



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5040

Name Harry Crimp

Corps 100

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

- |  |                                      |
|--|--------------------------------------|
| 1. What is your name? .....  | 1. <u>Harry Crimp</u>                |
| 2. What is your full Address? .....  | 2. <u>cp of the triumph 107, 200</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                        |
| 4. What is your age? .....   | 4. <u>23</u> Years .....             |
| 5. What is your Trade or Calling? .....  | 5. <u>Seaman</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, Harry Crimp 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.

Harry Crimp SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

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

I, Harry Crimp 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 John's on this 10 day of May 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 compiled with. I accordingly approve, and appoint him to the .....

If enlisted by special authority such will be attached to the original attestation.

Date May 10 1918

Place St John's } 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

5040

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

Name *Harry Crump*  
 Apparent age *23* years \_\_\_\_\_ months. Height *5* feet *8 1/2* inches  
 Chest Measurement { Girth when fully expanded *36 1/2* inches  
                                   Range of expansion *4 1/2* inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Mrs Breda Crump*  
*444 Long Hill City.* | Relationship *Sister.*  
 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'ep't	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. G. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <i>15-5-18</i>									
Joined at <i>M'sons</i> on <i>15-1-18</i>									
<i>Discharged July 29 1919</i>									
<i>(Signature)</i>									
<i>Embarked M'sons train to Halifax N.S. 11-5-1918</i>									
<i>Remained in Halifax N.S. in hospital as drafted 4-20 7-7-18</i>									
<i>To be hospitalized for demobilization from Glasgow 24-6-19.</i>									
<i>Arrived to Newfoundland 1-7-1919</i>									
<i>Demobilization M'sons 29-7-1919</i>									
Total Service forfeited as above.....									
Total Service towards Engagement to <i>29-7-1919</i> (date of discharge)					1	54			
Pensions " " " " " "									

C.R. 5040

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
29-7-19.

5040, Pte. H. Crimp.

C.R. 5040

extract from Daily Orders Part II Royal Newfoundland  
Regiment dated July 19th 1919.

The discharge of the undernoted on demobilisation has  
been APPROVED by U.C. discharge depot with effect from follow-  
ing date.

15-7-19.

5040, rts. H. crimp.

C.R. 5040

Extract from Daily Orders Part VI Sent The Royal Rifle Regt.  
St. John's, July 3rd 1919.

5040 Pte. H.Crimp.

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

C.R. 5040

July 3rd 1918.

Miss Bride Crimp,  
44 Long's Hill  
CITY.

Dear Miss Crimp,

Regret to inform you that the following information has just been received that your brother #5040, Pte Harry Crimp who left here with last draft is now at Station Hospital, Halifax, suffering from Chronic Pleurisy.

Yours faithfully,

*M.V.W.*

Lieut.

For Lieut. Colonel.

C.R. 5040

Extract of Casualties from O.C.Draft, Royal Newfoundland Regiment,  
to D.O.C., H.C., dated 24/6/18

5040 Pte. H. Crisp.

In Hospital, particulars forwarded, A.F'S B. 178a, with medical authorities  
all other documents in charge of Adjutant Casualty Company, Welling'  
Barracks, Halifax

C.R. 5040

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

5040 Etc. H.Crimp

Embarked for Overseas with draft 11-6-18.



Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's updated May 16th, 1918.

#5040 Pte. Harry Crimp.

Attested for General Service with the Royal Nfld. Regt.  
~~####~~ from 15.5.18.

A Crump

C.R. 5040

~~100~~

**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 Nfld*.....
2. Regt. No... *52403* Rank.....
4. Name *Crimp*..... *Harry*.....  
(Surname) (Christian Name)
5. Age last birthday... *24*.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade } *Iron molder*  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps;  
with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

*Repatriation*

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

*W.S. Procunier. Capt RAME*  
 Medical Officer in charge of case.

Station *Hazelton*

Date *1/4/19*

\* 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



No. 7633/1498

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 Batt. Ryl. Nfld. Regiment  
Winchester.

