

A



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5207 Name Arthur Touchings Corps C.S.F.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Arthur Touchings
- 2. What is your full Address? 2. St. John's
Hermitage Bay
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 years 1 Months
- 5. What is your Trade or Calling? 5. Fisherman
- 6. Are you Married? 6. No
- 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
- 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, Arthur Touchings 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.

Arthur Touchings SIGNATURE OF RECRUIT.

Paul Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arthur Touchings 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 and as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 20 day of May 1915
Signature of Attesting Officer Erico Lieut

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 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

5202

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

Name Arthur Touchings
 Apparent age 19 years 0 months Height 5 feet 2 3/4 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Touchings Passadena
Hermitage Bay | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(c) Present address.		(d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>20-5-18</u>									
Joined at <u>St. Johns</u> on <u>May 20-1918</u>									
<u>Discharged August 11 1919</u>									
<u>Admitted to S.O. Hospital 11-7-18</u>									
<u>Discharged from Hospital to billets 31-7-18</u>									<u>Embarked St. Johns train to Halifax N.S. 22-9-18</u>
<u>Discharged from billets 12-8-18</u>									<u>to hold for demobilization 24-6-1919</u>
<u>Special duty train Coast 9-9-18</u>									<u>Arrived Newfoundland 1-7-1919</u>
<u>Returns to depot 19-9-18</u>									
<u>Demobilization St. Johns 11-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 11-8-1919 (date of discharge) 1 years 84 days
 Pensions " " " " " " " " " " " "

A. Touchings

C.R.

5202

PR 10

~~Received 7-11-58~~

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company Chas. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Touchings, Wilkes	Age on	19 years - months	Fisherman	
Joined	Date	Place and Date of Enlistment	28. 5. 18	Religion	
Joined	Date	Period of	with Colours 184 years. with Reserve 323 years.	Religion	
Joined	Date			Place of Birth	
Joined	Date			Pass. Island, Ha. Bay.	
				C. A. E.	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witcases	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	H. H. H. H. H.	11	8 19		

To be carried over

Army Form B. 121.

C.R. 5262

Army Form B. 179a

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 F., 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*
- 2. Regtl. No. *5202* 3. Rank. *Plt*
- 4. Name *Teuchings Arthur*
(Surname) (Christian Names)
- 5. Age last birthday. *20*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisher*
- 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) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(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. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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.)

The Complaints of no 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?

Repatriation

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

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

W.E. Premier *Captn R.M.C.*

Station *Harley Wood*
 Date *10/4/19*

Medical Officer in charge of case.

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

C.R. 5202

Extract from Daily Orders Part 11 Unit The Royal MFL.
Regt. St. John's, July 6th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by officer i/c Records from 28-7-19

5202 Pte. A. Touchings.

C.R. 5202

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

The discharge of the undernoted on demobilisation has
been CONFIRMED by Officer i/c Records from noted date
11-8-19.

5202, cpte. Arthur Touchings.

C.R. 5202

Extract from Daily Orders ~~Portm~~ ~~Unit~~ The Royal Field
Regt. St. John's; July 2nd, 1919.

5202 Pte. M. Touchings.

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

C.R. 5202

Extract from Daily Orders ~~Part~~ By Major M.S. Sullivan.
Commanding Newfoundland Forestry Companies 6-12-18.

The undermentioned having proceeded for duty
from 2nd, Bn. Royal Nfld. Regt. is attached to the
Strength for rations from this date, and posted to
"C" Company

5202 Pte. A. Touchings.

C.R. 5202

Extract from Nominal Roll Entrained St. John's for Overseas.
Sept. 22, 1918. "1"

5202 Pte. Touchings Arthur.

C.R. 5202

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.
St. John's, dated Sept. 9-16.

The undernoted man proceeded on Special duty to Mount Pearl
9-9-16.

5202 Pte. A. Touchings.

C. 5202

Extract from Daily Orders Part 11 #126 Depot St. John's

Dated July 12th 1918.

#5202 Pts. A. Touchings.

Admitted to M. I. D. Hospital 11th 7-18.

C.R. 5202

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt St. John's, dated August 12, 1918.

#5202 Pte. A. Touchings.

Discharged from billets (Mrs. Peet's) 12-8-18

C.R. 5202

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated August 1, 1918.

#5202 Pte. P. Touchings.

Discharged from M.I.D. Hospital 31-7-18

C.R. 5202

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 21, 1918.

#5202 Pte. A. Touchings

Attested for General Service with the Royal Nfld. Regt.
from 20.5.18 to report 24.5.18

C.R. 5202

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
St. John's Sept. 24/18.

The following Men returned from Special Duty at Mount Pearl.
19-9-18.

5202 Pte. A. Touchings.

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 5204 Rank AI4 Name Louchings R J
 Date of Enlistment 20.5.19 Address Passy Rd District S. of St. John's
 Occupation Fisherman Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. Disability Rating

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		" 6
B 179c	B 120	M 93		

Date July 1919R. O. C. Discharge Depot. #11885 #

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. A 2000 hrs

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #60.00

(b) Clothing Supplied

Date 14-7-19

O i/c. Re-clothing.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 522 Rank PL4 Name Louchings R
 Date of Enlistment 20.5.19 Address Passages District Sofine
 Occupation Fisherman Classification for Discharge 16 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:-

N.F. F36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	" 6	
B 179c	B 120	M 93		

Date July 1919 R. O. C. Discharge Depot. #11ms #

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. A Louchings

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable. #60.00

(b) Clothing Supplied _____

Date 14.7.19

O.j.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 12408 to his home at pass Issd and Release Certificate No. 3567 issued.

Date 14-7-19 Demobilization Officer [Signature]

4. Pay and Allowances.

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

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

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Mod.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	2 Form B
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 92			

Date 14-7-19 Demobilization Officer [Signature]

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

JUL 28 1919

Date N.R. Cooke Capt.
O. C. Discharge Depot.

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

Date Aug 7 1919 [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R2408* to his home at *pass 98ed* and Release Certificate No. *3567* issued.

Date *14-7-19* Mobilization Officer *[Signature]*

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *11-2-19*

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

Discharge approved for *25-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P38	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>2 Form B</i>
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

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

APPROVED.

Documents as above forwarded to:-

Officer in Records,
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

JUL 28 1919

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

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

Date *Aug 7 1919*

Re: 202 Rank Y6 Name Lushington's O.
Attested Address Pass Island
Entirety Allottee Jan 1949
of Allotment Returned from Overseas
Returned on S.S. Carandra Cause Discharge

14 7 19
26 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

No. 1881/278/P.&.A

From: NEWFOUNDLAND CONTINGENT



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

To: Officer Commanding
2/Bn.R.Nfld.Regt.
Winchester.

3rd February 1919.

Feb 4th 1919

5202 Pte. Touchings A.

Receipt hereunder.
Kaur

With reference to the following telegram from the Minister of Militia 29/1 /19 (937)

**LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT,
Officer Commdg. 2nd Batt'n.**

Pay to- 5202 Pte. A. Touchings

£6.1.3

Received the sum of £6.1.3

P.D. 06/19 2

3 Cheque £6:1:3 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

See Receipts on Billing
in respect of telegraphic remittance from the Minister of Militia.

P. Touchings.

Chief Paymaster & O. i/c Records.

No. 5202 Rank Pte

Witness *Cpl. R. J. Mercer*

Touching, A

5202

Key sept

August 14, 1919

#5202 Pte. Arthur Touchings,
Pass Island, P.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3736.

Yours truly,

Captain & Quaymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5202 Rank. Pte Name. Touchings A
 Intended place of residence. Par. 2nd Fortuna

2. Occupation Fisherman
 Classification of soldier. E Medical Category. A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 14 1919

H. M. St.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 14 1919

A. Touchings
 Signature of soldier

Chelboush
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 14 1919

A. Touchings
 Signature of soldier

James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 20-5-18 No. of days on Military
 Discharged from service. JUL 28 1919 Plus 14 days Service. 449

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, 14 days from date.

