

Reg. No. AA83 Rank Pr Name Rideout J.
Attested 19.4.18 Address Bell Blaine
Allotment 60 Allotee Mrs Jas Rideout, (Mother).
Date of Allotment 1-6-18 Returned from Overseas _____
Embarked for Overseas JUN 22 1918 Cause _____

Vacc 23⁴/₁₈ 1st Dec 1918 2nd Dec 1918 3rd Dec 17-5-18

C.R. 4483

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

The discharge of the undernoted on demobilization has been
CONFIRMED BY officer i/c Records from 30-6-19.

4483 Pts. Jos. Rideout.

C.R. 4483

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

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Dis charge Depot with effect from 16-6-19.

4483 Pte. J. Rideout.

6615

C.R.I. 4483

Bell Island

Sept-27 { 1919

Dear Sir-

As I am at present not
feeling very good I am not well enough
to go after it my self So I would be
more ^{than} thankful if you could send
to me my medal or ribbon I remain
yours Truly

H.H. 8-3 (to Jos Rideout
Wabana Mines

C. Jones

Bell Island

Con Bay

For attention: Keegan Mallard

C.R. 4483

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

Date June 18th 1919.

4483, Pte. J. Rideout.

Reported at Headquarters 1/6/19. RE "Corsican"

which sailed Liverpool May 22/1919.

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

C.R.

4483

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

#4483 Pte. J. Rideout^a

C.R. 4483

Extract from Nominal Roll Re-Inforcement Draft No.55: Embarked Folkestone,
26/10/18, from 2nd Battn, Royal Newfoundland Regiment, Hazeley Down Camp,
Winchester, to 1st Battn, Royal Newfoundland Regiment, B.E.F.

4483 Pte. Rifleout, J.

MP.

C.R. 4483

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,

By Lt. Col., T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Bn. 3-11-18.

4483 Pte. J. Rideout.

D Coy.

C.R.4483

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated June 14th, 1918.

#4483 Pte. H. Rideout.

Embarked for overseas with draft 21-C-18

CR 4483

May 18, 1918.

Sir:-

Pte. Joseph Rideout.

I beg to acknowledge receipt of your favor of 9th inst., re the above soldier, which I have passed to the Paymaster with the request that he forward the necessary forms to Mrs. Rideout to be filled in.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

P.S.Sainsbury Esq.,

Adjutant Salvation Army,

P.O.Box 64,

Bell Island Mines.

C. 4483

May 18, 1918.

Pte. Joseph Rideout.

Sir:-

I have the honour to enclose herewith letter from P.S.Sainsbury, Bell Island, with reference to the above soldier. Will you kindly forward ~~papers~~ papers to Mrs. Rideout to be filled in, with a view to obtaining separation allowance.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

Paymaster.

C.R. 4483

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

#4483 Pte. J. Rideout.

Attested for General Service with the Royal Wfld.
Regiment, from 19/4/18. ~~No extract~~

J. Rideout

C.R.

4483

PRO

Medical Report on an Invalid.

Station No. 1 Camp

Date 1. 5. 19.

- 1. Unit Royal Newflid.
- 2. Regimental No. 4483
- 3. Rank Pte
- 4. Name Rideout J.
- 5. Age last birthday 21
- 6. Enlisted { on Ap. 19. 1918
at St John

- 7. Former Trade or Occupation } Engineer
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Nil

Statement of Case.

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

- 9. Date of origin of disability. *Nil*
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *Nil*

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). *Nil*
 - (b) constitutional or hereditary, and not aggravated by service during the present war. *Nil*
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

He complains of no disability

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

Yes

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

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

No

- If so—(a) When?
- (b) Where?
- (c) Opinion?

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

No

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

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

No

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

No

20. Do you recommend—

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

Repatriation

Major Stone

Officer in medical charge of case.

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

Station *H. D. Camp*

Officer in charge of Hospital.

Date *1. 5. 19*

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

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Rideout, Regl. No. 4483
 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 ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4044	Mother	Mrs. James (Alice) Rideout,	Bell Island C.B.	
				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.) J. K. Cunningham
 Officer Commanding
 'A' Company
St. John's.
29-5 1918

(Sig.) Joseph Rideout
 (Rank) Pte.

To:- The Chief Paymaster.,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1483	Lt	Rideout	£250	J. Rideout

I have the honour to be, Sir,
Your obedient servant.

