



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5681 Name Charles Thomas Corp

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Charles Thomas
- 2. What is your full Address? 2. Silt Cove
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 22 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 6. Are you Married? 6. Yes
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service?.. 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10. Name)
Corps) Yes
- 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. Yes

I, Charles Thomas 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 Thomas SIGNATURE OF RECRUIT.

P. R. Powe mark Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Thomas do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered, as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 11 day of June 1915.

Signature of Attesting Officer P. R. Powe

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the;

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

Date.....191.....

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5681.

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

Name Charles Thomas
 Apparent age 22 years 0 months. Height 5 feet 4 1/4 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Voilet Jane
Tilt Cove | Relationship Wife

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) <u>Voilet Jane</u>	(b) <u>Tilt Cove</u> <u>May 4/18</u>	(c) <u>Snooks Arm</u> <u>Green Bay</u>	(d) <u>[Signature]</u>
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Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-6-18</u>									
Joined at <u>M. H. S.</u> on <u>June 11-1918</u>									
<u>C. D.</u> <u>July 15/1919</u>									
<u>Embarked M. H. S. S. to Samba to Halifax N.S. 22-7-18,</u>									
<u>to Campfordland for demobilization 22-5-19</u>									
<u>Arrived Campfordland 1-6-19</u>									
<u>Demobilization M. H. S. 15-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 15-7-1919 (date of discharge) 1 years 35 days
 " " Pensions " " " " " " " " " " " "

C. F. Thomas

C.R.

5681

1890

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

MEDICAL HISTORY

Surname Homes OF Christian Name Charles Frederick

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	11 th	June		191
	at	St. John's.	at	
Declared Age	22	years		days
Trade or Occupation	Fisherman.			
Height	5	feet 4 ¹ / ₄ .		inches
Weight	131.	lbs.		lbs.
Chest Measurement	Girth when fully expanded			inches
	Range of Expansion			inches
	34 ¹ / ₂ .	inches		
	3 ¹ / ₂ .	inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			1 Scar.
When Vaccinated	2 years ago.			
Vision	R.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)	<u>James Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's.	at	
	on	11 th day of June	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	Royal New			
	Regiment.			
		5681		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

C.R. 5681

Extract from Daily Orders Part II Depot, St. Johns,

Date

June 18th 1919.

5681, Pte. Thomas.

Reported at Headquarters 1/6/19. ox "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5681

Extract of Form Casualties received from P.A.R. Office London,
Aug. 24, 1918.

"The Undermentioned man Has been segregated in our Infectious
Contact Centre from Date mentioned below... Please forward in-
structions as to ~~his~~ His disposal when free from contact."
Admitted from H.M. Transport "S.S. IXION".

Admitted.
15/8/18.

5681 Pte. Thomas, C.F. CSF & Mumps.

(Sgd) W. Thomas, Capt. R.A.M.C.T.,

Mil. Hospl. Slafobth.

C.R. 5681

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

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

#5681 Pte. Chas. Thomas.

C.R. 5681

Extract from Daily Orders part II Royal Newfoundland Regiment
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date.

15-7-19.

5681, Pte. Chas. Thomas.

C.R. 5681

Extract from Daily Orders Part 21 Unit The Royal RFLA.
Regt. St. John's, June 20th, 1919.

The discharge of the undersigned on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 1-7-19

5681 Pte. C.F. Thomas.

CF 3681

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 13, 1918.

#5681 Pte. C. Thomas.

Attested for General Service with the Royal Nfld.
Regt. from 11.6.18

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal New Zealand... 5081*
2. Regtl. No. *5081*
3. Rank... *Pte*
4. Name... *Thomas Charles Andrew*
(Surname) (Christian Names)
5. Age last birthday... *24*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation *John*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
 (a) When (b) Where (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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 claimed no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

16. Was an operation performed? If so, when and what was its nature?
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.

Reparation

W. E. Proctor
 Capt. Raimb.

Station *Hayley Down.*

Medical Officer in charge of case.

Date *1.1.19*

* 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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles F. Thomas, Regl. No. 5681

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4758	wife.	Violet F. Thomas	Snooks Armistice	70c
Total Allotment, \$				70c

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H G James
 Officer Commanding
F Company

(Sig.) Charles F Thomas
 Pte.

July 15th 1918

wit,
 5718. R. Lukpen

Thomas, L

5681

Ray sept.

July 21, 1919

5681 Pte. Charles Thomas,

Snooks Arm,

N.D.B.

Dear Sir:-

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

Yours truly

Captain & Paymaster

*Please note para. 20.
man's own statement
England. Recd. 8*

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... *Charas* 2. Surname... *Thomas*
3. Rank... *Pte* 4. Regtl. No... *5681*
5. Address in full to which future payments of gratuity are to be forwarded... *Snook's Arm N. D. B.*
6. Date of enlistment in the Regiment... *June 11/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents... *Not applicable*
9. Address in full of such dependents... *do*
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... *Twelve months*
- and 2 weeks* 13.

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

Not applicable

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

\$70.79 Cowthuis, etc

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

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

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

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

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

19. Are you now serving in the R.C.S.? *no* If not give:- (a) date of discharge. *July 1/19* (b) Reason for discharge.

Demobilization

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

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.

21st (retired) Captain

Signature of Applicant: *C. X Thomas*

Place of Residence: *Snacks Arm. or N.B.*

Declared before me at: *St Johns Rd.*

This *17th* day of *June* 19*19*.....
John McCaghy

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.

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

Active Militia.

Small Form of Pay-List suitable for Escorts, Guides, Guards of Honour, etc., or for any claim on account of Drill or compensation for individuals in preference to using large form of Annual Drill Pay-List D. 872.

Required in Duplicate.

Pay-List of the Officers, Non-Commissioned Officers and Men of

A. Company Discharged.
L. Battalion C.O. "B" at New Westminster B.C.
Discharged during May 1915

being for*

Authority†

No.	RANK.	NAMES.	PERIOD.		No. of Days.	PAY.				PAY FOR HORSES.			Total Amount Due.		No.	Signatures of the Officers, N. C. Officers and Men.	REMARKS.
			From	To		Rate per day.		Total.	Rate per day.	Total.		Total Amount Due.					
						Ordinary.	Efficiency.			\$	cts.	\$	\$	cts.			
28281		Booke J.	11-5-15	10-5-15	10	110									1		
2		clothing refund													2		Cancelled
28283		Dickie W.	11-5-15	12-5-15	12	110			1320						3		RWD Dickie
4		clothing refund							10						4		RWD Dickie
28284		Beers W.	11-5-15	15-5-15	15	110			1420						5		Beers
28284		Golden W.							10						6		Wm Golden discharged 31 April
7															7		
8															8		
9															9		
10															10		
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18															18		
19															19		
20															20		
21															21		
22															22		
23															23		
										4970			4970				

Non effectives. Attached for signatures only.

PAYMASTER
 Military District No. 11
 JUL 5 1915
 VICTORIA, B. C.

Carried forward

* Fill in "the nature of Service Rendered" as the case may be. If any amount is due for rations or subsistence the same can be claimed at end of Pay-List. † Quote here authority under "Regulations" or special H. Q. authority.

No.	RANK	NAMES	PERIOD		No. of Days	PAY				PAY FOR HORSES		Total Amount Due		No.	Signatures of the Officers, N. C. Officers and Men.	REMARKS
			From	To		Rate per day.		Total	Rate per day.		Total	Total Amount				
						Ordin- ary.	Effec- tivity.		\$	cts.		\$	cts.			
24																Brought forward,
25																
26																
27																
28																
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30																
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70																
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72																
73																
74																
75																
76																
77																
78																
79																
80																
						Total				49 70		49 70				

Recommended _____
 Officer Commanding Division or District.

I certify that the number of officers and men for whom pay is claimed is not in excess of the numbers authorized by Pay and Allowance Regulations, and that the rates of pay have been checked and are in accordance with the same Regulations.

Place and date New Westminster B.C. _____
 Paymaster.