17th May 1919

5040 Pte. H. Cramp

With reference to the following telegram from the Minister of Militia / / 19 (1919):

"Pay to-5040 H. Cramp  
£10. 0. 0.

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

*A. A. Munroe*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*J. D. Barton* LIEUT. COLONEL,  
COMMANDING OFFICER, NEWFOUNDLAND REGT.  
*R. T. R.*

Received the sum of Ten Pounds  
\_\_\_\_\_ in respect of  
telegraphic remittance from the  
Minister of Militia.

*H. Cramp*  
No. 5040 Rank Private

Witness: *J. Munroe*



*P. J. B. 99891*

N.F.P. / 70.

Crimp, H

5040

Gay & Sept.

July 29th 1919.

#5040, Pte.H.Crimp.

Hayward Ave.

City.

Dear sir:

Enclosed please find Discharge Certificate  
# 3459.

Yours truly,

Capt. & Quartermaster.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5040 Rank Pte Name Crimp H.  
 Intended place of residence Hayward Ave St Johns  
 2. Occupation Deporter  
 Classification of soldier 2 Medical Category A.I

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S  
Date JUL 15 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 15 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 JUL 15 1919

[Signature]  
Signature of soldier  
[Signature]  
Signature of witness

17  
30  
29  
76

### STATEMENT OF SERVICE

7. Enlisted for service.....	<u>15-5-18</u>	No. of days on Military
Discharged from service.....	<u>JUL 15 1919</u>	Service..... <u>441</u>
	Plus 14 days	

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S  
Date JUL 15 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 July 29/1919

[Signature]  
Officer in Charge  
The Royal Newfoundland Regiment

[Handwritten Signature]

# The Royal Newfoundland Regiment

Class for Demobilization:—

*16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

*July 10/19*

Regimental No. *5040*

Name \_\_\_\_\_

*Crimp, Harry*

Address \_\_\_\_\_

*42 Hayward Av.*

Present Medical Category \_\_\_\_\_

*AT*

Recommended for:— (a) Immediate discharge \_\_\_\_\_

(b) Standing Medical Board \_\_\_\_\_

Members of Board {

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

*W. Paterson*  
Senior Medical Officer

*S. W. Borden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5840 Rank Platoon Name Company A  
 Date of Enlistment 15 5/18 Address St. George's District St. John's  
 Occupation Stamper Classification for Discharge E Medical Category A.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	✓
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	✓
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	<u>M.H.S. 1</u>	" 6	
B 179c	B 120	M 93			

Date 14-7-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

[Signature]  
 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 [Signature]

Date 14-7-19 O. i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at Hayward Ave and Release Certificate No. 3616 issued.

Date 15-7-19 Miller  
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 19-7-19

Date 15-7-19 Miller  
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1215	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	M.H.S-1	" 6
B 179c	B 120	M 93		

Date 15-7-19 Miller  
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 15 1919 L.P. Coope 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.

*A. Brimp*

Signature of Man.

*A. Meloniston*

Signature of the Vocational Officer or his Representative.

Reg. No. 5040

Place

ST. JOHN'S.

Date

12-7-19

191

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

# MEDICAL HISTORY

Surname Crimp OF St John's Christian Name Harry

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Nfed

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	15 <sup>th</sup> day of May 1918	St John's	day of	191
Declared Age	29 years	days	years	days
Trade or Occupation	Seaman			
Height	5 feet 8 $\frac{1}{2}$ inches		feet	inches
Weight	150 lbs.			lbs
Chest Measurement	Girth when fully expanded	36 $\frac{1}{2}$ inches		inches
	Range of Expansion	1 $\frac{1}{2}$ inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	1 scar		
When Vaccinated	17 <sup>th</sup> Nov 1910			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	Samuel Peterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St John's		at	
	on 15 day of May 1918		on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal Scots			
	Nfed Regt			
Transferred to				
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Station Hospital, Halifax, N.S.	19	6	18				Myalgia	10	Came to hospital complaining of pain in lumbo sacral region. Examination negative of vesicles and nothing definite in way of discharges could be observed. After a few days treatment with morphine he improved and expressed himself as feeling fit. A phlebotomy was done in hospital 2nd full day.	J. Chisholm, M.D.







