



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5660 Name Jose Cutch Corps Regt

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

- 1. What is your name? ..... 1. Jose Cutch
- 2. What is your full Address? ..... 2. St Johns St. St. Johns Bay
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 20 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Labourer
- 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, Jose Cutch 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.

Jose Cutch SIGNATURE OF RECRUIT.

J. A. Daymond Signature of Witness.

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

I, Jose Cutch 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 as replied to, and the said recruit has made the declaration and taken the oath before me at ..... on this 10 day of June 1915

Signature of Attesting Officer J. A. Daymond

**†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 ..... 1915 } Approving Officer.  
Place .....

† 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.

5660

Name Jesse Crutch  
 Apparent age 20 years        months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
                                   Range of expansion 3 inches  
 Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Simon Crutch  
Annas Pt. Bonze Bay | 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>10-6-18</u>									
Joined at <u>M. P. Co.</u> on <u>June 10-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Embarked M. P. Co. to Halifax N.S. 22-7-18.</u>									
<u>To join the Trench Coys. on one month's probation 12-9-18</u>									
<u>Referred for demobilization 14-6-19</u>									
<u>Demobilization M. P. Co. 4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>56</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5660

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated Aug. 12th 1919.

The discharge of the unternoted on demobilisation has  
been CONFIRMED by officer i/c Records from noted date  
8-9-19.

5660, Pte. J. Critch.



C.R. 5660

Extract frpm Daily Orders part II, Unit the Royal Newfoundland  
Regiment dated July 21st. 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O. C. Discharge Depot on noted date.

#5660 Pte. J. Critch. 21-7-19.

C.R. 5661

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, July 2nd 1919.

5661 Pte. J. Critch.

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

C.R. 5650  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

**All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_

Address **St. John's Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

*Dated*

Nov. 11, 1918.

*To*

Mrs. Eliza B. Payne,

Bonne Bay.

Regret to inform you that your son ~~#~~ #5650 Pte. J. Payne is now seriously ill.

J.R. Bennett,

Minister of Militia.

**FOR TYPEWRITER**



C.R. 3660

Extract of DAILY ORDERS BY MAJOR H.S. SULLIVAN  
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

18/11/18.

The undermentioned having completed his trial with this Unit  
is attached to the strength from 25/10/18 and posted to C. Co'y.

#3660 Pte. J. Critch.  
5

C.R. 5660

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5660 Pte. Jesse Critch.



C.R. 5660

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

5660, Pte. Jesse Critch

Attested for General Service with The Royal Rifles, Regt.,  
10/6/18.

J. Critch

C.R. 5660

~~1110~~

**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 } *None*
2. Regtl. No. *5660* 3. Rank *plts* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Critch* *Jesse*  
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
- 9: If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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



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

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

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

*The complainant of no 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 invalided at Foreign Stations.

*W. E. Proemier. Capt R.D.M.C.*  
 Medical Officer in charge of case.

Station *Hazelton*

Date *9/4/19*

\* 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. 20198/582/P&A

*065884*  
*R.C.*  
N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
Newfoundland Forestry Corps,  
Kenmore,  
Loch Tay,  
N.B.

9th. December, 1918.

December 14<sup>th</sup> 1918

Subject: 5660. Pte. J. Critch

Receipt hereunder.

With reference to the following telegram (10643) from the Hon. Minister of Militia, received

Officer Commdg. Batt'n,  
Royal Newfoundland Regiment.

Pay to 5660 Critch - £4:2:0

Received the sum of four pounds

Draft £4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

two shillings on account of cable remittance from Newfoundland.

*H.A. Minshall*  
Chief Paymaster & O. i/c Records.

*J. X. Critch*  
*Private*  
No. 3660 Rank Private

Witness W. Stares

067501

No. 3032/447.



From. NEWFOUNDLAND CONTINGENT

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

*J.C.*  
To: Officer Commanding.  
2nd Bn. Ryl Nfld Regt.  
Winchester.

