



Newfoundland Forestry Companies

ATTESTATION OF

No. 87 Name Charles Ridout Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Charles Ridout</u> |
| 2. What is your full Address? | 2. <u>Marctown Harbour</u> |
| | <u>N.D. Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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. What is your Religion? | 9. <u>S. A.</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | { Corps |

I, Charles 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.

Charles Ridout SIGNATURE OF RECRUIT.
Frank B. Payne Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Grand Falls on this 20th day of April 1917

Signature of Attesting Officer H. J. Fitzgerald Sub

† 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 Forestry Corps

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

Date 24/4/17 1917
 Place H. B. P. H. S. Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Rideout

Apparent age 22 years 6 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded _____ inches
Range of expansion _____ inches

Distinctive marks Grey eyes Brown hair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Rosanna Rideout
Morton St. N. D. Bay | Relationship Mother

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									
Joined at <u>Discharged</u> on <u>July 30/19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] " " _____ " _____



Department of Militia, Newfoundland
 Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... *St Johns.*
 Date..... *Jan 18/13*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *8087*
- 3. Rank *Pte*
- 4. Name *RIDEOUT Charles*
- 5. Age last birthday *24 yrs.*
- 6. Enlisted on *28 April 1917*
- at *St Johns.*
- 7. Former trade or occupation *Carpenter.*

8. Disability

Simple fracture L humerus & Rib

9. History *Accident that in drunk he fell away and the car with him passed over his shoulder - fractured left arm & rib. The latter was resected. He has undergone amputation and was 164 days in hospital at Perth and made a good recovery.*

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

Weakly debilitated man, flat-chested prominent clavicles - warty muscles left shoulder.

Limitation of movement at the joint,

probably due to disease - scar (Operation) on ? 9th

rib in mid axillary line. expansion glump

low. pecorum note over base left base fully scarred.

11. Was sanatorium advised and refused ?
operation

12. Do you recommend discharge as permanently unfit ?

E.

Signature

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by :-
due to
(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service

Remarks if any :-

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

para 88
Deficient expansion left base, increase Y.R. anteriorly
with pectoral g. Accompaniments right apex

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 100%

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? 100% 2 months

(State in percentage.)

Remarks if any :-

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is :- (a) Reasonable (b) Unreasonable

Remarks if any :-

19. If fit subject for Hospital do you recommend admittance to { ~~General Hospital~~
Naval and Military Convalescent Hospital, yes for observation
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any :-

[Signature]
.....
President
Signatures..... *[Signature]*
..... *[Signature]*

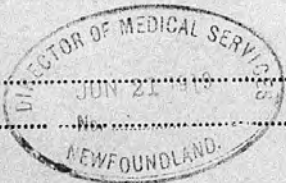
Place S. Hayes

Date June 21st 1919

APPROVED

Station

Date



[Signature]
.....
Administrative Medical Officer. *Major*

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

NAME OF CORRESPONDENT OR PURPORT OF COMMUNICATION			Cross References
<i>Ridesat, C.</i>			

**8087*

Date	P.A. or B.F.	Initials	Referred to	FOR REMARKS <small>(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")</small>	Initials	Date

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 187

Regt. No. 8087 Rank Rt Name Chas. Rideout
Corps served with NEWFOUNDLAND FORESTRY COMPANIES

Date of Medical Board 17/19

Pensionable Disability 50% for 3 months

Pension Granted:

\$25.00 per month for 3 months

Total Authorized amount \$ 75.00

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments

Granted to:

Name Chas Rideout

Address _____

*Noted
G.M.*

Date case disposed of _____

Approved by:

Members of Board

[Signature] Chairman
[Signature]
W. Ross

*880
25.00
75.00*

Remarks:

HAMMERMILL
BOND

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1872

Regt. No. 8087 Rank Plt Name Charles Rideout
Corps served with NEWFOUNDLAND FORESTRY COMPANIES

Date of Medical Board 18-8-19

Pensionable Disability 100% for one months J.P.

Pension Granted:

\$50.00 per month for one months

Total authorized amount \$50.00

or Gratuity Granted:

Nil
Payable in Nil equal monthly instalments

Granted to:

Name Charles Rideout
Address _____

Note of funds

Date case disposed of _____

Approved by:

Members of Board

[Signature]
[Signature]
W.P. Porous.

Remarks:

THE BOARD OF PENSION COMMISSIONERS
FOR NFD.

Pension No 1872

Regt. No 8087 Rank Plt. Name Ridous Charles
Corps served with Wm for Land. Forestry Corps
Rank held when disability was incurred _____

Date of Medical Board June 17/22 Disability 10 %

Pension for self \$ 7.50 per month for 12 months

Allowance for wife \$ _____ per month for _____ months

Allowance for children:

First child \$ _____ per month for _____ months

Second " " _____ per month for _____ months

_____ Children @ \$ _____ each = \$ _____ for _____ months

Total monthly pension \$ 7.50 for 12 months

Total authorized amount \$ 90.00

Granted to:-

Name Charles Ridous

Address Martins St
N. S. B.

(NOTED)
[Signature]
date 8/7/22

Approved by:-

[Signature] Chairman

[Signature] Medical Advisor.

[Signature] Secretary.

7/7/22
BLV

Date of Marriage _____ Name of Wife _____

Particulars of children:

	Name	Sex	Date of birth	Expires.
1.				
2.				
3.				
4.				
5.				
6.				
7.				

THE BOARD OF PENSIONERS' REPRESENTATIVES
FOR NEWFOUNDLAND.

Pension No.. 1872

Regt. No. 8087 Rank Pte Name Charles Rideout
Corps Served with Royal Newfoundland Regiment

Date of Medical Board June 8 1921

Pensionable disability 10% for 12 months

Pension Granted:
\$5.00 per month for 12 months

Total Authorized amount \$60.00

or Gratuity Granted:

\$ Payable in _____ equal monthly
instalments.

Granted to:-

Name Charles Rideout

Address Moreton's Hr. N D

Date case disposed of JUN 24 1921

Approved by:

Members of Board

[Signature] Chairman

[Signature]

NOTED
DATE 18-6-21
INITIALS BS

NOTED
DATE 18/6/21
INITIALS [Signature]

Remarks:

BOND
REVENUE

1872

JM/KB

February 29, 1940.

Mr. Bruce Rideout,
Bushans.

Dear Sir,

In reply to your letter of the 21st. inst.,
I am instructed to advise you that any connection which
you make with your brother Cayward Rideout will have to
be made through the Ministry of Pensions, Rossall,
Fleetwood, Lanc., England.

Yours truly,

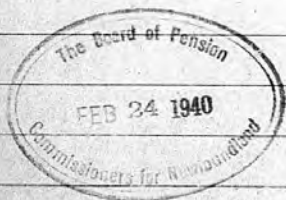
J. A. McGRATH,
Clerk, War Pensions.

Buchars
Feb 21 27/40

Dear Sir: —

As I am anxious to hear from my Brother Gaywood Rideout I am writing you to please send me his adress. as I know ye are the only branch youuld know is whereabouts please oblige by sending me his adress
Yours Sincerely

Bruce Rideout
Buchars
no 8 l d



G. M. off R
Etc

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.



ST. JOHN'S,
NEWFOUNDLAND.

IN REPLY REFER TO

N^o _____

Pension No. 1872.

STATEMENT OF ACCOUNT OF

8087 CHAS. RIDEOUT

NEWFOUNDLAND FORESTRY CORPS.

Pension at \$7.50 from 1/6/23 to 18/6/23\$4.50 ✓

paid

This amount is included in statement furnished

June 30th 1923.

Alb. A.

STATEMENT OF ACCOUNT FOR SERVICES RENDERED ALLIED EX-SERVICE MEN

1872.