Place, ST. JOHN'S

Date 111 28 1919

H. L. Cooper Capt
 Officer in Charge Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 11/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

A. B. 207 9 / 3736

12
30
31
11
84

The Royal Newfoundland Regiment

Class for Demobilization: —

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. *5202*

Name

Touching, Arthur

Address

Pan Island Hermitage Bay

Present Medical Category

A 1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

K. R. Cooper Capt.
O.C. Discharge Depot.

W. Brown
Senior Medical Officer

W. Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 57001, Rank Pte, Name Louchings P. J.
 Date of Enlistment 20.5.19, Address Passage St. S. St. John's, District S. St. John's
 Occupation Labourer, Classification for Discharge 16, Medical Category 1E
 Recommendation S.M.B. _____, Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date Feb 1949, O. C. Discharge Depot. 11/1/49

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. C. Louchings

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #6000

(b) Clothing Supplied

Date 14.7.49, O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2408 to his home at pass 92ed and Release Certificate No. 3567 issued.

Date 14-7-19 Ambleton
Demobilization Officer

4. Pay and Allowances.

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

Date 14-7-19 H. M. W. 4
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14-7-19 Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 28 1919 H. R. Coobe Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

A. Doehings

Signature of Man.

A. M. Clouston

Reg. No. 5202

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

14-7-19

191

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

MEDICAL HISTORY

OF

Surname LouchingoChristian Name Arthur

Table I.—GENERAL TABLE.

Birthplace: Parish St. John'sSt. John'sCounty Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on	<u>29</u> day of <u>May</u> 191 <u>8</u>	on	day of 191
	at	<u>St. John's</u>	at	
Declared Age		<u>19</u> years — days		years days
Trade or Occupation		<u>Fisherman</u>		
Height		<u>5</u> feet <u>2 3/4</u> inches		feet inches
Weight		<u>130</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>36 1/2</u> inches		inches
		Range of Expansion	<u>4</u> inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/12</u>	R.E.—V=	
	L.E.—V=	<u>6/12</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Arthur Louchingo</u>			
(Rank)				
Enlisted	on	<u>20</u> day of <u>May</u> 191 <u>8</u>	on	day of 191
	at	<u>St. John's</u>	at	
Joined on Enlistment	Corps	<u>Rego</u>	Regtl. No.	<u>1202</u>
		<u>Nfld Regt</u>		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M. I. D. Hospital	11	7	12	29	7	13	Mumps	18	Discharged to details to fiscal quarters	L. W. Lunden



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 Office 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 *Arthur Louckings*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5202*

Intended address *1, Cass Old Hermitage Bay*

Height on discharge *6'* Feet *5"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Leggie*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Cass Old, 20th Oct. 1898*

Nature and locality of civil employment required

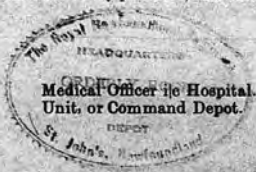
I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full)

St John's Arthur Louckings
Date *8.7.19*

PLB
(Rank)

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

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 *Loyal Newfoundland Regt.* 7. Former Trade or Occupation } *Walesona*
2. Regt. No. *202* 3. Rank *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name. *Fouchings Arthur* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday *20*
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 ✓
- (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 ? }

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

The Complaints of no 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 ?

Repatiation

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

W.P. Proemier Capt. Rame

Station *Harley Down*

Medical Officer in charge of case.

Date *10/4/19*

* 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.

august 18,1919

#5202 Arthur Touchings,
Pass Island, H.B.

Dear Sir :-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name *Arthur* 2. Surname *Witching*
3. Rank *Pvt* 4. Regtl. No. *5202*
5. Address in full to which future payments of gratuity are to be forwarded. *Pass St. St. George Bay*
6. Date of enlistment in the Regiment *May 20/18*
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.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas..... *From May 20/18 to July 14/19*

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

No.

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

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?

19. Are you now serving in the R.A.F.? *No.* If not give - (a) Date of discharge. *July 14/19* (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. *No.*

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. *No.*

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.

5202 Touchings

PM.

Please make first pay. VII. 5 G.

16/7/19

~~T. J. A.~~

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 70⁰⁰

July 16 1919

Received from the First Newfoundland Regiment
the sum of Seventy & no. 1/10 Dollars.
on account of Pay. W. S. G.
balance

A. C. R.

Ch. No.	3111	Initials.....	W.S.G.
Pay Ledger.....	289	Initials.....	W.S.G.
Gen. Ledger.....		Initials.....	

Regtl. No. Rank

No. 5202

Rank Pte

Name

A. Touchings