



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4566 Name James Chater Corps R.C.

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

- 1. What is your name? ..... 1. James Chater
- 2. What is your full Address? ..... 2. Jeju Island, White Bay
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 22 Years 9 Months
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 6. Are you Married? ..... 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. yes
- 9. Are you willing to be enlisted for General Service? ..... } 9. yes
- 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? ..... } II. yes

I, James Chater 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.

A  
22.4.18  
James Chater SIGNATURE OF RECRUIT.  
James Chater SIGNATURE OF WITNESS.

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

I, James Chater 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 S. V. Johns on this 22 day of April 1918  
Signature of Attesting Officer James Chater

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the.....  
If enlisted by special authority, such will be attached to the original attestation.  
Date April 22 1918  
Place S. V. 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).....

Report 29-4-18



C.R. 4566

extract from daily orders part II Royal Newfoundland Regiment.  
dated 17-7-19. Depot St. John's.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date  
8-7-19.

4566, rte. Jas. Chator.

C.R. 4566

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by C.C. Discharge Depot with effect from  
27-6-19.

4566 Pte. J. Chayter.

C.R. 4566

Extract from Daily Orders Part 11 Depot, St. Johns,

Date

June 18th 1919.

4566, Pte. J. Chayter.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4566

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

The following man embarked for ~~west~~ H.M.S.  
"Columbella" July 22, 1918.

#4566 Pte. Jos. Chater.

C.R. 4566

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regt. St. John's, dated April 23, 1918.

#4566bPte. James Cheater.

Attested for General Service with the Royal Wfld. Regt.  
from 22/4/18 to report 29/4/18.

Chater, J.

C.R. 4566

3

0

P.Y.R.O.





THE ROYAL NEWFOUNDLAND REGIMENT

I, James Cheater <sup>ALLOTMENTS</sup>, Regl. No. 4566

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins Augt 1st/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6540	Mother	Mrs James Cheater (Mary)	Groas Islands White Bay	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.) A. B. Pinner  
 Officer Commanding  
B Company  
 Royal Newfoundland Regt  
 July 15<sup>th</sup> 1918

(Sig.) James Cheater  
 (Rank) Private

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 Inf'd*
2. Regtl. No. *4566* 3. Rank.....
4. Name *Chalton* *James*  
(Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Justice of Peace*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

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 }<br>man's part. } | - | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

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

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

*see complaints of no disability-*

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

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

*Repatriation*

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

*W. E. Proennies* *Capt Ramc*  
Medical Officer in charge of case.

Station *Northey Town*

Date *11.4.19*

\* 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

Reg. No. W 566 Rank Pvt Name Chaytes Jas B  
Attested 22.4.18 Address Grey Fields White River  
Allotment 60 Allotee Mrs James Chaytes (Mother)  
Date of Allotment 1-8-18. Returned from Overseas \_\_\_\_\_  
Embarked for Overseas JUL 22 1918 Cause \_\_\_\_\_

Report. 29.4.18

30.4.18 Vac. 1st 10<sup>5</sup>18. 2<sup>nd</sup> 17-5-18  
M.S. from 24-5-18 to 31-5-18. R.L. 4-7-18.

Chaytes, J.

4566

Aug & Sept.

July 12, 1919

#4566 Pte. James Chayter,  
Grey Islands,  
White Bay.

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 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 *James* *Chayton*  
3. Rank *Cpl* 4. Regtl. No. *4566*  
5. Address in full to which future payments of gratuity are to be forwarded. *Grey Bluffs, White Bay, Nfld.*  
6. Date of enlistment in the Regiment. *Apr 27/18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....  
8. Relationship of such dependents. ....  
9. Address in full of such dependents. ....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service. .... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. .... *From apr 27/18 to June 13/19* ..... 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.

..... *No* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....  
.....

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

..... *No* .....

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.

..... *No* .....

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

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

19. Are you now serving in the Regt.?..... If not give:- (a) date of discharge. (b) Reason for discharge.

..... *No* ..... *June 12/19* ..... *Temporary News Publication* .....

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* .....

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.



Signature of Applicant:

*his*  
*James T. Chaytor*

Place of Residence:

*West White Bay, Nfld*  
*Grey Islands, Nfld.*

Declared before me at:

*St. John's, Nfld.*

This

*13th*

day of

*June*

19*19*...