J. Rideout

Date

July 1/18

Rice J

4483

Pay Dept

June 29, 1919

WRS.
#2489 Pte. Joseph Rideout,
Bell Island. C.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2489.

Yours truly

Captain,
Paymaster & O. i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4483 Rank Pte Name Rideout J
 Intended place of residence Bell Island S.
2. Occupation Engine driver
 Classification of soldier 2 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 JUN 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 and date ST. JOHN'S
14-6-19
 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 and Date ST. JOHN'S
14-6-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-4-181 No of days on Military
 Discharged from service 15.6.19. PLUS 14 DAYS Service 437

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 15 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, Nfld
 Date June 29/1919
 Officer in Charge
 The Royal Newfoundland Regiment

AT 15209/2489

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4483 Rank Pvt Name Richard J. [unclear]
 Date of Enlistment 19.11.18 Address Bell Bls District St. John's
 Occupation Engine Driver Classification for Discharge E1 Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 460A	B 1915	/	do 2nd	" 3	3
B 179	D 4003	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 14-6-19 for H. [unclear]
 Voc. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

f. [unclear]

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 14-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 6-716371 by his home at Ball 95th and Release Certificate No. 275-6 issued.

Date 14-6-19 *J. H. Snowball*
Demobilization Officer

4. Pay and Allowances.

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

Date 14-6-19 24-6-19
Depot Paymaster *H*

Discharged approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 14-6-19 *J. H. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

JUN 15 1919

R.H. Sait Capt.

Date
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: *7/6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *13.6.19*

Regimental No *4483*

Name *Rideout, Jos* Rank *Pte*

Address *Bell Island*

Present Medical Category *A1*

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

Members of Board

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

H. Watson
Senior Medical Officer

W. S. Sinden
M. O. Depot

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. Dideout

Signature of Man.

Reg. No. *4483*

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

ST. JOHN'S.

Place

Date

11-6-19

191

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

MEDICAL HISTORY

Surname Rideout OF Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Belle Island County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	19 th day of Apr 1918	of <u>Johns</u>	day of	
Declared Age	19 years	days	years	days
Trade or Occupation	<u>Engine Driver</u>			
Height	5 feet 8 inches		feet	inches
Weight	136	lbs.		lbs.
Chest Measurement	Girth when fully expanded	35 inches		inches
	Range of Expansion	4 1/2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		<u>3750</u> <u>7/20/18</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/15</u>	R.E.—V=	
	L.E.—V=	<u>6/20</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at <u>St Johns</u>	at		
	on 19 th day of Apr 1918	on	day of	191
Joined on Enlistment	Corps <u>The Royal 1483</u>	Regtl. No. <u>Nfld Regt</u>	Corps	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
			day of	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
23.4.18	Vacc. LP
3.5.18	T.A.B. LP
10-5-18	Do LP
17-5-18	T.A.B. LP

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 2 for Discharge on Demobilisation. Medical category A 1

13.6.19
Date of T.M.B.

J. M. Smith
Captain
Travelling Medical Board

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

Casualty Form - Active Service.

Regiment or Corps. **ROYAL NEWFOUNDLAND REG.**

Rank *Oto* Surname *S. A.* Christian Name *Joseph*

Religion *S. A.* Age on Enlistment *19* years *19* months

Enlisted (a) *19/4/18* Terms of Service (a) **DURATION** Service reckons from (a) *19/4/18*

Date of promotion to present rank Date of appointment to lance rank

Extended () Re-engaged () Qualification (b)
or Corps Trade and Rate

Occupation *Engine Driver* *P. W. Queen* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	<i>26 OCT 1918</i>		
		Disembarked...	<i>NOV 1918</i>		
		Joined Battalion			
		<i>Arrived in UK</i>		<i>13/4/19.</i>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c. (17561.) W. 1887-P 1124, 1,000,000, 8/18. D & S. Form B.103, (E. 1265.)

P.T.O.

next of kin Mother, Mrs Alice Kiboni Bell Island Nfld

Medical Report on an Invalid.

Station Hazley Down.Date 1-5-19

1. Unit Royal Newfoundland. 7. Former Trade } Engineer
or Occupation }
2. Regimental No. 4483
3. Rank Pte
4. Name Pickout. G.
5. Age last birthday 21
6. Enlisted { on Apr. 19. 1918
at St John's
- 7A. If with previous service in Army, state—
(a) Former Unit ;
(b) Regimental No. ;
(c) Date of Discharge ;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

nilStatement of Case.