MINISTRY OF PENSIONS.

4th October 1923.

Date

To THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Dr.

Services rendered on account of	Amount
305.25 N & M Conv. Hp. Newfoundland Forestry Corps.	
as follows:	
<u>MAINTENANCE IN HOSPITAL.</u>	
N & M Conv.Hp. 30 June 19 to 18 Oct.19..111 days @ \$2.75	305.25
<u>DISABILITY: Simple Fracture L Humerus</u>	
<u> and Rib.</u>	

Amount

as follows:

MAINTENANCE IN HOSPITAL.

N & M Conv.Hp. 30 June 19 to 18 Oct.19..111 days @ \$2.75

305.25

DISABILITY: Simple Fracture L Humerus
 and Rib.

Total

\$305.25

I certify that the above charges are fair, reasonable, and not in excess of those payable in respect of members of the Newfoundland Forces in similar circumstances.

(SIGNED):

Secretary

1872

STATEMENT OF ACCOUNT FOR SERVICES RENDERED ALLIED EX-SERVICE MEN

Date Sept. 13, 1925

MINISTRY OF PENSIONS.

\$18.00

To THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND
Dr.

For services rendered on account of
\$067 FIRECUT CHAS. Newfound. and Forestry Corps.

as follows:

			Amount
18th August	1919.	Medical Examination	\$3.00
17th October	1919.	" "	3.00
27th January	1920.	" "	3.00
20th June	1920.	" "	3.00
1st June	1921.	" "	3.00
17th June	1922.	" "	3.00

Total \$18.00

I certify that the above charges are fair, reasonable, and not in excess of those payable in respect of members of the Newfoundland Forces in similar circumstances.

(SIGNED):

File of
C. Richards
please.

April 22nd 23

121 Sumner St
Ottawa Ont
Canada

Dear sirs

No Doubt you
have given up hope of
receiving any word from me
but - as you will see by
my present - address I am
in Canada & your letter
has taken a long time
in reaching me but now
that I have received it
I will endeavour to do my
best as an eye witness to
furnish you with all the
information I am able to
re Mr C. Richards' accident

And Mr Rideout seeing
the danger of the situation
tried to avoid an accident
happening him: jumped from
the wagon & by doing so
was caught by a piece of
iron which had worked
loose by the jarring of the
wagon & was flung to the
side of the road heady
hurt. and the team came
galloping on for a short
distance but was

suddenly stopped by the
iron swinging across the
wagon & digging in to
the upper benches: this is
all I know of the accident
I Remain yours truly
E. L. Pines & S. Hull at 20. 30. 30. 30. 30.

Which occurred at
Dunkeld Scotland
I was at the bottom
of the hill which I
reached ^{just} before the accident
occurred & on hearing the
team coming down the
Hill rather fast I stopped
unloading my wagon and
turned my attention to the
an coming team & I saw
Mr Rideout trying to hold
his team but unsuccessful
in doing so on account
of his hind Brake being
broken & his horses having
all the weight of the load
then suddenly his lines
broke & his horses came
galloping down the hill

DOMINION OF NEWFOUNDLAND



HIGH COMMISSIONER'S OFFICES,

CABLE ADDRESS.

"RURALITY"

TELEPHONE.

VICTORIA 2302.

1872

58, Victoria Street.

Westminster, S.W.1.

8087 Charles Rideout
Newfoundland Forestry Corps

10th July, 1923.

Sir,

I have the honour to refer to your letter of the 4th May last, and to enclose herewith confirmation of the awards made by you to the above named pensioner.

I have the honour to be,

Sir,

Your obedient servant,

Victor Gordon

Encl.

The Secretary,
Board of Pension Commissioners,
ST. JOHN'S.
NEWFOUNDLAND.

H/T

1872 Rideout Chas.

10⁰⁰ from 1¹/₂₁ to 18⁶/₂₁
5⁰⁰ 19⁶/₂₁ 31¹²/₂₁

56⁰⁰

32⁰⁰

88⁰⁰

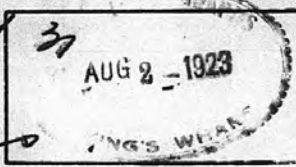
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 4 fm Rec'd by _____ Check 7pa No. _____

Place from Grandfalls

To Board of Pensions



1872 *[Signature]*

Please forward my pension here to grandfalls.

C. Rideout

May 5th 1935.

Mr. E. Hull,
121 Turner Street,
Ottawa, Ont.

Dear Sir:-

I beg to acknowledge receipt of your letter of
April 22nd relative to the case of Mr. C. Rideout,
and to thank you for the information contained therein.

Yours faithfully,

Secretary.

Per _____

EED.

DOMINION OF NEWFOUNDLAND



1872

CABLE ADDRESS,
"RURALITY"
TELEPHONE,
VICTORIA 2302.

HIGH COMMISSIONER'S OFFICES,



58, Victoria Street.

Westminster, S.W.1.

8087 C. Rideout
Newfoundland Forestry Corps

7th February, 1923.

Sir,

I have the honour to refer to your letter of the 9th January last, relative to the above named man and to ask if you will be good enough to advise me under what circumstances it was not found possible to carry out the Medical examination of Mr. Rideout, during the period 19th January 1921 to 17th June 1921.

I am returning herewith the form M.P.A.16/6 which was enclosed in your letter under reference, and would request that you will kindly obtain if possible, from the witness, the officers, and non-commissioned officers mentioned in para 719 thereof, statements in verification of the circumstances in which the injury occurred as stated by Mr. Rideout in para 4 of the form.

I am to add that these particulars are urgently required by the Ministry of Pensions so that the question of the confirmation of the awards may be considered.

I have the honour to be,

Sir,

Your obedient Servant,

Victor Gordon
Secretary.

Encl.

The Secretary,
Board of Pension Commissioners,
St. John's,
NEWFOUNDLAND.

H/T Man's pension expired on Jan'y. 18/21. As he was living at Moncton N.S. and could not be examined during winter months - pension was extended for a period of 6 mos. on advice of Med. Ad. *G.B.D.* *please*

May 4th 1923.

8057 C. Rideout,
Newfoundland Forestry Corps.

Sir:-

I have the honour to refer to your letter of February 7th relative to the above-mentioned man, and to state that it was impossible to have this man examined at the time his pension expired- January 18th 1921, as he was living at Moreton's Mr., and could not be examined during the Winter months owing to the great difficulty in getting to a Doctor. His pension, therefore, was extended for a further period of six months on the advice of the Medical Adviser.

Attached hereto, is a statement of facts with regard to Mr. Rideout's accident as made by Mr. E. Hull. We have written both Major Sullivan and Capt. Ross for particulars, but the former informs us that he remembers an accident happening to Mr. Rideout at Dunked, but could not give details. Capt. Ross does not remember the case at all.

Trusting this is the information required by the Ministry of Pensions.

Yours faithfully,

Secretary.

Per _____

The High Commissioner for Nfld.,
58 Victoria Street,
Westminster,
London, S. W. 1.,
ENGLAND.

M. S. SULLIVAN
PULP AND PAPER MILL AND
GENERAL AGENCIES

COPIES USED:
A. B. C. 5TH. EDITION
WESTERN UNION

WATER STREET

St. John's, Newfoundland.
March 5th 1923.

Lieut. C.C. Oake,
Secretary, Pension Commissioner,
City.

Dear Sir:-

Your letter of March 2nd to hand. I remember that Private Rideout of Newfoundland Forestry Company's men with accident while he was with me in Scotland, I do not remember the details, but have no doubt Capt. Ross who was Adjutant at the time would be able to give you details.

