



FIRST NEWFOUNDLAND REGIMENT

4208

ATTESTATION OF

No. 4308 Name Garland Chaunc Corps Inf.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Garland Chaunc</u> |
| 2. What is your full Address? | 2. <u>Saddle C.V.R.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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. |
| 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> |

FOR THE DURATION OF THE WAR

I, Garland Chaunc.....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.

8 30/1/17

Garland Chaunc.....SIGNATURE OF RECRUIT.

James J. Waugh.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Garland Chaunc.....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 Grandfalls on this not day of.....1917

Signature of Attesting Officer H. J. Fitzgerald, Sm.

†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 31/1/17.....
Place St. Johns..... } 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

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

Name Jarvis Chaulk
 Apparent age 19 years 6 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches wt 135
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jarvis Chaulk
Saddle Cove | Relationship father
foyo jick Particulars as to Marriage _____

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

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-11-17</u>									
Joined at <u>St John's</u> on <u>November 30-17</u>									
<u>Discharged</u> <u>July 14/1919</u>									
<u>Embarked St. John's S.S. Herald to Halifax N.S. 29/18</u>									<u>Embarked Halifax N.S. 31/18</u>
<u>Joined Base depot 29-18</u>					<u>James Batten in the field 5-9-18</u>				<u>Worked 14-10-18</u>
<u>Embarked for C.S. St. Anne 14-10-18</u>					<u>Admitted 2 hours by Regt. between 16-10-18</u>				
<u>Dis to Regt. St. John's 17-11-18</u>					<u>Rejoined unit in the field 26-11-18</u>				<u>Admitted 3/12/18</u>
<u>Dis to 5 Camp Base depot 18-12-18</u>					<u>Rejoined unit 14-1-19</u>				<u>Transfer from base 22-1-19</u>
<u>Arrived Newfoundland 23-2-1919</u>					<u>To be found liable for demerit 22-5-1919</u>				
<u>Arrived to Newfoundland 1-6-1919</u>									
<u>Demobilization St. John's 14-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-7-19 (date of discharge) 1 years 227 days
 " " Pensions " " " " " " " " " " " "

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

MEDICAL HISTORY

Surname Chauch OF Christian Name Parland.

Table I.—GENERAL TABLE.

Birthplace:—Parish Loade Cross Togo District County Wilt.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>20th</u> day of <u>Nov</u> 191 <u>7</u>		on _____ day of _____ 191 <u> </u>	
	at <u>Grand Falls</u>		at _____	
Declared Age	<u>19</u> years <u>6</u> Mos		_____ years _____ days	
Trade or Occupation	<u>Woolman</u>		_____	
Height	<u>5</u> feet <u>9</u> inches		_____ feet _____ inches	
Weight	<u>135</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>38</u> inches		_____ inches	
	Range of Expansion ... <u>5</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>4/6</u>		R.E.—V=	
	L.E.—V= <u>4/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection	_____		_____	
Approved by (Signature)	<u>Lammie Paterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Grand Falls</u>		at _____	
	on <u>20th</u> day of <u>Dec</u> 191 <u>7</u>		on _____ day of _____ 191 <u> </u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Wilt Regt</u>	<u>4308</u>	_____	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u> </u>		on _____ day of _____ 191 <u> </u>	
(Rank)	_____		_____	

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Stazeley Da</i>	<i>24</i>	<i>4</i>	<i>18</i>	<i>10</i>	<i>5</i>	<i>18</i>	<i>Pleurisy - r</i>	<i>16</i>	<i>Dry friction R. mid Axilla. Pyrexia 6 days. Usual treatment. Recovered. Disch'd to Duty.</i>	<i>C. H. Morse Capt. R. M. C.</i>

Casualty Form - Active Service.

30-5-1898

Regiment or Corps Royal Newfoundland

Rank Pte Surname Chanck Christian Name Garland

Religion Methodist Age on Enlistment 19 years 6 months

Enlisted (a) 30.11.17 Terms of Service (a) Duration Service reckons from (a) 30.11.17