## 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 Office 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

*Brump - Harry*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5040*

Intended address

*42 Hayward Ave. City*

Height on discharge

*5* Feet *9*

Color of hair on discharge

*Light Brown*

Complexion

*Ruddy*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Medium*

Christian name of Father

*Dead*

Christian name of Mother

*Dead*

Wife's maiden name in full

\_\_\_\_\_

Date and place of marriage

\_\_\_\_\_

Christian names of children

\_\_\_\_\_

Place and date of soldier's birth

*Long Hill, St John's, 1894*

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)

ST. JOHN'S.

*Harry Brump*

(Rank)

*Pte*

Station

Date

*12-7-19*

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.



Station

Date

Medical Officer in Hospital, Unit, or Command Depot.

**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 F., 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 N. F. B.* 7. Former Trade or Occupation } *Gravel*
2. Regtl. No. *1004* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Crimp* *Harry* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *34*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *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?

15. What is his present condition?

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

*No 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.

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 invadated at Foreign Stations.

*Repa treated*

*W.E. Procuier. Staff Surgeon*  
Medical Officer in charge of case.

Station *Hampstead*

Date *1-11-19*

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

**MEDICAL HISTORY SHEET.**

Surname Crimp

Christian Name Harry

Examined { on \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_  
                  { at \_\_\_\_\_

Birthplace { City or Town \_\_\_\_\_  
                  { County \_\_\_\_\_

Apparent age \_\_\_\_\_

Trade or occupation \_\_\_\_\_

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches \_\_\_\_\_

Weight \_\_\_\_\_ Lbs. \_\_\_\_\_

Chest measurement { Minimum \_\_\_\_\_ inches \_\_\_\_\_ M.O.  
                              { Maximum expansion \_\_\_\_\_ inches \_\_\_\_\_ M.O.

Physical development \_\_\_\_\_ M.O.

Small-Pox Marks \_\_\_\_\_ M.O.

Vaccination Marks { Arm \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_  
                              { Number \_\_\_\_\_

When Vaccinated last \_\_\_\_\_ M.O.

(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_ M.O.

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_ M.O.

Approved by \_\_\_\_\_  
Rank \_\_\_\_\_ M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_ at \_\_\_\_\_

	CORPS.	REG'T. NUMBER.	COMPANY.	DATE.
Joined on enlistment				
Transferred to .....	<u>P. h. J. L. D.</u>	<u>5040</u>		
	<u>Regt</u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISCHARGE.	RESULT.

F. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname Leitch Christian Name Henry

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Station Hospital		17	7	18	22	7	18	Scalp Cut.	6	Cut on back of scalp due to being hit by bottle - not through the scalp - very superficial and slight ailment. Fr. Jodi + Collodion dressing. - Discharged.	T. R. Miller Capt. A.M.S.

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..... *Henry J.* 2. Surname..... *Crimp*

3. Rank..... *Pte* 4. Regtl. No..... *5040*

5. Address in full to which future payments of gratuity are to be forwarded..... *Ge. Mrs Murphy, 47 Margaret Avenue*

..... *ATF*

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

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.....

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 field, if so, give dates and particulars of such service..... *Overseas*

.....

.....

12. Give total length of time which you served on active service, whether in field, or Overseas..... *Fourteen months*

..... *13*

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

No

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

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

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

July 21/19

Demob.

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.

Signature of Applicant: - *H J Brimp*  
Place of Residence: *9 Mrs Murphy, 42 Hayward Avenue*  
Declared before me at: *St John's Rfd. City*

This *19<sup>th</sup>* day of *July* 19*19*....