Yours truly,

M. S. Sullivan

MSS-FJF.

Jan 1922. * 8087 Chas. R. Reed -
Period

From 1-3-22 to 31-10-22

Mar 1922	Lo Payment	7.50
Apr	"	7.50
May	"	7.50
June	"	4.50
June	"	3.00
July	"	7.50
Aug	"	7.50
Sep	"	7.50
Oct	"	7.50

\$7.50 per month from 1-3-22
to 31-10-22

60.00

Cr Bal to 31-10-22	60.00
	<u>2.00</u>
	<u>62.00</u>

Cr Bal brought forward,

60.00
<u>2.00</u>
<u>62.00</u>
<u> </u>

March End 1923.

Ex-Pte. E. Hull,
Late of Nfld. Forestry Corps,
Hall's Bay,
Springdale, N.B.B.

Dear Sir:-

You have been named as an eye-witness to the accident which occurred at Dunkeld, Scotland, when Mr. C. Rideout was thrown from a wagen breaking his arm and ribs.

If you can remember anything of this accident, indly let us have a statement of the facts as far as you can remember.

Yours faithfully,

Secretary.

Per _____

F.B.D.

March 2nd 1923.

Major H. S. Sullivan,
Queen's Road,
City.

Dear Sir:-

Ex-Pte. Chas. Rideout, 8087 of Newfoundland Forestry Corps, has named you as witness of the accident which occurred at Dunkeld, Scotland, when he had his arm and ribs broken by being thrown off a wagon.

If you can recall this case will you kindly let us have verification of the circumstances in which the injury occurred as stated by Mr. Rideout.

Yours faithfully,

Secretary.

Per _____

EBD.

March 6th 1923

Capt. H. H. Ross,
33 King's Bridge Road,
City.

Dear Sir:-

I beg to refer to the case of Ex-Pte. Chas. Rideout, 8087, late of the Newfoundland Forestry Corps who was injured in an accident which occurred at Dunkeld, Scotland, when he had his arm and ribs broken by being thrown off a wagon, and to enquire if you can recall the circumstances in which the injury occurred, and if so, would you be good enough to let us have verification of the facts as mentioned above.

Yours faithfully,

Secretary.

Per _____

EBD.

DOMINION OF NEWFOUNDLAND



1872

HIGH COMMISSIONER'S OFFICES.

CABLE ADDRESS,
"RURALITY"
TELEPHONE.
VICTORIA 2302.

58, Victoria Street.
Westminster, S.W.1.

8087 C.Rideout
Newfoundland Forestry Corps

24th January, 1923.

Sir,

I have the honour to acknowledge the receipt of your letter of the 9th instant, together with copies of M.P.A.16/6 and A.F.B. 178A confirming the statement made by Mr. Rideout that he was in the War Hospital, Perth, Scotland, from October 1st 1918 to March 11th 1919.

I have the honour to be,

Sir,

Your obedient Servant,

Victor Gordon
Secretary.

The Secretary,
Board of Pension Commissioners,
St. John's,
NEWFOUNDLAND.



H/T

1872
DOMINION OF NEWFOUNDLAND



HIGH COMMISSIONER'S OFFICES,

58. Victoria Street.

Westminster. S.W.1.

CABLE ADDRESS:
"RURALITY"
TELEPHONE:
VICTORIA 2302.

8087 C. Rideout
Newfoundland Forestry Corps

5th October, 1922.

Sir,

I have the honour to refer to your communication of the 21st August last, relative to the case of the above named, and to enclose herewith forms M.P.A.16/6 to be forwarded to Mr. Rideout for completion and to request that you will verify, if possible, the statements contained therein before returning the form to this Office.

The Ministry of Pensions requests me to enquire under what circumstances it was not found possible to carry out the medical examination of Mr. Rideout during the period 19th January 1921 to 17th June 1921.

I have the honour to be,

Sir,

Your obedient Servant,

Encl.

J. McInnes Gordon
High Commissioner for Newfoundland.

The Secretary,
Board of Pension Commissioners,
St. John's,
NEWFOUNDLAND.

H/T



January 9th 1923.

8087 C. Rideout
Newfoundland Forestry Corps.

Sir:-

I have the honour to refer to your letter of October 5th relative to the marginally noted case, and to forward here with copies of M.P.A. Form 16/6 and A.F.B. 178A which confirm the man's statement that he was in the War Hospital, Perth, Scotland from October 1st 1918 to March 11th 1919.

For favour of transmission to the Ministry of Pensions, please.

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

Secretary.

Per _____

The High Commissioner for Nfld.,
58 Victoria Street,
Westminster,
London, S. W. 1.
ENGLAND.

October 23rd 1922.

Mr. G. Rideout,
Morston's Hr.

Dear Sir:-

The enclosed Form has been received from the
Ministry of Pensions, London, with the request that
you complete same in every detail, and return same
to this office.

Kindly give this matter your early attention.

Yours faithfully,

Secretary.

EED.

Mr C. A. Rideout

Glovertown

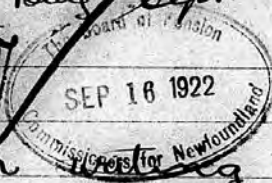
Alexander Bay

Glovertown

Sept. 12 '22

Dear Sir

W. M. Jones
I am



I am writing to you about my pension, I have not received it yet. I came here to glovertown to see my sister. no money have not come to Moretons Harbour for me since I came here. If you have my pension to moretons Harbour please wire it to me by the above address, my father is very sick and I want to get home to see him. If you have sent it to Moretons Harbour please let me know by message.

Yours Truly

C. Rideout

Sept. 30th 1922.

Held Newfoundland Co.,
City.

Dear Sir:-

Kindly supply Ex-Pte. C. Ridecut with first class
passage meals and sleeper (if necessary) to Moreton's Hr.,
and charge same to this Department.

Yours faithfully,

Secretary.

Per _____

1872

EHD.

1872

Sept. 15, 1922.

Mr. C.A. Rideout,
Gloverton,
Alexander Bay.

Dear Sir:-

I beg to acknowledge receipt of your letter of Sept. 12th., in which you state that up to date of writing, you have not received pension cheque for month of August.

In reply, I beg to state that the above mentioned cheque was mailed to this Office addressed to you at Morston's Hr., on September 9th.

Yours faithfully,

Secretary.

HVT/BT.

August 31st. 1923

Re No 8087 C. RIDEOUT
Mfld. Forestry Corps

Sir,

With reference to the case of the Above noted and your communication of July 24th., it has been noted that certain awards have been confirmed by the Ministry of Pensions.

I beg to enclose herewith copy of Medical report dated June 18th., 1921, which awarded this man a pension at 10% for 12 months. With regard to the period 19/1/21 to date of board I beg to state that as this man could not be Medically examined at the expiration of his pension period his pension was continued until such examination could be carried out, this was done on the authority of the Medical Advisor.

With regard to the verification of his accident I have gone through the records at the Militia Dept., and find that there is nothing in the records to show when, and where this man was admitted for treatment, other than in Daily Orders No. 539 Dated 14th. March 1918, in which it states that No 8087 C. Rideout was discharged from Hospital March 11th., 1919.

I am, Sir,
Your obedient servant,

The High Commissioner for Mfld.
58 Victoria Street.
London S.W.1 .

SECRETARY.

1872
 STATEMENT OF ACCOUNT FOR SERVICES RENDERED ALLIED EX-SERVICE MEN

Date Sept 30/22

The Ministry of Pensions London

TO THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

Dr.

