



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5982 Name Charles Bouche Corps CofE

Questions to be put to the Recruit before Enlistment

- | | |
|--|--------------------------------|
| 1. What is your name? | 1. <u>Charles Bouche</u> |
| 2. What is your full Address? | 2. <u>Musshu St. Arm. P.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 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, Charles Bouche 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 Bouche SIGNATURE OF RECRUIT.

8-8-18 Chas. H. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Bouche 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 8 day of August 1918.

Signature of Attesting Officer C. D. 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 complied with. I accordingly approve, and appoint him to the 7th

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

Date.....1918

Place..... St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5932

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

Name Charles Boucher
 Apparent age 25 years months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Boucher
Muscle Hill Farm PB | Relationship Father

Particulars as to Marriage

<small>(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.</small>			
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

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>8-8-18</u>									
Joined at <u>M.P.S.</u> on <u>August 8-1918</u>									
<u>Discharged August 5-1919</u>									
<u>Embarked M.P.S. train to Halifax N.S. 22-9-18</u>									
<u>Admitted Military Hosp. Newmarket. Influenza 11-10-18</u>									
<u>Transferred from military Hosp. to Newmarket Camp Plymouth 18 1/2</u>									
<u>Leave layed from Hospital 18 3/4</u>									
<u>Report to Winchester 19 1/4</u>									
<u>To to enforce laws for demobilization 24-6-1919</u>									
<u>Arrived to enforce laws 1-07-1919</u>									
Total Service forfeited as above.....									
<u>Demobilization M.P.S. 5-8-1919</u>									
Total Service towards Engagement to <u>5-8-1919</u> (date of discharge) <u> </u> years <u>363</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5932

Extract from daily orders part II Royal Newfoundland Regiment.
Camp St. John's dated Aug. 14th 1919

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer 1/records from noted date 5-6-19.

5932, Pte. C. Boucher.

C.R. 5932

Extract from Daily Orders Part 11 Lt. Col. B.J. Barten,
D.S.O. Commanding 2nd Batta. Royal Wfld. Regt. 10-12-18.

The following having reported back from Hospital
is taken on the strength and posted to "C" Company.
from 19-12-18.

5932 Pte. Boucher.

C.R. 5932

Extract from Daily Orders Part 11 Unit The Royal 214.
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 22-7-19.

5932 Pte. C. Boucher.

C.R. 5932

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

5932 Pte. G. Butcher.

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

C.R.

5932

Extract from Casualties received from Pay & Record
Office, London, Nov. 32nd, 1918.

The undermentioned was transferred from Military Hosp.
Devonport, to Derriford Camp, Plymouth, on 18-11-18.

5932 Pte. C. Butcher.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

C.R. 5932

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address **Dept of Militia.**

Line Number	Recd	By	Sent	by	Check

Dated **Oct. 17th, 1918**

To **George Boucher, Mussel Hr. Arm, P.B.**

Regret to inform you that Record Office, London, officially reports **No. 5932, Private Charles Boucher at Military Hospital Devonport England suffering from influenza severe.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

Reg. No. 5932 Rank Pfc Name Boucher, Chas
Attested 8-8-18 Address Wm H & P B.
Allotment 60 Allottee Emily Boucher (mother)
Date of Allotment 1-9-18 Returned from Overseas 7.
Embarked for Overseas SEP 22 1918 Cause

vac 9-8-18 7 Inc 14-9-18.
S leave 17-8-18 to 28-8-18 Reto 13-9-18.

C.R. 5932

Extract of Casualties received from the Pay & Record
Office, London, dated Dec. 30th 1919.

The undermentioned was discharged from Military
Convalescent Hospital Plymouth 18/12/18

5932 Pte. C. Butcher

C.R. 5932

Extract From Nominal Roll Detained At. St. John's for Overseas
Sept. 22, 1918. '32

5932 Butcher Dhas.

C.R. 5932

Extract from Nominal Roll of Sick and Wounded admitted to Military
Hospital, Devonport, 11/10/18. (Re-inforcements from Nfld.)

Dated October 16th. 1918.

5932 Pte. C. Butcher

R. Nfld. R.Influenza severe.

C.R. 5932

Extract from Daily Orders Part 11 Unit The Royal WFLD.
Regt. BortJaan's, dated August 17th, 1918.

5932 Pte. C. Butcher.

Granted leave from 17-8-18 to 26-8-18.

C.R. 5932

Extract, from Daily Orders Part 11 from Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

5932, Pte. Chas. Butcher.

Attested for General Service with The Royal Nfld. Regt.
from 8/8/1918.

