



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5432 Name Albert Blake Corp. Meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Albert Blake</u> |
| 2. What is your full Address? | 2. <u>Herring Neck 110B</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>fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Albert Blake, 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.

Albert Blake SIGNATURE OF RECRUIT.
Albert Blake SIGNATURE OF WITNESS.

TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Blake, 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 11th day of May, 1915.
Signature of Attesting Officer C. B. Dicko, 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
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

2432

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

Name Albert Blake

Apparent age 21 years months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Blake
Henry Blake, N.S.B. | Relationship father
Hening Neck. 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 L'epot	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 British engagement reckons from <u>24-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 24-1918</u>									
<u>Discharged August 5/1919</u>									
<u>Embarked St. John's N.S. to Halifax N.S. 22-7-18.</u>									
<u>to Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 5-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-8-1919</u> [date of discharge]									
" " Pensions " " " " " " " " " " " "									

1 years 74 days

C.R. 5432

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

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

#5452 Pte. Albert Blake.

C.R. 5432

Extract from Daily Orders Part VI Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5432 Pte. A. Blake.

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

C.R. 5432

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. st. John's, dated May 27, 1918.

#5432 Pte. A. Blake.

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

C.R. 5432

Extract from daily Orders Part II Unit The Royal Rifles.
Regt. St. John's. July 25th, 1919.

The discharge of the undersigned on demobilisation has been
APPROVED by G.C. Discharge Depot with effect from 22-7-19

5432 Pte. Albert Blake.

C.R. 5432

extract from daily orders part II Royal Newfoundland Regt.
depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilisation has
been confirmed by officer i/o records from 5-8-19.

5432, rte. Albert Blake.

a. Blake

5432



[Faint handwritten scribble]

P. + R. p



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 A.F.S.L. 7. Former Trade or Occupation } Iskerman
2. Regtl. No. 432 3. Rank. Plt 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name Blake Albert
(Surname) (Christian Names)
5. Age last birthday. 22
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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?

Repatiation

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

W. Proctor Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley Hill*
 Date *28-3-19*

* 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

1992/297

CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
55, VICTORIA STREET,
LONDON, S.W. 1.
3rd February 1919

Officer Commanding,
2/Bn. Royal N. Regt.
Winchester.

5432 PTE. A. BLAKE.

Reference attached letter from the
above named soldier received here 28/1/19(914)
There is no trace of any remittance having
been received here for him, please.

Supt for Major,
Chief Paymaster & O.I/c. Records

WF/BC

WF

Blake, Albert

5402

Hay Dept.

August 5th 1919.

#5432, Pte. Albert Blake,
Herring Neck, Twillingate.

Dear Sir:

Enclosed please find Discharge Certificate
#3397.

Yours truly,

Capt. S

Officer i/c Records.

RS/.

August 22, 1919

Mr. Albert Blake,
Herring Neck.

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.

1823

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 20th. 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no erases, 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... ~~Albert~~ *Albert* & Surname... *Awal*.....

3. Rank... *Private*..... 4. Regtl. No... *5432*.....

5. Address in full to which future payments of gratuity are to be forwarded... *Wickipata*.....

6. Date of enlistment in the Regiment... *28 May, 1918*.....

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 Nfld. If so, give dates and particulars of such service... *overseas*.....

..... *14 months - 8 June 1918 - 8 July 1919*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....

..... *14 months - 8 June - 1918 - 8 July 1919*.....

14

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
..... no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid..... no

15. Have you been issued with a War Service Badge?..... 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.....

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

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

19. Are you now serving in the Res.?
of discharge July 22/1919. (b) Reason for discharge..... Re-mobilization

X 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..... Ireland

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: *Albert x Bauld*
 Place of Residence: *Hampton Neck - N.D.B.*
 Declared before me at: *H Johns*
 This *8th* day of *July* 191*9*.....

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

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5432 Rank PC Name Blake Albert
 Intended place of residence St. John's, Newfoundland

2. Occupation Fisherman
 Classification of soldier E Medical Category A^L

3. The above named man is discharged in consequence of

DEMOMILITATION 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 8 1919

Miss H.
 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 8 - 1919

Albert Blake
 Signature of soldier
Miss H.
 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 8 - 1919

Albert Blake
 Signature of soldier
James Sheerman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military
 Discharged from service 22-7-19 Plus 14 days Service 438

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 JUL 22 1919

N.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 5/1919

J. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

CPB 204913394

8
30
31
5
24

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2453 Rank Plt. Name Blaker, Albert
 Date of Enlistment 24-2-18 Address Penning Neck District Yates
 Occupation Houseman Classification for Discharge 17 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	5
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 7-7-19 O. C. Discharge Depot Penning Neck

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation

Albert Blaker
W. J. Newman

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 _____

Am. Johnston

Date 8-7-19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2231 to his home
at Hennings Neck and Release Certificate No. 3310 issued.