For services rendered on account of	Amount
<p><u>C. Rideout Forestry Corps</u> as follows:- <i>Sept 28</i> <u>Transportation.</u> <u>Maintenance to 7. Sept</u> <u>of return</u></p> <p style="text-align: right;">Total</p>	<p style="text-align: right;">\$10.00</p>

I certify that the above charges are fair, reasonable and not in excess of those payable in respect of members of the Newfoundland Forces in similar circumstances.

[Signature]
 Secretary.

DOMINION OF NEWFOUNDLAND



HIGH COMMISSIONER'S OFFICES,

CABLE ADDRESS,
"RURALITY"
TELEPHONE,
VICTORIA 2302.

58, Victoria Street,
Westminster, S.W.1.

The Secretary,
The Board of Pension Commissioners,
ST. JOHN'S, NEWFOUNDLAND.

24th July 1922.

Sir,

1872
8087 C. Rideout.
Newfoundland Forestry Corps.

With reference to the case of the above named man, who was discharged from the Service on the 10th July 1919, I have the honour to inform you that the Ministry of Pensions have confirmed the following awards made by you to Mr. Rideout:-

10% bonus from 1/1/20 to 31/12/20
Then 7% bonus from 1/1/21 to 18/1/21.

Will you kindly furnish this office, for transmission to the Ministry of Pensions, with a statement of account and medical reports, to cover the awards made to Mr. Rideout for the period 19/1/21 to 30/11/21, together with verification of his accident.

I have the honour to be,

Sir,

Your obedient Servant,



H/D.

V. Gordon
For High Commissioner for Newfoundland.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

HON. J. A. CLIFT, K. C., C.B.E.
MAJOR W. H. PARSONS, M. C.
R.A.M.C.



In reply refer to

No. 1872

St. John's,
September 2, 1920.

To:- B. P. C.

8087, PTE. CHARLES RIDEOUT.

The marginally noted man's pension expires January 18th., 1921,
and as his address is "Moretons Harbor, N. D. Bay" and he
cannot be re-examined during the winter his pension is being
continued at present rate until June 1st., 1921, BY AUTHORITY
OF MAJOR PARSONS.

J. M. Buckley

AMB.

W. H. Parsons
Sec.

all

Noted
M. J.

Continued from Jan 19th 1921
to June 18th when he was
re-examined.

8087 Pte. Charles Rideout

C^d

10 ⁰⁰ per month from 19 ¹ / ₂₁ to 18 ⁶ / ₂₁	50.00
5 ⁰⁰ " " " 19 ⁶ / ₂₁ 30 ¹¹ / ₂₁	27.00
10% Increase from 1 ⁴ / ₂₀ - 31 ¹² / ₂₀	12.90
	<hr/>
	89.90

D: $\frac{1}{2}$

Balance to 18.12.21.	45.00
Feb.	10.00
Mar.	12.90
June	2.00
Oct	13.00
Nov.	5.00

Balance

	<hr/>
	2.00
	<hr/>
	\$ 89.90
	<hr/>

8087. Rideout Charles Pte.

Ct

10⁰⁰ per month from 19 $\frac{1}{2}$ to 21 ^{19 $\frac{6}{21}$}	50.00
5.00	27.00
10% Increase from 1 $\frac{1}{2}$ to 31 $\frac{12}{20}$	12.90
Dr. Bal	\$ 49.90
Dr	23.00
	\$ 27.90
Jan. 1921. Dr. Balance to 18 $\frac{1}{2}$	45.00
Feb.	10.00
March.	12.90
June.	2.00
Oct.	13.00
Nov.	5.00
	\$ 67.90
	<u>\$ 87.90</u>

30 00
 19
 12.500
 560.00
 200
 2500
 2700

REF. NO. N.Y. T. 1941.

STATEMENT OF ACCOUNT OF
8067 CHAS. RIBBOUT.
FROM JULY 11th 1919 TO FEBY. 28th/23.

PUN. NO. 1973.

		DR.		CR.	
August 1919	To Payment	\$20.00		1. \$50.00 per month from 11-7-19	
September	"	10.00		to 12-10-19.	163.33
October	"	<u>23.33</u>	163.33		<u>163.33</u>
November	"	35.00		2. \$35.00 per month for three mos.	
December	"	25.00		from 12-10-19 to 12-1-20.	75.00
Jany. 1920	"	<u>15.00</u>	75.00		<u>75.00</u>
Jany.	"	15.00		3. \$10.00 per month for six mos.	
March	"	32.00		from 12-1-20 to 12-7-20.	<u>60.00</u>
April	"	15.00			60.00
May	"	15.00			
June	"	15.00			
July	"	<u>13.00</u>	109.00		
August	"	10.00		4. \$10.00 per month for six mos. from	
September	"	10.00		12-7-20 to 12-1-21.	60.00
October	"	10.00			
November	"	10.00			
December	"	10.00			
Jany. 1921	"	<u>6.00</u>	56.00		<u>60.00</u>
Febry.	"	10.00		5. \$10.00 per month for five mos.	
March	"	12.90		from 12-1-21 to 12-3-21.	50.00
June	"	<u>2.00</u>	34.90	(b) Bonus 10% on 1920 payments	<u>12.90</u>
October	"	13.00		6. \$5.00 per month 12-3-21 to 31-	
November	"	5.00		12-31.	32.00
December	"	6.00		(b) 7% bonus on 1921 payments	6.16
December	"	6.16		(a) \$7.50 from Jan. 1/22 to	
Jany. 1922	"	7.50		Febry. 28th 1922.	<u>15.00</u>
Febry.	"	<u>7.50</u>	44.16		<u>53.16</u>
			473.38		\$474.38
			2.00		
	Cr. Balance		<u>\$474.38</u>		

No 539 D.O. - 14.3/19

8087 C Rideout discharged from
H. 11.3/19

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1872

Regtl. No. 8087 Rank Co Name Charles Rideout

Corps served with NEWFOUNDLAND FORESTRY COMPANIES

Date of Medical Board 21 June 1919

Pensionable disability 100% for 2 months

Hospital treatment

Pension granted:

50⁰⁰ per month for 2 months

or Gratuity granted:

— payable in — equal monthly insts.

Granted to:

Name Charles Rideout

Address —

NOTED
DATE 19.7.19
INITIALS LeBR

Date case disposed of JUN 30 1919

Approved by:

Members of Board

[Signature] Chairman

[Signature]

[Signature] [Signature]

Remarks:

—
—
—
—

P. No. 1872 #8087 Chas. Rideout

From 11¹/₉ To 28¹/₂₂

Ref. No. M 928 1841

EXPENDITURE 19..... 19.....

DATE	NO. OF CHEQUE	NAME	PARTICULARS OF SERVICE	ARMY	NAVY
Aug 1919		To payment			
Sept.		10.00			
Oct.		63.33	1. \$30.00 per m. from 11 ¹ / ₉ to 18 ¹ / ₉	163.33	163.33
Nov.		35.00			
Dec.		75.00	2. \$25.00 per m. for 3 mos. from 19 ¹ / ₉ to 18 ¹ / ₂₀	75.00	75.00
Jan 1920		15.00			
Feb.		15.00			
Mar.		36.00	3. \$10.00 per m. for 6 mos. from 19 ¹ / ₂₀ to 18 ¹ / ₂₀	60.00	
Apr.		18.00			
May		15.00			
June		15.00			
July		13.00		60.00	60.00
Aug.		10.00			
Sept.		10.00	4. \$10.00 per m. for 6 mos. from 19 ¹ / ₂₀ to 18 ¹ / ₂₁	60.00	
Oct.		10.00			
Nov.		10.00			
Dec.		6.00		60.00	60.00
Jan 1921		10.00			
Feb. 1921		18.90	5. \$10.00 per m. for 5 mos. from 19 ¹ / ₂₁ to 18 ¹ / ₂₁	50.00	
Mar.		3.00	6. \$10.70 Bonus on 1920	18.90	67.90
June		12.00			
Oct.		5.00	7. \$5.00 per m. from 19 ¹ / ₂₁ to 31 ¹ / ₂₁	37.00	
Nov.		8.00			
Dec.		6.16	8. \$7.70 Bonus on 1921	6.16	
Jan 1922		7.50	9. \$7.50 from Jan 1/22 to Feb 28/22	18.00	23.16
Feb.		7.50			
					474.39
C. Balance		477.39			
		7.00			
		474.39			

Pr no 1872
Ridion Lebas

Pr @ \$ 2500 Jan. 1-1-20 to 18-1-20
" " 1000 " 19-1-20 to 31-12-20
10% increase

18' 00	
114 00	129 00
12 90	12 90

(COPY)

Reference No. M.V.Z.1541

M.P.A.17
T

1872
MINISTRY OF PENSIONS,

Burton Court,

King's Road,

London, S.W.3.

