



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4857 Name Eldred Churchill Corps meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Eldred Churchill</u> |
| 2. What is your full Address? | 2. <u>53 Duckworth Street</u>
<u>St. Johns</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>8</u> 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> |

Eldred Churchill 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
1-5-18

Eldred Churchill SIGNATURE OF RECRUIT.
James Arkle Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Eldred Churchill do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 1st day of May 1918.

Signature of Attesting Officer St. Johns

†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 1918

Place

} 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 Claver Churchill
 Apparent age 20 years 8 months Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ambrose Churchill
53, Duckworth Street, 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 L'epot	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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-5-18</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
<u>Went to France June 19</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-18</u>									
<u>Embarked for St. L 26-10-18</u>									
<u>Disembarked France 26-10-18</u>									
<u>Joined British Force 3-11-1918</u>									
<u>Transferred from Reserve 22-11-19 Arrived Home 23-11-19</u>									
<u>To be employed land for demobilization 22-5-19</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization St. John's 29-6-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>29-6-1919</u> (date of discharge)					1	years	60	days	
Pensions									

4857.

C.R.

~~4857~~

Extract from Nominal Roll from 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 26/4/19 and reached
Hazeley Down Camp 23/4/19.

#4857 Pte. E. Churchill.

C.R. 4857

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
RE CONFIRMED by officer i/c Records from 29-6-19.

4857 Pte. Eldred Churchill.

C.R. 4857

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

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 16-6-19.

4857 Pte. E. Churchill.

CR. 4857

Extract from Daily Orders Part 11 Depot. St. John's,
Date June 18th 1919.

4857, Pte. E. Churchill.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

RE "Corsican"

C.R. 4857

Extract from Daily Orders Part 11 Unit The Royal Field.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Bn. 5-11-18.

The following joined the Batta. 3-11-18.

4857 Pte. E. Churchill.

A Coy.

C.R. 4857

Extract from Memorial Roll re-inforcement draft No. 55: Embarked Folkestone
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4857 Pte. Churchill, E.

C.R. 4857

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's, dated June 14th 1918.

4857 Pte E. Churchill.

Embarked for Overseas with Draft 11-6-18.

C.R. 4837

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 2nd, 1918.

#4857 Pte. Albert Churchill.

Attested for General Service with the Royal Nfld. Regt.
from 1/5/18.

E. Churchill

4857

P. + P. ①

Sir: The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount 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 the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4857	Pte	Churchill E	\$250	E. Churchill

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

Date

July 1/18

E. Churchill

FORM K

Nº 3960



77

1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eldred Churchill, Regl. No. 4857

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3861	mother	Mrs. Ambrose (Margaret) Churchill	53 Derckworth Street, St. Johns	
Total Allotment, \$				60

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

Sig.) A. James
 Officer Commanding
A. Company
St. Johns
May 16th 1918

(Sig.) Eldred Churchill
 (Rank) Plt

FORM K

No 3960



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eldred Churchill, Regl. No. 4857

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3861</u>	<u>mother</u>	<u>Mrs E. M. Churchill</u> (<u>married</u>)	<u>53 Duckworth Street, St. John's</u>	
			Total Allotment, \$	<u>60</u>

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. J. James

Officer Commanding
A Company

(S) Eldred Churchill

(Rank) Private

St. John's
May 16th 1918

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

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4887* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Churchill* *Edmond* (a) Former Regts. or Corps. with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *May 1/18* at *P. 9th Bn* 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.)

He complains for disability

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
(b) Change to United Kingdom?

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

Repatriation

W. H. Proctor
1st Lt.
Capt Rane

Station *Mazehy boun*

Date *7-9/4/19*

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

No. 485 Name Churchill E. Sqn., Batty., or Company } B Corps ROYAL NEWFOUNDLAND REG. Date of enlistment } 1/5/18
Service or Proficiency Pay } 56

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } Company, etc. } Character }
10. No. Churchill

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
Rowena	15/4/19	Plt		Depositor of kit value 9/-	Cous Nardlaw	Pay for same	15-4-19	Regt Bernard	R28

Army Form B. 122

Churchill, E

#857

Gay Sept.

June 29, 1919

#4857 Pts. Eldred Churchill,
#34 Bond St.,
City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2538.

Yours truly

Captain
Paymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4857 Rank

Name Churchill E

Warned for demobilization on

JUN 16 19

The Royal Nfld. Regiment

DEMOBILIZATION

No. *4195* Rank

Name *Loy L.*

Warned for demobilization on

JUN 16 19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4857 Rank Pfc Name Churchill E
 Intended place of residence 34 Bond St

2. Occupation Fisherman
 Classification of soldier F Medical Category A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN 16 1919

J. M. MacLachlan
 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 JUN 16 1919

E. Churchill
 Signature of soldier

James Newman
 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 JUN 16 1919

E. Churchill
 Signature of soldier

James Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No. of days on Military
 Discharged from service 16-6-19 Plus 14 days Service 426

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 JUN 16 1919

R. H. East Major
 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 June 30 1919

J. M. MacLachlan
 Officer in Charge of Records
 The Royal Newfoundland Regiment

2482029/2538

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 11.6.49

Regimental No. 4857

Name C. Mitchell

6 edms

Rank

PL

Address 50 W. ... St

Present Medical Category A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

J. P. ...
Senior Medical Officer

W. O. ...
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 507 Rank Pvt. Name Churchill E.
 Date of Enlistment 1-5-18 Address 3 Bond St District St. John's
 Occupation Fisherman Classification for Discharge 7 Medical Category A.1
 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	R 103	ME 2	" 6	
B 179c	B 120	M 93		

Date 14-6-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E. Churchill

Particulars passed to Vocational Officer for information and action.

Date 14-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Chubb & Co.

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 34 Bond Street and Release Certificate No. 2820 issued.

Date 16-6-19

J.A. 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 30-6-19

Date 16-6-19

H. M. H.
Depot Paymaster.

Discharged approved for 16-6-19

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 Ist	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	1/2 Form B
B 178b	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 16-6-19

J.A. Knowlton
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 16 1919

R.H. Salt 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.

E. Schmitt

Signature of Man.

J. H. Sawloff

Signature of the Vocational Officer or his Representative.

Reg. No. 11857

Place *St. Johns*

Date *16-6-19* 191

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

MEDICAL HISTORY

OF

Surname

Churchill

Christian Name

Reese

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. Johns

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		191
Declared Age...	at		at	
Trade or Occupation	<i>Fisherman</i>			
Height	5 feet	8 $\frac{3}{4}$ inches	feet	inches
Weight		148 lbs.		lbs.
Chest Measurement	Girth when fully expanded	38 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision			R.E.—V=	
			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>L. M. Peterson</i>			
(Rank)	<i>1st Lt</i>			
	Medical Officer.			Medical Officer.
Enlisted	at		at	
	on	1 day of May	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>The Royal</i>	<i>14857</i>		
	<i>Nfld Regt</i>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *Churchill, Eldred*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4857*

Intended address *34 Bond Street*

Height on discharge *5 Feet 9*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Amos*

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 *St. John's Bay 22-10-1878*

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)

Eldred Churchill

(Rank)

Station

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

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*
2. Regtl. No. *4557* 3. Rank. *Pte* 7. Former Trade or Occupation } *Fisherman*
4. Name *Churchill* *Oldred* 7a. If the soldier claims previous service in Army, he should state—
(Surname) (Christian Names)
(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *21*
6. Posted for duty on *May 1/18* 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 n (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.
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
nil
nil
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

na

na

na

na

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

15. What is his present condition ?

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

He explains for 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 ?

na

na

na

na

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

Repatriation

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

W.E. Proctor Capt R.A.M.C.
Medical Officer in charge of case.

Station Sanchez D. Camp

Date 29-4-19

* 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

Casualty Form—Active Service.Regiment or Corps 5TH ROYAL NEWFOUNDLAND REGT.Rank Lt Col Surname Churchill Christian Name EdwardReligion Meth Age on Enlistment 20 years 8 monthsEnlisted (a) 1/5/18 Terms of Service (a) DURATION Service reckons from (a) 1/5/18

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

Extended S Re-engaged S Qualification (b)
or Corps Trade and rateOccupation Fisherman Signature of Officer [Signature]

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B 213, Army Form A 26, or other official documents.
Date	From whom received			
		Embarked ...	26 OCT 1918	
		Disembarked ...	3 NOV 1918	
		Joined Battalion		
		Arrived in UK		13/4/19

(*) 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 to be entered in the entry.

* Signaller, Signaling Branch, etc.

W. 9548—2/23 2002a—R.17 (3/11) C. & G. L. 100 Army Form B. 103 (1/18)

Wife of the
Father

Ambrose Churchill, 53, Duckworth St., St. John's, Newfoundland.

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.. *Eldred*..... 2. Surname... *Churchill*...

3. Rank..... *Pte*..... 4. Regt. No. *4857*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *34 Bond St City*.....

6. Date of enlistment in the Regiment..... *May 1st 1918*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *not*.....

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 Mfld. If so, give dates and particulars of such service... *no*.....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *1 yr. 47 days*.....

not applicable

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

..... *no*

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

..... *no*

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

..... *no*

16. Have you, during the present war, served in the Imperial Forces. *no*

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

..... *no*

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

..... *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *not applicable*

19. Are you now serving in the Rest? *yes* If not give:- (a) date of discharge *16/6/19* (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....

..... *Franco Aug. 26/18 to T. Belgium 1919*

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: *E. Churchill*
 Place of Residence: *34 Bond St., City*
 Declared before me at: *St. John*
 This *16th* day of *June* 19*19*....

Chas. O'Neill Curry
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits. *Not. Pub.*

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

No 3960



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Eldred Churchill*, Regl. No. *4857*

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

Allotment begins *1st June 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3861</i>	<i>Mother</i>	<i>Mrs Ambrose (Margaret) Churchill</i>	<i>53 Duckworth Street, St Johns</i>	
Total Allotment, \$				<i>60</i>

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

Sig.) *J. James*
 Officer Commanding
A. Company

(Sig.) *Eldred Churchill*
 (Rank) *Pl*

J. Johns
May 16th 1918

ST. JOHN'S, June 16/14

Royal Newfoundland Regiment.

Billeting Account,

To Pt. E Churchill
34 Bond St

Billeting Soldiers as undermentioned

from June 1/14 to June 14/14

4857 Pt E Churchill 16. 60

ACCOUNT	INITIALS
23751	EW
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 16.60

Wm. Blouster
for Billeting Officer.

E. Churchill

lett.



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.



Dept. of Militia,

ST. JOHN'S, Nfld.



SEP 16 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Eldred Churchill

in respect of his service as No. **4857** Rank **Pte.**

Name **R. Churchill** **Royal Nfld. Regt.**
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received **Sept. 22th 1921**

Signature **E. Churchill**

Date **Sept 27th 1921**

Address **48th Prince of Wales Street**

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal New Forest

Number of Sheets *1*

Signature of O. C. Company

C. J. Smith

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4557 Churchill S.</i>	Age on	20 years months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>S. John</i>	Religion	
Joined	Date			<i>Meth</i>	
Joined	Date	Period of	with Colours <i>60</i> years.	Place of Birth	
Joined	Date			with Reserve <i>36</i> years.	<i>S. John</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>S. John's</i>	<i>29</i>	<i>6</i>		<i>19</i>

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 467 Rank Pl. Name Churchill E.
 Date of Enlistment 1-5-18 Address 3rd Bury St. District St. John's
 Occupation Fisherman Classification for Discharge 17 Medical Category A.1
 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 1916	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 170a	D 400C	Form K	do 4th	" 5
B 174	B 103	ME 2		" 6
B 170c	B 120	M 03		

Date 14-6-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E. Churchill

Particulars passed to Vocational Officer for information and action.

Date 14-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 6.00
 (b) Clothing Supplied Chubb Coaster

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2820 to his home at 347 Release Certificate No. 2820 issued

Date 16-6-19 *J.A. Snowcraft*
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 30-7-19

Date 11-1-19 *J.A. Snowcraft*
Depot Paymaster.

Discharge approved for 16-6-19
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	2 Form B
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			

Date 11-6-19 *J.A. Snowcraft*
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 16 1919 *R. J. ...*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date June 24/19 *J.A. Snowcraft*

Reg. No. *4217* Rank *1st Lt* Name *Churchill E.*
Attested Address *13. Warkworth St.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Lusitanian* Cause *Discharge.*

14-6-19
16-6-19

~~MOVED TO DEMOBILIZATION~~ GEN
DISCHARGE APPROVED ON DEMOBILIZATION.