



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5187 Name Edmund Didham R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Edmund Didham</u> |
| 2. What is your full Address? | 2. <u>Belmont Street</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Millwright</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Edmund Didham 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.

Edmund Didham SIGNATURE OF RECRUIT.
Jas. W. P. Mann Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edmund Didham 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 explained 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 18 day of May 1915

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 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

5187

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

Name Edward William
 Apparent age 23 years _____ months _____ Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John William Colinett
S. Marya | 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 hospital engagement reckons from <u>18-5-18</u>									<u>Roobh 29-9-18</u> <u>Reverts to Rank 11.10.18</u>
Joined at <u>Malta</u> on <u>10.04.18-1918</u>									
<u>Discharged August 9/1919</u>									
<u>Embarked Malta train to Halifax N.S. 22-9-18</u>									
<u>to be employed for demobilization 24-6-1919</u>									
<u>Arrived to be employed 1-7-1919</u>									
<u>Demobilization Malta 9-8-1919</u>									
Total Service forfeited as above									

Total Service towards Engagement to 9-8-1919 (date of discharge) 1 years 84 days
 Pensions _____

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. Regt. No. *5187* 3. Rank..... *Plt*
4. Name *Widhel* *Edmund*
(Surname) (Christian Names)
5. Age last birthday..... *24*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Mullewright*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *al*
12. Place of origin of disability. *al*
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. *al*

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, &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.)

The Complaint 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?

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

W. E. Proctor, Capt. - Ramo
 Medical Officer in charge of case.

Station *Bozley Down*

Date *9/1/19*

* 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

C.R. 5187

extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c records from noted date 9-8-19.

5187, Pte. Edmund Didham

C.R. 5187

Extract from Daily Orders Part 11 Unit The Royal Wflid.
Regt. St. John's, July 15th, 1919.

The discharge of the Undernoted on demobilization has been
APPROVED by C.C. Discharge Station Depot, with effect from
26-7-19.

5187 Pte. E. Digham.

C.R. 5187

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 24th 1919.

5187 Pte. E. Didham.

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

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 24th 1919.

C.R. 5187

Extract of Orders By MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

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

#5187 Pte. E. Didham.

"A" Company.

C.R. 5187

Extract from Orders by Lt. Col., B. J. BARTON, COMMANDING
2nd., Battalion of the Newfoundland Regiment dated Nov. 10th
1918.

The undermentioned will proceed to join the Newfoundland
Forestry Corps, on Monday 18th., November 1918.

BC.

Dudham
#5187 Pte. T. Danks.

C.R. 5187

Extract from Nominal Roll Entrained St. John's for Overseas,

Sept. 22, 1918. "C"

5187 Pte. Didham Edmund.

C.R. 5187

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.,
St. John's Sept. 24/18.

THE UNDERNOTED MAN RETURNED FROM SPECIAL DUTY AT MOUNT PEARL.
19-9-18.

5187 Pte. E. Dickson.

C.R. 5187

Extract from Daily Orders Part 11 With The Royal Nfld. Regt.
St. John's, dated Sept. 9-18.

The undernoted man proceeded on Special duty to Mount Pearl
9-9-18.

5187 Pte. E. Didham.

CR 5187

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Reg. St. John's, dated August 12, 1918.

#5187 Pte. E. Didham.

Discharged from billets (Mrs. Tibbs') 12-8-18

C.R. 5187

Extract from Daily Orders part 11, from Unit The Royal
Field Artillery, St. John's, dated August 2, 1918.

#5187 Pte. E. Diddam.

Discharged from M.I.D. Hospital and admitted to 44 &
Livingstone Street 2-8-18

Extract from Daily Orders part 11, from Unit the Royal Wfld.
Regt. St. John's, dated May 20, 1918.

#5187 Pte. E. Dihan.

Attested for General Service with the Royal Wfld. Regt.
from 18.5.18

Reg. No. 5187 Rank Pte Name Didham Ed. U.S.O.
Attested 18-5-18 Address Colnett, St. Mary's.
Allotment *Phy. Clerk* Allotee Mrs. Ann Didham (Mother)
Date of Allotment 1-7-1918 Returned from Overseas
Embarked for Overseas SEP 22 1918 Cause

10-5-18 Vacc 13/8, 1st Inoc. 2nd Inoc 27/8, 3rd, 24-8-18
H.A. 30/8 to 9/8
11/7/18 Admitted M. I. B. Hos. (mumps)
2-8-18 Discharged from " " To 44 Kensington Street)
12-9-18 " " Billets
9-9-18 Special Duty Mount Pearl

No. 5273/755

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester

3rd April 1919

Apr. 5 1919

5187 Pte. Didham E.

With reference to the following telegram from the Minister of Militia / / (1184)

"Pay to- 5187 Didham.
£4. 2. 0.

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

[Signature]
Chief Paymaster & O. i/c Records

Receipt hereunder.

[Signature] LIEUT. COLONEL.
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of £4.2.0.
Four pounds two in respect of telegraphic remittance from the Minister of Militia.

E Didham
No. 5187 Rank Pte
Witness Geo Henry Gc

c

Loidham, C

5187

Hay sept.

August 14, 1919

#5187 Pte. Edmund Widham,
Colinett,
ST. MARY'S DIST.