22nd July, 1921.

Sir,

Charles Rideout. late Private, No. 8087,
~~Royal~~ Newfoundland Forestry Corps.

With reference to the case of the above named man, who was discharged from the Service on account of "Simple fracture Humerus and Rib", I am directed by the Minister of Pensions to state for the information of the High Commissioner for Newfoundland that the undermentioned awards made to Mr. C. Rideout by the Board of Pension Commissioners St. John's, Newfoundland, are hereby confirmed.

\$50 per month from 11.7.19 to 18.10.19., then
\$25 per month from 19.10.19 to 18.1.20., then
\$10 per month from 19.1.20 to 18.7.20., then
\$10 per month from 19.7.20 to 18.1.21.

I am, Sir,
Your obedient Servant,

(Sgd.)
for Director-General of Awards.

The High Commissioner for Newfoundland,
58, Victoria Street,
S.W.1.

OR

IMT/p

Reference No. M.V.Z. 15417

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W. 3.

1872

14th July, 1921.Your Ref. Pension No. 1872.

Sir,

Charles Rideout, late Private, No. 8087,
Royal Newfoundland Forestry Corps.

With reference to your statement of accounts and copy of Medical Report, dated 21st June, 1919, I am directed by the Minister of Pensions to inform you that the undermentioned awards made by you to Mr. C. Rideout are hereby confirmed.

£ 50 per month from 11th July, 1919 to 18th October 1919.
then £ 25 per month from 19th October, 1919 to 18th January, 1920.
then £ 10 per month from 19th January, 1920 to 18th July, 1920.
then £ 10 per month from 19th July, 1920 to 18th January, 1921.

I am to request you to kindly inform this office of the date of Mr. C. Rideout's discharge.

I am, Sir,
Your obedient Servant,

The Secretary,

Board of Pension Commissioners,
St. John's,
Newfoundland.

for Director General of Awards.

472

8087 bhas Rideout. P no. 1872

1st	\$50 ⁰⁰	from July 11 th 19. until Oct 18/19	163.33
2nd	25 ⁰⁰	for 3 mos ending Jan 18/20.	75.00
3rd	10 ⁰⁰	" " " " July 18/20 -	60.00
4th	10 ⁰⁰	" " " " Jan 18/21	60.00
			<u>\$ 358.33</u>
Dr. Balance.			<u>45.00</u>
			<u>\$ 403.33</u>

Aug/19	90.00	
Sept	10.00	
Oct	63.33	163.33
Nov	35.00	
Dec	25.00	75.00
Jan/20	15.00	25.00
"	15.00	
"	36.00	
Mar	15.00	
Apr	15.00	
May	15.00	105.00
June	13.00	91
July	10.00	
Aug	10.00	
Sept	10.00	
Oct	10.00	
Nov	10.00	
Dec	10.00	
Jan/21	6.00	
		<u>403.33</u>

8087 Pte. Charles Rideout.

Cr.

\$10.00 per month from 19- 1-21 to 18- 6-21	\$50.00
5.00 " " " 19- 6-21 to 30-11-21	27.00
10% increase from 1- 1-20 to 31-12-20	<u>12.90</u>
	\$89.90

Dr.

Balance to 18- 1-21	\$45.00
February	10.00
March	12.90
June	2.00
October	13.00
November	5.00
Balance	<u>2.00</u>
	\$89.90

THE BOARD OF PENSION COMMISSIONERS FOR NEFD.

STATEMENT OF ACCOUNT OF 8097 PTE. CHARLES RIDGOUT. PEN. NO. 1872.

<u>DR.</u>		<u>CR.</u>		
Dec. 1921	To Payment	\$5.00	\$5.00 per month from 1-13-21 to 31-12-21.	\$5.00
Dec.		6.18	7% increase from 1-1-21 to 31-12-21	6.18
Jan. 1922	"	7.50	\$7.50 per month from 1-1-22 to 28-2-22	15.00
Feb.		7.50		
		<u>\$36.16</u>		<u>\$36.16</u>

1917 Pte. Charles Rideout.

C:

5⁰⁰ per month from 1¹²/₂₁ to 31¹²/₂₁

5.00

7% increase from 1¹²/₂₁ to 31¹²/₂₁

6.16

75⁰⁰ per month from 1¹²/₂₂ to 28¹²/₂₂

15.00

\$ 26.16

D:

Dec. 1921.

5.00

"

6.16

Jan. 1922.

7.50

Feb.

7.50

\$ 26.16



M. Stretton
Harbour
20/9/21

1872
Mary

Dear Sir

will you please
send me my
pensions I havent
got any from June
I do not know what
is the trouble
I dont know where
it has been sent
and I havent received
it

Yours Faithfull

Charlie Ridout

No. 8087

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1872

Regt. No. 8087 Rank Pte. Name Charles Rideout.

Corps served with NEWFOUNDLAND FORESTRY COMPANIES

Date of Medical Board January 27th., 1920.

Pensionable Disability 30% for 6 months

Pension Granted:

\$ 15.00 per month for 6 months

Total Authorized amount \$ 90.00

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments

Granted to:

Name Charles Rideout,

Address Moreton's Hr.,

N.D.B.

Date case disposed of _____

Approved by:

Members of Board

[Signature] Chairman

W. R. Parsons

Remarks:

all
Notes
[Signature]
mon.
[Signature]

MILL
BOND

January 24, 1920.

Chas. Rideout, Esq.,
Moreton's Hr.

Dear Sir:-

I beg to advise you that your account
has been adjusted.

I herewith enclose Cheque for \$15. to
balance your account to Dec. 31/19.

Yours faithfully,



Asst. Secretary.

WVH/BT

1898

Oct. 31, 1919.

The Government Costal Service,
City.

Dear Sirs:-

Kindly supply Ex-pte. C. Rideout with
first class passage by the S.S. Prospero, to
his home in "Moreton's Harbor".

Charge to the Board of pension Commissioners
for Newfoundland.

Yours faithfully,

Asst. Secy.

GEC

THE BOARD OF PENSION INVESTMENTS
FOR NEWFOUNDLAND.

Pension No., 1872

Regt. No. 8087 Rank Pte. Name Charles Rideout,

Corps Served with NEWFOUNDLAND FORESTRY COMPANIES

Date of Medical Board June 20, 1920.

Pensionable disability 20% for 6 months

Pension Granted: \$ 10.00 per month for 6 months

Total Authorized amount \$ 60.00

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments.

Granted to:-

Name Charles Rideout,

Address Moreton's Harbor

N.B.B.

Date case disposed of _____

Approved by:

Members of Board

[Signature] Chairman

[Signature]

*Noted
M. M.*

L.B.S.

