



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5500 Name Thomas Rideout Corps Medth.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Thomas Rideout</u>           |
| 2. What is your full Address? .....  | 2. <u>Long Sdld.</u>               |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>25</u> Years <u>0</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, Thomas 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.

Thomas Rideout SIGNATURE OF RECRUIT.  
Pte. R. Power Signature of Witness.

Thomas 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 stated 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 29 day of May 1915.

Signature of Attesting Officer Essdicks 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 ..... 1915 } Approving Officer.  
 Place .....

† 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

5900

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

Name ~~Thomas~~ *Thomas Rideout*

Apparent age *25* years *0* months. Height *5* feet *7 1/2* inches

Chest Measurement { Girth when fully expanded *38* inches  
Range of expansion *4 1/2* inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *John Rideout*  
*Longfield* | Relationship *Father*  
*Cutwell Ave. N.P.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	Regt. 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 liability engagement reckons from <i>29-5-18</i>									
Joined at <i>St. Helens</i> on <i>Nov 29-1918</i>									
<i>Discharged August 11/1919</i>									
<i>Embarked St. Helens to Halifax N.S. 22.7.18</i>									
<i>With proceed to join 1st forestry Coy 12th Div and one month protection to title for demobilization 24-6-1919.</i>									
<i>Arrives Southampton 1-7-1919</i>									
<i>Demobilization St. Helens 11-8-1919</i>									
Total Service forfeited as above.....									
Total Service towards Engagement to <i>11-8-1919</i> (date of discharge)					<i>1</i> years	<i>75</i> days			
" " Pensions " " " " " " " " " " " "									

C.R. 5500

Extract of ~~the~~ Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, ~~Writ~~ July 16th, 1919

The discharge of the undemoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 28-7-19

5500 Pte. Thos. Rideout.

C.R. 5500

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

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

5500, Pte. Thos. Hideout.

C.R. 5588

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, July 24/1919.

5500 Pte. J. Rideout.

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

C.R. ~~3300~~

5500

Extract of DAILY ORDERS BY MAJOR M.S. SULLIVAN  
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

18/11/18.

The undermentioned having completed his trial with this Unit  
is attached to the strength from 25/10/18 and posted to C. Co'y.

5500

#3300 Pte. T. Ridout.

C.R. 5506

Extract from Orders by Lt.Col., B.J. Barten, D.S.O., Commanding  
2nd Bn., Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY  
CORPS on one month's probation as from 12/9/18:-

5500 Pte. T. Rideout.

C.R.



Extract from Daily Orders part 21, from Unit The Royal  
R21A, Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columella" July 25, 1918.

#5500 Pte. Thomas Rideout.



C.R. - 5500

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regt. St. John's, dated May 30th, 1918.

#5500 Pte. T. Rideout.

Attested for General Service with the Royal Wfld. Regt.  
from 29.5.18

*T. G. Devoat*

C.R.

5500

~~*550*~~





No. 4251/637

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 Regt.,  
Hazeley Down Camp,  
Winchester.

17 17th March 1919

March 18<sup>th</sup> 1919.

5500 Pte. Rideout T.

With reference to the following telegram from the Minister of Militia / / ( 79 )

Receipt hereunder.

"Pay to- 5500 Rideout,  
£6. 3. 0.

*[Signature]*  
Officer Commdg. 2 Batt'n  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Cheque £ 6. 3. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £ 6. 3. 0

Six Pounds three shillings in respect of telegraphic remittance from the Minister of Militia.

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

Thomas Rideout  
No 5500 Rank Pte

Witness DW Parsons L/c.

Ridesout, T.

5500

Hay & Sept.

August 14, 1919

#5500 Pte. Thomas Rideout,  
Cutwell Arm, N. D. B.

Dear Sir:-

Please find enclosed Discharge Certificate #8749.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5580 ..... Rank. Pte ..... Name. Ridesout J.  
 Intended place of residence. Catwell Ave

2. Occupation ..... Bushman  
 Classification of soldier. C ..... 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 14 1919

H. Messitt  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 14 1919

J. Ridesout  
 Signature of soldier

A. M. Brewster  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 14 1919

Thomas Ridesout  
 Signature of soldier

W. J. Cleary  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 29. 5. 18. ..... No. of days on Military  
 Discharged from service. 28. 7. 19. ..... Plus 14 days Service. 440

### 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 JUL 28 1919

H. R. Cooper  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 11/1919

M. Bowley  
 Officer in Charge  
 The Royal Newfoundland Regiment

3  
20  
31  
11  
65

20781 3949



# The Royal Newfoundland Regiment

Class for Demobilization:—

*86*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 12/19*

Regimental No. *5500*

Name

*Shos Ridout*

Address

*Rutwell arm Long Isld P. B. B*

Present Medical Category

*A-7*

Recommended for:— (a) Immediate discharge

(b) Standing Medical Board

*A. R. Cooper Capt.*  
O. C. Discharge Depot.

Members of Board

*J. Paterson*  
Senior Medical Officer

*T. W. Borden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2500 Rank Plt Name Richard J  
 Date of Enlistment 29-5-18 Address Cutwell Lane District 17 Jap  
 Occupation Soldier Classification for Discharge 4 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 12-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

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

*Thomas Pidsout*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00  
 (b) Clothing Supplied \_\_\_\_\_

Date 12-7-19

O j.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2393 to his home  
 at Burtwell Ave and Release Certificate No. 3376 issued [Signature]

Date 14-7-19 [Signature]  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 11-8-19

Date 14-7-19 [Signature]  
 Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268.	B 121.	✓	N.F. Med.	D.F. 1.	✓
E 178.	W 3494	B 122.		Board 1st.	" 2.	
F 178a.	D 400A.	B 1915.	✓	do 2nd.	" 3.	3 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 14-7-19 [Signature]  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUL 28 1919 [Signature]  
 O. C. Discharge Depot.

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

Date .....

## 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.

*Y. Rideout*

Signature of Man.

*W. Blouston*

Signature of the Vocational Officer or his Representative.

Reg. No. 5500

Place ST. JOHN'S.

Date 14-7-19 191

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

## MEDICAL HISTORY

Surname

Riceout

OF

Christian Name

Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish

Long Island, Antigua, Barbuda, County

Nfld

## SPECIAL RESERVE

## REGULAR ARMY

Examined	on	27 <sup>th</sup> day of May 1918	on	day of	191
	at	St. Johns	at		
Declared Age		25 years		years	days
Trade or Occupation		Seaman			
Height		5 feet 7 <sup>1</sup> / <sub>4</sub> inches		feet	inches
Weight		154 lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	38 inches		inches	inches
	Range of Expansion	1 <sup>1</sup> / <sub>4</sub> inches		inches	inches
Physical Development					
Vaccination Marks	Right Arm	/	Left Arm	/	
	Number				
When Vaccinated					
Vision	P.E.—V	6/6	R.E.—V		
	L.E.—V	6/6	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)		[Signature]			
(Rank)					
		Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at		
	on	29 <sup>th</sup> day of May 1918	on	day of	191
		Corps.		Corps	Regtl. No.
Joined on Enlistment		The Royal			
		Wentworth 5500.			
Transferred to					
Became non-effective by					
(Signature)	on	day of	191	on	day of
(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. e 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 *Thos Rideout*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5500*

Intended address *Catlett Arm Long Isld. Nfld.*

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 *John*

Christian name of Mother *Elizabeth*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Long Isld. 10th July 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) *Thomas Rideout* *Plt*  
(Rank)

Station *A. John* Date *8.7.19*

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

The Physician  
HEADQUARTERS  
ORDERLY ROOM  
Medical Officer in Hospital.  
Unit, or Command Depot.  
Newfoundland

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

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

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

1. Unit and Corps. Royal Newfoundland Former Trade or Occupation } Soldier
2. Regtl. No. 5500 3. Rank. Pvt 7a. If the soldier claims previous service in Army, he should state—
4. Name Rescott Thomas (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday 26
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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 general 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 ?

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.)

*See Complaint of no disability*

In all cases such as facial injuries, eye ears, 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.

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

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

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

*Repatriation*

*W. E. Proctor, Capt RMC*  
 Medical Officer in charge of case.

Station .. *Hazelton, Lower*

Date .. *16. 1. 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

August 16, 1919

Mr. Thomas Rideout,  
Cutwell 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 War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *Thomas* ..... 2. Surname..... *Rideout* .....
3. Rank..... *Rt Lie* ..... 4. Regtl. No..... *5500* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Cutwell St. N.D.B.* .....
- .....
6. Date of enlistment in the Regiment..... *Nov. 1918* .....
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..... *Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen mds.* .....
- ..... 1.  $\frac{2}{3}$  .....

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?                     

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

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.                     

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

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

19. Are you now serving in the Res? *no* If not give:- (a) Date of discharge. *July 28/19* (b) Reason for discharge. *Wounded*

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

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: *Thomas <sup>his</sup> Rideout*  
 Place of Residence: *Cutwell St. N.D.B.*  
 Declared before me at: *St John's*  
 This *14* day of *July* 19*19*....

Signature of Barrister of the *John M. Clarke*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *JP*

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



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company Edwards Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Thomas Rideout</u>	Age	2 5' years months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St John's</u>	<u>Method.</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date	with Colours } 1 1/2 years. with Reserve } 3 1/2 years.	<u>Long Bell, Luttwell Arm</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>8</u> <u>11</u> <u>79</u>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5500 Rank Plt. Name Liderout T.  
 Date of Enlistment 29.5.18 Address Cartwright, Bon. District 1. Galt.  
 Occupation Fisherman Classification for Discharge Ex Medical Category H.I.  
 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 12-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Thomas Liderout

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



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2393 to his home at Burtonell Arms and Release Certificate No. 3576 issued [Signature]

Date 14-7-19 ..... [Signature]  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-8-19

Date 14-7-19 ..... [Signature]  
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	/ N.F. Med.	D.F. 1
F 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 14-7-19 ..... [Signature]  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

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

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

Date Aug 7/19 .....

Reg. No. *Woo* Rank *The* Name *Richard P.*

Attested ..... Address *Long Island.*

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

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

Returned on S.S. *Cassandra* Cause *Discharge* *1919*

*14719*  
*2879*

**PASSED TO DEMOBILIZATION OFFICE**

**DISCHARGE APPROVED ON DEMOBILISATION.**

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 I. H. Transport Coy.* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5200* 3. Rank. *Pt. E* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Redempt* *Thomas* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *26*
6. Posted for duty on..... at.....  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *mi*
12. Place of origin of disability. *mi*
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. *mi*

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

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

*Repatriation*

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

*W.S. Proctor - Capt R.M.C.*

Station ... *Regleytown* .. .

Date ... *18/1/19* .. .

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.