I hereby certify upon my honour that this Pay-List is correct, and that all the Officers, N. C. Officers and Men entered therein for pay were present on duty for the period for which pay is claimed, and that the horses were actually present and in use for the period charged, and I further certify that the N. C. O. and Men for whom efficiency pay is claimed are entitled to it in accordance with Pay and Allowance Regulations, 1912.

Place New Westminster B.C. _____
 Date 31 May 1918 _____



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles F. Thomas, Regl. No. 5681

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Seventy Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4758	wife.	Violet J Thomas	Snooth Armistee	70¢
Total Allotment, \$				70¢

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. G. James 2/Lieut
 Officer Commanding
F Company

(Sig.) Charles F. Thomas
 Pte

July 15th 1918

Wit. R. S. Laker
 5718. R.

July 15, 1919

#5681 Pts. Charles Thomas.

Snooks Arm,

Twillingate

Dear Sir:-

Please find enclosed Discharge Certificate #3052.

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5681 Rank Pte Name Thomas C. G.
 Intended place of residence St. John's Arm
 Occupation Fisherman
 Classification of soldier B Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN 17 1919

[Signature]
 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. SUBJECT TO ADJUSTMENT OF ALLOWANCES BY A.C.T.

Place, ST. JOHN'S

Date JUN 17 1919

[Signature]
 Signature of soldier
[Signature]
 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 JUN 17 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 11-6-18 No. of days on Military
 Discharged from service... 1-7-19 Plus 14 days Service... 400

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 1 1919

[Signature] Major
 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 July 15/1919

[Signature]
 Officer in Charge Records
 The Royal Newfoundland Regiment

[Handwritten] B 2079/8052

20
A5

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

16.6.19

Regimental No *5681*

Name

Thomas C. F.

Rank

Pte

Address

Snooies Ave

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. J. Sant Major
O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

J. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5681 Rank Plt Name Thomas F. F. Fitch
 Date of Enlistment 11.6.18 Address 6 Dooty Court, District
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 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 <u>3</u>
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 16.6.19 # Mrs H
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Charles H. Thomas
Mark W. W. W. W.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable Also

(b) ~~Clothing Supplied~~

Amelmin

Date 17-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1838 to his home at Smock's Arm and Release Certificate No. 2867 issued.

Date 17-6-19 *J. A. Shawbapt*
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 15-7-19 SUBJECT TO ADJUSTMENT OF OVERDUE PAY BY ACCT.

Date 17-6-19 *H. M. ...*
Depot Paymaster.

Discharge approved for 1-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 349A	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form L.	do 3rd.	" 4
B 179a	D 400C	Form K.	do 4th.	" 5
B 179b	B 103	ME 2.		" 6
B179c	B 120	M 93.		

1 Form B

Date 17-6-19 *J. A. Shawbapt*
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

R. H. ... Capt.

Date JUL 1 1919
O. C. Discharge Depot.

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

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland* } Former Trade or Occupation } *Tradesman*
2. Regtl. No. *5691* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Thomas Chesford* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) *22* (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war 1
 - (ii.) Previous active service.. 1
 - (iii.) Climate in pre-war service 1
 - (iv.) Ordinary military service before the war 1
 - (v.) Serious negligence or misconduct on the man's part. } 1

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

He complains of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

16. Was an operation performed? If so, when and what was its nature?

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 R.A.M.C.

Medical Officer in charge of case.

Station *Hazleydown*

Date *4/4/19*

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

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.

Thomas G.

Signature of Man.

Reg. No. *5181*

J. J. Swales

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

17-6-19.

191

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

C. J. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>368 / Chas J Thomas</i>	Age on	<i>22</i> years <i>11</i> months	<i>Fisternon</i>	
Joined	Date	Place and Date of Enlistment	<i>11/6/18</i> <i>St John</i>	Religion	
Joined	Date	Period of	with Colours <i>1 3/4</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth	
Joined	Date				

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
				<i>Demobilized</i>	<i>St John's</i>	<i>15 7/19</i>			

To be carried over.

Army Form B. 121.