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate Capt

Occupation Lumberman Signature of Officer M. D. O'G

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
<u>26. 8. 18</u>	<u>Mr Chanck</u>	<u>AE</u>	Embarked ...	<u>31 AUG 1918</u>	
			Disembarked...	<u>31 AUG 1918</u>	
			ARRIVED D.I.B.D.	<u>2 SEP 18</u>	
			Joined Battalion	<u>5 SEP 18</u>	
			Wounded in Action	<u>14-10-18</u>	
	<u>44 C.S.</u>	<u>Ad. O'Connell</u>	<u>Field</u>	<u>4/10/18</u>	<u>E.O. 2086</u>
	<u>2 Gun Plat</u>	<u>"</u>	<u>Outrean</u>	<u>16/10/18</u>	<u>HA 30363</u>
	<u>1 C.S.</u>	<u>"</u>	<u>Boulogne</u>	<u>4/11/18</u>	<u>HA 31274</u>
	<u>L.I.B.D.</u>	<u>Adm.</u>	<u>Rover</u>	<u>18/11/18</u>	<u>Hall</u>
<u>10. 11. 18</u>	<u>21. Elanco.</u>	<u>Adm.</u>	<u>Field</u>	<u>2. 12. 18</u>	<u>5. 210</u>
	<u>44 CCS</u>	<u>Ad. P.O. O'Connell</u>	<u>Ad.</u>	<u>4/2/18</u>	<u>E.O. 141</u>
	<u>H CCS</u>	<u>"</u>		<u>7/12/18</u>	<u>80513</u>
NEXT OF KIN: <u>Father: James Chanck Redd Cove Topo Dist. Ufld</u>					

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 (6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B.103/4 (E. 836) **I.P.T.O.**

Dept. of Public Health & Welfare
ST. JOHN'S, NEWFOUNDLAND

.....19.....

For.....
.....

R Ref Chalk

Pass this on to GUYVA
for help.

He explained your disability
in handwriting and was
demonstrated by

M.C.

..... M.D.

M-4208

November 5th., 1934.

The Relief Committee,
Great War Veterans' Association,
City.

Re:- #4208, Garland Chaulk,
Ladle Cove,
Fogo Dist.

Dear Sir:-

The attached letter from Mr. Chaulk is forwarded for your attention, as this Department can do nothing for him, he complaining of no disability on discharge and was demobilized 'A 1'.

Yours very truly,

BT:

Secretary.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4208 Rank Pte Name Chauch G.
 Intended place of residence Ladle Cove. Logo.
 2. Occupation Lumberman
 Classification of soldier E Medical Category A.I.

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 JUN. 16 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 and date ST. JOHN'S
JUN. 16 1919
 Signature of soldier Garland Chauch
 Signature of witness M. Johnston

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 and Date ST. JOHN'S
JUN. 16 1919
 Signature of soldier Garland Chauch
 Signature of witness W. J. O'Leary

STATEMENT OF SERVICE

7. Enlisted for service 30-11-17 No of days on Military
 Discharged from service 30.6.19 PLUS 14 DAYS Service 592

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 30 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, Nfld
 Date July 14/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

27192019/3011

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 } *Tradesman*
 2. Regtl. No. *4205* 3. Rank *Plt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Chault* *Garland* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *31*
 6. Posted for duty on *Nov 31. 17.* at *St. John's*
 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. *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? } *na.*

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 complaint of no disability.*

16. Was an operation performed? If so, when and what was its nature? *Na*

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? *Na*

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? *na.*

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

Major DADMS.

Station *Harley D. Camp*

Date *30 H 19*

Sgt. J. S. P. Knight *Capt. [Signature]*
 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

The Royal Wld. Regiment

DEMOBILIZATION

No. 4298 Rank Pl

Name H. Chaulh

Warned for demobilization on

JUN 16 19

To O.C.

Newfoundland Regt



To be discharged hospital tomorrow
get to rejoin unit -

4208 Chaulk Pt. G.

D Co. ✓

W. H. Morse

Supt. P. A. M. G. (1918)

OFFICER IN CHARGE MILITARY HOSPITAL.

C.R. 4208

Extract from O.R.D.E.R.S by Lt. Col. G. Mathias, D.S.O.
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 5/9/18.

The following arrived today and is posted to the following
Company.

B. COMPANY.

4208, Pte. G. Chaulk.

C.R. 4208

Extract from daily orders Part II Royal New Zealand Regiment
depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c records from noted date
14-7-19.

4208, Pte. Garland Chaulk.

C.R. 4208

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, ~~June~~ 19-6-19.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 30-6-19

4208 Pte. G. Chaulk.

C.R. 4208

Extract from Daily Orders Part II Depot, St. John's,

Date June 18th 1919.

4208, Pte. G. Chaulk.

Reported at Headquarters 1/6/19.