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

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

He suffers from disability

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

Repatriation

M.R. Jones
Major Jones

Officer in medical charge of case.

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

Station *Stalybridge*

Date *1-5-19*

Officer in charge of Hospital.

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

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



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

Joseph Rideout

Regiment from which discharged

Royal Newfoundland

Regimental number

224 83

Intended address

Bell Island,

Height on discharge

5' Feet 8

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue,

Descriptive Marks

Medium

Figure on discharge

Christian name of Father

Alice

Christian name of Mother

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Bell Hill Cove, 19th April, 1889

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)

Joseph Rideout

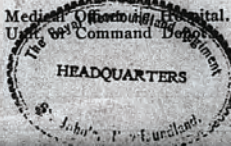
Plt
(Rank)

Station **ST. JOHN'S.**Date *13-6-19*

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

Station

Date



July 14, 1919

#4483 Pte. Joseph Riceout,
Bell Island, C.B.

Dear Sir:

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

Yours truly

Captain
Symaster * Officer in Charge Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 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... *Joseph* 2. Surname... *Rideout*
3. Rank... *Pte* 4. Regt. No. ... *4483*
5. Address in full to which future payments of gratuity are to be forwarded... *Bell Island C.B.*
6. Date of enlistment in the Regiment... *April 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... *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 Mfld. If so, give dates and particulars of such service... *Overseas*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *Fourteen months and 10 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.

\$78.69 Clothing etc

15. Have you been issued with a War Service Badge? *no*

16. Have you, during the present war, served in the Imperial Forces? *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *no*

19. Are you now serving in the Regt.? *no* If not give- (a) date of discharge

June 29/19

(b) Reason for discharge *Demobilization*

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

France Belgium + Germany

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

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

Signature of Applicant: *Joseph Dideant*

Place of Residence: *Bees Island, C.B.*

Declared before me at: *St Johns nes*

This *14th* day of *June* 19*19*.

Signature of Berrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.
John Mc Carthy

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

FIRST NEWFOUNDLAND REGIMENT

NUMBER

Separation Allowance Branch.

NOTICE!

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question. Each statement is considered as being made on Oath and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to :-

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of Soldier Rank Reg't or Unit Regt. No.
Wm. Rideout *Cte* *Royal Fld* *1188*

2. Age of Soldier Married or Single.
19 years *Single*

3. Name in full of Mother Age Occupation Permanent Address
Alice Rideout *39* *Miner* *Bell Island*

4. Give name of your husband Age Occupation Where Employed.
James Rideout *44 years* *Miner* *Bell Island*

5. If your husband is not supporting you state the reason.
Husband Dead

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)

Attachment Commencing for 64 per cent commencing 11/11/17.
[Signature]

7. If you are a widow state date and place of death of your husband.
Husband died at Bell Island March 1st 1917

8. Have you married again since death of above mentioned husband?
No

9. Names of your other Children Address in Full Age Occupation Married Single.

<i>Alice</i>	<i>Bell Island</i>	<i>16</i>	<i>—</i>	<i>S.</i>
<i>Bert</i>		<i>13</i>	<i>—</i>	<i>—</i>
<i>Willie</i>		<i>12</i>	<i>—</i>	<i>—</i>
<i>Violet</i>		<i>8</i>	<i>—</i>	<i>—</i>
<i>Minnie</i>		<i>6</i>	<i>—</i>	<i>—</i>
<i>James</i>		<i>2</i>	<i>—</i>	<i>—</i>

[Signature]

Amount earned
State amount earned by yourself
or your husband.

11. State amount and source of any other income. \$6.00 a quarter from Relieving Officer
12. State value of real property belonging to you and your husband. Nothing but few household effects
13. State value of personal property belonging to you and your husband. ''
14. If husband is dead state value of real and personal property left by him. nil
15. Actual amount contributed by soldier during the year prior to enlistment. \$50.00 per month
16. Was this amount contributed weekly or monthly. monthly
17. Did this amount include payment of son's Board etc. Yes
18. State your son's trade or occupation prior to enlistment. mines
19. State amount of his wages per week.
20. State name and address of his last employer. S. G. S. Co. Bell Island
21. State amount of monthly support from son since enlistment. nil
22. State amount of allotment received by you from son monthly.
23. State from what date did you receive allotment? nil
24. Actual amount contributed by other children. Weekly Monthly One boy earns \$30.00
25. Are any of these children in the employ of you or husband? no
26. If not receiving support from other children state cause. Explain fully. Other children too young
27. With whom are you residing at present. In a hired house
28. Have you made a previous claim for Separation allowance? If not, why? Give particulars. No. Son just enlisted
29. Are you already in receipt of Separation Allowance from any source? If so, how much? No

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

No

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government.