[Signature]

[Signature]

Remarks:

HAMMER BOND

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet FirstForms
B. 121
39.Regiment of Infantry Companies

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Ch. Ridout</u>	Age on	<u>22</u> years <u>6</u> months	<u>Lumberman</u>	
Joined	Date	Place and Date of Enlistment	<u>Grand Falls</u> <u>29/4/17</u>	Religion	
Joined	Date	Period of	<u>with Colours</u> <u>70</u> years. <u>with Reserve</u> <u>35</u> years.	Place of Birth	
Joined	Date			<u>SA</u>	

Place	Date of Offence	Rank	Chief of Drunkness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Kirkconnell, Scotland</u>	<u>29-6-17</u>	<u>Ots</u>		<u>Absence from Duties</u>	<u>Sugh. Lane</u>				
	<u>30-6-17</u>			<u>Unshaven on Parade</u>	<u>Sugh. Lane</u>	<u>15 hrs. extra work</u>	<u>3-7-17</u>	<u>P. Goodyear</u>	<u>J.A.B.</u>
				<u>Demobilized</u>	<u>H. Skin</u>				<u>10 79</u>

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8087 Rank Sgt Name Richard C. Rideout

Date of Enlistment 29-11-17 Address Marston H. District St. John's

Occupation Lumberman Classification for Discharge B Medical Category F

Recommendation S. M. B. permitted to leave Disability Rating 100% 2 Mos

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>S.C. 1</u>	" 6
B 179c	B 120	M 93		

Date 24-6-19 for O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

B. H. Rideout
not with gov. charges

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 25-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R-1450 to his home at Wilmington, N.C. and Release Certificate No. 3009 issued.

Date 25-6-19 *J.A. Sumbach*
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 15-1-19 *J.A. Sumbach*
Depot Paymaster.

Discharge approved for 26-6-19
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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>Feb-1</u>	" 6
B179c	B 120	M 93		

2 Form B

Date 25-6-19 *J.A. Sumbach*
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 JUN 26 1919 *R.H. Sait* MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
J.A. Sumbach
Date JUL 9 1919

1872

Reference No. *MVZ/1541*

887

M.P.A. $\frac{16}{6}$

Mr. *C. Kidrow* late of *Royal Newfoundland Forestry Corps* is requested to furnish the following information, to sign his name at foot and when completed, to return this form to the *Ministry of Pensions in the enclosed addressed envelope. A postage stamp need not be affixed.* *Secretary, Board of Pension Commissioners, St. John's.*

MINISTRY OF PENSIONS,
BURTON COURT,
KING'S ROAD,
LONDON, S.W. 3.

William Sanger
Director-General of Awards.

January 1.....192*3*.....

QUESTIONS.	ANSWERS.
1. What is the exact nature of the injury to your <i>arm & ribs</i> ?	<i>Broken Rib - Broken arm</i>
2. At what place were you when you received the injury?	<i>Dunkilled Scotland</i>
3. On what date did it occur?	<i>October 1 1919 1918</i>
4. Give full particulars as to the circumstances in which the injury occurred.	<i>Wagen Broke coming down a hill with a load of Iron on and I got through off and the wagen went over me and Broke my ribs an arm</i>

H. M. J. [Signature]

QUESTIONS.		ANSWERS.
5.	(a) Were you on duty, off duty, or on authorised leave at the time? (b) If on leave, were you actually at the time either on your way to your home from your unit, or on your way back to rejoin?	(a) I was on duty when it occurred (b)

6.	(a) Was a Court of Enquiry held? if so (b) when, and (c) where? Give date (d) as near as possible.	(a) not as I am no off (b) (c) (d)
----	--	---

7. Give the names of any Officers, Non-Commissioned Officers, or Comrades, who were eye-witnesses, or to whom you mentioned the occurrence at the time, or soon after, you received the injury.		OFFICERS.			
Rank.	Name,	Initials.	Regt. or Corps.	Present Address.	
	ptc E Hall		Forestry Corps	Halls Bay Springdale Newfoundland	

7. Give the names of any Officers, Non-Commissioned Officers, or Comrades, who were eye-witnesses, or to whom you mentioned the occurrence at the time, or soon after, you received the injury.		MEN.			
Rank.	Name.	Regtl. No.	Regt. or Corps.	Present Address.	
	ptc E Hall was the first to me when I got hurt	don't no number	Newfoundland Forestry Corps	Halls Bay Springdale Newfoundland	

8. To what hospital were you first admitted for this injury, and on what dates were you admitted and discharged? What were your Regt. and Regtl. No. at the time you were injured and on admission to Hospital? NOTE.—It is important that the correct Official name of Hospital should be given.	Hospital, was Hospital		DATE OF	
	ABROAD perth Scotland	Admission. October 1918	Discharge. April 1919 don't no what day 1919	
	IN ENGLAND			

Regiment..... N. G. I. D. Forestry Corps
Regtl. No..... 80.87.

9. What were the names of your— 1. Battery or Battalion Commanding Officer? 2. Company, Squadron or Platoon Commanding Officer? 3. Company Sergeant Major? 4. Company Quartermaster Sergeant?	1.....	<u>Major Sullivan</u>
	2.....	<u>Captain Cole</u>
	3.....	<u>Sergeant J Miller</u>
	4.....	<u>Quartermaster Barrett</u>

I DECLARE the answers made above this..... 1..... day of January..... 1923..... to be true and complete.

Signature..... Charlie Ridout.....

Address..... Morilton Harbour
Newfoundland.....



THE ROYAL NEWFOUNDLAND REGIMENT

DISCHARGE DEPOT

1872

ST. JOHN'S, NEWFOUNDLAND,

June 25th, 1919

From Officer Comanding,
Discharge Depot

Office of D.M.S.

To ~~Board of Pension Commissioners,~~
Militia Bldngg

8087 Pte. C. Rideout

Above noted man was before the Standing Medical Board
on **21-6-19** and was recommended for discharge as perman-
ently unfit and **admission to Naval & Military Hospital.**

His discharge on demobilization has been approved by the
Officer Commanding, effective from **26-6-19** and I am send-
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due
course.

H. B. News

Asst. Adjt.

Discharge Depot

Copy to Board of Pension Commissioners

Copy in June 30, 1919

CK

S E C O N D B O A R D

Form Z179 N. M. D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	AUGUST 18TH., 1919.	
No. and Rank	8087 PRIVATE	Age	25	Height 5'8"
Name	RIDEOUT CHARLES	Complexion	DARK	
Unit	Royal Newfoundland	Eyes	BROWN	Hair DARK BROWN
Address	BUMBERMAN- MORETONS HR.			
Former Trade	ST. JOHN'S LUMBERMAN			
Enlisted at	ST. JOHN'S	On	28/4/17	(The Board will please note how the soldier's appearance corresponds with above description).
Disease or Disability	Original	SIMPLE FRACTURE. LEFT HUMERUS AND RIB?		

Subsequent

Present Condition (Compare with previous Board)

Place 104. shows recent vaccination in right arm with considerable local reaction. General condition poor

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

100%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

100% one month

Recommendation of Medical Board

Remain in hospital.

Members of Board

Cluny Macpherson
Major

W. H. Chace
Practitioner
W. Peterson Major

Approving Medical Officer



Report of Medical Board.

Station	St. John's, Nfld.	Date	OCTOBER 17TH., 1919.	
No. and Rank	8087 PRIVATE	Age	25	Height 5' 5"
Name	RIDEOUT CHARLES	Complexion	DARK	
Unit	Royal Newfoundland	Eyes	BROWN	Hair DARK BROWN
Address	MORETONS HARBOR			
Former Trade	LUMBERMAN			
Enlisted at	ST. JOHN'S	On	28/4/17	(The Board will please note how the soldier's appearance corresponds with above description).
Disease or Disability	Original	SIMPLE FRACTURE LEFT HUMERUS AND RIB.		