05681
Demobilization Form 2

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5681 Rank Private Name Thomas F. J. Jants
 Date of Enlistment 11-6-18 Address Brooky and District St. John's
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 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 108	ME 2		" 6
B 179c	B 120	M 93		

Date 16-6-19

H. M. H.
 J. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Charles Thomas
W. J. Jants
 Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00

(b) Clothing Supplied _____

Am. Jants

Date 17-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{TR 1838} to his home at 103rd St. and 10th Ave. and Release Certificate No. 11967 issued.

Date Aug 17-6-19 *[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 17-1-19

Date 17-1-19 *[Signature]*
Depot Paymaster.

Discharge approved for 1-4-19
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 108	ME 2.		" 6
B179c	B 120	M 93.		

[Handwritten: Form B]

Date 17-6-19 *[Signature]*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

JUL 1 1919

Eligible for War Service Gratuity

Date July 11 1919 *[Signature]*
O. C. Discharge Depot.

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

Date July 11 1919 *[Signature]*



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Charles F Thomas*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5-6 F1*

Intended address *Snooks Arm,*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Francis*

Christian name of Mother *Levina*

Wife's maiden name in full *Willet. Rideout*

Date and place of marriage *Tilt Cove, 26 May, 1918.*

Christian names of children *—*

Place and date of soldier's birth *Tilt Cove, 21st August, 1896*

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) *Charles F Thomas* *PL*
(Rank)

W. J. S. [Signature] Date *16-6-19*

Station *St John's*

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

Station

Date



C.R. 5681

Till Cove
No. 9th, 1922

Hon. W.D. Jennings M.P.
St. John's

Dear Mr. Jennings:-

Your letter dated 27th Feb received yesterday asking for information of some of the boys who enlisted from this.

Pte. Leslie Balfe No. 5645 present address
C/o Geo. Balfe (father) Bell Island Mine, C.B. Wm. Bunkie
Wells No. 5690 C/o Simon Wells (father) Springdale. Lawrence
Mitchell No. 5688 Beaver Cove C/o Eli Mitchell Senior (father)
Till Cove Charles Thomas No. 5681 I am not sure about but am
making enquiries and will let you know

Any information you require of me
on any point any time, I am only too pleased to do my best

Yours sincerely

(Sgt.) J.M. JACKMAN

See 5681
for full Correspondence

C.R. 5681

Snooks of Am Morely 1821

Department of Militia

Dear Sirs

As I have not received my war medal and the rest of the boys have received theirs I thought that I would write and let you know. As I would like to have it, hoping to receive it soon.

I remain yours truly
* 5681 Frederick Thomas
Snooks of Am
of the Dame Bay
or G & D

ok 5681

to file

TILT COVE STORES



C.R. 5681

Tilt Cove, Newfoundland.

March 27th., 1922.

Hon., W. P. Jennings M.H.A.
Saint John's, Nfld.



Dear Mr Jennings:-

Pte Charles Thomas #5681 who you enquired for is living at Snooks Arm at present.

Why we could not locate him before was, he is known in this locality as Frederick Thomas, but he says himself he entered the Army in the name of Charles Frederick Thomas. Anyway this is the right man and this is his #.

Yours Sincerely.

Chas Jackson

277
P.A ON HEAD

OFFICE FILE

22 /7/18
Draft No:
22

Date of Enlistment:

11 June 18
Age on Enlistment:

Yes 22
Married (Yes or No)
Yes.

EXACT COPY TAKEN FROM LEDGER

NO FILE C.R. 103 DATE 18.6.1919

NAME: THOMAS, Charles.

REGL. NO: 5681

Next of Kin THOMAS, Mrs. Violet Jane

Relationship: Wife.

Address: Tilt Cove, N.D.B. NPLD.

1994.C

CASUALTIES.

PROMOTIONS, REDUCTIONS, etc.

Date Rec'd.	Auth- ority.	Dated	Nature of	Whereabouts	Ref. No.	Authority	Date	Rank etc.
	B103	23/11/18	Embarked United Kingdom		B103			
	"	23/11/18	Disembarked France.		2			
	"	5/1/19	Joined Batt do		"			
30/4/19	O 1/c Reds.	22/4/19	Trans Frim Rouen	22/4/19		Services in the Field		
			Arrived 2nd.Bn. H.D.C. Winchester	23/4/19	421	Draft No.	Date of Embarkation.	Expeditionary Force.
1/6/19	"	22/5/19	To Nfld for demobilisation Per S.S. "Corsican" ex. L'Pool	22/5/19	456	56	23/11/18	B.E.F.
18/6/19	DO's Hq.	1/6/19	Attached to Strength.			Honours Awards, Etc.		
						Authority.	Date.	Action.
						Distinction.		
						Discharge.		
						Authority.	Date.	Where.
						D.O Hq. 124		St. John's,
						17/7/19	11/7/19	Nfld.,
								Demob- ilisation.

Wrong abstract
ASL
9/9/54

WAR VETERANS' ALLOWANCE BOARD

CANADA

IN YOUR REPLY REFER TO FILE NO.
AND PLEASE QUOTE
YOUR REGIMENTAL NUMBER



DALY BUILDING.

OTTAWA, Sept. 26th, 1949

Director of Records, (Army)
Department of National Defence.

Re THOMAS Chas. Fred. Regt. No. 5681
(Surname) (Christian Names)

Veteran states he served in the following units: Mfld. Regt.

Dear Sir:

To enable the War Veterans' Allowance Board to determine the eligibility of the above named will you kindly furnish the following particulars concerning his service during the Great War.

- | | |
|--|---|
| 1. Did the applicant serve in the C.E.F. | No |
| 2. If Permanent or Non-Permanent Active Military Service, did any part of his service constitute service in the C.E.F. as under P.C. 1569 dated June 22, 1918. | N.A. |
| 3. Field of service in Great War. | <i>nfld. U.K. & France</i>
CANADA (HALIFAX, 1 Year) <i>Desemb. France 23/11/18</i> |
| 4. If in France, unit and period of service. | N.A. |
| 5. Date and place of all enlistments. | 11 June 1918, St. John's, Newfoundland. |
| 6. Date of all discharges and reason. | 17 June 1919, Demob. |
| 7. Rank on discharge. | Pte. |
| 8. Date and place of birth as per attestation paper. | 22 years. <i>25 Aug 1896 Tilt Cove</i>
<i>nfld</i> |
| 9. Domestic status, and if married, name in full of wife. | Married-Violet J. Thomas |
| 10. Military Service prior to Great War, (or prior to enlistment in C.E.F.) | Nil |
| 11. Has he received any special Medals or Decorations. | Nil |

for

H. D. Jackson
H. M. D. Jackson,
Director,
War Service Records Branch

No. 3632/PS 28-9-49

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS' ALLOWANCE DISTRICT AUTHORITY

Address 4th floor,
Transportation Bldg.,
Ottawa, Ont.

MARK YOUR REPLY:For attention of: **Mr. Nolan**

Director,
War Service Records,
Department of Veterans Affairs,
Ottawa, Ontario.

Re: THOMAS Charles Regt. No. 5681
(Surname) (Christian Names)

Veteran is stated to have served in the following units in:

W.W. I **X**

W.W. II

S.A. WAR

Dear Sir:

To enable this War Veterans' Allowance District Authority to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service **September 9, 1954.**
DVA. 95-9-4- (WSR 5)

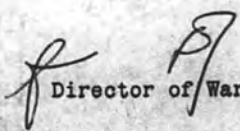
1. Theatre of Service in W.W. I **Canada and Newfoundland.**

W.W. II

S.A. WAR

2. If service in S.A. WAR: (a) Port of disembarkation.....

(b) Date of disembarkation.....
Day Month Year3. Date and place of all enlistments. **11 June 1918 - St. John's, Nfld.**4. Date of all discharges and reason. **15 July 1919 - Demobilization.**5. Rank on discharge. **Private**6. Date and place of birth as per attestation paper. **25 August 1896 - Tilt Cove, Nfld.**7. Marital status: If married, name in full of wife. **Married: Mrs. Violet J. THOMAS**8. Any prior military service. **N11**9. Decorations, if any. **N11**


Director of War Service Records.