No

32. In what capacity and in what place?

33. Is he in receipt of a salary as much while serving in the Nfld. Regt. If so, how much?

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant..... *W. C. Redout*

Place of Residence..... *Bell Island, B. B.*

Declared and subscribed before me at..... *Bell Island*

this..... *4th* day of..... *June*..... 191*7*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary..... *B. G. Howell, S. J.*
Public or Justice of the Peace.

This application must be signed by two responsible Parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman..... *P. S. Sainsbury, Adjt. S. Army*

Signature of Member of Patriotic Fund Committee..... *William T. Butler*

Approved
W. C. Redout
[Signature]

January 2nd 1920.

4483, Pte. Jos. Rideout,
Bell Island. C.B.

Dear Sir:

Referring to your application of rescent
date for Discharge Badge. This request cannot be
granted, as you were discharged from the Royal New-
foundland Regiment A.I, please.

Yours truly,

Lieut.
for Paymaster.

RS/.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheets 1

Regiment of Royal Newfoundland

Signature of O. C. Company G. James

G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years — months	<i>Engineer</i>	
<i>HH83</i>	<i>Jos. Ridout.</i>	Place and Date of Enlistment	<i>St. Johns 19. 11. 18</i>	Religion	
Joined	Date	Period of	with Colours ⁷³ years. with Reserve ¹³⁶⁵ years.	<i>S. A.</i>	
Joined	Date			Place of Birth	<i>Bell's Cove</i>
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
				<i>Demobilized St. Johns, 29 ⁶/₁₉</i>					

To be carried over

Paymaster



4483

Dear Sir:

Please Excuse me as
writing you for the second I write before for
my returned Badge or my ribbon and
got no reply as yet - That is over a week
ago please send if either one there for
me or let me know

I remain your truly

H4 83. Pte Joseph Redmont
Bell Island Con Bay
Newfoundland

Richard Foster 13/10/199.

4483

MOTHER

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE:

This Statutory Declaration is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Regt. or Unit. Reg't. No.

Joseph Rideout Mtr A 60

2. Age of soldier. Married or single.

19 Single

3. Name in full of mother. Age. Occupation. Permanent address.

Alice Rideout 39 Housekeeper Bell Island

4. Give name of your husband. Age. Occupation. Where employed.

James Rideout 44 dead

5. If your husband is not supporting you, state the reason.

dead

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.

1st March 1917

8. Have you married again since death of above mentioned husband?

No

9. Names of your other Children. Address, full. Age. Occupation. Married or single.

Alice Rideout	Bell Island	16	Not employed
Berth Rideout	"	14	School boy (See note at end of p. 25.)
William Rideout	"	12	"
Mabel Rideout	"	10	School girl
Melley Rideout	"	7	"
James Rideout	"	2	"

Attachment connected with
Parade Commemorative
June 1st 1918
M.P.

10. State amount earned by (a) Yourself *housewife, nearly blind*
 (b) Your husband
-
11. State amount and source of any other income. _____
-
12. State value of real property belonging to your husband. _____
-
13. State value of personal property belonging to you and your husband. _____
-
14. If husband is dead, state value of real and personal property left by him. _____
-
15. Actual amount contributed by soldier during the year prior to enlistment. *About \$500⁰⁰*
-
16. Was this amount contributed weekly or monthly. *Monthly*
-
17. Did this amount include payment of son's board, etc. *Yes*
-
18. State your son's trade or occupation prior to enlistment. *Diving on Air Boat*
-
19. State amount of his wages per week. *\$12⁰⁰ to \$14⁰⁰*
-
20. State name and address of his last employer. *Dominion Iron & Steel Co. Ltd*
-
21. State amount of monthly support from son since enlistment *\$18⁰⁰ to \$18⁰⁰*
-
22. State amount of allotment received by you from son monthly. *\$18⁰⁰ to \$18⁶⁰*
-
23. State from what date did you receive allotment. *July 8th*
-
24. Actual amount contributed by other children. _____ Weekly. _____ Monthly. _____
-
25. Are any of these children in the employ of you or husband? *Yes*
-

