



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5506. Name Charles W. Hite Corps Co. J.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Charles W. Hite</u>          |
| 2. What is your full Address? .....  | 2. <u>New Orleans, La.</u>         |
| 3. Are you a British Subject? .....  | 3. <u>Yes.</u>                     |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>No Sherman</u>               |
| 6. Are you Married? .....  | 6. <u>No.</u>                      |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No.</u>                      |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes.</u>                     |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes.</u>                     |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes.</u>                    |

I, Charles W. Hite 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 W. Hite SIGNATURE OF RECRUIT.  
James Sherman Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles W. Hite 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 29th day of May 1915.

Signature of Attesting Officer Ch. Dicks 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 compiled with. I accordingly approve, and appoint him to the: .....

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

Date ..... 1915 }  
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) .....



C.R. 5506

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot ST. JOHN'S dated Aug 2nd 1919.

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

5506, Pte. Chas White.

C.R. 5506

Extract from Daily Orders Part 11 Unit The Royal  
Hfld. Regt. St. John's, July 16th, 1919.

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

5506 Pte. Chas. White.

C.R. 5506

Extract from Daily Orders Part VI Unit The Royal Field Artillery  
St. John's, July 23rd 1919.

5506 Pte. C. White.

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

C.R. 5506

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

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

#5506 Pte. Charles White.

C.R. 5506

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

#5506 Pte. C. White.

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

C. White

C.R.

5506

~~1890~~





White, C

5506

Ray Dept.

August 14, 1919

#5806 Pte. Charles White,  
New Perlican, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3755.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5326 Rank Pvt Name White C.  
 Intended place of residence River Parleuar Trinity

2. Occupation Fisherman  
 Classification of soldier E Medical Category A

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

M. W. 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

C. White  
 Signature of soldier

M. W. St.  
 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

C. White  
 Signature of soldier

James O. Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 29-5-18 No. of days on Military  
 Discharged from service JUL 28 1919 Plus 14 days Service 440

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 28 1919

J. R. Cooper Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 11/1919

M. Bowley Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

3  
20  
31  
11  
75

207915755

# 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. *5506*

Name

*White Charles*

Address

*New Berlin*

Present Medical Category

*A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

*J. P. ...*  
Senior Medical Officer

*J. W. ...*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5506 Rank Pvt Name White R  
 Date of Enlistment 29 5 18 Address New Heritage District St. John's  
 Occupation Submarine Classification for Discharge C Medical Category A.I  
 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 11 7 19

O. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*R White*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied .....

*W. J. ...*

Date 14 7 19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1924.04 to his home at New Pelican and Release Certificate No. 3565 issued

Date 14-7-19

*[Signature]*  
Demobilization Officer

4. Pay and Allowances.

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

Date 14-7-19

11-8-19  
*[Signature]*  
Depot Paymaster

Discharge approved for 28 7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14-7-19

*[Signature]*  
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 28 1919

*[Signature]*  
O. C. Discharge Depot

JUL 28 1919

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.

*E. White*

Signature of Man.

Reg. No. 5506

*A. M. Johnston*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

11-7-18

191



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

# MEDICAL HISTORY

Surname Off late OF Christian Name Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish New Orleans N.B. County Mex.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	29	May 1918		191
	at <u>St. Johns</u>		at	
Declared Age	21	years		days
Trade or Occupation	<u>J. Sherman</u>		years	days
Height	5	feet 9	feet	inches
Weight	138		lbs.	lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		3	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	1 Scar.		
When Vaccinated	3 weeks ago.			
Vision	R.E.—V=	6/9 6/9	R.E.—V=	
	L.E.—V=		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>L. Amundson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. Johns</u>	at	
	on	29 day of <u>May</u> 1918	on	day of 191
	Corps		Corps	Regtl. No.
Joined on Enlistment	<u>Royal Mex. Regiment.</u>			
		<u>5506.</u>		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the 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 *Charles White*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5306*

Intended address *New Peruvian*

Height on discharge *5 Feet 9*

Color of hair on discharge *dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Ben*

Christian name of Mother *Meria*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *New Peruvian 29-7-age 22-1897*

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)

(Rank) *Plt*

Station

*Johns & Charles White*  
Date *July 1919*

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

Medical Officer i/c Hospital,  
Unit, or Command Depot.

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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*
2. Regtl. No. *5206*, 3. Rank... *P. 4*
4. Name *White* (Surname) *Belas* (Christian Names)
7. Former Trade or Occupation } *Fitterman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *27*
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, 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 Complaint 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 ?

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

*Repatriation*

*W. E. Proemier. Captn R.A.M.C.*

Station *Kazely Down* .....

Medical Officer in charge of case.

Date *3. 14/19* .....

\* 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

Mr. Charles White,  
New Perlican, T.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 & Kaymaster.

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..... *C* ..... 2. Surname..... *White* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *5-5-06* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *New Paragon St. B.* .....

6. Date of enlistment in the Regiment..... *Nov 29/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no* .....

8. Relationship of such dependents..... *✓* .....

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 Mfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *fourteen months* .....

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?.....

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

.....  
.....

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

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

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

.....  
.....

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

.....  
*England*  
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

.....  
.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.



Signature of Applicant: <sup>his</sup> *C. White*  
 Place of Residence: *New Haven. I.B.*  
 Declared before me at: *St John's*  
 This *14* day of *July* 19*19*....

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

By Barrister



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

---

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Charles White

in respect of his service as No. 5506 Rank Pte.

Name G. White Royal Nfld. Regt.  
~~Northamptonshire Corps.~~

Receipt of the same should be acknowledged hereon.

Received By

Signature Charles White

Date November 8<sup>th</sup> / 21

Address New Perlican Trinity Bay

[P.T.O.]

# 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. B. Dicks Lieut

Regimental Number and Name	
No.	<u>5506 Charles White</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<u>21</u> years <u>        </u> months	<u>Litherman</u>
Place and Date of Enlistment	<u>St John's</u> <u>29-5-18</u>	Religion <u>C of E.</u>
Period of	with Colours <u>1<sup>1/2</sup></u> years	Place of Birth <u>New Portland</u>
	with Reserve <u>3<sup>6/16</sup></u> years	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Office	Rank	Cases of Dismissal	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hayley Barr Camp 31 of 18</u>		<u>Plt</u>		<u>Awake on Parade 8<sup>th</sup> M. Target</u>		<u>2 days CB.</u>	<u>9/10/18</u>	<u>Capt Popham</u>	<u>N.A.</u>
				<u>Demobilized St John's</u>	<u>11</u>		<u>8/19</u>		

To be carried over.

55506

Demobilization Form

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5506 Rank Private Name White R  
 Date of Enlistment 29.5.18 Address New Perlicans District St. John's  
 Occupation Fisherman Classification for Discharge ..... Medical Category A2  
 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 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	
B 179e	B 120	M 93		

Date Nov. 3. 19 O. C. Discharge Depot St. John's

## PARTICULARS FOR DEMobilIZATION

### 1. Civil Re-Establishment

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

*R White*

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #60.2
- (b) Clothing Supplied .....

*Am Johnston*

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192404 to his home at New Bedford and Release Certificate No. 3565 issued.

Date 14-7-19

*Chambers*  
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. H. H.*  
Depot Paymaster

Discharge approved for 28 7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. F/36	B 268	B 121	N.F. Med.	D.F. 1.
F 178	W 3494	B 122	Board 1st	" 2.
F 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

*Chambers*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUL 28 1919

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

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

Date Aug 7/19

*H. H. H.*

Reg. No. *5506* Rank *Pte* Name *White Chas*

Attested ..... Address *New Berlin*

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

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

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

*14 7 19*  
*28 4 19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILIZATION**



C.R.

5506

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. 5506 3. Rank... plc
- 4. Name White Charles  
(Surname) (Christian Names)
- 5. Age last birthday... 22
- 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) Where (c) Opinion of Court  
(d) Date of Discharge ;  
(e) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 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*  
*nil*  
*nil*

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i) Service during the present war .. .. .                     | (a) attributable to | (b) aggravated by |
| (ii) Previous active service .. .. .                           | ✓                   | ✓                 |
| (iii) Climate in pre-war service .. .. .                       | ✓                   | ✓                 |
| (iv) Ordinary military service before the war .. .. .          | ✓                   | ✓                 |
| (v) Serious negligence or misconduct on the }<br>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 complainant 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?

*Repatriation*

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

*W. E. Procuier*

*Capt Rame*

Medical Officer in charge of case.

Station .. *H. A. Zehner, D. O. M.*

Date .. *3/4/19* .. .

\* 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.