21st February 1919

Feb. 24<sup>th</sup> 1919

5660. Pte Critch. J. ✓

With reference to the following telegram from the Minister of Militia / / (38)

"Pay to- 5660. Critch.

£4.2.0.

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

*A.D. Minahan Pay.*

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*J.J. Barton* HEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £4.2.0.

Four & two shillings. in respect of telegraphic remittance from the Minister of Militia.

J Critch

No. 5660 Rank Pte.

Witness Geo. Perry &c

No 6838/1006

099675



N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To: ~~Officer Commanding,  
2nd Battalion Royal Newfoundland Regiment  
Winchester~~

6th May 1919

May 29<sup>th</sup> 1919

Subject: 5660. Pte. J. Critch

With reference to the following telegram ( 167 ) from the Hon. Minister of Militia, received

Receipt hereunder.

*J. J. Barlin* **LIEUT. COLONEL.**

**COMMANDING OFFICER, ROYAL NEWFOUNDLAND REGIMENT**  
Royal Newfoundland Regiment

5660 J. Critch

£4. 2. 0.

Received the sum of £4. 2. 0

Draft £ 4. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Four Pounds Two Shillings account of cable remittance from Newfoundland.

*Jesse Critch*

*J. J. Barlin*  
Chief Paymaster & O. i/c Records.

No. 5660 Rank Pte.

H. White



Critch, June

5660

Ray Sept.

August 11, 1919

Mr. Jesse Critch,  
Bonno Bay.

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.

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 omissions. 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..... *Jesse* ..... 2. Service No. .... *Critch*

3. Rank..... *Pte* ..... 4. Regt. No. .... *566*

5. Address in full to which future payments of gratuity are to be forwarded..... *Bonne Bay*

6. Date of enlistment in the Regiment..... *June 14 / 18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents..... *no*

9. Address in full of such dependents..... *no*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*

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..... *Thirteen months*



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

*no*

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

*no*

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

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 R.A.F.? If not give:- (a) date of discharge...

*no*  
*July 21/19*

(b) Reason for discharge  
*Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*England*

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

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

(Witness) Stephen

Signature of Applicant: <sup>Wes</sup> Jesse + Cutch

Place of Residence: Bonne Bay

Declared before me at: St Johns aged

This 7 day of July 1919...

John McCarthy  
J.P.

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

POST DISCHARGE PAY.

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

Certified correct.

Registrar

August 4th 1919.

#5660, Pte. J. Critch,

Bonne Bay.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3491.

Yours truly,

Capt. W. Laymaster.

RS.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5660 Rank. Pt Name. Cuteh J.  
 Intended place of residence. Bonne Bay ST John's  
 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 JUL 7 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 7 1919  
 Signature of soldier  
 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 7 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 10-6-18 No. of days on Military  
 Discharged from service. 2-1-19 Plus 14 days Service. 42

### 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 21 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  
 Date August 4/1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

CD 520 79/5491

# The Royal Newfoundland Regiment

Class for Demobilization:—

*6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4.7.19* .....

Regimental No. ... *5660* ...

Name ..... *Critch Jesse* ..... *Pte* .....

Address ..... *Bonhe Bay* .....

Present Medical Category ..... *A1* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

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

Members of Board {

*H. Mason*  
.....  
Senior Medical Officer

*L.W. Burdett*  
.....  
-M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5660 Rank Plt Name Croft  
 Date of Enlistment 10-10-18 Address Bennet Bay District H. B. B.  
 Occupation Fisherman Classification for Discharge 4 Medical Category A-1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1136	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6	" 6	
B 179c	B 120	M 93				

Date 4-7-19

O. C. Discharge Depot. H. B. B.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Fit Fisherman James Croft  
man

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  
 (b) ~~Clothing Supplied~~ W. B. B.

Date 7-7-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R2185* to his home at *Bonne Bay* and Release Certificate No. *5223* issued.

Date *7-7-19*

*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 *4-7-19*

Date *7-7-19*

*H. M. [unclear]*  
Depot Paymaster.

Discharged approved for *21-7-19*  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P[36]	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date *7-7-19*

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge **Eligible for War Service Gratuity**  
Board of Pension Commissioners.

with following additional documents.

Date *JUL 21 1919*

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

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

Date .....

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

# MEDICAL HISTORY

Surname Birtch OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Born Bay County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	10	June		191
	at	St. John's	at	
Declared Age	20	years		days
Trade or Occupation	Fisherman			
Height	5	feet 7 1/2 inches		
Weight		128 lbs.		
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		3	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
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)	<u>Lamm Peterson</u>			
(Rank)	Major			
		Medical Officer.		Medical Officer.
Enlisted	at	St. John's	at	
	on	10 day of June	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	Royal Nfld Regiment			
		5660		
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

# 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.

*Britch J.*

Signature of Man.

*J. A. Lawless*

Signature of the Vocational Officer or his Representative.

Reg. No. 5660

Place

*St. Johns*

Date

*9-7-19.*







## 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, Jesse*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5660*

Intended address *Bonny Bay*

Height on discharge *5* Feet *7 1/2*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Simon*

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 *Lower Island Lower Is. 7-4-1897*

Nature and locality of civil employment required \_\_\_\_\_

*21.  
31  
4*

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) *Jesse X Critch* *He*  
meat (Rank)

Station \_\_\_\_\_ Date *JUN 4 1919*



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

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

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland* }  
 2. Regtl. No. *5660* 3. Rank... *Pt E* } *Fisherman*  
 4. Name *Cutler* }  
 (Surname) } *Desai*  
 (Christian Names)  
 5. Age last birthday... *21*  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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



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

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

15. What is his present condition?

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

*He complains of no Disability*

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.S. Procmier* <sup>Capt</sup> *Rame*  
 Medical Officer in charge of case.

Station *Hazley Down*

Date *9/4/19*

\* 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

5650 Creek.

Rebels. ? Tuberculosis lung.

Brochid Treating R. and. V.R. +.

9/9/18.

Recommended Fresh Br  
for a number of times to  
be repeated.

~~see~~  
Cap. P. C.





June 13th. 1918.

The Royal Newfoundland Regiment,

To 5660 Pte. J. Critch.

To Board while waiting passage to St. John's.

\$1.20

(As per voucher).

To be sent to Prince's River



*B.M.*  
*8032*  
*W. J. G.*  
*B.M.*  
*J.A.*

*Correct For \$1.20*  
*C.P.S. Dicks*  
*Lieut*  
*A.D.R.*

*13/6/18.*  
*Cheque mailed*  
*Jul 4/18*  
*OK.*  
*dui op*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2660 Rank Pte Name Crutch  
 Date of Enlistment 10-16-18 Address Bennis Bay District H. Burke  
 Occupation Fisherman Classification for Discharge F Medical Category H1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 4-7-19 O. C. Discharge Depot. H. Mous H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Wit Fisherman Crutch

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

Date 7-7-19

O i.c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2185 to his home at Bonne Bay and Release Certificate No. 3223 issued.

Date 7-7-19

*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 4-7-19

Date 7-7-19

*H. M. H.*  
Depot Paymaster.

Discharge approved for 21-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 7-7-19

*J.A. 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**

JUL 21 1919

Date .....

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

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

Date Aug 11 1919

*[Signature]*

Reg. No. *1660* Rank *The* Name *Orbel*

Attested ..... Address *Wynis P. B. S.*

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas

Returned on S S *Cassandra* Cause *exchange* 1919

*7 7 19*  
*21 7 19*

**PASSED TO DEMOBILIZATION OFFICER**

**RELEASE APPROVED ON DEMOBILIZATION.**