



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5991 Name John Bourgois Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>John Bourgois</u> |
| 2. What is your full Address? | 2. <u>Stephenville St. Georges</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</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, John Bourgois 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.

John Bourgois SIGNATURE OF RECRUIT.

12-8-15

John Bourgois Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Bourgois 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 12 day of August 1915

Signature of Attesting Officer A. B. Dickson, Esq.

† 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 enclosed by special authority such will be attached to the original attestation.

Date St. John's,

Place

John Bourgois } 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

5991

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

Name John Bourgois
 Apparent age 24 years 0 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Marcelle Bourgois
Stephenville St Johns Relationship Father
 Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <u>Married</u> engagement reckons from <u>12.8.18</u>									
Joined at <u>St Johns</u> on <u>August 12.1918</u>									
<u>Discharged August 11.1919</u>									
<u>Embarked St Johns train to Halifax N.S. 22.9.18</u>									
<u>Left for demobilization 24.6.1919</u>									
<u>Arrived Newfoundland 1.7.1919</u>									
<u>Demobilization St Johns 5.8.1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 (date of discharge) 0 years 359 days
 Pensions " " " " " " " " " " " " " "

Reg. No. 5991 Rank Pfc Name Bourgeois, John
Attested 12-8-18 Address Stephenville
Allotment 60⁴ Allottee Mother (Mrs. Marce Bourgeois)
Date of Allotment 1-10-18 Returned from Overseas
Embarked for Overseas SEP 22 1918 Cause

1 St. Inoc 14-9-18.
S. leave 25-8-18 to 4-9-18. Reto 8-9-18
absent without leave 6-9-18 to 8-9-18 forfeits 2 days
pay under R.W.

5991
C.R. ~~5591~~

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

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

5591, Pte. J. Bourgois.

CR 5991

Extract from Orders by Ly. Col.. B. J. BARTON, commanding 2nd.,
Battalion of the Newfoundland Regiment dated 16th. November 1918.

THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORESTERY
CORPS, ON MONDAY the 18th November on Probation.

#5990 Pte. J. Bourgois.

BC.

C.R. 5991

Extract from Daily Orders Part 11 Unit The Royal Rifles
Regt. St. John's, July 12th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from ²¹19-7-19

5991 Pte. J. Bourgois.

C.R! 5991

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

5991 Pte. J. Bourgois.

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

C.R. 5991

Extract from Nominal Roll Entrained at St. John's fob^y
Overseas Sept. 22, 1918. "B"

5991 Bourgois John.

C.R. 5991

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, dated Aug. 14-18.

5991 Pte. John Bourgeois,

Attested for General Service with The Royal Nfld. Regt.
14-8-18.

C.R. 5991

Extract from Daily Orders Part 11 Unit The Royal Nfdl.
Regt. St. John's, dated August 26th, 1918.

5991 Pte. J. Bourgois.

Granted leave from 25-8-18 to 4-9-18.

C.R. 5991

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

19/11/18.

The undermentioned having arrived from the 2nd Battn.
Royal Newfoundland Regiment is attached to the strength
from this date and posted to ~~the~~ the following Company.

5991 Pte. J. Bourgois.

"A" Company.

J Bourgeois

C.R.

5991

1890

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. *5994* 3. Rank. *P4E* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Bourgeois* *John* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday. *24*
 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."
nil
 11. Date of origin of disability.
 12. Place of origin of disability.
nil
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | 1 | |
| (ii.) Previous active service.. .. . | | |
| (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 Complaints of no disability

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

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

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

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

Repatriation

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

W. E. Proctor *Capt.*
Rame

Medical Officer in charge of case.

Station *Hazleyburn*

Date *9.14.19*

* 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



THE ROYAL NEWFOUNDLAND REGIMENT

I, John Bourgois, Regl. No. 5991

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 October 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7108	Mother	Mrs Marcel Bourgois	Stephenville	60
Total Allotment, \$				60

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

(Sig.) [Signature]
Officer Commanding
St. John's Co. Company
Sept. 20th 1918

(Sig.) John Bourgois
(Rank) Private

Bourgeois J

5991

Ray sept

August 11th 1919.

Mr. J. Bourgois,
Stephenville.

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. G
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

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

Christian name..... *John* 2. Surname..... *Douglas*

3. Rank..... *Pfc* 4. Regtl. No. *5981*

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

6. Date of enlistment in the Regiment..... *Aug 12/18*

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..... *10 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... *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 Rest? *No* If not give: (a) date of discharge *July 1919* (b) Reason for discharge *Demob*

Cmp

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
John X Bourgeois

Signature of Applicant:

Place of Residence:

Declared before me at:

This

8th day of July 1919

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

John D. Carthy

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

August 5th 1919.

#5991, Pte. J. Bourgois,
Stephenville.

Dear Sir:

Enclosed please find Discharge Certificate
3399.