Dear Sir:-

Please find enclosed Discharge Certificate #3680.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5187 Rank P.C. Name Deacon E
 Intended place of residence Calinette P + St Marys
 2. Occupation Millwright
 Classification of soldier E Medical Category A 2

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 19 1919

J. H. M. H.
 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 8 1919

E. Didham
 Signature of soldier

J. A. Snow Capt
 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 8 1919

E. Didham
 Signature of soldier

James O'Sullivan
 Signature of witness SM

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 449

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 26 1919

H. R. Cooper Capt
 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 9/1919

J. A. Snow Capt
 Officer in Charge
 The Royal Newfoundland Regiment

207913680

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5187 Rank Pvt Name Didham E
 Date of Enlistment 18-5-18 Address Colony St District St. John's
 Occupation Messenger Classification for Discharge 4 Medical Category A-1
 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 1916	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E Didham

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 8-7-19 O. i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at 21 Johns and Release Certificate No. 3307 issued

Date 12-7-19

J.A. Snowcroft
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 9-8-19

Date 12-7-19

J.A. Snowcroft
Depot Paymaster.

Discharge approved for.....

26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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 12-7-19

J.A. Snowcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919

L.R. Coope Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

E. Didham

Signature of Man.

Reg. No. 5187

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

Place

Pat Johns

Date

8-7-19.

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

MEDICAL HISTORY

Surname AlidhamChristian Name Edmund

Table I.—GENERAL TABLE.

Birthplace: Parish Colnett St Mary County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	18	St Johns		
Declared Age	23	years		
Trade or Occupation	millwright			
Height	5	feet 7 1/2		
Weight		137		
Chest Measurement	Girth when fully expanded	37		
	Range of Expansion	4		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V= 6/6 L.E.—V= 6/6		R.E.—V=	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>Edmund Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	18	on	
		day of	on	
		May		
		1918		
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	<u>LeRonde 187</u>			
	<u>Healey</u>			
Transferred to				
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)		191		191

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
W. S. D. Hospital	12	7	18	1	8	18	Mumps	20	Discharged to Buick to furlough guarantee	W. S. D.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the 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 *Didham, Edmund*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5187*

Intended address *Colinet St. Marys*

Height on discharge *5 feet 7 1/2*

Color of hair on discharge *Black*

Complexion *Lead*

Color of eyes *Brown*

Descriptive Marks *Medium*

Figure on discharge *John*

Christian name of Father *Annie*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *Colinet 18-11-1894*

Place and date of soldier's birth

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) *Edmund Didham*

He
(Rank)

Station *ST. JOHN'S*

Date *5-7-19*

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



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

Station

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 *Royal Artillery (unformed band)* 7. Former Trade or Occupation } *Miss right*
2. Regtl. No. *4187* 3. Rank *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bedha* *Edmund* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *24*
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
(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? }

In all cases such as facial injury, 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?
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 invaded at Foreign Stations.

Repatriation

W. E. Procuire
Captn
Rame

Station *Wingley, Town*
 Date *7.4.19*

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

August 16, 1919

Mr. Edmund Bidham,
Colinet,
PLACENTIA & ST. MARY'S DIST.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of 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 dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Edmund* 2. Surname... *Widham*
3. Rank... *Pte* 4. Regtl. No. *5187*
5. Address in full to which future payments of gratuity are to be forwarded... *Colinet*
6. Date of enlistment in the Regiment... *May 17/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No*
8. Relationship of such dependents... *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... *Newfoundland only*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 yr. 1 mo.*
..... 1. ²

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?

..... *No*

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.

..... *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.A.F.? If not give: (a) Date of discharge. (b) Reason for discharge.

..... *No* *July 1919* *Recd*

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.

..... *No* *replaced only*

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.

Edmund Didham

Signature of Applicant:

Place of Residence:

Colinet

Declared before me at:

St Johns

This

13th day of *July* 19*19*,....

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

John M. Carthy
J.P.

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

No. 903

TRAVELLING WARRANT

Date JUL 15 1919

The Royal Newfoundland Regiment

Prize \$5.00
Winner 50

General.

Please issue 1st Class Passage and Meals for

No. 3187 Rank *T6* Name *William E*

From ~~ST JOHN'S~~ To *Calinet*

Whitbourne to The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

Colonel
from \$5.00 ch
Dear
J. A. Howlett
SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Department

Trans
 ACCOUNT NO. 4978
 IN LEDGER
 DISTRICT OFFICE
 NEWFOUNDLAND
 AUG 15 1919
 COMMANDING

Colinet

Aug 15

To Mr. R. G. P. D.
 R.

St John's

I payed for my dinner & dinner
 my self & please send

\$5.00
 Ambrose to St John's

Correct for \$5.50

Colinett
 St Mary's

OCT 15 1921 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to:

Edward Didham

in respect of his service as No. 5187 Rank Pte.

Name E. Didham Royal Nfld. Regt.
~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received _____

Signature Edward Didham

Date _____

Address Colinet, St. Marys Bay

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5187 Rank Plr Name Didham E
 Date of Enlistment 18-5-18 Address Colliersville District St. John's
 Occupation Millwright Classification for Discharge 17 Medical Category H.1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

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

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E Didham

Particulars passed to Vocational Officer for information and action.

Eligible for WAR SERVICE GRADE

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.50

(b) Clothing Supplied [Signature]

Date 8-7-19 O. i/c. Re-clothing [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ~~4038~~ 2379⁴⁰ to his home at 21 Johnson and Release Certificate No. 3307 issued.

Date 12-7-19 *J.A. Howcroft*
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 1-8-19

Date 12-7-19 *J.A. Howcroft*
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 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 12-7-19 *J.A. Howcroft*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 26 1919

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

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

Date Aug 7 1919 *H.A.*

Reg. No. 5187 Rank - PL Name William R
Attested Address St Mary's
Allotment Allottee
Date of Allotment Returned from Overseas
Returned on S.S. Cause

7.7.19
26.7.19

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILISATION