



**4 THE ROYAL NEWFOUNDLAND REGIMENT ✓**

**ATTESTATION OF**  
 No. 4939 Name Frank Ortol Corps Meth

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

1. What is your name? ..... 1. Frank Ortol
2. What is your full Address? ..... 2. Springdale Hall Bay
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. no
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, Frank Ortol 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.  
Frank Ortol SIGNATURE OF RECRUIT.  
James Signature of Witness.

**OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.**  
 I, Frank Ortol do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

**CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.**  
 The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
 The above questions were then read to the Recruit in my presence.  
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 6 day of May 1915.  
James 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 May 6 1915  
James } Approving Officer.  
 Place Springdale

† 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 Frank Britch  
 Apparent age 19 years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Britch  
Springdale Harbor | Relationship Father  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>6-5-18</u>									
Joined at <u>St John's</u> on <u>Nov 6-1918</u>									
<del>Discharged July 12, 1919</del>									
Embarked <u>St John's train to Halifax NS</u> 11 1/2 18									
Embarked for <u>B.C.F.</u> 26-10-18									
Joined <u>Batter. 3 7/8</u> <u>Admitted 44 ccs. P.C.F.</u> <u>Feb 3 1/2</u>									
Admitted to <u>Gen Hosp Queen's Garrison P.C.F.</u> <u>Feb held</u> 12-12-18									
Discharged to <u>3 Camp Base Depot</u> 27-12-18									
Rejoined from <u>Queen's</u> 22-4-19									
Arrived <u>Windsor</u> 23-4-1919									
to <u>transferrable for demobilization</u> 22-5-1919									
Arrived <u>fld.</u> 1-6-1919									
Demobilization <u>John's</u> 12-7-1919									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>12-7-1919</u> [date of discharge]									
" " Pensions - " " " " " "									
					1	years	68	days	

C.R. 4939

Extract from Daily Orders Part 11 Unit The Royal  
Hfld. Regt. St. John's, July 16th, 1919.

The discharge of the Undernoted on decambilization has been  
CONFIRMED by officer i/c Records from 12-7-19

4939 Pte. Frank <sup>*Britch*</sup>~~Bennett~~.

C.R. 4939

Extract from Daily Orders Part 11 Unit The Royal Wfla.

Regt. St. John's, June 19th, 1919.

The discharge of the underncted on demobilization has been  
APPROVED BY C.C. Discharge Depot with effect from 28-6-19.

4939 Pte. F. Critch.

C.R. 4939

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

4939, Pte. M. Critch.

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

EX "Corsican"

C.R. 4939

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Roux Camps #2/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4939 Pte. F Critich.



NEWFOUNDLAND CONTINGENT  
C.R. 19 4939  
PAY & RECORD OFFICE

WOUNDED & SICK N.C.Os & MEN OF THE EXPEDITIONARY FORCE - FRANCE

INFANTRY RECORD OFFICE - PERTH

LIST NO. H.A. 33652

DIS TO 3 EMP BASE DEP EX 20 GEN H. DANNES CAMIERS 27 DEC. 18.

27854 Pte. Dennison F.	1/8 Scafs.	Diarrhoea Mild.
24232 " Jeffrey J.	1/6 Scafs.	ICT Leg R. Mild.
2060 Pte. Wilson J G.	739/Area E.Co. late	Ing. Hernia R Mild.
	3/Blk Watch.	
17669 Pte. Marshall J.	4/Scafs	ICT Leg Mild.

WINCHESTER - RECORD OFFICE

LIST. H.A. 33652

46213 Pte. Fairservice 1/Rif Bde.

Influenza Mild. Dis. to 3 M.B. Dep. ex 20 Gen. H. Dannes Camiers 27 Dec. 18.

TRANS. TO 3 M.B. DEP. EX 20 GEN. H. DANNES CAMIERS 27 DEC. 18.

20036 Pte. Peters T.	10/KRRC.	Influenza Mild.
R/41312 Pte. Challen H.	2/16 Lond.	Influenza Mild.
81111 Pte. Cooper W T.	213/Emp Co. late	Ing. Hernia R. Varicocole
	6/Lond. Rifs.	& Influenza Mild.
49432 Pte. West A.	1/Rif Bde.	Pediculosis PUO Mild.
392167 Pte. Ballard G E.....	9/London.....	Boils Mild.

43658 Pte. Sanderson J.A. 1/16 Lond.

Myalgia Mild... Dis. to 3 Emp. Base Dep. ex 20 Gen. H. Dannes Camiers 28 Dec. 18.

49270 Pte. Best W 1/Rif Bde.

GSW. Hand R. .... Dis. to 3 Emp Base Dep. ex 20 Gen. H. Dannes Camiers 28 Dec. 18.

NEWFOUNDLAND CONTINGENT

LIST NO. H.A. 33652

4939 Pte. Critch F. 1/R. Nowfd Rgt.

ICT Feet Mild. Dis. to 3 Emp Base Dep. ex 20 Gen. H. Dannes Camiers 27 Dec. 18.

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C.R. 4939

Extract from Daily Orders Part II Unit The Royal "Fid.  
Regt. By Lt. Col. T.O. Mathias, D.S.O. Commanding 1st  
Battn. 5-11-18.

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

4939 Pte. F. Crutch.

A Coy.



C.R. 4939

Extract from Serial 1011 re-inforcement Draft No. 55 embarked Folkestone  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, E.S.F.

4939 Pte. Critch, F.

MP.

C.R. 4939

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

4939 Pte F. Critch.

Embarked for Overseas with draft 11-6-18.

Extract from Daily Order - part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated May 7, 1918

#4939 Pte. F. Critch.

Attested for General Service with the Royal Nfld. Regt.  
from 6.8.18

J. Lritch

C.R. 4939

~~1110~~





To:- The Chief Paymaster,  
Royal Newfoundland Regiment,  
55 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 one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4939	Pte	Critch J	\$250	J Critch

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

J Critch

Date

July 1/18

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2 Bn. Royal Nfld. Regt.,  
Winchester.

*Handwritten signatures and initials, including 'M.P.' and 'G.P.' with a large diagonal slash through them.*

September 25th, 1918

30 SEP 1918 191

Subject 4939, Pte. F. Gritch,

With reference to the following telegram (8321) from the Hon. Minister of Militia, received

"Pay to 4939, Pte. F. Gritch, £4.2.0.

Draft £ 4.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Chambers*  
LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. Batt'n  
Royal Newfoundland Regiment

Received the sum of 4.2.0

*Four pounds Two Shillings*  
cable remittance, from Newfoundland.

*Frank Gritch photo*  
No 4939 Rank Pl

*Witness*  
*P. W. Cannon*



To. Mr John Seitch

Springdale

Halls Bay

Newfoundland.

Cable eight pounds through  
Pittier

H939. Pt. Seitch, N.

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**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. (1), 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 *Loyal Newfoundland* 7. Former Trade or Occupation } *Fisherman*  
2. Regtl. No. *4939* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Critchfield* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.  
5. Age last birthday... *19*.....  
6. Posted for duty on *27. 11. 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 (if any)  
(b) Where  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179a (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. }

na

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

na

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

15. What is his present condition ?

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

no complaints of no disability

16. Was an operation performed ? If so, when and what was its nature ?

na

17. If not, was an operation advised and declined ?

na

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 ?

na

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

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. R.A.M.C.

Medical Officer in charge of case.

Station Hazelley D. Camp

Date 29.11.19

\* 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

No. 4939 Name *Critch F.* Sqn., Batty., or Company } *A* Corps ROYAL NEWFOUNDLAND REG. Date of enlistment } *27/4/1917* G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *One* Signature O.C. Company, etc. *Ho. M. Curran* Character *1/18*

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>Field</i>	<i>14/4/18</i>	<i>Plt</i>		<i>Defacement of iron rations</i>	<i>Cop Moore</i>	<i>Admonished pay for same</i>	<i>16/4/18</i>	<i>W. M. Mettles</i>	<i>B 7</i>
<i>Rover</i>	<i>14/3/19</i>	<i>Plt</i>		<i>Defacement of leather gaiters</i>	<i>Capt. Wainman</i>	<i>Plt for same</i>	<i>20-3-19</i>	<i>W. M. Mettles</i>	<i>1/18</i>
	<i>15-4-19</i>			<i>Defacement of kit 1/12</i>	<i>Constable</i>	<i>Pay for same</i>	<i>15-4-19</i>	<i>W. M. Mettles</i>	<i>2/18</i>

Army Form B. 122

Critch, I

4939

Gay Sept.

July 12, 1919

#4939 Pto. Frank Critch,

Springdale, N. D. N.

Dear Sir:-

Please find enclosed Discharge Certificate #2975.

Yours truly

Paymaster & U. i/ c Records

Captain.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4939 Rank

Name Preck F

Warned for demobilization on

JUN 14 19

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4939 Rank Pte. Name Critch J.  
 Intended place of residence Springsdale  
 2. Occupation Cookman  
 Classification of soldier E Medical Category AT

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 14 1919  
 In 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 ST. JOHN'S  
JUN 14 1919  
 Signature of soldier Frank X Critch  
 Signature of witness Ambleton

## 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 14 1919  
 Signature of soldier Frank X Critch  
 Signature of witness W. J. O'Leary

## STATEMENT OF SERVICE

7. Enlisted for service 6-5-18 No of days on Military  
 Discharged from service 28-6-19 PLUS 14 DAYS Service 433

## 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  
JUN 28 1919  
 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  
July 12 1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

24B2079/2975



# The Royal Newfoundland Regiment

Class for Demobilization:

*F.6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*13.6.19*

Regimental No. *4929*

Name

*Carter Frank*

Rank

Address

*Springdale*

Present Medical Category

*A1*

Recommended for :-

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

*J. Robinson*  
Senior Medical Officer

*Geo. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4939 Rank Pvt Name Critch  
 Date of Enlistment 6-5-18 Address Springdale District W. Gt.  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 208	B 121	N. F. Med	D. F. 1	
B 178	W 349A	B 122	Board 1st.	" 2	
B 178a	D 400A	B 1915	do 2nd.	" 3	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 14-6-19 for O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 14-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1777 to his home at Springdale and Release Certificate No. 2783 issued.

Date 14-6-19

*J. H. 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 12

Date 14-6-19

*J. H. Snowball*  
Depot Paymaster.

Discharged approved for 28-6-19

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	" 6
B179c	B 120	M 93		

*3 Form B*

Date 14-6-19

*J. H. Snowball*  
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 28 1919

*R. H. Sait 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.

*Butch G.*

Signature of Man.

Reg. No. *4939*

*J. J. Knowlton*

Signature of the Vocational Officer or his Representative.

Place

*S. M. P. S.*

Date

*14-6-19*

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

## MEDICAL HISTORY

OF

Surname

*Critch*

Christian Name

*Frank*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Springdale N.S.* County *Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined ....	on <i>6</i> day of <i>May</i> 191 <i>8</i>		on _____ day of _____ 191	
Declared Age...	at <i>St Johns</i>		at _____	
Trade or Occupation ....	<i>Fisherman</i>		_____	
Height ....	<i>5</i> feet <i>3</i> inches		_____ feet _____ inches	
Weight ....	<i>116</i> lbs.		_____ lbs	
Chest Measure- ment {	Girth when fully expanded... <i>34 1/2</i> inches		_____ inches	
	Range of Expansion... <i>4</i> inches		_____ inches	
Physical Development...				
Vaccination Marks {	Arm ....		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	(a)		(a)	
(b) Slight defects, but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>James Parsons</i>			
(Rank)				
Enlisted ....	at <i>St Johns</i>		at _____	
	on <i>6</i> day of <i>May</i> 191 <i>8</i>		on _____ day of _____ 191	
Joined on Enlistment...	Corps.	Regtl. No.	Corps	Regtl. No.
	<i>The Royal</i>	<i>4929</i>		
Transferred to..	<i>Nfld Regt</i>			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 352 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 352 (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 } *Fisherman.*  
or Occupation }
2. Regtl. No. *4239* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. Name *C. Smith* }  
(Surname) } (Christian Name)
5. Age last birthday. *19*
6. Posted for duty on *3.7.15* 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 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?

na

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.)

The Compulsion of the 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?

na

17. If not, was an operation advised and declined?

na

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?

na

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

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. D. P. Premier, Capt. R. A. M. C.

Medical Officer in charge of case.

Station Handley Down

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





## 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 *Critch, Frank*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4939*

Intended address *Spinydale & Bay*

Height on discharge *5 Feet 4*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Short*

Figure on discharge *John*

Christian name of Father *John*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Little St. Louis 19-9-1900*

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) *Frank X Critch* (Rank) *Pl*

Station **ST. JOHN'S.** Date *12. 6. 19*  
*Walter Medford*

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



**Casualty Form - Active Service.**

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.

Rank Plt Surname Critch Christian Name Frank

Religion Meth Age on Enlistment 19 years ..... months

Enlisted (a) 4/11/18 Terms of Service (a) DURATION Service reckons from (a) 4/11/18

Date of promotion to present rank 1918 Date of appointment to lance rank .....

Extended S { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and rate .....

Occupation Soldier J. A. Emerson Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 219, Army Form A 27, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 219, Army Form A. 38, or other official documents.
Date	From whom received				
		Embarked ...	28 Oct 1918		
		Disembarked	3 NOV 1918		
		Joined Battalion			
	<u>44 CCS</u>	<u>Na J.C.I. feet</u>		<u>2/12/18</u>	<u>83 141</u>
	<u>32 CCS</u>			<u>10/12/18</u>	<u>83 278</u>
<u>4.1.19</u>	<u>Co.</u>	<u>Adv: 20.9.18 d.</u>	<u>Comiers.</u>	<u>12.12.18</u>	<u>NO. 33120</u>
<u>3.1.19</u>	<u>Co. D. 2nd Bn. 10</u>	<u>Joined</u>	<u>Ronbw.</u>	<u>20.12.18</u>	<u>Roll.</u>
		<u>Rejoined unit 14/1/19</u>		<u>B 213</u>	<u>15/1/19</u>
		<u>Arrived in UK</u>		<u>13/4/19</u>	

(4) 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 will be entered.

Name of Member Signalr, Shoaling-Smith  
Father John Critch, Spungdale, Stalls Bay, Newfoundland

July 12, 1919

#4939 Pte. Frank Critch,

Springdale, N. D. 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.  
Squadmaster & C. 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 & RECOGN OFFICE, ST. JOHN'S.

- Christian name *Frank* *Critch*
3. Rank *Cpl* 4. Regtl. No. *4939*
5. Address in full to which future payments of gratuity are to be forwarded. *Spryngdale N.B.S.*
6. Date of enlistment in the Regiment. *May 2/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Overseas*
8. Relationship of such dependents. *Overseas*
9. Address in full of such dependents. *Overseas*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Overseas*
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. *From May 2/18 to June 14/19*

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

*No*

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

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

*No*

16. Have you, during the present war, served in the Imperial Forces?

*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?

19. Are you now serving in the R.C.S.? If not give:- (a) Date of discharge. (b) Reason for discharge.

*No*  
*June 14/19*  
*Temporary*

*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.

*France, Belgium & Germany - from Oct 15/18 to April 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:

*his*  
*Frank X. Cutch*

Place of Residence:

*Springdale N.B.B.*

Declared before me at:

*St. John's, Nfld.*

This

*14th* day of *June* 19*19*.

*John W. Carthy*  
*J.P.*

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

POST DISCHARGE PAY.

