



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5709 Name Donald Cuff Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Donald Cuff</u> |
| 2. What is your full Address? | 2. <u>Bonavista</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u> </u> Months |
| 5. What is your Trade or Calling? | 5. <u>Steel worker</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 <u>Yes</u> |
| 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, Donald Cuff, 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.

Donald Cuff SIGNATURE OF RECRUIT.
Pte Rowe Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Donald Cuff, 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 21 day of June 1915

Signature of Attesting Officer Mr. Dicks Lieut

†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 191

Place

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5709

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

Name Donald Buff
 Apparent age 19 years months. Height 5 feet 5 3/4 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Buff
Bonavista | 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 rate of pension		Service in Reserve not allowed to reckon towards G. C. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>21-6-18</u>									
Joined at <u>Mt. Mans</u> on <u>June 21-1918</u>									
<u>Embarked July 27 1919</u>									
<u>Embarked M. Mans St. Columba to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C. 23-11-18</u> <u>Disembarked France 28-11-18</u>									
<u>Joined B.M.S. 3-1-19</u> <u>Transferred from Queen 22-1-19</u> <u>Arrived Winchester 20-2-19</u>									
<u>to transport for demobilization 22-5-19</u> <u>Arrived H.M.S. 1-6-19</u>									
<u>Demobilization M. Mans 7-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-1919 (date of discharge) 1 years 17 days
 " " Pensions " " " " " " " " " " " "

C.R. 5709

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's dated June 22, 1918.

#5709 Pte. Donald Cuff.

Attested for General Service with the Royal Nfld. Regt.
from 21-6-18

C.R. 5709

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

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

#5709 Pte. Donald Cuff.

C.R. 5709

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

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

#5709 Pte. D. Guff.

C.R.

5709

Extract from Daily Orders Part 11 Depot, St. John's,
Date 11-6-19.

5709 Pte. Donald Cuff

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

C.R. 5709

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

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

#5709 Pre. Donald Cuff.

7-7-19.

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

MEDICAL HISTORY

OF

Surname

Cuff

Christian Name

Donald

Table I.—GENERAL TABLE

Birthplace:—Parish

Dominion

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>19</i> day of <i>St. John's</i> 191	on	day of	191		
Declared Age	<i>19</i> years	days	years	days		
Trade or Occupation	<i>Steel worker</i>					
Height	<i>5</i> feet <i>5 3/4</i> inches		feet	inches		
Weight	<i>130</i> lbs.					
Chest Measurement	Girth when fully expanded	<i>35 1/2</i> inches		inches		
	Range of Expansion	<i>2 1/2</i> inches		inches		
Physical Development						
Vaccination Marks	Right		Right			
	Left	<i>1 Sed.</i>	Left			
When Vaccinated	<i>3 weeks ago.</i>					
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>Lamont Allison</i>					
(Rank)	<i>Medical Officer</i>		<i>Medical Officer</i>			
Enlisted	at	<i>St. John's</i>	at			
	on	<i>15</i> day of <i>June</i> 1918	on	day of 191		
Joined on Enlistment	Corps	<i>Royal Nfld. Regiment</i>	Corps			
	Regtl. No.	<i>5709</i>	Regtl. No.			
Transferred to						
Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						

20 Cuff

C.R.

5709

~~140~~

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet

One

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. D. D. S. J. S. J.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
21709	<i>Donald Gruff</i>	19		<i>Steel Worker</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<i>St John's</i>		<i>Meth.</i>	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours	years	<i>Baraneta</i>	
		with Reserve	years		
		<i>1 3/4</i>			

Place	Date of Offence	Rank	Cases of Discretion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order discontinuing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>7</i>	<i>7</i>			
						<i>19</i>			

To be carried over.

No. 5709 Name Buff. D. Sqn., Batty., or Company } D. Corps R. Newfoundland Date of enlistment } 21/6/18 G.C. Badges } Service or Proficiency Pay } R. 100 d
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } W. Lloyd Character

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
Fried	7/1/19	Pte		Def of leather gaiters 19/9	Sgt Carter	admn Pay for same	10/1/19	Magistrate	
Kovon	15/4/19	Pte		Deficient of his value - 1/2°	CO MS Wardlaw	Pay for same	15-4-19	Magistrate	R 28

Army Form B. 123.

Reg. No. 5709 Rank Pte Name Buff Donald
Attested 21/6/18 Address Bonhrista
Allotment 50 Allottee 2nd Lt. Buff (Mother)
Date of Allotment 15-7-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

1st Lt. 27/6/18 2nd Lt. 20-7-18
H.L. 2/8-9/18 R.L. 9-7-18

Receipt for Army Book 64

No.....*5709*.....Name.....*Cuff B.*.....

5709
✓

To Certify that I have received the AB 64 of the above
named soldier.

Name.....*Deborah*.....

Cuff

Date...*7 August*.....

Place...*Bonaville*.....

