place, 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 Committee.

..... *No*

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

.....

.....

.....

.....

H. Pardeout

Signature of Applicant:

Place of Residence: *House 2. W.B.*

Declared before me at: *A. Jones*

This *12* 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 J. Carthy
J.P.

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Net amount due
.....
.....
Certified correct.			
			

Paymaster

7932

Nov. 30, 1919.

Horse Island
4924 Pte. Herbert. Palout

Dear Sir.

I am enclosing you a few words. saying I received your little medal of ribbon and was much pleased with it. I also monthly received my gratitude money till months payment. there was one allotment while we had never came from one \$18 cheque. Pte Joseph Curtis received one cheque it was made out in my mothers name and on envelope dress to Mrs Curtis I seen it myself. I ~~was~~ was telling him it was a mistake the cheque was made out for me. and a mistake in dressing it I am writing to you. to see if you could make it alright Joseph Curtis is a next door friend of mine. I am yours truly

4924. Pte. Herbert. Palout
Horse Island N. B
St Barbe

P.M.

4924 Rideout. ~~AD~~

Please make one pay. W.S.G.

6/12/19

W.F.R.

J.C.D.

Horse Island. St. Barb. Dist

July 24, 1919

Dear Sir.

Just a few words about my allotment. there is 10 months pay that havent come home I am writing to you to see about it. I have one cheque with no date on it and I cant tell you right what months are missing August are missing. and Sept or December one of them. I hope you will see to it please. and let me know where you sent it or not it may have been a mistake.

Cheque #47427
in payment for 4924
been present

Yours Sincerely
Herbert, Pideout
Horse Island. St-Barb french. Shore

Son of John. Pideout

Aug 1918	44948	6	18 ⁶⁰	Sep 1/18	m
Sept	"	47247	6	18 ⁰⁰	Oct 1/18
Dec	"	56518	6	18 ⁶⁰	Jan 1/19

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte,
Newfoundland

July 21^d 1919

No 4924 Rte # Kideoit

Dr. Manuel Hotel.

To Board and Lodging

3 00

Motor Boat Hire

Cartage

Paid

R. W. M. Storage

per E.D.

Extras

Pierre, Island.
4924. Pte. H. Picout

Dear Sir
Just a line to let you
know that I am mailing
a resait of my board while
staying at Mr. Manuel Hotel at
Sewisport July 21 when coming
home. I lost the resait and
happen to find it a few days ago
and I will forward it to
you now for balance. 2.50

I am yours Sincerely
4924. Pte H Picout

Pierre-Island
St. Barthe. W. Bay

Mrs. Cpt. Howley
Sincere friend

~~no trace~~

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

JUL 17 1919

\$ 70⁰⁰/₁₀₀

19

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W. S. G.
~~balance~~

W. S. G.

Ch. No. 3157 Initials awh

Pay Ledger 250 Initials WR

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

Regtl. No. Rank

No. 4924

Rank

Plt

Name

Rideout W

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Riderout A.	Age on	20	years	
Joined		Date	Place and Date of Enlistment		Fishermen
Joined	Date	6. 5. 14		Melth	Religion
Joined	Date	} with Colours ^{at} 36 ⁶ years. } with Reserve years.		Melth	Place of Birth
Joined	Date			Horse Island White Bay	

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
				Demobilized	John's	9	8/19		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4924 Rank Plt Name Piderout, A.
 Date of Enlistment 6-3-18 Address La Roche District St. John's
 Occupation Superman Classification for Discharge F 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 11-7-19 R.O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

A. Piderout

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable A60
- (b) Clothing Supplied [Signature]

Date 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92432 to his home at La Sere and Release Certificate No. 3577 issued.

Date 12-7-19 *J.A. Linnell*
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 9-8-19

Date 12-7-19 *J.A. Linnell*
Depot Paymaster

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	2 Form B
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 12-7-19 *J.A. Linnell*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 26 1919

Date *L.R. Cooper Capt*
O. C. Discharge Depot.

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

Date Aug 7/19 *J.H.*

Reg. No. *4924* Rank *Plt* Name *Adams W.*
Attested Address *Horse Island*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

12 7 19
26 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON 25 JUL 1919

C.R. 7924
Army Form 270

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 Hampshire Lancs* Former Trade or Occupation } *Fitterment*
2. Regtl. No. *4924* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Radiant* *Herbert* (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;
(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 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

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.)

No complains of no 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?

Refused

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.

W. E. Proemier, Capt-Ram
 Medical Officer in charge of case.

Station *Mazley Barr*

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.