Date Paid	Sold Soldier	Said Dependent	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	

FORM K

No 3939



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frank Critch, Regl. No. 4939

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3840	Father	James J Critch	Springdale St. John's Bay	
Total Allotment, \$				709

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.) [Signature]  
 Officer Commanding  
 Company

St John's  
May 16th 1918

(Sig.) Frank Critch  
 (Rank) Private

Witness  
James Archie Cope

CR 4939

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

*PA*  
No. 4939  
Name *Frank Gritch*.....

Date *6/12/19*....

Place *Springdale Wash DC*.....



C.R. 4939

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

DATE *Feb. 29, 1924*  
PLACE *Springdale.*

NO. *4939* NAME *Frank Critch*

ST. JOHN'S, Nfld.  
NO. 1010

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

SEP 20 1921

1921.

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

is/are forwarded herewith to

**Frank Critch**

in respect of his service as No. **4939** Rank **Pte.**

Name **F. Critch** **Royal Nfld. Regt.**  
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received October

Signature Frank Critch

Date October 25

Address Springdale East

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
59.

Number of Sheet One

Regiment of Royal Newfoundlands

Signature of O. C. Company C. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>4939</u> <u>Crotch Paul</u>	Age on	<u>19</u> years <u>      </u> months	<u>fisherman</u>			
Joined		Date	Place and Date of Enlistment				
Joined		Date	of Enlistment	Religion			
Joined		Date	} with Colours <u>6.5.18.</u>	Place of Birth			
Joined	Date	} with Reserve <u>30.8.</u>	} years.	<u>Melth</u>			
Joined	Date			<u>Springdale</u>			

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>Demobilized</u>	<u>St John</u>	<u>12</u>	<u>7</u>		

To be carried over



THE MANUFACTURERS LIFE INSURANCE CO.

C.R. 4939

S. J. FOOTE

ST. JOHN'S, Nfld.

April 1, 1920.

Lt. Col. Walter Rendell,  
Militia Office,  
City .

Dear Sir:-

One Frank Critch - an ex-soldier - applied for Insurance with us and in completing the Military Form attached to the application stated that he was receiving a pension of \$70.00 per month. Will you please let me know if this \$70.00 is War Gratuity or a pension for disability.

Yours truly,

IV

*[Handwritten signature]*

Mgr. for Newfoundland

*B.P.C.*  
*Is Critch getting any pension please? W.R.*

*W.R.*  
*man was discharges A.I. is in receipt of no pension W.R.*

*Has W.S.G. been settled? How many pays? Presumably W.S.G. all has been paid. R*

C. J. Co.

4939

APRIL 6th 1920.

S. J. Foote, Esq., H.M.A.,  
Manager,  
Manufacturers' Life Assurance Co.

Dear Sir:

In reply to your letter of April 1st in respect of one Frank Critch, and ex-soldier, I have to state for your information that this man was discharged in Category A.L., and is not in receipt of a pension. The \$70.00 referred to is War Service Gratuity.

Yours faithfully,

Lieut. Colonel,  
Chief Staff Officer.

14939

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 14939 Rank Pvt. Name Critch  
 Date of Enlistment 6-5-18 Address Sprydale District Ypte  
 Occupation Fisherman Classification for Discharge H Medical Category A  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 for Mr. H O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Frank H. Critch*  
Mark

Particulars passed to Vocational Officer for information and action.

Date 12-6-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied \_\_\_\_\_

Date 14-6-19 O i.c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1777 to his home at Springdale and Release Certificate No. 2783 issued.

Date 14-6-19

J. H. [Signature]  
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 14-6-19

Date 14-6-19

J. H. [Signature]  
Depot Paymaster.

Discharge approved for 28-6-19

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

N.F. P136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 14-6-19

J. H. [Signature]  
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 28 1919

R. H. [Signature]  
O. C. Discharge Depot.

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

Date July 10/19

[Signature]  
Port Records



Reg. No. *4939* Rank *Pfc* Name *Critch F*

Attested ..... Address *Springdale*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsecan* Cause *Discharge*

*14.6.19*

**PASSED TO DEMOBILIZATION OFFICER**

*29.6.19*

**DISCHARGE APPROVED ON DEMOBILIZATION**