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

WD
✓

C.R. 5709

Extract from Daily Orders Post 21 Unit The Royal Rifles,
Regt. Depot St. John's, June 18th, 1919

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

5709 Pte. Donald Cuff.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Donald Cuff, Regl. No 5709

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

Allotment begins July 15th / 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4549	mother	Donald Cuff	Bonavista	50cts
Total Allotment, \$				

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
[Signature] Company
[Signature]
 1918

(Sig.) _____
 (Rank) _____

N^o 6045



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Donald Cuff, Regl. No. 5709 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins July 15/918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4549	mother	<u>Donald Cuff</u>	<u>Bonavista</u>	<u>50cts</u>
Total Allotment, \$				

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.) L. James
Officer Commanding
S. I. Jones Company
June 27th 1918

(Sig.) Donald Cuff
(Rank) Pvt.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5709 Rank Pvt. Name Cuff Donald
 Date of Enlistment 1-6-18 Address Bonaville District Bonaville
 Occupation Shoe Worker Classification for Discharge E Medical Category H.I.
 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	1
B 178	W 349C	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			
B 179c	M 120	M 93			

Date 7-6-19 for 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 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1178 to his home at Borran and Release Certificate No. 2495 issued.

Date 9-6-19 J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-7

Date 7-7-19 J.A. Snowball
Depot/Paymaster.

Discharge approved for 25-6-19

Forwarded with following documents to O.C Discharge Depot

N.F. P136	B 268	B 121	N.F. Fed	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	2 Form B
F 178a	D 400A	B 125	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 9-6-19 J.A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners

with following additional documents.

Eligible for War Service Gratuity

June 14 1919

Date O. C. Discharge Depot.

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

Date June 14/19 J.A. Snowball
for O.C. Depot

No. 14875/1522

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,
2/Bn. R. Newfoundland Rgt.,
Winchester.

17th, September 1918

Subject: 5709, Pte. D. Cuff

With reference to the following telegram (8109) from the Hon. Minister of Militia, received

"Pay to 5709 Cuff £1. 0. 0

Draft £1. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Russell Maj.
Chief Paymaster & O. i/c Records.

Sep 15th 1918

Receipt hereunder.

Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of One
Pound on account of
cable remittance from Newfoundland.

D. Cuff

No. 5709 Rank Private

Witness: J. Murphy Pte 1227

N 11. A au 7 no.

No. 19439/804

N.F.P./80.

From: NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Newfoundland Regt.
B. E. F.

27th November 1918

30-1-1919

Subject: 5709, Pte. D. Cuff

ANSWER.

With reference to the following telegram (10022) from the Hon. Minister of Militia, received

5709 Pte D. Cuff

Pay to 5709 Cuff £1:0:0

This man wishes this amount retained to his credit please.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

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

No. 5069/226

From: NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER I/C RECORDS
NEWFOUNDLAND CONTINGENT
58 VICTORIA STREET,
LONDON, S.W. 1.
To: Officer Commanding, ENGLAND.
1/Bn. Royal Newfoundland Regiment,
B.E.F.

A. 31st March 1919

5709 Pte Cuff D.

With reference to the following
telegram from the Minister of
Militia, / / (104)

"Pay to-5709 Cuff

£4. 0. 0.

Kindly advise whether this re-
mittance should be

- (1) forwarded to you for payment
to this Soldier;
- (2) retained to credit of his
account; or
- (3) otherwise dealt with.

A. J. Mansueti Maj.
Chief Paymaster & O. i/c Records

10-4-1919
5709 Pte Cuff D.

*This man wishes this
amount retained to
credit of his account
please.*

*Deposited
29/3/19 glw.*

19042/2119

2/Bn Royal Mfld. Regt.
Winchester.

21st November 8

5709, Pte. D. Cuff,

✓ 19002

Pay to 5709 Cuff £1:0:0

1:0:0



Cuff, L

5709

Ray Sept.

July 8, 1919

#5709 Ptr. Donald Cuff,

Bonavista, B.B.

Dear Sir:-

Referring to your application I enclose
cheque for seventy dollars (\$70.00), being amount
of first payment due you on account of the War
Service Gratuity.

Yours truly

Captain,
Paymaster & 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 & RECORD OFFICE, ST. JOHN'S.

1. Christian name *Donald*.....
2. Surname *Buff*.....
3. Rank *Cpl*.....
4. Regtl. No. *5789*.....
5. Address in full to which future payments of gratuity are to be forwarded *Ronavista, BB*.....
6. Date of enlistment in the Regiment *June - 1918*.....
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.....
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 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 *From June 1918 to June 9/19*.....

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 Regt.? If not give? - (a) date of discharge

June 9/19
Imperial Army

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 - Front
Nov. 1918 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:

D. Buff

Place of Residence:

Bonavista, B.B.

Declared before me at:

M. John's, Wld

This

9th

day of

July

19*19*.....

John McCarthy

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
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.