Yours truly,

Capt. S

Officer in Charge Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5991 Rank Pte Name Bourgeois
 Intended place of residence Stephenville
 2. Occupation Fisherman
 Classification of soldier 2 Medical Category A1

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
 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
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 12. 8. 18. No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 359

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, 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 Records
 The Royal Newfoundland Regiment

Handwritten: 20901 3399

The Royal Newfoundland Regiment

Class for Demobilization:—
Ro

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.7.19*

Regimental No. *5991*.....

Name *Bourgeois* *John*

Address *5 St. Andrew's*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R.H. Last Major
O.C. Discharge Depot.

H. Parsons
Senior Medical Officer

Geo. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5991 Rank Pvt Name Bourgeois
 Date of Enlistment 12-8-18 Address Stephenville District St. George's
 Occupation Fisherman Classification for Discharge E Medical Category H1
 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. H. M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable..... Geo. M. M. M.

(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. R2230 to his home
at Stephenville and Release Certificate No. 329H issued.

Date 8-7-19

J.A. Snow Capt
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 Capt
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
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		

2 Form B

Date 8-7-19

J.A. Snow Capt
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

J.P. Cooper 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.

1

J. Bourgeois

Signature of Man.

J. H. Lawless

Signature of the Vocational Officer or his Representative.

Reg. No. 5991

Place

St Johns

Date

8-7-19.

191

801 8 2 11

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

MEDICAL HISTORY

OF

Surname

Boungis

Christian Name

John

Table I.—GENERAL TABLE

Birthplace :—Parish

Stearville

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>17</i> day of <i>Aug.</i> 191 <i>8</i>	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>24</i> years	days	years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet	<i>6</i> inches	feet	inches
Weight	<i>121</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>34</i> inches		inches
	Range of Expansion	<i>3 1/2</i> inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/9</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>Lambert Paterson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St John's</i>	at		
	on <i>17</i> day of <i>Aug.</i> 191 <i>8</i>	on	<i>7</i> day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Newfoundland Regiment 5991</i>			
Transferred to	<i>Regiment</i>			
Became non-effective by	on	day of	191	on
(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..... *Royal Newfoundland* }
 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5991* 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 *Bourgeois*..... *John*.....
 (Surname) (Christian Names)
5. Age last birthday..... *24*.....
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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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, &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.)

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.S. Proctor *Copy*
Rams

Station *Hazely Down*

Date *9/14/19*

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 *Bourgeois John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1991*

Intended address *Shepherdville*

Height on discharge *5* Feet *7"*

Color of hair on discharge *Dark*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Marcell*

Christian name of Mother *Florence*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Shepherdville 1896 June 25th*

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)

Bourgeois John

(Rank)

Plc

Station

St. John's

Date

1. 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

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 C. B. Duckhouse

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>John Bourgeois</u>	Age on	<u>24</u> years <u>0</u> months	<u>Fisherman</u>			
<u>5991</u>		Place and Date of Enlistment	<u>St Johns</u> <u>9-2-18</u>	Religion			
Joined	Date	Period of	with Colours <u>359</u> years. with Reserve <u>365</u> years.	Place of Birth			
Joined	Date				<u>St Johns</u>		
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Princes Rink</u>	<u>9-9-18</u>	<u>Pvt.</u>		<u>Overstaying leave.</u>	<u>Cpl. Hiscock</u>		<u>9-9-18</u>	<u>Capt. R.H. Tait</u>	<u>Forfeits 2 Days Pay</u>
<u>Angelsdown Camp</u>	<u>12-5-19</u>	<u>"</u>		<u>Overstaying pass from 2359 block 12-5-19 until 1500 block 14-5-19.</u>	<u>McManning</u> <u>Reddy</u>	<u>3 Days C.B.</u>	<u>15-5-19</u>	<u>C.M. Emerson Capt.</u>	<u>Forfeits 2 Days pay by <u>Rev.</u></u>
				<u>Demobilized St Johns</u>			<u>5-19</u>		

To be carried over.

1901



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

Date

Address

OCT 15

1921.

The accompanying ~~Victoria Cross~~ British War Medal

is/are forwarded herewith to

John Bourgois

in respect of his service as No. 5991 Rank Pte.

Name J. Bourgois Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

In good condition

Signature

John Bourgois

Date

Nov 8th

Address

Stephenville

[P.T.O.]

C.R. 5991

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... *John Borgia*...

Date *Nov. 27 1919*

Place... *Stephenville*

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5991 Rank Pvt. Name Bourgeois
 Date of Enlistment 12-8-18 Address St. Lawrence District St. George's
 Occupation Fisherman Classification for Discharge E Medical Category H12
 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.

John Bourgeois

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable. George Munnickoff

(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. 192230 to his home at Stephenville and Release Certificate No. 3291 issued.

Date 8-7-19

J.A. Shawcroft
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. Shawcroft
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
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 8-7-19

J.A. Shawcroft
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

N.R. Lodge Capt
for O. C. Discharge Depot.

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

Date July 21 1919

N
ht