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

*John McCarty*

POST DISCHARGE PAY.

Date paid	Full Scale	Half Scale	War Service Allowance	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	

July 11, 1919

#4566 Pte. James Chater,

Gray Islands,

White Bay.

Dear Sir:-

Please find enclosed Discharge Certificate #2955.

Yours truly

Captain,  
Paymaster & O.i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4566 Rank Plt Name Chaker Joe  
 Intended place of residence Gray's Falls  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A7

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 JUN 13 1919.....  
 Date .....

Mess H.  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

**ST. JOHN'S**

### 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ETC.

Place and date JUN 13 1919.....

J. Chaker  
 Signature of soldier

Wm. B. Louster  
 Signature of witness

**ST. JOHN'S**

### 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 JUN 13 1919.....

James Clayton  
 Signature of soldier

W. J. Kealey  
 Signature of witness

**ST. JOHN'S**

### STATEMENT OF SERVICE

7. Enlisted for service 22-4-18..... No of days on Military  
 Discharged from service 27-6-19 Plus 14 days..... Service 446.....

### 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 .....

R. H. Lat Major  
 Officer in Charge  
 The Royal Newfoundland Regiment.

Date JUN 27 1919.....

**ST. JOHN'S**

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's Nfld.....

M. Bowley Capt  
 Officer in Charge

Date July 11/1919.....

The Royal Newfoundland Regiment

A. J. B. 2079/29 JS

# The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12.6.19

Regimental No 4566

Name Whates James Rank Pte

Address Gray Islands St Barbe

Present Medical Category A1

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

Members of Board

R.H. Lant Capt  
O.C. Discharge Depot.

J. Paterson  
Senior Medical Officer

T.W. Borden  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 4566 Rank Plt Name Phater James  
 Date of Enlistment 24.1.18 Address Bay St. District Baie  
 Occupation fisherman Classification for Discharge R Medical Category AI  
 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 12.6.19 \_\_\_\_\_  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

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

*James Chyng*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance \_\_\_\_\_
- (b) Clothing Supplied \_\_\_\_\_

13-6-19

Date \_\_\_\_\_ O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 9,703 to his home at Gray 9th and Release Certificate No. 2738 issued.

Date 13-6-19

*J.A. Shaw 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 7-2-19

Date 13-6-19

*H. News H*  
Depot Paymaster.

Discharged approved for 27-6-19

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

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
B179c	B 120	M 93		

*2 Form B*

Date 13-6-19

*J.A. Shaw Capt.*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 27 1919

*R.H. Jant 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*

*J. Clayton*

Signature of Man.

*J. A. Shaw Capt.*

Signature of the Vocational Officer or his Representative.

Reg. No. *4566*

Place

ST. JOHN'S.

Date

*13-6-19*

191

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

# MEDICAL HISTORY

OF

Surname Chape Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand Island Parish County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191 <u>8</u>
	at <u>St Johns</u>	at		
Declared Age	<u>22</u> years — days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7 1/2</u> inches		feet	inches
Weight	<u>150</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>37</u> inches		inches
	Range of Expansion...	<u>5</u> inches		inches
Physical Development				
Vaccination Marks	Arm	<u>2 mos ago</u>		
	Number	<u>10001</u>		
When Vaccinated				
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= <u>4</u> L.E.—V= <u>4</u>	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns</u>	at		
	on <u>22</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191 <u>8</u>
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>	<u>4566</u>		
Transferred to				
Became non-effective by	on	day of	191	on
	day of	191	on	day of
	[Signature]			
	[Rank]			



**Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.**

Date	Brief Details, and Signature
30.4.18.	Nac. <i>to</i>
10-5-18	T.A.B. <i>to</i>
17-5-18	T.A.B. <i>to</i>
10/7/18.	T.A.B. <i>to</i>

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Nonpensionation. Medical category MI*

*12.6.19*  
Date of T.M.B.