Subsequent

Present Condition (Compare with previous Board)

Weight 134 Pulse 84. Costing in lungs & heart. General condition only fair

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

50%

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

50% 3 months

Recommendation of Medical Board

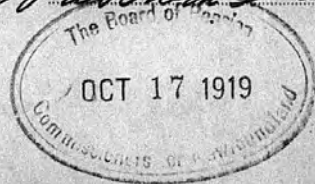
Disch from Serp.

Members of Board

*Clay Macpherson
Lt-Col.*

[Signature]
[Signature]

Approving Medical Officer.



THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.
Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to

No.....

St. John's

October 18th., 1919.

1872

To:- B. P. C.

8087, Ex-Pte. Charles Ridecut.

Please note that the marginally noted man was DISCHARGED
from the Naval & Military Convalescent Hospital OCTOBER
18TH., 1919.

A. M. B.

[Large handwritten signature]

[Handwritten mark]

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—
AS SOON AS POSSIBLE.

ST. JOHN'S, Newfoundland,
Date. **Dec. 19th., 1919.**

The Secretary, Board of Pension
Commissioners for Newfoundland.
Per.....

Regimental No. **8087** Rank **PRIVATE**
Name **CHARLES RIDEOUT** ADDRESS: **MORETONS HARBOR. N.D. BAY,**
Unit **NEWFOUNDLAND FORESTRY COMPANY.**

DESCRIPTION OF PENSIONER:

Apparent Age **25** Height **5'5"** Colour of Eyes **BROWN**
Complexion **FAIR** Colour of Hair **DARK BROWN.** Weight

Marks of Identification:

ARMY FORM B179.
JUNE 21ST, 1919.,

Weakly debilitated man. Flat chested. Prominent clavicles, no
mostly of muscles. Left shoulder limitations of movement at this
joint. Probably due to disuse. Scar (Operation) over 9th
rib, in mid axillary. Expansion of lungs poor. Percussion
note over left base fairly resonant.

Pulse 88. Deficient expansion left base. Increased V. R.
anteriorly. With pectorilequy. Accompaniments right apex.

AUGUST 18TH, 1919.

Pulse 104. Shows recent vaccination in right arm with
considerable local reaction. General condition poor.

OCTOBER 17TH, 1919.,

Weight 134 Pounds. Pulse 84. Nothing in lungs or heart.
General condition only fair.

Disability for which pension has been awarded.
SIMPLE FRACTURE LEFT HUMERUS AND RIB.



Disability for which pension has been awarded:—

3
MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *Yes.*

(2) Give a definite detailed description of the present condition.

Jan'y 27th 1920.

Pulse 88 standing. Wght. 137 lbs. General condition same as last Report. Left Arm completely well acting normally. Adherent pleura at left Base. deficient expansion left lung lower third mostly. Some dry holes in the side wing up under left Shoulder Blade. No cough or expectoration. V.R. Increased in places or around lower third lung. Pensioner gaining strength slowly all the time.

Operation scar left side prominent.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature
of Witness.....

A. J. Leonard

Pensioner's signature.....

Charlie Ridgway

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination? *Diminished 10%*

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish? *Diminish*

6 Are the disabilities permanent? *yes*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? *no*

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary? *no*

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? *no*

(b) Nature of treatment advised? *✓*

(c) Is pensioner willing to accept treatment advised? *✓*

(d) If not, is his refusal reasonable? *✓*

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

The foregoing report submitted by Pensioner's signature

Signature..... Medical Examiner.

Place..... *I suggest 30% 6 mos*

Date..... *Chas. Macpherson Dr. Col.* Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination? *no*

9 (b) If so, is he receiving the additional allowance for a wife? *no*

10 (a) Has a child been born to pensioner since last medical re-examination? *no*

10 (b) If, so, is he receiving the additional allowance for a child? *✓*

11 If pensioner was married, has his wife died since last medical re-examination? *never married*

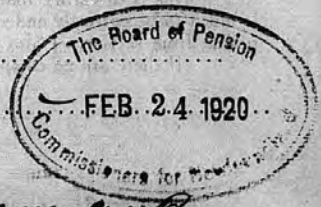
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? *no*

(State date of death and names of children who have died.)

Place..... *Sullivan*
Date..... *Jan 27 20*

S. S. Leonard
Head of District Office,
(or Medical Practitioner.)



FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
 Medical Report required: review date:—

ST. JOHN'S, Newfoundland,

Date June 7th., 1920.AS SOON AS POSSIBLEThe Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. **8087**Rank **PRIVATE**Name **CHARLES RIDEOUT** ADDRESS: **MORETONS HARBOR, N. D. BAY.**Unit **NFLD. FORESTRY COMPANY**

DESCRIPTINON OF PENSIONER:

Apparent Age **26 YEARS** Height **5' 8"** Colour of Eyes **BROWN**Complexion **DARK** Colour of Hair **DARK BROWN** Weight

Marks of Identification:

JUNE 21st., 1919:

**PULSE 88. DEFICIENT EXPANSION LEFT BASE. INCREASED V. R. ANTERIORLY.
 WITH PECTORILOQUY. ACCOMPANIMENTS RIGHT APEX.**

AUGUST 18th., 1919=

**PULSE 104. SHOWS RECENT VACCINATION IN RIGHT ARM WITH CONSIDERABLE
 LOCAL REACTION. GENERAL CONDITION POOR.**

OCTOBER 17th., 1919:

**WEIGHT 134 LBS. PULSE 84. NOTHING IN LUNGS OR HEART. GENERAL
 CONDITION ONLY FAIR.**

JANUARY 27th., 1920:

**PULSE 88 STANDING. WEIGHTA 137 LBS. GENERAL CONDITION SAME AS LAST
 REPORT. LEFT ARM COMPLETELY WELL AND ACTING NORMALLY. ADHERENT
 PLEURA AT LEFT BASE. DEFICIENT EXPANSION LEFT LUNG LOWER THIRD MOSTLY
 SOME DRY RALES IN THE SIDE LUNG UP UNDER LEFT SHOULDER BLADE. NO
 COUGH OR EXPECTORATION. V. R. INCREASED IN PLACES AROUND LOWER THIRD
 LUNG. PENSIONER GAINING STRENGTH NOW ALL THE TIME. OPERATION SCAR
 LEFT SIDE PROMINENT.**

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

SIMPLE FRACTURE LEFT HUMERUS AND RIB.

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.
 (2) Give a definite detailed description of the present condition.

June 20/20.

General health improving all the time. He is working now at the factory & getting along reasonably good. Side braces him at times when operated on for Empyema in hospital. Some pain in left side at times but he is working into regular employment now & gets along.

Pulse 78 : Temp N. All symptoms of disease in left side cleared up. Pleura adherent still & scarred somewhat limited as the result of the accident & operation.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
 (If there are no complaints, it will be so stated.)

Signature

of Witness

Pensioner's signature

J. S. Edwards

Charlie Rideout

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

4
Fractured left side of knee & humerus & lumpy neck

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

None

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

20% unimproved

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

Diminish

6 Are the disabilities permanent?

yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

no

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature.....

Signature.....

Medical Examiner.....

Place.....

Date.....

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second in last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination? *no*

9 (b) If so, is he receiving the additional allowance for a wife? *✓*

10 (a) Has a child been born to pensioner since last medical re-examination? *✓*

10 (b) If, so, is he receiving the additional allowance for a child? *✓*

11 If pensioner was married, has his wife died since last medical re-examination? *✓*
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? *no*
(State date of death and names of children who have died.)

