

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5862 Name Daniel Chesman Corps P. I.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Daniel Chesman</u> |
| 2. What is your full Address? | 2. <u>Boyschoon Placinta Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Daniel Chesman 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.

29.7.18 Daniel Chesman SIGNATURE OF RECRUIT.
P. I. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Daniel Chesman 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 on this 29 day of July 1918
Signature of Attesting Officer C. P. Dicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date July 30 1918
Place } Approving Officer. W. H. P.

† 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

5862

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

Name Daniel B. Keesman

Apparent age 19 years months. Height 6 feet 3 1/2 inches

Chest Measurement { Girth when fully expanded 32 inches
 Range of expansion 3 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles B. Keesman,
Bushoon P. D. | 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 limited engagement reckons from <u>29-7-18</u>									
Joined at <u>M. J. Kees</u> on <u>July 29-1918</u>									
<u>Purchased a Day</u> <u>11-19-19</u>									
<u>Embarked M. J. Kees train to Halifax N.S.</u> <u>22-9-18</u>									
<u>To Newfoundland for demobilization</u> <u>24-6-19</u>									
<u>Arrived Newfoundland</u> <u>1-7-1919</u>									
<u>Demobilization M. J. Kees</u> <u>4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 7 days

" " Pensions " " " " " " " " " " " "

C.R. 5862

Extract from Daily orders Part II Royal Newfoundland
Regiment. Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by officer i/c Records from noted date
4-8-19.

5862, Pte. D. Cheeseman.

C.R. 5862

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, July 18-1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge depot with effect from 21-7-19.
21-7-19.

5862 Pte. D. Cheeseman.

C.R. 5862A

Counter No. _____

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 Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated **June 5th. 1919.**

To **John J. Cheeseman. Rushoon, Baine Hr.**

BEG TO INFORM YOU 5865 CHEESEMAN AND 5862 CHEESEMAN DID NOT ARRIVE WITH DRAFT.

**A. E. HICKMAN
MINISTER OF MILITIA.**

CHARGE TO DEPT. OF MILITIA.

2 encls
Telegram in 5865

FOR TYPEWRITER

C.R! 5862

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

5862 Pte. Cheeseman, D.

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

C.R. 5862

Extract of ORDERS BY MAJOR W.E. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

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

#5862 Pte. D. Cheeseman.

"B" Company.

1 copy

C.R. 5862



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by _____ Paid by _____ Class _____

Place from _____

To _____



Depot 17/18
Is 5862 ple D Cheeseman
at Depot headquarters
St Johns answer.

Mrs Chas Cheesman

C.R. 5862
Counter No. _____

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) WV Warren
Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated October 30th 1918 Dept of Militia

To Mrs. Chas. Cheeseman
Rushoon Via Baine St.

Your son 5862 Pte. D. Cheeseman
now overseas his address now

10 5862 Pte. D. Cheeseman
Royal Newfoundland Regt.
Hazelton Camp
Winchester England

By to Dept of Militia WV Warren Lieut

FOR TYPEWRITER

C.R. 5862

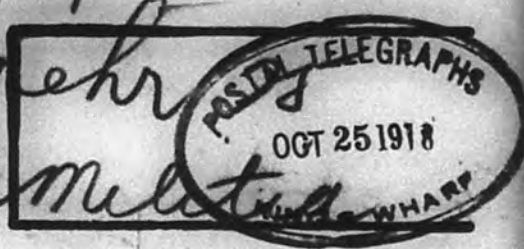
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 73 Sent by W.D. Rec'd by 10/ No.

Place from Rushoon Va Bancher

To Registrar Bd of Militia



Please send present address
Pte D. Cheeseman reg.
no 5862,

Mrs Chas Cheeseman

5862 Pte D. Cheeseman
2nd Batt. Royal Newfoundland Regt.
Hazelton Camp
Winchester Eng.

C.R. 5862

Extract from ~~WESSEX~~ Nominal Roll entrained at St. John's
for Overseas Sept. 22, 1918.