*J. News H.*  
Assistant Adjutant General

**Table IV.—SERVICE TABLE.**

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Artillery* ..... 7. Former Trade or Occupation } *Indefinite*
2. Regtl. No. *4556* 3. Rank. *Pte.* ..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Edwards* ..... *James* .....  
(Surname) (Christian Names)
5. Age last birthday. *23* .....  
(a) Former Regts. or Corps ; with Regtl. Nos.
6. Posted for duty on ..... at .....  
in category (or grade) .....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war .....
  - (ii) Previous active service .....
  - (iii) Climate in pre-war service .....
  - (iv) Ordinary military service before the war .....
  - (v) Serious negligence or misconduct on the man's part. } .....
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

*No complaint of no possibility*

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?

*Repatration*

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.E. Proctor*  
 Medical Officer in charge of case.

Station *Harshelburn*  
 Date *1.11.19*

\* 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



## 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 *Chater James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *11066*

Intended address *Grey St. St. John's*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Med.*

Christian name of Father *James*

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 *Grey St. 10 July 1895*

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

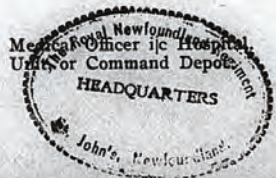
(Soldier's signature in full) *James Chater*

(Rank) *Plt.*

Station **ST. JOHN'S.** Date \_\_\_\_\_

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 \_\_\_\_\_



SEPARATION ALLOWANCE.

Claimant James Cheator Father.....

On account of James Cheator No. 4566 Rank Pte.....

Decision Approved.....

R. H. G. Smith C.  
W. H. Wallace Capt. Q.  
M. Bowley Major

Date Nov 5/1920.....

Instructions.....  
.....  
.....

Allowment of 60<sup>¢</sup> per day payable to Mrs Jas Cheator  
his mother from Aug 1-1918 to 11/7/19  
Discontinued on account of being discharged.

Adj. L. Pike

6540

227-33

**ROYAL NEWFOUNDLAND REGIMENT**  
(Separation Allowance Branch)

FATHER

Notice

THIS STATUTORY DECLARATION is to be filled in correctly in very detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Reg't. No.

*James Cheator Grenada Island.*

2. Age of soldier. Married or single.

*25 Years*

*Single*

3. Name in full of father of soldier. age. Occupation. Permanent address

*James Cheator 79 Years Fisherman Grenada Island.*

4. If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue.)

*Very poor health  
Very feeble*

5. Names of your other children. Address in full. Occupation. Married or single.

*Charles Cheator  
John Joseph Cheator (widder Grenada Island Fisherman Soldier (2)  
Michael T. Cheator Fisherman all married*

6. State amount earned by yourself per month.

7. State date and place of death of your wife.

8. State amount and source of any other income.

9. What is the value of your real property.

10. State actual amount contributed by soldier during year prior to enlistment

*450.00 for Honor.*

11. Was this amount contributed weekly or monthly.

*at the end of summer*

12. Did this amount include payment of son's board, etc.

*No.*

13. State your son's trade or occupation prior to enlistment

*Fisherman*

14. State amount of his wages per week.

15. State name and address of his last employer.

*With Father fishing*

16. State amount of support monthly from son since enlistment.

*Eighteen Dollars & etc*

17. State amount of "assigned pay" received from son monthly, by you.

*\$ 18.50*

18. From what date have you received "assigned pay"

*For Ten Months*

19. Actual amount contributed by other children.

weekly

monthly.

*all married with families. Nothing*

20. If not receiving support from other children, state cause. Answer fully.

21. Are any of these children in your employ.

*None, whatever*

22. Have you made a previous claim for Separation Allowance? If not, why, Give particulars.

*I did not understand it and have been very sick*

23. What is the value of your personal property?

*About \$100.00*

24. With whom do you reside at present.

*With my husband and son both. James Cheator & orphan child*

25. Are you already in receipt of Separation Allowance from any source if so, how much.

*None whatever*

26. Are you in receipt of assistance from any Patriotic Fund, if so, how much? *Nothing whatever at the time*

27. Was the soldier at the time of enlistment an employee of the Newfoundland Government *Yes. Fishing*

28. In what capacity and in what place? \_\_\_\_\_

29. Is he in receipt of a salary as such while serving in the first Newfoundland Regiment, if so, how much. *None*

I herewith make this solemn declaration conscientiously believing the same to be true, and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of applicant... *Wm. Cheator Sr. New Brunswick*

Place of residence... *Lewis Island Dist. St. Pierre*

Declared and subscribed before me at... *Leonville*

this... *Twelfth* day of... *July* 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *J. de Fitzgerald P.*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge and belief after careful investigation, the above statements are correct and the soldier first mentioned above is the sole support of the applicant.

Signature of clergyman... *Geo. A. Thibault, P.P.*

Signature of member of Patriotic Fund Committee... *J. de Fitzgerald*



MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } *James Chester Queensland  
Newfoundland Reg. 1st  
Volunteer*
2. Name and age of said soldier's father or other relative. } *Father 79 years Brother  
Mother 64 years <sup>41</sup><sub>34</sub>*
3. Is said father or other relative (a chronic) invalid and totally incapacitated. } *Yes Father  
unable to work*
4. Of what nature is disability? } *Crippled legs at  
wound from*
5. From what date has this total incapacity been existent? } *About 2 years*
6. How long is total incapacity likely to continue and what will be the effect on earning power. } *He can only  
get about always*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. } *fully 90 percent*
8. Are you the regular attending physician? } *No doctor available*
9. Relationship to soldier of applicant? } *Son*

I certify that the above statements are correct.

..... *W. J. J. J.* ..... Place,

..... *July 12<sup>th</sup> 1919* ..... Date.

..... *J. H. J. J.* .....  
Physician.

Sept. 17, 1919

Mr. James Cheator,  
Crois Islands.

Dear Sir:-

Referring to your application for Separation allowance, I have been directed to inform you that it is absolutely necessary to have a Doctor's Certificate, showing your physical condition, and that without same your claim cannot be considered. It is also necessary that you furnish Marriage Certificate of your other sons, or else, a certified extract from your Parish Register, showing dates of their Marriages.

Yours truly

MAJOR & PAYMASTER.

JLM/LM.

August 23, 1920

Mr. James Cheater  
Groais Island.

Dear Sir:

On the 17th. September 1919, I wrote you  
as per enclosed copy of letter, but so far no reply has been  
received.

Kindly let me have the required information  
at your earliest convenience, so that your claim may be  
finally disposed of.

Yours truly,

Major  
Pymester.

enc.

send me my own without  
asking impossibilities.

I remain as always

Yours truly,

Jas. Cheator, Sr.

---

Cross Island.

Sept. 16<sup>th</sup> 1920.

Mr. J. M. Howley,

St. John's, Nfld.

Dear Sir,

Re my separate Allowance, I will write you once more, and if you don't want to take my word and the certified word of my priest for it, kindly don't trouble me any more.

I am now 78 going on 79 years of age, and my wife is 62 years, so you can see we are both past our labor.

When my son James Cheator enlisted, we were left alone with no one to help us, as he was the only unmarried son left to us.

My son Joseph Cheator

was married away and served four years over seas with the Canadians. I cannot secure a marriage certificate for him, as he has married away and has been living in Canada this last sixteen years.

My son Charlie Cheator was married seventeen or eighteen years, and has a family of children, but I can secure a marriage certificate for him. His marriage is not recorded at Conche.

My son Michael Cheator was married seven years ago, and you will find herewith enclosed his marriage certificate.

James Cheator the youngest, who enlisted here in 1862, is yet unmarried and with us since the war is over.

The conditions that the department is asking from me are

practically impossible, where I live.

We never see a doctor here on the Groais Island, and myself and Mrs Cheator would have to take an open boat and go 70 or 80 miles to St. Anthony to procure a doctor's certificate. We are too old and live in to unhandy a place for that.

You are asking me for impossibilities and all I can give you is the certified word of my parish priest, to prove that I am well deserving of that separate allowance and that I should have got it before now.

Hoping this will be sufficient and that you will

11487  
Sacred Heart Church

Conche, French Shore, Nfld.

Sept. 22<sup>nd</sup> 1920.

Mr. J. M. Howley.  
St. John's Nfld.

Dear Sir:

Mr James Cheator of Groais Island has just come to me with your letter of Aug. 23<sup>rd</sup> last re his separate allowance.

All I can say is, that it is simply shameful for the department to keep the poor old man of nearly eighty years of age to this day, without any money lawfully due him.