Place *Sully St*

Date *June 20/20*

9026
W. A. Ledrew MB
Head of District Office,
(or Medical Practitioner.)



FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date MAY 16, 1921AS SOON AS POSSIBLEThe Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 8087Rank PRIVATEName CHARLES RIDEOUT ADDRESS: MORETONS HARBOR, N.D.B.Unit NFLD. FORESTRY CO.

DESCRIPTION OF PENSIONER:

Apparent Age 27 YEARS Height 5' 8" Colour of Eyes BROWNComplexion DARK Colour of Hair DARK BROWN Weight

Marks of Identification:

JUNE 21ST., 1919: PULSE 88. DEFICIENT EXPANSION LEFT BASE.
INCREASED VOCAL RESONANCE ANTERIORLY WITH PECTORILOQUY. ACCOMPANIMENTS
RIGHT APEX.

AUGUST 18TH., 1919: PULSE 104. SHOWS RECENT VACCINATION IN RIGHT ARM
WITH CONSIDERABLE LOCAL REACTION. GENERAL CONDITION POOR.

OCTOBER 17TH., 1919: WEIGHT 134 LBS. PULSE 84. NOTHING IN LUNGS OR
HEART. GENERAL CONDITION ONLY FAIR.

JANUARY 27TH., 1920: PULSE 88, STANDING. WEIGHT 137 LBS. GENERAL
CONDITION SAME AS LAST REPORT. LEFT ARM COMPLETELY WELL AND ACTING
NORMALLY. ADHERENT PLEURA AT LEFT BASE. DEFICIENT EXPANSION LEFT
LUNG LOWER THIRD MOSTLY SOME DRY RALES IN THE SIDE LUNG UP UNDER LEFT
SHOULDER BLADE. NO COUGH OR EXOCTORATION. VOCAL RESONANCE INCREASED
IN PLACES AROUND LOWER THIRD LUNG. PENSIONER GAINING STRENGTH NOW ALL
THE TIME. OPERATION SCAR LEFT SIDE PROMINENT.

JUNE 20TH., 1920: GENERAL HEALTH IMPROVING ALL THE TIME. SIDE
TROUBLES HIM AT TIMES WHERE HE WAS OPERATED ON FOR EMPYEMA IN HOSPITAL.
SOME PAIN IN LEFT SIDE AT TIMES BUT HE IS WORKING INTO REGULAR EMPLOY-
MENT NOW AND GETTING ALONG. PULSE 78. TEMPERATURE NORMAL. ALL
SYMPTOMS OF DISEASE IN LEFT SIDE CLEARED UP. PLEURA ADHERENT AND THE
EXPANSION SOMEWHAT LIMITED AS THE RESULT OF THE ACCIDENT AND OPERATION

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

SIMPLE FRACTURE LEFT HUMERUS & RIB.

Disability for which pension has been awarded:—

3
MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *Yes.*
- (2) Give a definite detailed description of the present condition.

June 18th. 1921.

General health good. pulse 85.
Evidences of pleural adhesions
in left side, lung somewhat bowed
depression in side in region of operation.
complaints of pain in the side
when working & has to rest at times.
Pain felt lower third Left Base.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature
of Witness.

J. S. Le Drew M.D.

Pensioner's signature.

Charles Kilduff

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

The foregoing report submitted by Pensioner's signature

Signature Medical Examiner

Place

Date

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death)

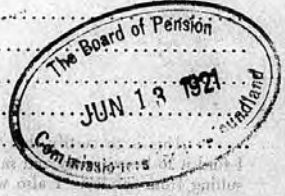
12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

Place

Date

Head of District Office (or Medical Practitioner)



FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date... MAY 9, 1922.AS SOON AS POSSIBLEThe Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 8087

Rank PRIVATE

Name CHARLES RIDEOUT ADDRESS: MORETONS HARBOR, N. D. BAY.Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 28 YEARS Height 5' 8" Colour of Eyes BROWNComplexion DARK Colour of Hair DARK BROWN Weight

Marks of Identification:

JANUARY 27, 1920: PULSE 88 STANDING, WEIGHT 137 LBS. GENERAL CONDITION ONLY FAIR. LEFT ARM COMPLETELY WELL AND ACTING NORMALLY. ADHERENT PLEURA AT LEFT BASE. DEFICIENT EXPANSION LEFT LUNG LOWER THIRD MOSTLY SOME DRY RALES IN THE SIDE LUNG UP TO UNDER LEFT SHOULDER BLADE. NO COUGH OR EXPECTORATION. VOCAL RESONANCE INCREASED IN PLACES AROUND LOWER THIRD LUNG. PENSIONER GAINING STRENGTH NOW ALL THE TIME. OPERATION SCAR LEFT SIDE PROMINENT.

JUNE 20, 1920: GENERAL HEALTH IMPROVING ALL THE TIME. SIDE TROUBLES HIM AT TIMES WHERE HE WAS OPERATED ON FOR EMPYEMA. SOME PAIN IN LEFT SIDE AT TIMES BUT HE IS WORKING INTO REGULAR EMPLOYMENT NOW AND GETTING ALONG. PULSE 78. TEMPERATURE NO MAL. ALL SYMPTOMS OF DISEASE IN LEFT SIDE CLEARED UP. PLEURA ADHERENT AND THE EXPANSION SOMEWHAT LIMITED AS THE RESULT OF THE ACCIDENT AND OPERATION

JUNE 1, 1921: GENERAL HEALTH GOOD. PULSE 85. EVIDENCE OF PLEURAL ADHESIONS IN LEFT SIDE. LUNG SOMEWHAT BOUND. DEPRESSIONS IN SIDE IN REGION OF OPERATION. COMPLAINS OF PAIN IN THE SIDE WHEN WORKING AND HAS TO REST AT TIMES. PAIN FELT LOWER THIRD LEFT BASE.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

SIMPLE FRACTURE LEFT HUMERUS AND RIB.

THE BOARD OF PENSION COMMISSIONERS FOR NEW ZEALAND

ST JOHN'S Hospital
MAY 21 1915
The Secretary, Board of Pension Commissioners for New Zealand
Wellington

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 17th inst. in relation to the pension application of the late Mr. J. H. ...
The Board has considered the application and has decided to award a pension of ... per cent of the late Mr. J. H. ...
The pension will be payable from the date of the late Mr. J. H. ...

I am, Sir, very respectfully,
Yours faithfully,
The Secretary

Enclosed herewith are the following documents:
1. A copy of the Board's decision.
2. A copy of the pension certificate.
3. A copy of the late Mr. J. H. ...

I am, Sir, very respectfully,
Yours faithfully,
The Secretary

1915

3
MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.

(2) Give a definite detailed description of the present condition.

June 17th 1922.

Disability has not improved since last report.

General health not so good as last report. There is a definite heart murmur & patient has got thin over his body. Condition of Left Lung about the same as last reported, no pain felt, but shortness of breath. Pensioner is not strong enough to engage in the fishery.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature
of Witness

J. S. Leveque M.D.

Pensioner's signature

Charles R. ...

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

.....
.....

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

.....
.....

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

.....
(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

.....
.....

Pensioner's signature

The foregoing report submitted by

Signature

Medical Examiner.

Place

Date

Members
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination? *No*

9 (b) If so, is he receiving the additional allowance for a wife? *v*

10 (a) Has a child been born to pensioner since last medical re-examination? *v*

10 (b) If, so, is he receiving the additional allowance for a child? *v*

11 If pensioner was married, has his wife died since last medical re-examination? *v*
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? *v*
(State date of death and names of children who have died.)

Place *Smillingate*

Date *June 14th 1922.*

J. S. Le Drew M.D.
Head of District Office,
(or Medical Practitioner.)