- 26. If not receiving support from other children, state cause. Explain fully? *Too Young*

- 27. With whom are you residing at present? *Feited house*

- 28. Have you made a previous claim for Separation Allowance? If not, Why? Give particulars *No*

- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

- 30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *3000/- per attached letter.*

- 31. Was the soldier at the time of his enlistment an employee of the Mfld. Government? *No*

- 32. In what capacity and in what place. _____

- 33. Is he in receipt of a salary as such while serving in the Royal Mfld. Regt.. If so, how much? _____

~~XXXXXXXXXXXX~~ I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant..... *Alice Rideout (Widow)*
 Place of residence..... *Bell Island*
 Declared and subscribed before me at..... *Bell Island*
 this..... *13th* day of *August* 1918
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *A. G. Brown, S.M.*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct and the soldier first above mentioned, is the sole support of the applicant.

Signature of clergyman..... *J. Head (Rector, St. John's Church)*
 Signature of Member of Patriotic Fund Committee..... *W. H. Miles (Res. No. 11) Secy. Mfld. Patriotic Fund. Bell Island.*

Note

After careful investigation, we find that Bertram Rideout, age 14 is employed by the Dominion Iron & Steel Co. Ltd., earning from \$35 to \$45 per month.

5693

Bell Island

July 5th
1919

Dear Sirs:-

I feel it my pleasure
in taking my Pen in hand
just to let you know that I...
Joseph Rideout have got my
discharge certificate and I
have not received my money as
yet please kindly look it up

I remain yours truly
H483. *Joseph Rideout.*

Wabana Mines.

Bell Island, C.T.

Newfoundland

Mailed 14/7/19



85.

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

..... May 18, 1918.

Pte. Joseph Rideout.

Sir:-

I have the honour to enclose herewith letter from P.S.Sainsbury, Bell Island, with reference to the above soldier. Will you kindly forward ~~necessary~~ papers to Mrs. Rideout to be filled in, with a view to obtaining separation allowance.

I have the honour to be,

Sir,

Your obedient servant,

A. Montgomerie

Major.

District Officer Commanding.

Newfoundland.

Paymaster.

per. H. Davidson.

44 83

Bosc 64
Bell Island Mills,
May 9-'18.

Major Montgomery,
7th Field Regiment Headquarters,
St John's,

Dear Sir,

I am requested
by Mrs Ridout, the mother of Private
Joe Ridout, No. , to write you
concerning her son's pay.

She wishes to know if it would be
possible to give him a married man's
pay, so that he can send her a
sufficient amount to keep herself and
family of six children, as her husband
is dead and the private is the only
support she had.

Awaiting your reply.

I remain,

Yours truly,

D. S. Sainsbury

Adjutant, Salvation Army

C.R.

4483^o

RECEIPT FOR ISSUE OF
RIBBAND OF BRITISH WAR MEDAL 1914-1919

I certify that I have received a issue of 5 inches
of Ribband of British War Medal-1914-1919.

NAME *Joseph Rideout*.....

(Date) *20 oct*.....

(Place) *Bell island*.....

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 44483 Rank Pvt. Name Richard J. [unclear]
 Date of Enlistment 19.11.18 Address Bell St. [unclear] District [unclear]
 Occupation Engine Driver Classification for Discharge 17 Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1436	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board list	" 2
B-178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 14-6-19 for [unclear] C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in in a position to resume civilian occupation.

f. Hideout

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 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 0-7169717 to his home at Bell 75ld and Release Certificate No. 2756 issued.

Date 14-6-19 *J. J. Snow Capt*
Demobilization Officer

34. Pay and Allowances.

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

Date 14-6-19 *J. J. Snow Capt*
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	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	2 Form B
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 14-6-19 *J. J. Snow Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919 *R.H. Sait*
O. C. Discharge Depot.

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

Date June 4/19 *J. J. Snow Capt*

Reg. No. *4443*. Rank *Pfc* Name *Lieutenant Jrs.*

Attested Address *13 Ill Salau*.

Allotment Allottee

Date of Allotment Returned from Overseas *29.8.19.*

Returned on S.S. *Rossieau* Cause *Discharge*

14-6-19

15-6-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION