



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5852 Name Peter O'Rourke Corps C/6

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------|
| 1. What is your name? | 1. <u>Peter O'Rourke</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u> Clerk</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, Peter O'Rourke 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.

Peter O'Rourke SIGNATURE OF RECRUIT.

John J. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter O'Rourke 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

on this 27 day of July 1918

Signature of Attesting Officer [Signature]

†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 29 1918

Place [Signature] } 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 Peter Colledge
 Apparent age 19 years 3 months. Height 5 feet 5 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Deborah Colledge
Lower Trinity | Relationship Mother
 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____									

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5852 Name Peter Colridge Corps Off

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Peter Colridge
2. What is your full Address? 2. Trinity
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Clk
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? 11. Yes

I, Peter Colridge 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.

Peter Colridge SIGNATURE OF RECRUIT.
27-7-18 Comp Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter Colridge 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 Trinity on this 27 day of July 1918.
Ch. Dicks Lieut. Signature of Attesting Officer

†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 29 1918
 Place Trinity } 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

5862

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

Name Peter Obridge
 Apparent age 19 years 3 months. Height 5 feet 5 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. John Obridge
Trinity | Relationship Father
Deborah

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>27-7-18</u>									
Joined at <u>W. B. Co.</u> on <u>July 27-1918</u>									
Discharged <u>July 7-1919</u>									
		<u>Embarked W. B. Co. train to Halifax N.S.</u>		<u>22-9-18</u>					
		<u>to Campfundland for demobilization</u>		<u>22-5-19</u>					
		<u>Arrived Campfundland</u>		<u>1-6-1919</u>					
		<u>Demobilization W. B. Co.</u>		<u>7-7-1919</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-1919 [date of discharge] 346 years 346 days
 " " Pensions " [" "] " " "

C.R.

5852

Extract from Daily Orders part II, Unit the Royal
Newfoundland Regiment dated July 9th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on noted date.

#5852 Pte. Peter Coleridge.

7-7-19.

C.R. 2859

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. Depot St. John's, June 13th, 1919.

The discharge of the Undermentioned on demobilization has been
APPROVED by G.O. Discharge Depot with effect from 23-6-19.

5852 Pte. Peter Coleridge.

C.R. 5852

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 12th, 1919

5852 Pte, Peter Coleridge

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

BY "Corsican"

C.R. 5852.

Extract from Orders by Lt. Col., B.J. Barton, D.S.O.,
Commanding 2nd Battalion Royal Newfoundland Regiment,
dated 4/12/18.

The following having reported from the Newfoundland Forestry
Corps, is taken on the strength and posted to "F" Company as
from 3/12/18:-

5852 pte. P. Colbridge

C.R. 5852

Extract from Daily Orders By Major H.S. Sullivan,
Commanding Newfoundland Forestry Companies 2-12-18.

The undermentioned having proceeded to winchester
is struck off the strength from this date.

5852 Pte. P. Coleridge,

C.R. 5852

Extract of ORDERS BY MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND MOUNTAIN COMPANIES,
19/11/13.

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

#5852 Pte. P. Coldridge.

"B" Company.

C.R. 5852

Extract from Nominal Roll Entained At St. John's for
Overseas Sept. 22, 1918. "C"

5852 Pte. Colridge Peter.

C.R. 5852

Extract from Daily Order s part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 30th, 1918.

#5852 Pte. Peter Coleridge.

Attested for General Service with the Royal Nfld. Regt.
from 27-7-18

A. Coleridge

C.R.

5852

~~1410~~

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 }
 2. Regtl. No. *5852* 3. Rank *Pvt*..... 7a. If the soldier claims previous service in
 Army, he should state—
 4. Name *Cobridge* *Paul*..... (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *19*.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

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

Statement of Case.

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

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

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

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

nil
nil
complains of pain in old operation scar of finger stanching to instrument

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

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

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

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

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

Repatriated

W. E. Proctor
Staff Surgeon
Medical Officer in charge of case.

Station *Hayley Huron*

Date *25-3-19*

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Peter Coleridge*, Regl. No. *5852*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
— Dollars and *Fifty* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins *October 1st, 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7109	Mother	<i>Mrs Coleridge Mrs. Johns Waldridge</i>	<i>Trinity</i>	50
Total Allotment, \$				50

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.) *H. Decker*
 Officer Commanding
 Company

(Sig.) *Peter Coleridge*
 (Rank) *Private*

St. John's
Sept 20th 1918

Colbridge, H

5852

Haynes

July 8, 1919

#5852 Pte. Peter Chlridge,

Trinity, T.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 the War
Service Gratuity.

Yours truly

Captain,
Paymaster & U.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..... *Peter* 2. Surname..... *Coleridge*
3. Rank..... *Pte.* 4. Regtl. No. *5852*
5. Address in full to which future payments of gratuity are to be forwarded..... *Trinity*
- *7 Bay*
6. Date of enlistment in the Regiment..... *July 27-1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *not applicable*
8. Relationship of such dependents..... *not app.*
9. Address in full of such dependents..... *not app.*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *not app.*
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..... *nearly 12 months*
- *1 1/2*

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

..... *not app.*

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 app.*

19. Are you now serving in the Regt.?

..... *no* If not give? - (a) date of discharge.

..... *first week July* (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.

..... *only at Winchester*

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.

..... *not app.*

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:

Peter Colbridge

Place of Residence:

Guinetta, D. B.

Declared before me at:

St. Joseph, N.J.

This

9th

day of

June

19*19*

John M. McCarthy

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

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

July 7, 1919

#5852 Pte. Peter Coleridge,

Trinity.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2706.

Yours truly

Captain
Paymaster & O.I.C. Records.

The Royal Field. Regiment

DEMOBILIZATION

No. 585 ✓ Rank

Name Colver P

Warned for demobilization on

JUN 9 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5832 Rank PC Name Coleridge Peter
 Intended place of residence Trinity

2. Occupation Fisherman
 Classification of soldier E 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 9 1919 *for* Mr. [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 and date JUN 9 1919
ST. JOHN'S
P. Coleridge
 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 and Date ST. JOHN'S
JUN 9 1919
P. Coleridge
 Signature of soldier
[Signature]
 Signature of witness SN

STATEMENT OF SERVICE

7. Enlisted for service 27-7-18 No of days on Military
 Discharged from service 23-6-19 plus 14 days Service 346

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JUN 23 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date July 7/1919
[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

a 11220/19/2704

The Royal Newfoundland Regiment

Class for Demobilization: *B*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *5952*

Name *Coleridge Peter*

Address *Trinity*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

H. Paterson
Senior Medical Officer

Geo Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5857 Rank Plt. Name Colridge Peter
 Date of Enlistment 27-7-18 Address Trinity District Trinity
 Occupation Fisherman Classification for Discharge E Medical Category AK
 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.....

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

P. Colridge

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~~.....

Atkinson

Date 5857 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named ~~has~~ ^{Trinity} been provided with Travelling Warrant No. P. 1687 to his home at and Release Certificate No. 2502 issued.

Date 9-6-19
J.A. Snowball
 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 9-6-19
 for *H. Mrs. Hunt*
 Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	<i>2 Form B</i>
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 9-6-19
J.A. Snowball
 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 JUN 23 1919

R.H. [Signature]
 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

P. Colridge

Signature of Man.

Reg. No. *5852*

J. H. Snowlett

Signature of the Vocational Officer or his Representative.

Place

St John

Date *JUN 9 1919*

191

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 }
 2. Regtl. No. *5852* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Colridge* *Peter* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday. *19*
 6. Posted for duty on at
 in category (or grade)
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

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

Statement of Case.

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

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

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

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

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

Complains of pain in old operation scar of prior standing to signing up.

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. E. Proctor, Capt-Retd

Medical Officer in charge of case.

Station *Hazeley Down.*

Date *25-3-19.*

* 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

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

MEDICAL HISTORY

OF

Surname

Colledge

Christian Name

Peter

Table I.—GENERAL TABLE

Birthplace:—Parish

Trinity

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>27</i> day of <i>July</i> 191 <i>5</i>	at <i>St. John's</i>	on	day of	191
Declared Age	years	days	years	days	
Trade or Occupation	<i>fisherman</i>				
Height	5 feet	<i>5 1/4</i> inches	feet		inches
Weight		<i>116</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>34</i> inches			inches
	Range of Expansion	<i>3</i> inches			inches

Physical Development

Vaccination Marks	Arm	Right	Left	Right	Left
	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

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

L. M. P. Brown

(Rank)

Medical Officer

Medical Officer

Enlisted

at *St. John's*

on *27* day of *July* 191*5*

Corps

Regtl. No.

Corps

Regtl. No.

Joined on Enlistment

Regal
Dist'd
Regt

5852

Transferred to

Became non-effective by

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 *Peter Coleridge*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *5852*
 Intended address *Trinity*
 Height on discharge *5* Feet *6*
 Color of hair on discharge *Light Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *Scar, left Groin*
 Figure on discharge *Normal*
 Christian name of Father *(Dead)*
 Christian name of Mother *Deborah*
 Wife's maiden name in full —
 Date and place of marriage —
 Christian names of children —
 Place and date of soldier's birth *Pittsburgh, Pa. Apr. 23, 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)

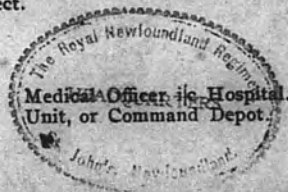
Peter Coleridge

(Rank) *Pte*

Station **ST. JOHN'S.**

Date *5-6-19*

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.



Station

Date

Coleman P.
5852

Operation Ford. I.H. Three
years ago, went with
draft to Fresh Bay
about 20 Nov. 1918

returned 3 Dec. 1918
unsuitable due to
straining the seas.

Considered fit for duty
at depot

M. C. S.
C. P. S.

4 Dec 1918.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of *Royal Newfoundland*

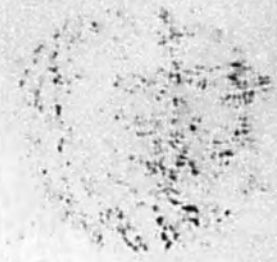
Number of Sheet *One*

Signature of O. C. Company *C. B. Dickson Lieut.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5852 / Peter Coleridge</i>	Age on	<i>19</i> years months	<i>Clerk</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 27/7/18</i>	Religion	
Joined	Date	Period of	} with Colours <i>34 1/2</i> years. } with Reserve <i>36 1/2</i> years.	<i>Cofc.</i>	
Joined	Date			Place of Birth	

Place	Date of Offence	Rank	Cases of Desertion	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's</i>	<i>7</i>	<i>19</i>		

To be carried over.



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

Peter Coleridge

in respect of his service as No. 5852 Rank Pte.

Name P. Coleridge Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Peter Coleridge

Date Oct 19/21

Address Trinity

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5852 Rank. Pvt. Name Colbridge Peter
 Date of Enlistment. 27-7-18 Address Trinity District Trinity
 Occupation Fisherman Classification for Discharge E Medical Category A/C
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7-6-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

P. Colbridge

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 5852-9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named Trinity has been provided with Travelling Warrant No. P. 1687 to his home at and Release Certificate No. 2502 issued.

Date 9-6-19

J.A. Snowball
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 9-6-19

H. H. ...
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 9-6-19

J.A. Snowball
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 JUN 23 1919

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

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

Date June 19/19

J. ...
for Records