Mr Cheator is seventy eight or seventy nine now, and Mrs Cheator is sixty two, and if any separate allowance was ever lawful and just, this one certainly is and should have been paid long ago without all this red tape business.

The department is asking these old people for impossibilities at their age considering the inconvenient place where they live.

Their son Joseph Cheator, married away from here, and has been living in Canada this last fifteen years or so. He served four years in this last war with the Canadians.

Their son Charlie Cheator is married here

in Canada Bay, and has a family of children. He has been married now seventeen or eighteen years.

Their son Michael Cheator, I married him myself seven years ago. I am giving a marriage certificate for Michael's marriage, but can not give any for the other boys, as in days gone by, clergymen were not very particular in keeping a parish register, and these old acts cannot be found.

James Cheator, Jr., is the youngest son and when he enlisted with our boys, he left his old father and mother without any help and at the mercy of their good neighbors, who provided firing to keep them from freezing.

I have applied twice already for the old age pension for this same well deserving old man, but so far, our worthy government has done nothing for him.

I hereby certify to all the above, because they are well known parishioners of mine for the last thirteen years, and am in a position to give the department all the information it requires, far better, than any doctor or magistrate on this shore.

In conclusion I say it is both cruel and shameful to deprive the old couple any longer of money which is lawfully due them.

I remain  
Yours truly,  
Geo. A. Thibault, P.P., Couche.



Magistrate's Office

at

*Cowich*

*Sept 17<sup>th</sup> 1900*

I hereby certify that the enclosed statement by the "Rev. Father Thibault P.P." of Cowich: Re. Mr. James Cheator of the Crois Islands, is from what I personally know correct and is not in the least exaggerated. I may add the above James Cheator can now walk with great difficulty from crippled legs

*signed J. D. Fitzgerald*  
*Justice of Peace.*



JMH/LM.

November 12, 1920

James Cheater,  
Groals Island.

Dear Sir:

With reference to your application for Retroactive Separation Allowance, I enclose cheque for \$227.33, being amount due you to the date of your son's discharge, and one for \$120.00 representing payment on account of War Service Gratuity.

I also enclose herewith Marriage Certificate of your son Michael Cheater.

Yours truly,

Major

Paymaster.

Enc. 3

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39

Number of Sheets *1*

Regiment of *Royal Newfoundland*

Signature of O. C. Company *A. James*

*A. James*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4566 Chilton James</i>	Age on	<i>22</i> years <i>0</i> months	<i>Fisherman</i>	
Joined		Place and Date of Enlistment	<i>St Johns 22.4.18</i>	Religion	
Joined		Date	} with Colours <i>1</i> years. with Reserve <i>3 1/2</i> years.	<i>R.C.</i>	Place of Birth
Joined		Date		<i>St Johns White Bay</i>	

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
				<i>Demobilized</i>	<i>St John's</i>	<i>11</i>	<i>7</i>		<i>19</i>

To be carried over

Army Form B. 121.

4566

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4566 Rank Plt Name Chas. James  
 Date of Enlistment 22.11.18 Address Gray's Island District St. Barbe  
 Occupation Fisherman Classification for Discharge C Medical Category AI  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 138	B 288	B 121	N.F. Med	D.F. 1
B 178	W 349A	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 98		

Date 12.6.19  
 J. C. Discharge Depot. *H. Muns. H.*

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*James Chas.*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$600
- (b) Clothing Supplied Smith's off

Date 13-6-19 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 2703 to his home at Gray 9<sup>th</sup> St and Release Certificate No. 2738 issued.

Date 13-6-19

*J.A. Newell*  
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 13-6-19

Date 13-6-19

*J.A. Newell*  
Depot Paymaster.

Discharge approved for 27-6-19

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

N.F. P36	B 288	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 88		

Date 13-6-19

*J.A. Newell*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 27 1919

*R.H. Salt*  
O. C. Discharge Depot.

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

Date June 30/19

*J.A. Newell*  
*J.A. Newell*

Reg. No. *4566* Rank *Pte* Name *Clayton, J.*  
Attested ..... Address *Grey Isld.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29-5-19*  
Returned on S.S. *Corsican* Cause *Discharge*

*12.6.19*  
*27.6.19*

**PASSED TO DEMOBILIZATION OFF.**  
**DISCHARGE APPROVED ON DEMOBILISATION.**