Signature of Barrister of the  
Supreme Court, Stipendiary Magistrate,  
Notary Public, Justice of the Peace,  
or Commissioner of Affidavits. *John M. Carthy J.P.*

POST DISCHARGE PAY.			
Date paid	Rate	Wages paid	Net amount due
		Wages Service	
		Expenses	
.....			
.....			
.....			
.....			
.....			
Certified correct.			Registrar





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
29.

Number of Sheet one

Regiment of Royal New Zealand Lancers

Signature of O. C. Company C. S. Dick Lieut

Regimental Number and Name		Enlistment		Trade
No.	<u>5040</u> <u>Camp Harry</u>	Age on	<u>23</u> years <u>months</u>	<u>Leicester</u>
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date	<u>St Johns</u>	<u>15.5.18</u>	<u>R.C.</u>
Joined	Date	Period of	with Colours	Place of Birth
Joined	Date		<u>54</u> years.	
			with Reserve	
			<u>365</u> years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazely Camp</u>	<u>20/1/18</u>	<u>Pte</u>	<u>-</u>	<u>inattention on parade</u>	<u>Corp. Pursey</u>	<u>2 days C.B.</u>	<u>20/1/18</u>	<u>W. Pippy Capt</u>	<u>W.P.</u>
<u>"</u>	<u>3/11/18</u>	<u>"</u>	<u>1st</u>	<u>Drunk &amp; causing a disturbance in the camp</u>	<u>Sgt. Pursey</u> <u>E. H. Wilford</u>	<u>8 " " "</u>	<u>3/11/18</u>	<u>A. Col. B. J. Barton aso.</u>	<u>W.P.</u>
<u>Tearyford</u>	<u>11-1-19</u>	<u>"</u>	<u>2nd</u>	<u>Drunk and disorderly</u>	<u>Rmp Hayes</u>	<u>8 days C.B.</u> <u>Fined 7/6</u>	<u>11-1-19</u>	<u>Lt Col B. J. Barton aso.</u>	<u>W.P.</u>
<u>Nazby D Camp</u>	<u>24/5-19</u>	<u>"</u>	<u>-</u>	<u>Absent without leave from roll call 22.5.19 to 21.30-28.5.19</u>	<u>Cpl Snow</u> <u>Mc Puddister</u>	<u>8 days C.B.</u>	<u>19/5-19</u>	<u>Lt Col B. J. Barton aso.</u>	<u>Fortified 7 days. Pay 10/6</u>
<u>Demobilized 29/7/19</u>									

To be carried over

# The Royal Newfoundland Regiment

83040

## DEMobilIZATION OF

Reg. No. 5810 Rank Plt Name Camp A  
 Date of Enlistment 15-5-18 Address Hayward St. Halifax District Halifax  
 Occupation Tramster Classification for Discharge F Medical Category 1 A  
 Recommendation S.M.B. Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

B 268	B 121	N.F. Med.	D.F. 1
B 178	B 122	Board 1st	" 2
B 178a	B 1915	do 2nd	" 3
B 179	Form L	do 3rd	" 4
B 179a	Form K	do 4th	" 5
B 179b	ME 2	M.H.S.I.	" 6
B 179c	M 93		

Date 14-7-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

A. Camp

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 [Signature]

Date 14-7-19 O. C. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at Hayward, Cal. and Release Certificate No. 3616 issued.

Date 15-7-19

*Amelton*  
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 \_\_\_\_\_

Date 15-7-19

*Amelton*  
Depot Paymaster

Discharge approved for \_\_\_\_\_

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	1
F 178	W 3494	B 122	Board 1st.	" 2.	1
R 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.	M.H.B. 1	" 6.	
B 179c	B 120	M 93.			

Date 15-7-19

*Amelton*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 15 1919

*D.P. Cooper*  
O. C. Discharge Depot.

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

Date Aug 11 1919

Reg. No. *1040* Rank *Pfc* Name *Crimp - H.*  
Attested ..... Address *44 Longs Hill*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Discharge*

*157 69*  
*157 69*

PASSED TO DEMOBILIZATION OFFICES

DISCHARGE APPROVED ON DEMOBILIZATION.