L. Gutchin

C.R. 5932

~~L. G.~~

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

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

1. Unit and Corps. *Royal Newfoundland Coy.*
2. Regtl. No. *5932*
3. Rank. *plie*
4. Name *Boucher Charles*
(Surname) (Christian Names)
5. Age last birthday. *30*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Testerman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
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

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? }

The Complaint of us Disability

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

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

16. Was an operation performed? If so, when and what was its nature?
 17. If not, was an operation advised and declined?
 18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

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

Rehabilitation

W.E. Proctor, Capt. R.M.C.

Medical Officer in charge of case.

Station *Sageley Down*
 Date *12/4/19*

* 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.

FORM **K**

No. 6825



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Butcher, Regl. No. 5932, hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins Sept 1st 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>6030</u>	<u>Mother</u>	<u>Emily Butcher</u>	<u>Winnipeg, Man.</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

ENTERED.
 PAY LEDGER R.B.
 NUM. ROLL
 ALLOT. INDEX
 " REGIST.
 EXAMINED

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

(Sig.) [Signature]
 Officer Commanding
7 Company
St Johns
Aug 15 1918

(Sig.) Charles x Butcher
 (Rank) Pvt.

No. 4932/716

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

28th March 1919

March 31st 1919

5932 Pte. Boucher C.

Receipt hereunder.

With reference to the follow-
ing telegram from the Minister of
Militia / / (102)

P. Scarth LIEUT. COLONEL;
COMMANDING OFFICER ROYAL NEWFOUNDLAND REGT.

"Pay to- 5932 Boucher
£1. 0. 0.

Received the sum of £1,0.0.

Cheque £1. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

One pound in respect of
telegraphic remittance from the
Minister of Militia.

A. A. Minshall Maj.
Chief Paymaster & O. i/c Records.

L. Boucher his mark
R. S. P.
No. 5932 Rank Pte.

Witness George Perry Sp

C

Butcher, C

5932

Hay Sept

August 5th 1919.

#5932, Pte. C. Butcher,
Mussel 1 Hr. Placentia.

Dear Sir:

Enclosed please find Discharge Certificate
3404.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5932 Rank Plc Name Boutecher C.
 Intended place of residence Murrell H^{rs} Placentia

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 8 1919
 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
 Signature of soldier C. M. Boutecher Plc
 Signature of witness J. A. Howley Capt

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
 Signature of soldier C. M. Boutecher
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 8 - 8 - 18 No. of days on Military
 Discharged from service 22 - 7 - 19 Plus 14 days Service 36 1/2

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, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 22 1919
 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
 Officer in Charge
 The Royal Newfoundland Regiment

Handwritten note: A. B. 50 79/13 2104

The Royal Newfoundland Regiment

Class for Demobilization: *2*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *1.7.19*

Regimental No. *5932*

Name *Bonchian Charles*

Address *Mansel No 813*

Present Medical Category..... *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

Ret Lt Majors
.....
O.C. Discharge Depot.

Paton
.....
Senior Medical Officer

Geo Borden
.....
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2932 Rank Plt Name Boutcher L.
 Date of Enlistment 8-18 Address Mussey District Parry
 Occupation Fisherman Classification for Discharge F Medical Category A1
 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 7-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am..... in a position to resume civilian occupation as a fisherman
[Signature]

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$60.00
 (b) ~~Clothing~~ Supplied [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112237 to his home
 at Mussell H and Release Certificate No. 3313 issued.

Date 8-7-19 J. H. Snowball
 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 5-8-19

Date 8-7-19 J. H. Snowball
 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.
E 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.	181-2	" 6.
B 179c.	B 120.	M 93.		

Date 8-7-19 J. H. Snowball
 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

D. R. Cooper 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.

Boutcher *b.*
Signature of Man.

Reg. No. *8932*

J. J. Howland
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

Boutcher

Christian Name

Charles

Table I.—GENERAL TABLE

Birthplace :—Parish

Musical St. Ann's County

Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	8	Aug		
	at	<i>St. John's</i>	at	
Declared Age	90	years		
Trade or Occupation	<i>Postman</i>			
Height	5	feet 3		
Weight		<i>112 1/2</i> lbs.		
Chest Measurement {	Girth when fully expanded	<i>35 1/2</i> inches		
	Range of Expansion	3 inches		
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	<i>6/12</i>	R.E.—V=	
	L.E.—V=	<i>6/9</i>	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)	<i>Lamm Paterson</i>			
(Rank)	Medical Officer			Medical Officer
Enlisted	at	<i>St. John's</i>	at	
	on	8 day of <i>Aug</i>	on	day of 191
Joined on Enlistment	Corps	<i>Regt.</i>	Corps	Regtl. No.
	<i>Royal Mtd. Regiment.</i>			<i>5932</i>
Transferred to	ROYAL NEWFOUNDLAND REGIMENT			
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

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 Newfoundlands Regt.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5937* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Baucher* *Charles* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. 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
(b) Where (if any)
(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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the }
man's part. } | <input type="checkbox"/> | <input type="checkbox"/> |
- 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, &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 Complaint of 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.