HE "Corsican"

which sailed Liverpool May 22/1919.

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion
left Rouen Camps 22/4/19; embarked at
Havre 22/4/19; disembarked at Southampton
23/4/19 and reached Hazeley Down Camp
23/4/19.

C.R. 4208

No. 4208 Pte. G. Chaulk.

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 4208



INFANTRY RECORD OFFICE - HAMILTON

LIST No. H.A. 33508

83547 Pte. Connell, A. 2nd H. L. I. Flat Foot. Dis: to 3 Med. Bd. Dep. Class MB. ex. 6 Con. Dep. Etaples 23rd Dec '18.

DIS: TO 3 EMP. BASE DEP. CLASS A. EX. 6 CON. DEP. ETAPLES 23rd DEC. 1918

24978	Pte. Tait, A.	1st Scots Rifles.	Neurasthenia	
53302	" Angus, R.	L Scots Rifles	Corneal Ulcer	
73149	" Hemmings, L.	2nd R. Scots	Myalgia	
251027	" Hall, H.	1/9th Rl. Scots	Myalgia	
61236	" Mitchell, A.	2nd R. S. Fus.	Influenza	
35108	" McKassock, G.	1/4th K.O.S.B.	Influenza.	
41776	" Fellows, T.	1/7th R. Scots	Otitis Media.	Adm. 6 Con. Dep. Etaples 23rd Dec '18.
31542	" Halliday, J.	7/8th K.O.S.B.	ICT. Heel L	Adm. 6 Con. Dep. Etaples 23rd Dec '18.
25614	Cpl. Clement, J.	1st K.O.S.B.	ICT. Feet	Adm. 6 Con. Dep. Etaples 23rd Dec '18.
7402	CQMS. Boyle, E.	14th H.L.I.	Influenza	Adm. 6 Con. Dep. Etaples 23rd Dec '18.

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INFANTRY RECORD OFFICE - PERTH

LIST No. H.A. 33508

DIS: TO 3 EMP. BASE DEP. CLASS A. EX. 6 CON. DEP. ETAPLES 23rd DEC. 1918

240833	Pte. McKernon, F.	9th Gordons	Otitis Media	
8186	" Stewart, E.	3rd Seaforths att. Artisan Co.	Bronchitis	
24182	" Reach, J.	1st Gordons	Influenza	
23500	" Strachan, E.	1/4th Gordons	Nasal obstrn.	
24898	" Nicholson, P.	9th Seaforths	Spr. Ankle L.	
7862	" Campbell, R.	1/7th R. Hdrs.	Debility.	Adm. 6 Con. Dep. Etaples 23rd Dec '18.

NEWFOUNDLAND EXPEDITIONARY FORCE

LIST No. H.A. 33508

4208 Pte. Chaulk, G. 2 Newfoundland Influenza. Dis: to 3 Emp. Base Dep. Class A. ex. 6 Con. Dep. Etaples 23rd Dec '18.

C.R. 4208

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

MACHINE GUN CORPS.

LIST No.H.A.33221.

ADM. 4. GEN. HOS. DANNES CAMIERS 15th. DEC. 1918.

127307 Pte. Garrett, M. 2-M.G.C. Influenza Mild.
 139989 Cpl. Binks, H. 2- do. Adenitis Mild.
 137358 Pte. Humphries, F. 29- do. P.U.O. Mild.
 32448 " Casey, R. 7-M.G. Squad. 3-Cav. Influenza. Sev.
 Divn.
 88310 Dvr. Neighbour, A. 4-M.G. Bn. do. "
 87884 " Thompson, H. 41-M.G.C. do. Mild. . . . Adm. 25. Gen. H. Bardelot 15th. Dec'18.

ROYAL ARMY MEDICAL CORPS.

LIST No.H.A.33221.

54435 Pte. Curwen, R.W. RAMC. 6-Fd. Amb. I.O.T. General Mild . . . Adm. 4. Gen. H. Dannes Camiers 15th. Dec'18.
 164301 " Bradley, T. do. 4-Gen. Hosp. Influenza Mild . . . Dis. to Duty ex. 4. Gen. H. Dannes Camiers 16th. Dec'18.
 113388 " Cook, S. do. 4- do. do. " . . . Dis. to Duty ex. 4. Gen. H. Dannes Camiers 16th. Dec'18.
 46949 " Ray, J. do. a/40-Dv. Schs. Dermatitis Mild . . . Adm. 25. Gen. H. Bardelot 15th. Dec'18.
 R.E.