5862 Pte. Cheesman Daniel.

C.R. 5862

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's Sept. 24/18/

THE FOLLOWING MAN RETURNED FROM SPECIAL DUTY AT MOUNT BEARL
19-9-18.

5862 Pte. D. Cheeseman.

C.R. 5862

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.
St. John's, dated Sept. 9-18.

The undernoted man proceeded on special duty to Mount Pearl
9-9-18.

5862 Pte.D. Cheeseman.

C.R. 5862

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated July 30, 1918.

#5862 Pte. Daniel Cheeseman.

Attested for General Service with the Royal Mfld.
Regt. from 29-7-18

C.C.R. 5862

Oct 27th, 1918

Mrs. Charles Cheeseman

Rushoon,

Via Baine Hr. P.B.

Dear Madam:-

I am instructed to acknowledge receipt of your wire of 15th inst. enquiring as to address of No. 5862, Private D. Cheeseman; and I beg to state in reply that this soldier is at Depot Headquarters, St. John's.

Yours faithfully,


Lieut.

Casualty Officer.

for Minister of Militia.

L. Chaseman

C.R.

5862

1150.

—

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 Newfound* } Former Trade or Occupation } *Seaman*
2. Regtl. No. *5862* 3. Rank. *pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cheesman* } (Surname) } *Daniel* } (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *21*
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) Where (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? }

See complaints of no disability

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.)

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?

Repetition

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

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

W. E. Proctor *Cap Rose*

Medical Officer in charge of case.

Station *147 ele. bomb*

Date *7/4/14*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



THE ROYAL NEWFOUNDLAND REGIMENT ALLOTMENTS

I, _____, Regl. No. _____

hereby agree, until further notification by me, and in similar official form to make an Allotment of Daniel Cheeseman Dollars and _____ 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} Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins _____

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	ADDRESS	AMOUNT (each person)
6571	Mother	Mrs Chas (Bridget) Cheeseman	Rushoon	50
Total Allotment, \$				

ENTERED.

PAY LEDGERS 20.

NUM. ROLL

ALLOT. INDEX

" REGISTER

EXAMINED

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.) _____
 Officer Commanding Company

(Sig.) _____
 (Rank) Dan Cheeseman
 Pte

U Johns
 Aug 2 8

No 3421/532.

6.

NEWFOUNDLAND CO.
N.F.P./79.
18 MAR 1919

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.

Winchester.

3rd March 1919

March 6th 1919

5862 Pte Cheeseman, D.

Receipt hereunder
Stamp LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n.

With reference to the follow-
ing telegram from the Minister of
Militia / / (54.)

"Pay to- 5862. Cheeseman.

Received the sum of £10.0.0
Ten pounds. in respect of
telegraphic remittance from the
Minister of Militia.

£10. 0. 0.

Cheque £10. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

D. Cheeseman x (his mark)

Chief Paymaster & O. i/c Records.

No. 5862 Rank Pte.

Witness Geo. Perry

Sheesman, D

5862

Ray sept

August 11th 1919.

Mr. D. Chesseman,

Rushoon. P.B.

Dear Sir:

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

Yours truly,

Capt. ^{cc}

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 20th, 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..... *A* 2. Surname..... *Chaseman*
3. Rank..... *Pvt* 4. Regtl. No..... *5867*
5. Address in full to which future payments of gratuity are to be forwarded..... *Rushoon P.B.*
6. Date of enlistment in the Regiment..... *July 29, '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?.....
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..... *Twelve months*
- 1. *1*

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

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?

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.

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.? *no* If not give:- (a) Date of discharge. *July 18/19* (b) Reason for discharge

Demobilization

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.

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

(Witness) *Do, Do*

Signature of Applicant:

his
mark
Cheseman

Place of Residence:

Rushoon. P.B.

Declared before me at:

St Johns

This

1 day of *July* 19*.19...*

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

John M. Carthy
J.M.C.

POST DISCHARGE PAY.

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

Certified correct.

Registrar

August 4th 1919.

#5862, Pte. D. Cheeseman,

Husgoon, P.B.

Dear Sir:

Enclosed please find Discharge Certificate

3333

Yours truly,

Capt. & Paymaster

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5862 Rank Pte Name D. Keeseaman
 Intended place of residence Rushoon

2. Occupation Fisherman
 Classification of soldier R Medical Category AI

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 7 1919

[Signature]
 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 7 1919

[Signature]
 Signature of soldier

[Signature]
 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 7-7-19

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-7-18 No. of days on Military
 Discharged from service 31-7-19 Plus 14 days Service 372

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

[Signature]
 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 4/1919

[Signature]
 Officer in Charge of Records
 The Royal Newfoundland Regiment

[Handwritten note]
 207 23 2099 / 3337

The Royal Newfoundland Regiment

Class for Demobilization: 8.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date H. 7. 19

Regimental No. 5682

Name Cheseman Daniel

Address Rushwoon

Present Medical Category A1

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board {

W. Paterson
Senior Medical Officer

Geo. Beedee
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5682 Rank RVC Name Cheeseman P. Phoenix
 Date of Enlistment 29 7 18 Address Rushford District St. John's
 Occupation Fisherman Classification for Discharge 6 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 4 7 19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

D. Phoenix
but w/ labor

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 7-7-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *92112* to his home at *Rushover* and Release Certificate No. *3272* issued.

Date *7-7-19*

J.A. Sawlcraft
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 *4-8-19*

Date *7-7-19*

H. H. H.
Depot Paymaster.

Discharged approved for *21-7-19*

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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 *7-7-19*

J.A. Sawlcraft
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 *JUL 21 1919*

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

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Sheerman D x

Signature of Man.

J. J. Lawless

Signature of the Vocational Officer or his Representative.

Reg. No. 5-682

Place

St Johns

Date

7-7-15

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

MEDICAL HISTORY

OF NOV 1918

Surname

Greenman

Christian Name

Daniel

Table I.—GENERAL TABLE

Birthplace :—Parish

Rushon

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>29</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>19</i> years	days	years	days
Trade or Occupation	<i>Yielderman</i>			
Height	<i>5</i> feet	<i>5 7/8</i> inches	feet	inches
Weight		<i>117</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>33</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>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</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>Lamin Paterson</i>			
(Rank)	<i>Sergeant</i>	Medical Officer		Medical Officer
Enlisted	at <i>St John's</i>	at		
	on <i>29</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps <i>Royal</i>	Regtl. No. <i>5867.</i>	Corps	Regtl. No.
Transferred to	<i>1st Bn Regt</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 New Brunswick* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *5863* 3. Rank..... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Cheseman David* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with-Regtl. Nos.
 5. Age last birthday..... *21*
 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 | ✓ | |
| (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?

No Complaint of no Disability

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.)

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

Repatriation

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

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

W. J. Prosser *Capl*
Rams
 Medical Officer in charge of case.

Station *Hazley Down*

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



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 *Daniel Cheesman*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5862*

Intended address *Rushmore*

Height on discharge *5* Feet *5*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*
Figure on discharge *medium*

Christian name of Father *Charlie*

Christian name of Mother *Bridget*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Rushmore 20th January 1898*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Daniel X Cheesman* *16*
Wart (Rank)

Station *Hospus. E. Healy* Date *4-7-19*

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

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

M-5862.

September 23rd, 1927.

Mrs Daniel Cheeseman,
Rushoon, P.B.

Dear Madam:-

In reply to your letter of September 10th., making application for pension in respect of the death of your husband, I have to advise you that it is regretted we are unable to assist you in view of the fact that your husband was not a pensioner, and also because his death cannot be said to be attributable to War Service.

Yours very truly,

Secretary.

BT:



Rushoon
Sept
10/1927

Department of Abilitia
St John of I L D

Dear Sir my subject of
writing is as follows it is to
say my husband Daniel Cheesman
was a soldier and he was
lost in the Present Storm of
August 25 1927 can your pension
Commissioners be able to help me
out a little as I am certainly
in need please write me by
this week but as I would
be thankful for a little allowance
thanking you for so doing I remain
yours in sorrow
Mrs Daniel Cheesman

Form 82
 Duplicate
ROYAL NEWFOUNDLAND REGIMENT.

5862
 Medical Examination Held at Headquarters on July 29 1918

1. Name Daniel Chesman Age (a) Declared 19
 (b) Apparent

2. Do you know of anything wrong with you? Sore eyes

What severe illnesses have you had? None

eyes Blue
 Comp Dark
 Mouth —

3. Height 5ft. 3 1/2 Weight 122
 4. Eyesight (a) Left 6/6 (b) Right 6/6
 5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs

Measurement (a) Expiration 80% (b) Inspiration 33

7. Examination of Heart

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? No

11. Name and address of next of kin Father Charles Rushorn P.B.

REMARKS—

A11

Sgt. Archel East
F. W. Burch

Medical Examiners

C.R. 5862

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.

Date *Dec 3rd 1977*

Place *Rushmore Place, Basingstoke*

Name *5862 E. P. H. Cheesman*

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

OCT 15 1921 1921.

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

is/are forwarded herewith to

Daniel Cheeseman

in respect of his service as No. 5862 Rank Pte.

Name D. Cheeseman

Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

Oct the 27th 19-21

Signature

Daniel Cheeseman

Date

Dec the 14th 1921

Address

Bushoon P 1302/Ed

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Number of Sheet

One

Signature of O. C. Company

Ch. Dubois

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>5862. Denis Cheseman</i>	Age on	<i>19</i> years <i>11</i> months	<i>Fiskerman</i>			
Joined	Date	Place and Date of Enlistment	<i>St John</i>	Religion			
Joined	Date	Period of	<i>17/1/8</i>	with Colours	<i>17</i> years	Place of Birth	<i>St John P.B</i>
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
				<i>Demobilized</i>	<i>St John</i>	<i>4/19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5682 Rank RtE Name Cheseman D. Placentia
 Date of Enlistment 29.7.18 Address Rushmore District St. John's
 Occupation Teacher Classification for Discharge E 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 4.7.19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

*D. Cheseman
lost to platform*

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #65.00

(b) Clothing Supplied _____

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92112 to his home at Rushoon and Release Certificate No. 3272 issued.

Date 7-7-19 J.A. Newlaff
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 7-7-19

Date 7-7-19 J.A. Newlaff
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
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 J.A. Newlaff
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 N.R. Cooper Capt
for O. C. Discharge Depot.

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

Date July 21 1919 [Signature]

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

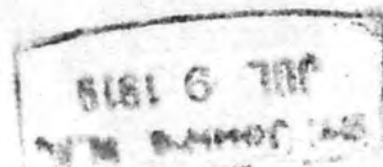
ANGLO-AMERICAN TELEGRAPH COMPANY, LIMITED

CONNECTING WITH
THE WESTERN UNION TELEGRAPH COMPANY

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

OK 29 J S PLACENTIA 42 COLL 1 EX



COL RENDELL

MILITIA DEPT

PRIVATES 5862 CHEESEMAN 5865 CHEESEMAN AND PRIVATE BRAKE HERE WAITING
ON STEAMER PROCEEDING RUSHOON AND MARYSTOWN CLAIM HAVE NO MONEY
PAY THEIR BOARD AT HOTEL ADVISE ME WILCOX HOTEL IF MILITIA DEPT WILL
PAY THEIR BOARD UNTIL STEAMER LEAVES TOMORROW

M S SULLIVAN

MAJOR

167