Rehabilitation
W. T. Proctor, Capt. R.M.C.

Station *Hayley Down*

Date *12/4/19*

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.



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 *Boucher, Charles*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5932*

Intended address *Mussel St. R.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Black.*

Complexion *Fair.*

Color of eyes *Grey.*

Descriptive Marks *Shot.*

Figure on discharge *Slender.*

Christian name of Father *George.*

Christian name of Mother *Emilie.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Mussel St. 27-May. 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) *Charles Boucher* *Private* (Rank)

Station *H. H. H.* 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.



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 Newfoundland* 7. Former Trade or Occupation } *Distoman*
2. Regtl. No... *5932* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Boutcher* *Charles* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. 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 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. *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.)

He complains 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. Prosser, Capt. R.A.M.C.

Station *Hazley Barr*

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

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *5932* 3. Rank..... *Pt. E* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Baucher* *Charles* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. 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."
no
 11. Date of origin of disability.
 12. Place of origin of disability. *no*
 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. *no*

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.)

He complains of 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.S. Proctor, Capt. RMC

Station *Hazley 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

TABLE II.—Only for admissions 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 of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
MILITARY HOSPITAL, DEVONPORT.	11	10	18	18	11	18	Influenza Per. Bronchitis Pneumonia	39	Illness had started with influenza he had bronchitis with purulent sputum & later there were signs of pneumonia. He made a good recovery & was sent to Cont. Camp Crownhill.	Wm. Finlay Capt. R.A.M.C.
Sturford Mill Con. Camp Plymouth	18	11	18	19	12	18	— (21)	32	To Duty	David Capt. R.A.M.C.

CLINICAL CHART.

Army Form B. 181

(To be attached to Case Sheet.)