Paymaster

July 7, 1919

#5709 Pte. Donald Cuff,

Bonavista.B.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2769.

Yours truly

Captain
Keymaster & O.i/c Records.

The Royal Field. Regiment

DEMOBILIZATION

No. 5709 Rank _____

Name Cuffe _____

Warned for demobilization on

JUN 9 1919

The Royal Newfoundland Regiment

Class for Demobilization: *E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *5709.*

Name *C.uff Donald*

Address *Bonavista*

Present Medical Category *A.i.*

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

Members of Board {

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

H. Atkinson
Senior Medical Officer

J.W. Borden
M. O. Depot

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

Donald Cuff
Signature of _____

Reg. No. *5789*

J. A. Snowcraft
Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *JUN 9 1919*

Date _____ 191

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

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

1. Unit and Corps..... *Royal Air Force Band* } Former Trade or Occupation } *Skid worker*
2. Regtl. No. *709* 3. Rank..... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cuff Donald* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *19*
6. Posted for duty on. *June 14/18* at... *S. I. S. Co.* 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? } *no*

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

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

He complains of no disability

16. Was an operation performed? If so, when and what was its nature? *no*

17. If not, was an operation advised and declined? *no*

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? *no*

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? *no*

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.

Reproduction

W. E. Prouie

W. E.

Capl Prouie

Station *Hazeley Down*

Medical Officer in charge of case.

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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Donald Cuff, Regl. No. 5709

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates, by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins July 15th 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4549	mother	Donald Cuff	Bonavista	50cts
Total Allotment, \$				

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.) H. James 2/11
 Officer Commanding
SI John
 June 27th 1918
 Company
 191 8

(Sig.) Donald Cuff
 (Rank) Pvt

Casualty Form - Active Service.

Regiment or Corps Newfoundland
 Rank Pte Surname Buff Christian Name D
 Religion Methodist Age on Enlistment 19 years — months
 Enlisted (a) 21/6/18 Terms of Service (a) Duration Service reckons from (a) 21/6/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 Occupation Steel - worked or Corps Trade and Rate MTL 1st Class Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, 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.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked			
		Disembarked... Joined Batt.		<u>28 NOV 1918</u>	
		<u>Arrived in UK</u>		<u>23/4/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) **IP.T.O.**

Next of Kin: Father: Buff W^m Bonqvista: N.S.D.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *5709* Rank *Pte* Name *C.uff Donald*
 Intended place of residence *Bonerville*

2. Occupation *Steel Worker*
 Classification of soldier *E* Medical Category *A¹*

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

Date *JUN 9 1919* *ST. JOHN'S* *J. Mrs. Street*
 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* *D. Cuff*
 Signature of soldier

JUN 9 1919 *W. Bonster*
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date *ST. JOHN'S* *D. Cuff*
 Signature of soldier

JUN 9 1919 *James O'Sullivan*
 Signature of witness *JM*

STATEMENT OF SERVICE

7. Enlisted for service *14-6-18* No of days on Military
 Discharged from service *23-6-19 plus 14 day* Service *309*

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* *R. H. [Signature]*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date *JUN 23 1919*

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place *St. John's* *W. Bowley Capt*
 Officer in Charge Records

Date *July 7/1919*
 The Royal Newfoundland Regiment

and B 2079/1919

10
1

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 709 Rank Pvt Name Cuff Donald
 Date of Enlistment 1-4-6 Address Bonaville District Bonaville
 Occupation Shed Worker Classification for Discharge E Medical Category H.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-6-19 for 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 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R:1678.....to his home at Bonnamita and Release Certificate No. 2495..... issued.

Date 9-6-19..... J.A. Saveloff
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 9-6-19..... J.A. Saveloff
Deputy Paymaster.

Discharge approved for..... 23-6-19.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-6-19..... J.A. Saveloff
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 23 1919..... R.H. Sait Capt.
O. C. Discharge Depot.

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

Date

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. *Regal Newfoundland* 7. Former Trade of Occupation } *Shoe-worker*
2. Regtl. No. *1709* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cuff* *Donald* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on *June 14/18* at *St Johns* 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*
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } na | |
| (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

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? 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

Station *Langley D Camp*

Date *29/4-19*

W. S. Prosser Capt RAMC
 Medical Officer in charge of case.

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



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 *Cuff Donald*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5709*

Intended address *Bonaville*

Height on discharge *5* Feet *6*

Color of hair on discharge *Blaze*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Med.*

Christian name of Father *William*

Christian name of Mother *Elizabeth*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bonaville 30 July 1899 1900*

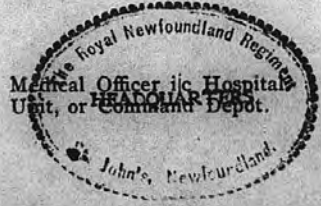
Nature and locality of civil employment required _____

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) *Donald Cuff* (Rank) *Pl*

Station **ST. JOHN'S.** Date *5-6-19*

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



Station _____ Date _____