



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5558 Name Peter B. Ridout Corps Meth

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Peter B. Ridout</u> |
| 2. What is your full Address? | 2. <u>Exploits H. N. D. B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Coast Trader</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 <u>Y</u> |
| 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> |

Peter B. Ridout

I, Peter B. Ridout 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.

Peter B. Ridout SIGNATURE OF RECRUIT.
Pte R. Power Signature of Witness.

Peter B. Ridout

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Peter B. Ridout 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 1st day of June 1918

Signature of Attesting Officer Asdicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

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

Date.....1918

Place.....

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5558

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

Name Peter B. Ridout

Apparent age 21 years months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 37 1/4 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Silas Ridout
Exploits Hr. | Relationship Father.
A. D. B. 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>11-6-18</u>									
Joined at <u>St. John's</u> on <u>June 1-1918</u>									
<u>Discharged July 19 1919</u>									
<u>Embarked St. John's S.S. Columbella to Halifax N.S. 27th</u>									(2)
<u>Disembarked France 28-11-18</u>									
<u>Joined Battalion 5-1-19</u>									
<u>Transferred from Queen 22-7-19</u>									
<u>to 4th for demobilization 22-5-19</u>									
<u>Arrived 4th 1-6-19</u>									
<u>Demobilization St. John's 19-7-19</u>									
Total Service forfeited as above <u> </u>									
Total Service towards Engagement to <u>19-7-1919</u> [date of discharge]									
" " Pensions " <u> </u> [" "] " " " "									

Reg. No. 5558 Rank..... Name Fideout P27
Attested 1-6-18 Address Exploits 24r
Allotment 60 Allottee Jessie Fideout (mother)
Date of Allotment 1-8-18 Returned from Overseas.....
Embarked for Overseas JUL 22 1918 Cause.....

3/6/18	Nace	2 nd noc	11-7-18
13/6/18	1 st noc		
23/6/18	admitted	Barracks Wash	
28/6/18	Discharged from	" "	
H.L. 30/6/18		by G.S. R.L.	6-7-18.

C.R. 5558

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 25th, 1919.

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

5558 Pte. Peter Rideout.

C.R. 5558

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 7th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect 4-7-19

5558 Pte. Peter Rideout.

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

C.R. 5558

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

#5558 Pte. P. Rideout.

C.R. 5558

Extract from Nominal Roll of draft No. 56 from the 2nd., Battalion
Winchester to the 1st. Battalion, Royal Newfoundland Regiment
B. E. F., Embarked Southampton 23/11/18.

#5538 Pte. P. B. Ridout.

BG.

C.R.

5558

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

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

#5558 Pte. Peter Rideout.

C.R. 5558

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated June 5, 1918.

#5558 Pte. P.H. Rideout.

Attested for General Service with the Royal Nfld. Regt.
from 1.6.18

A.B. Rideout.

C.R. 5558.

1890

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal New Zealand*
2. Regtl. No. *5558* 3. Rank *Pte*
4. Name *Midgout* *P.*
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on *1/6/18* at *8th Bn*
in category (or grade).....
7. Former Trade or Occupation } *Trades*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity
(if any)

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

Statement of Case.

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

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

11. Date of origin of disability. *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? }

He complains of no 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.

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

16. Was an operation performed? If so, when and what was its nature? *No*
17. If not, was an operation advised and declined? *No*
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? *No*
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? *No*

Repatriation

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.

Majr DADMS

Capl Rame

Station *Hazley, Stron*

Date *30/4/19*

Sgd. J.P. Knight

Medical Officer in charge of case.

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

11:40 AM
Had

POST OFFICE



TELEGRAMS CONTINGENT,
PAY & RECORD OFFICE.

Office Stamp.

This Form must accompany any inquiry respecting this Telegram

3554

Office of Origin and Service Instructions.



Hazeley Camp

Rec'd 10 MAY 1919

Ack'd

Ans'd

Ref. Nos. OUT

In at 9:53 2/288/345

ACTED UPON

TO

Payms Ray
58 Victoria
Record Officer
P & A
B & E

Any money there Ridout 5558 for
Lacey 5420 if so please
send immediately H Lacey
Hazeley Down

No. 7288/345

N.F.P. 176.

099804

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding, *099804*
1st Bn Royal Newfoundland Regiment
Winchester

12th May 1919

May 12th 1919

5558 Pte Rideout P.R.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 (3.5.19)

Officer Commandg. 12 Batt'n.

"Pay to-5558 Rideout
£5:0:0:

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

Received the sum of Five pounds (£5.0.0) in respect of telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c records.

P. Rideout
No. 5558 Rank Pte

Witness: J.N. Dicks Sgt

No. 15448/1604.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Rgt,
Winchester.

September 26th, 1918

Sep 28 1918

Subject: 5558, Pte. P.B.Rideout.

With reference to the following telegram (3321) from the Hon. Minister of Militia, received

"Pay to 5558, Pte. P.B. Rideout, £3.0.0.

Draft £ 3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder.

[Signature] **LIEUT. COLONEL,**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

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

Peter Rideout.
No. 5558 Rank Pte

Witness Pawolowson
cert

No 4763/204

From: NEWFOUNDLAND CONTINGENT

N.F.P./80.

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

To: Officer Commanding,
1/Bn. Royal Newfoundland Regiment,
B.E.F.

6 26th March 1919

5558 Pte Rideout P.B.

With reference to the following telegram from the Minister of Militia, / / (98)

"Pay to- 5558 Rideout
£5. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

W. H. [unclear]
Chief Paymaster & O. i/c Records

11-11-1919

5558 Pte Rideout P.B.

This man wishes the amount returned to credit of his account please

Deposited 26/3/19 [Signature]

Rideout, A.

5958

Hay Sept.

7
July 22, 1919

#5558 Pte. Peter Wideout,
Exploits Harbor, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3147

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5558 Rank Private Name Rideout Peter
 Intended place of residence Exploits
 2. Occupation Trades
 Classification of soldier F Medical Category A.I.

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 3 1919

R. H. Lait Major
 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 3 - 1919

Peter Rideout
 Signature of soldier
J. A. Howley Capt.
 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 3 - 1919

Peter Rideout
 Signature of soldier
J. W. Chancey Esq.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-6-18 No. of days on Military
 Discharged from service 5-2-19 Plus 14 days Service 414

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S JUL 5 1919

Date

R. H. Lait Major
 Officer i/c Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 19/1919

J. W. Howley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

ATS 20791 3147



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

 Line No. 92 Sent by bc Rec'd by _____ Check 9 No. _____

Place from _____

To _____

 Ex plots 2
 Jan of military

 Cable 5-5-5-8 Rideout

 Five pounds money
 wired your office
 Silas Rideout


£5

June 10, 1919

Mr. Silas Rideout,
Exploit's.

Dear Sir:

With reference to your telegram of
May 2nd. I beg to state that I have cabled £5 to No.
5558, Pte. Rideout.

Yours truly

Lieut.
For Paymaster

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

2.7.19

Regimental No *5558*

Name

Rideout, Peter

Rank

Pte

Address

Exploits

Present Medical Category

A1

Recommended for: —

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. East
Major

O.C. Discharge Depot.

Harrison
Senior Medical Officer

L. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5558 Rank ptr Name Pedest P B
 Date of Enlistment 1-6-18 Address Asphalts District J Gator
 Occupation Trader Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1 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	5
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 2-5-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Peter Pedest

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied [Signature]

Date 3-7-14 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2221 to his home at experts and Release Certificate No. 3136 issued.

Date 3-7-19

J.A. Snow Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-7-19

Date 3-7-19

H. M. ins. Lt.
Depot Paymaster.

Discharged approved for 0-7-19
Forwarded with following documents to O.C. Discharge Depot.

N. F. P136	B 268	B 121	N. F. Med	D. F. 1
B 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
B179c	B 120	M 93		

2 Form B

Date 3-7-19

J.A. Snow Capt.
O. C. Discharge Depot.

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 5 1919

R.H. Chait MAJOR
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.

Peter R. DeWitt

Signature of Man.

J. J. Newbatt

Signature of the Vocational Officer or his Representative.

Reg. No. 3358

ST. JOHN'S.

Place

Date

JUL 3 - 1919

191

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

MEDICAL HISTORY

OF

Surname Rideout

Christian Name Peter B.

Table I.—GENERAL TABLE.

Birthplace:—Parish Exploits for N.F.S. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June		191
	at	Exploits.	at	
Declared Age	21	years		days
Trade or Occupation	Trader			
Height	5	feet 8		inches
Weight		148		lbs.
Chest Measurement	Girth when fully expanded		37½	inches
	Range of Expansion		1	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R. E.—V=	6/12	R. E.—V=	
	L. E.—V=	6/12	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>Lambert Peterson</u>			
(Rank)	Major			
Enlisted	at	Exploits	at	
	on	1st day of June	on	day of 191
Joined on Enlistment	Corps.	Royal Nfld. Regiment.	Corps	
		5558	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Peter Rideout*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5558*

Intended address *Exploit's Str.*

Height on discharge *5'* Feet *8*

Color of hair on discharge *Black.*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Silas*

Christian name of Mother *Jesse.*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Exploit's, 11 June 1894*

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) *Peter Rideout.*

Pvt.
(Rank)

Station *St. Johns*

Date *July 2-7-19*

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/c Hospital.
Unit, or Command Depot.

Station

Date

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 Fusiliers and Regt* 7. Former Trade or Occupation } *Trades*
2. Regtl. No. *2508* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Rideaut P.*
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on *1. 6. 18* at *St John*
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."
11. Date of origin of disability. *1898*
12. Place of origin of disability. *me*
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. *had had had*

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? } *n*

The Complaints of my 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.

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

16. Was an operation performed? If so, when and what was its nature? *n*
17. If not, was an operation advised and declined? *n*
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? *n*
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? *n*

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.

Reputation
none
myself
apt
DA.M.C.

Station *Staglog Down*

Date *25/4/19*

Medical Officer in charge of case.

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

July 24, 1919

#5558 Pte. Peter Hideout,
exploits, Harbor, N.D.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 & Paymaster,

DEPARTMENT OF MILITIA,
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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..... *Peter* 2. Surname..... *Rideout*
3. Rank..... *Pte* 4. Regt. No. *5-5-58*
5. Address in full to which future payments of gratuity are to be forwarded..... *Esplanade St. N. N.S.*
.....
6. Date of enlistment in the Regiment..... *June 11 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
.....
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..... *Overseas*
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Over 1 1/2 years*
..... *1 1/2*

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 Regt.?..... *no* If not give:- (a) Date of discharge..... *Jan. 16/19.*

(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: *Peter Redmond*
 Place of Residence: *Explan to H. N. B.*
 Declared before me at: *St John's*
 This *3* 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 M. Conroy

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

5558

Sept. 19th. 1918.

Mr. M. Winsor,
Post Master, EXPLOIT'S.

Dear Sir:

With reference to your letter of Sept. 11th. on behalf of Mrs. Jessie Rideout, I beg to inform you that her son, Peter declared an allotment in her favour commencing from Aug. 1st. and that a cheque was posted to her on Sept. 7th. in payment for the month of August.

Hoping this information will be satisfactory.

Yours truly,

Lieut.
For Paymaster

2609

7 5558

Expts Sept 11/18

J. M. Howley Esq Postmaster 27th Regiment
Dear Sir

Have been asked by Miss Jennie Redcomb to
write you re her sons Peter pay for
August month she expected her allotment but
it did not come she has now received
it for September and would like to know if
it was sent and went astray

Yours respectfully
Wm. G. Winsor
Postmaster Expts

Mr Maddick
kindly advise Mr Redcomb
that it was sent Aug allot.
that she received on Sept 11/18.
As allotment in question began
Aug 21 1918. U.S.A.

ST. JOHN'S, JUL 9 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt J Rideout

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

5558 Plt J Rideout \$ 31.00

B. V. ...

ACCOU T	
CH NO	<u>2117</u>
LD	
PAY EDG	
GEN LEV	

Certified correct for \$ 31.00

Peter Rideout
Plt

M. Blawie

Billeting Officer.

Receipt for Army Book 64

No. 5558

Name

P. B. Rideout

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

Name

Peter B. Rideout

Date

July 26/7/20

Place

Exploits Harbour

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

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

W. D. S. Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours	years	with Reserve	
Joined	Date	with Reserve	years		

558 Paris B Rideout
21
St John's
1-6-18
Meth.
14 1/2
3 1/2
Exploit N.C.

Place	Date of Offence	Rank	Cause of Discharge, if any	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>19</i>	<i>7</i>		

To be carried over.

Army Form B. 121.

Dear Sir

Enclosed please
find Gen. Ser. Riband's
receipt attached, please
sign same return to
this office.

Not having service
in a theatre of war previous
to the Armistice 11-11-18 - you
are not entitled to the
victory medal.

Sincerely yours.

Grand Falls.
May 3rd/20.

Dear Sir:-

Just a few lines to
ask you about my
ribbons. I haven't received
any ribbons yet. I would
like to have the Service
ribbons & the Victory ribbons.

Yours Truly,

Peter B. Rideout -

My A...

Mr. Peter B. Rideout -
Grand Falls

c/o Harry Ball. 558

7
C.R. 5558

May 13th 1920.

Mr. Peter B. Rideout,
c/o Harry Ball, Esq.,
GRAND FALLS.

Dear Sir:-

Enclosed please find General
Service Riband and receipt attached, kindly
sign same and return to this Office.

Not having service in a theatre
of war previous to the Armistice 11-11-18, you
are not entitled to the Victory Riband.

Yours Faithfully,

2/Lt.

CASUALTY OFFICER.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5558 Rank Plt. Name Lieutenant P.B.
 Date of Enlistment 1-6-18 Address Exp. Hts. District St. John's
 Occupation Trader Classification for Discharge F. Medical Category A1
 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 Ist.	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 2-5-19

M. W. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

P. B. Rideout

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 Complimentary

Date 3-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 82221 to his home
 at Exploits and Release Certificate No. 3136 issued.

Date 3-7-19

J.A. Snow Capt
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-7-19

Date 3-7-19

J.A. Snow Capt
 Depot Paymaster.

Discharge approved for

5-7-19
 Forwarded with following documents to O. C. Discharge Depot.

N.P. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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
B179c	B 120	M 93		

2 Form B

Date 3-7-19

J.A. 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 GratuityDate JUL 5 1919

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

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

Date July 21/19

Reg. No. *5958* Rank *Pfc.* Name *Rideout P.B.*

Attested Address *Exploit*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

3.7.19
5.7.19

PASSED TO DEMOBILIZATION OFFICER.
DISCHARGE APPROVED ON DEMOBILISATION.