Corps _____

Military Hospital Denville

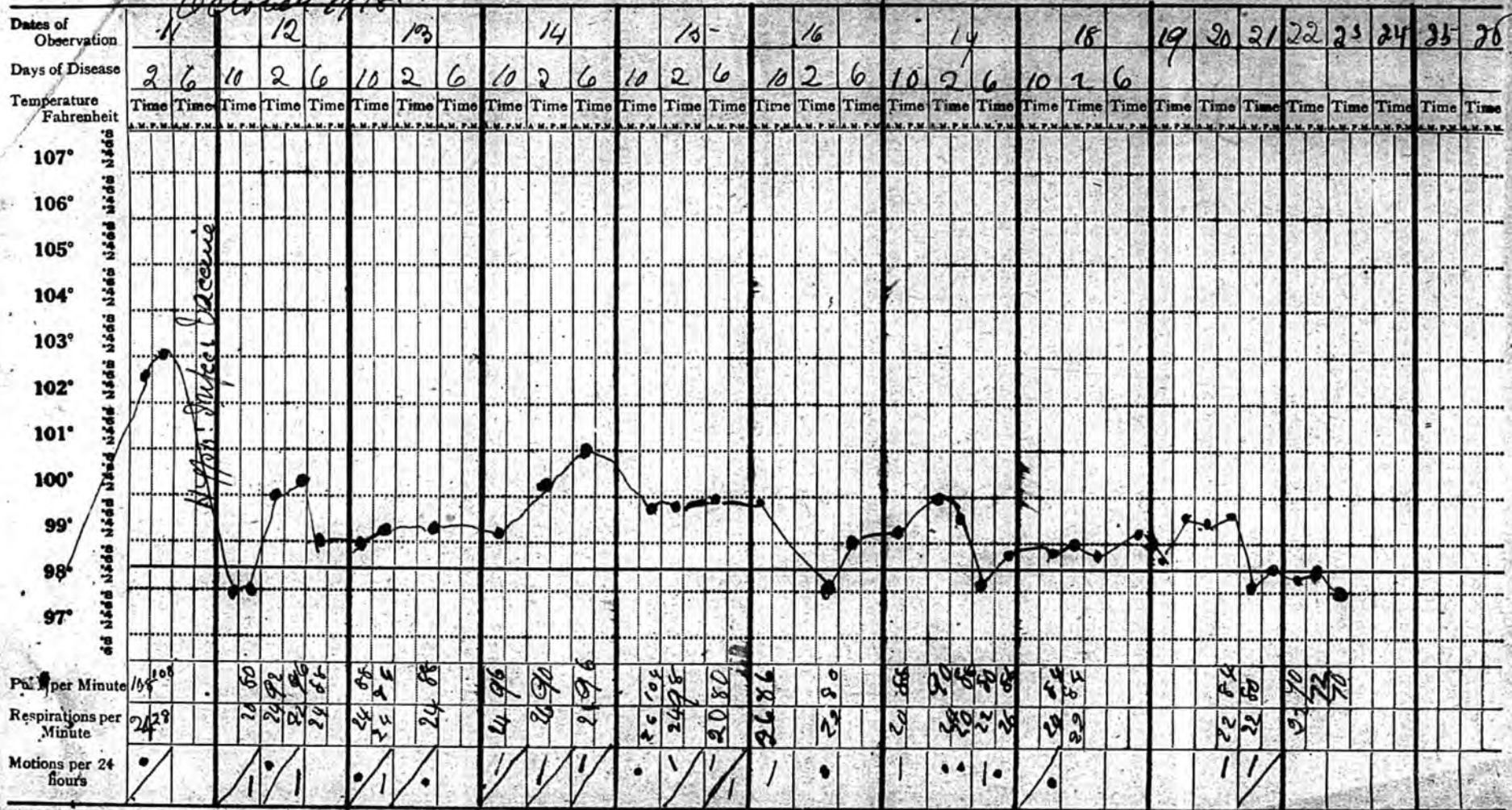
No. _____ Rank and Name Pvt Butcher

Age 20 Service _____

Disease _____ Date of admission 11-10-18

Date of discharge _____

Result _____



August 11th 1919.

Mr. C. Boucher,
Muskel Str. P.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,

Capt. &
Paymaster.

RS/.

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

RECEIPTS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Charles*..... 2. Surname..... *Butcher*
3. Rank..... *Pte*..... 4. Regtl. No..... *5932*
5. Address in full to which future payments of gratuity are to be forwarded..... *Mussel Pt*
Placentia Bay
6. Date of enlistment in the Regiment..... *July 8/18*
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..... *No.*
9. Address in full of such dependents..... *No.*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No.*
11. Were you on active service only in Hfld, if so, give dates and particulars of such service..... *England only*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *11 months*
- 13.....

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. *No*

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

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

19. Are you now serving in the Res? *No*. If not give - (a) date of discharge. *July 8/19*. (b) Reason for discharge. *Demot*

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 England only*

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.

his
Chas X Butcher
Mark

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Messel St. Placentia Bay

W Johns

8th day of *July* 19*19*....

John W. Carthy
J.P.

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

POST DISCHARGE PAY.

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

Certified correct.

Registrar

Mussel Arum
Placencia, Bay
Nfld

3234

Dec 14 / 19

Dear sis

I have received my
two in Rickton but I never got
either check with it I received
3 checks? a nother solidus
living next door & joined up
the same time as Dad & return
the same time & he has received
4 checks & only received 3 is
there a nother due me perhaps
you have mailed to me and
it went astray if ^{so} please
hunt it for me & if you
have forgot to send it
please do so by returning mail
from C. Boucher 5932

C.R. 5932

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name *59,32 C. Boucher*.....

Date *Nov. 27/19.*

Place *Muscat Hr. Am. P. B,*

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 A. Dickson

Regimental Number and Name	
No.	<u>5932 Charles Boutcher</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment		Trade
Age on _____	years _____	months _____
Place and Date of Enlistment	<u>St John's</u>	Trade <u>Fisherman</u>
	<u>8-8-18</u>	Religion <u>C of C</u>
Period of	with Colours <u>363</u> years.	Place of Birth
	with Reserve <u>365</u> years.	<u>Muscle Harbour</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Deserted</u>	<u>St John's</u>				<u>5-8-19</u>

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2932 Rank Plt. Name Boutcher, G.
 Date of Enlistment 8-18 Address Muswell St District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category A1
 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.....		<u>181</u> <u>2</u>	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 7-7-19

Muswell St
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

fisherman
G. Boutcher
mark

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. R2237..... to his home at Apussell, Wm..... and Release Certificate No. 3313..... issued.

Date 8-7-19..... J.A. Snow
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 5-8-19.....

Date 8-7-19..... J.A. Snow
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.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	1 W 3494.....	B 122.....		Board 1st.....	" 2.....	2
B 178a.....	1 D 400A.....	B 1915.....	1	do 2nd.....	" 3.....	2 Form B
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	3 D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		<u>181-2</u>	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 8-7-19..... J.A. Snow
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

JUL 22 1919

Date for. A.R. Cooper Capt.
O. C. Discharge Depot.

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

Date July 21/19..... [Signature]