Date 8-7-19

J. A. Knowlton
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 SUBJECT TO ADJUSTMENT BY OVERSEAS PAY AGCY

Date 8-7-19

J. M. W. H.
Depot Paymaster.

Discharge approved for.....

22-7-19

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
R 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		

2 Form B

Date 8-7-19

J. A. Knowlton
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

JUL-22-1919

Date

V. R. Coole Capt
for - 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.

Blake A.

Signature of Man.

Reg. No. 5439.

J. J. Knowlton

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

8-7-19.

191

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

MEDICAL HISTORY

OF

Surname Blake

Christian Name Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish Perrygo Neck N.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24	May		191
Declared Age	21 years		years	
Trade or Occupation	Fisherman			
Height	5	7	feet	inches
Weight	140		lbs.	
Chest Measurement	36		inches	
	3		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
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>L. Amund Peterson</u>			
(Rank)				
Enlisted	at <u>S. Johns</u>		at	
Joined on Enlistment	on	24 day of May 1918	on	day of 191
Transferred to	Corps	<u>The Royal Nfld Regt</u>	Corps	Regtl. No.
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

The Royal Newfoundland Regiment

Class for Demobilization:

767

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7719*

Regimental No. *5432*

Name *Baker, Albert*

Address *Herring Head*

Present Medical Category *Aj*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

L. Paterson
.....
Senior Medical Officer

Geo. Gordon
.....
M. O. Depot



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

Albert Baker

Regiment from which discharged **Royal Newfoundland**

Regimental number

5237

Intended address

Herring Nest, Trillington

Height on discharge

6 Feet *11*

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Tall

Figure on discharge

Heavy

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Herring Nest, 15th July 1877

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)

Albert Baker

Plt
(Rank)

Station

St John's Epkealy

Date

4-7-19

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

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 (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 Artillery*
2. Regtl. No. *1437* 3. Rank. *Pte.*
4. Name *Blair* *Robert*
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on at.....
in category (or grade).....
7. Former Trade or Occupation } *Fireman*
- 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? (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.)

*No complaints of re-
suscitability*

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.

Refratuated

W. E. Proenier *off. name*

Station *Hayes, Ill. W. 11.*

Medical Officer in charge of case.

Date *11-14*

* 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

November 1 1920

militia office st john nfld

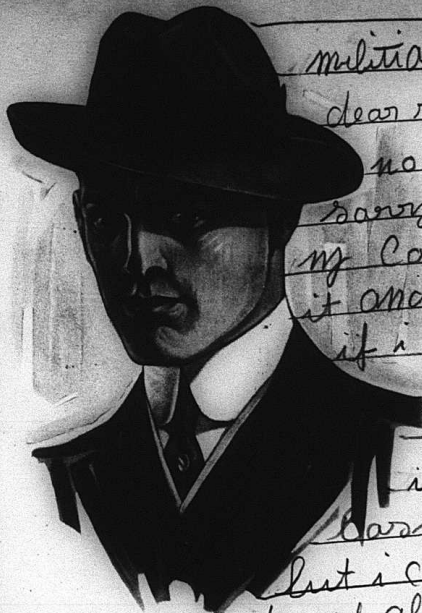
dear sir i rescued the badge
no 2 you send me but i am
sorry to tell you that i lost
my coat with the badge in
it and so i am sending to you
if i can get another i am
satisfied to pay for
it if you will send
it to me i would not
bust it for or any thing
but i could not help it

i lost my coat and all yours truly
Albert Blake

send me one if possible you can

my adress Mrs Albert Blake
Cabb's Arms

cannot
duplex
H.



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

Edwards

Regimental Number and Name	
No.	<i>5132 Blake Albert</i>
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>21</i> years <i>3</i> months	<i>Sisterman</i>
Place and Date of Enlistment	<i>St John's</i>	Religion
	<i>24 5 18</i>	<i>Method</i>
Period of	with Colours	Place of Birth
	with Reserve	
	<i>1 7/8</i> years	<i>Nerrymedison</i>
	<i>1 3/8</i> years	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Case 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>5 5/19</i>			

To be carried over.

The Royal Newfoundland Regiment

D5 437

DEMobilIZATION OF

Reg. No. 54132 Rank Mr. Name Blaker, Albert
 Date of Enlistment 24-5-18 Address Sebring Park District Y Gato
 Occupation Turnerman Classification for Discharge F. 17 Medical Category F.H.S.
 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: 7-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation

Albert Blaker
 Turnerman

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: 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R3231 to his home at Henry Deck and Release Certificate No. R310 issued.

Date 8-7-19

J.A. Lawless
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 SUBJECT TO ADJUSTMENT OF TRAVELLING PAY ACCT

Date 8-7-19

J.M. [Signature]
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

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 <u>2 Form B</u>
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 8-7-19

J.A. Lawless
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 22 1919

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

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

Date July 21/19

[Signature]

Reg. No. *5432* Rank *1st Lt.* Name *Blake, A.*
Attested Address *Herring Neck.*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

87.19
22-419

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.