ROYAL ENGINEERS.

LIST No.H.A.33221.

7104 L/C. Penford, R. RE. 4-Tel. Con. Cp. Bronchitis Mild . . . Adm. 4. Gen. H. Dannes Camiers 15th. Dec'18.
 284028 Spr. Grandison, J.L. RE. 427-Fd. Coy. Influenza. Sev. . . . Adm. 4. Gen. H. Dannes Camiers 15th. Dec'18.
 87349 " Colwell, H.J. RE. 351-B. & M. Co. Boils Mild. . . . Adm. 25. Gen. H. Bardelot 15th. Dec'18.

SOUTH AFRICAN RECORD OFFICE.

LIST No.H.A.33221.

1625 Sig. Smith, J. SAA. 72-Sge. Bty. Nephritis Sev. . . . Adm. 4. Gen. H. Dannes Camiers 15th. Dec'18.
 2068 Gnr. Mare, P.P. SAHA. 75- do. Syn. Knee. L. Mild . . . Adm. 4. Gen. H. Dannes Camiers 16th. Dec'18 ?

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No.H.A.33221.

4208 Pte. Chaik, G. 2-Newfoundlands. Influenza. Sev. . . . Adm. 4. Gen. H. Dannes Camiers 15th. Dec'18.



C.R. 4208

Extract from War Office List No. H.A. 31274

ADM. 1. CON. DEO. BOULOGNE & NOV. 1918.

#4208 Bte. G. Chalk

WOUNDED.

Counter No. 4208

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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	Red	By	Sent	by	Check

Dated **Oct 25th, 1918**
To **Jesse Chaulk, Ladle Cove Fogo**

Regret to inform you that Record Office, London, officially reports **No. 4208, Private Garland Whaulk at 2nd Canadian General Hospital Boulogne Oct. 16th suffering from G.S.W. left ankle**

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

J. R. Bennett

Chgo Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R.4208

Extract from Casualties from list of sick and wounded N.C.Os and
men of the Expeditionary Force - France, dated 29th Nov, 1918. 7

List No.H.A.32200.

4208 Pte.Chaulk, G.

SW Ankle L.....Dis to Reinf Etaples ex 10 Con.Dep.17th Nov.1918.

C.R.

4208.

Extract from Casualties List No. H.Q. 31794.

4208 Pte. G. Chaulk.

1/nfld.R. Adm. 10 Gen. Dep. Result 6 Nov.18.

S.W. Ankle L. Wd.

C.R. 4208

Extract from Nominal Roll Draft. "H" Company Embarked
S.S. "Florezel" Jan. 29th, 1918.

4208 Pte. Chaulk G.

C.R. 4208

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt. St. John's, Dec. 4th/11.

4208 Pte. G. Chaulk.

Attested for General Service with the 1st Nfld. Regt at
Grand Falls, with effect from Nov. 30th/17 reported to Hdq's
Dec. 5th/17.

N. Chalk

C.R. 4208

RRD

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. *1st Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4208* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cullank Garland* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on *Nov 31/17* at *St Johns* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

Weighted
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

MR K. J. ...
MR ...
Capt. R. A. M. C.

Station *Hazely D. Camp*

Date *30-4-19*

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

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4208	P6	Chalk G.	\$25-	

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date

28-6-18

G Chalk

Chauly A.

4208

Ray sept

July 14, 1919

4208 Pte. Garland Chanik,
Leslie Cove,
Fogo.

Dear Sir :-

Please find enclosed Discharge Certificate #3011.

Yours truly

Captain
Paymaster & O. i/c Records

The Royal Newfoundland Regiment

Class for Demobilization

Ej

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

14. 6. 19

Regimental No *4206*

Name *C. Frank* *Sarland* Rank

Address *Lodge Cove*

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

P. Peterson
Senior Medical Officer

J. W. Burden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4208 Rank Pvt Name Chaulk G.
 Date of Enlistment 30-11-17 Address Lealebye District Dogo
 Occupation Lumberman Classification for Discharge H Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 14-6-19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Garland Chaulk

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~~

Alfred Houston

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1803 to his home at Saddle Cove and Release Certificate No. 2818 issued.

Date 16-6-19

J. H. 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 14-7-19

Date 16-6-19

J. H. Knowlton
Depot Paymaster.

Discharged approved for 30-6-19

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
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 16-6-19

J. H. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 30 1919

R. H. Sait 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.

Gerald Shultz

Signature of Man.

J. H. Sawloff

Signature of the Vocational Officer or his Representative.

Reg. No. *4208*

Place

St. Johns

Date

11-6-14

191

July 16, 1919

#4208 Pte. Garland Chaulk,

Ladle Cove,

Fogo.

Dear Sir:-

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

Yours truly,

Captain,
Paymaster & O.i/c Records.

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 26th. 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... *Garland* ... 2. Surname... *Chauk*

3. Rank... *Private* ... 4. Regt. No.

5. Address in full to which future payments of gratuity are to be forwarded... *Ladle Cove, Fogo District*

6. Date of enlistment in the Regiment... *Nov. 3/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Jose Chauk*

8. Relationship of such dependents... *Father*

9. Address in full of such dependents... *Ladle Cove,*

..... *Fogo District*

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 Nfld. If so, give dates and particulars of such service..... *No.*

.....

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

..... *From Nov. 3/17 to*

..... *June 16/19* 1. $\frac{1}{2}$

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

Yes
.....
.....
.....

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.

Yes
.....
.....

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

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

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

Yes
.....

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?
Not applicable

19. Are you now serving in the R.C.S.T.? *Yes* If not give - (a) date of discharge. *June 30/19* (b) Reason for discharge. *demobilized*

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.

France & Belgium
.....
.....

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?
Yes

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:

Garland L. South

Place of Residence:

Ladle Cove

Declared before me at:

St. John's

This

16th

day of

June

19*19*.....

E. J. Piment, Berrister.

Signature of Berrister of the
Supreme Court, Stipendiary Legis-
trate, 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.					Paymaster

C.R. 4208

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 .. *Garland Shaulk*

Date .. *Nov 25 1919* ..

Place .. *Upper Coal* ..

RECEIPT.

C.R. 4208

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 4208... NAME *Garland Chaulk*...

DATE *Nov. 2, 1920*
PLACE... *Aspen Cove*...
via Saddle Cove

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

SEP 17 1921 1921.

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

is/are forwarded herewith to

Garland Chaulk

in respect of his service as No. 4208 Rank Pvt

Name Garland Chaulk Royal Nfld. Regt.
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Victory medal & British medal

Signature Garland Chaulk,

Date Sep 25 1921

Address Apsey Camp, Frogg's Wis.

[P.T.O.]

Receipt for ARMY BOOK 64

No. 4208 Name Chauk

To Certify that I have received the AB 64 of the above
named soldier.

Name Garland Chauk

Date July 21 1920

Place Army base

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

W

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheets One

Regiment of 1st Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Chalk P.</u>	Age on	<u>19</u> years <u>6</u> months	<u>Lumberman</u>	
<u>4309</u>		Place and Date of Enlistment	<u>Grand Falls</u> <u>30-11-17</u>	Religion	
Joined		Date	} with Colours <u>22</u> years. } with Reserve <u>36</u> years.	<u>Method</u>	
Joined		Date		Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized Pt. John's, 14/7</u>					

To be carried over

Army Form B. 121.

14208

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4208 Rank Pvt Name Charles G. Gogo
 Date of Enlistment 30-11-17 Address Leadbaye District Gogo
 Occupation Scumberman Classification for Discharge F1 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 14-6-19 for O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Garland Charles

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 _____

Alfred Austin

Date 16-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1803 to his home at Liddle Cove and Release Certificate No. 2818 issued.

Date

16-6-19

J.A. Snowless

Demobilization Officer

4. Pay and Allowances.

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

Date

11-6-19

J.A. Snowless
Depot Paymaster.

Discharge approved for

30-6-19

Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form B

Date

16.6.19

J.A. Snowless

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 30 1919

R.H. Sait Capt.

O. C. Discharge Depot.

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

Date

July 10/19

James H. Sait
for Records



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

Garland Chaubk

Regiment from which discharged

Royal Newfoundland

Regimental number

4508

Intended address

Ladle Cove, Fog

Height on discharge

5 Feet 9

Color of hair on discharge

Dark Brown

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Scar, left leg

Figure on discharge

medium

Christian name of Father

Jesse

Christian name of Mother

Mary

Wife's maiden name in full

-

Date and place of marriage

-

Christian names of children

-

Place and date of soldier's birth

Ladle Cove, May 18th 1896

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)

Garland Chaubk MC

(Rank)

Station

St John's

Date

13-6-19

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