

4016



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4016 Name Samuel Frenchy Corps Militia

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

1. What is your name? ..... 1. Samuel Frenchy
2. What is your full Address? ..... } 13, Howe Place St. Johns.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 23 Years 4 Months
5. What is your Trade or Calling? ..... 5. Laborer
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, Samuel Frenchy 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.

Samuel Frenchy SIGNATURE OF RECRUIT.  
Robert Bell Signature of Witness.

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

I, Samuel Frenchy 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. Johns on this 23 day of Oct 1917.

Signature of Attesting Officer Robert Bell

### †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 1st Bn

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

Date Oct 23 1917 } Approving Officer.  
Place St. Johns }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Samuel Prochy  
 Apparent age 23 years 4 months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Lieut. Martha Prochy  
Lebanon C. Bay | Relationship Lieut.

### 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 Re-serve 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>23-10-17</u>									
Joined at <u>St John's</u> on <u>October 23-17</u>									
<u>Discharged June 29/19</u>									
				<u>Embarked St John's St. Messagable 11-12-17</u>					<u>Embarked for</u>
				<u>St. John's 25-3-18</u>					<u>joined Baltn 31 5/18</u>
				<u>Disembarked Inverness 27-5-18</u>					
				<u>Transferred from Lower 22/4</u>					
				<u>Arrived Inverness 22-5-19</u>					
				<u>Arrived Inverness 1-6-19</u>					
				<u>Disembarked St John's 29-6-19</u>					

Total Service forfeited as above.....

Total Service towards Engagement to 29-6-19 (date of discharge) 1 years 250 days  
 " " Pensions " " " " " " " " " " " "

Reg. No. 4016 Rank Plt Name Grouchy, S.

Attested 23-10-17 Address 15 Howe Place St. Johns.

Allotment 604 Allotee 10 of Montreal Gas & Coke Co. Brothers

Date of Allotment 1-11-17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas 11-12-17 Cause \_\_\_\_\_

Since 1<sup>st</sup> 29-10-17 2<sup>nd</sup> 3-11-17 3<sup>rd</sup> 8-11-17 Vac 21-11-17  
St. L. 4-12-17 to 7-12-17 Rtd 7-12-17



C.R. 4016

Extract from Daily Orders Part 11 Unit the Royal Wfld.  
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been  
RE CONFIRMED by Officer i/c Recprds from 29-6-19.

4016 Pte. Saml. Grouchy.

C.R. 4016

Extract from Daily Orders Part II Unit The Royal WFLd. Regt.  
St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

15-6-19

4016 Pte. Saml. Grouchy.

C.R. 4016

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, June 14-6-19.

4016 Pte. Saml. Grouchy.

Reported at Headquarters 1-6-19. Hx. "Corseian" which  
sailed Liverpool 22-6-19.



C.R. 4016

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.

#4016 Pte. S. Grouchy.

C.R.

4016

**Extract from Nominal Roll of Mfld. Regt Draft No 46  
Embarked Folkestone from 2nd Bn. Depot, to 1st Bn. B.E.F.  
25-5-18.**

4016 Pte. S. Grouchy.



C.R. 4016

Extract ed Nominal Roll Draft. (All Ranks) to 1st  
Bn. B.E.F. Embarked Folkestone.

4016 Pte. S. Grouchy.

25-5-18.

C.R. 4016

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Drafts No. 46,-120 Other Ranks from 2nd.  
Bn., Depot, Winchester, to 1st. Battn., The Royal Newfoundland Regiment  
B.E.F. Embarked Folkstone, 25/5/18.

4016 Pte. S. Grouchy.

A.Fs. B. 103 (one for each  
soldier) sent to 3rd. Echelon  
B.E.F.



C.R. 4016

Extract from Nominal Roll Embarked St. John(s) fro Overseas,  
Per S.S. "Florizel" Dec. 11, 1917.

#4016 PTE. A. GROUCHY.



C.R. 4016

Extract from Daily Orders Part II Unit The Royal Newfoundland  
Regt., St. John's, Oct. 23rd, 1917.

4016 Pte. S. Grouchy.

Attested for General Service with the 1st Newfoundland Regt., with  
effect from Oct. 23rd, 1917.

Grouchy, S.

C.R. 4016

P. & R. D.

# FORM K

No. 3776<sup>A</sup>



## 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Samuel Houshy, Regl. No. 4016,  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
                                 Dollars and 50 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:  
 Allotment begins 1-11-17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3096	In name of self and or	Bank of Montreal	St John's	60
	Brother	Joe Houshy	15 Home place	
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)                                 

Officer Commanding

Company

John W G  
9-11-17 191

(Sig.)                                 

(Rank)





**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* 7. Former Trade or Occupation } *Labourer*
2. Regtl. No. *4011* 3. Rank... *P.L.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Garsbury S.* .....  
(Surname) (Christian Names)
5. Age last birthday... *23*
6. Posted for duty on *10.10.19* at *St. John's* .....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

Na.

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.)*

Recompensed for 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.

Reputation

Agreed W. E. ...  
 Capt. ...

Medical Officer in charge of case.

Station Hessley Down Camp

Date 29. 4. 14

\* 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. 4016 Name *Re Cronchey S.*

Sqn., Batty., or Company } *B*

Corps *2/ Royal Newfld*

Date of enlistment } *23. 10. 19*

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. \_\_\_\_\_

Signature O.C. Company, etc. } *R. M. [Signature]*

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
<i>Kield</i>	<i>11/7/18</i>	<i>Pte</i>		<i>Unshaven on parade</i>	<i>Sgt Woodman</i>	<i>3 days B</i>	<i>6/7/18</i>	<i>Capt [Signature]</i>	<i>off</i>
<i>✓</i>	<i>22-11/19</i>			<i>Expensive of caps</i>	<i>Pte [Signature]</i>	<i>Adm [Signature]</i>	<i>22/1/19</i>	<i>Capt [Signature]</i>	<i>Pay for del. [Signature]</i>

Crouchy, S

4016

May 20th

June 29, 1919

#4016 Pte. Samuel Grouchy,  
#15 Howe Place,  
City.

Dear Sir:-

Please find enclosed  
Discharge Certificate No. 2437.

Yours truly

W. A. M. O. I. / c Records, Captain,



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4016 Rank Pte Name Groschy, Saul  
 Intended place of residence 16 How Place St John's  
 2. Occupation Labourer  
 Classification of soldier R Medical Category A1

### DEMobilIZATION

3. The above named man is discharged in consequence of .....

## 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 JUN 12 1919  
 Date ST. JOHN'S *J. A. M. [Signature]*  
 Comanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S  
JUN 12 1919  
*Saul Groschy*  
 Signature of soldier  
*J. A. M. [Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S  
JUN 12 1919  
*Saul Groschy*  
 Signature of soldier  
*W. F. [Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23-9-17 No of days on Military  
 Discharged from service JUN 15 1919 Plus 14 days Service 6 yrs

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of 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 15 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St John's Nfld *M. Bowley [Signature]*  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment  
 Date June 29/1919

*24132079/2437*

1  
31  
30  
23  
116  
365  
116  
249

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4016 Rank Plt Name Grouchy Samuel  
 Date of Enlistment 23-9-17 Address 15 Howe St. St. John's District St. John's  
 Occupation Labourer Classification for Discharge E Medical Category H1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 11-6-19 H. M. Stewart  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Samuel H. Grouchy  
 mark with wife's name*

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 \_\_\_\_\_

*A. H. Clouston*

Date 12-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at 15 Home Place and Release Certificate No. 2643 issued.

Date

12-6-19

*J.A. Knowlton*  
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 29-6-19

Date

12-6-19

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

Discharged approved for

10-6-19

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

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

**2 Form B**

Date

12-6-19

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

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

**JUN 15 1919**

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

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

Date



# Civil Re-establishment Committee



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

*Go resume former occupation*

*Grouchy Sr*

Signature of Man.

Reg. No. *4016*

*J. P. Shawliff*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date *12-6-19*

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# The Royal Newfoundland Regiment

Class for Demobilization: P6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.6.19

Regimental No 4016

Name Grouchy Samuel Rank P6

Address 15 Howe Place

Present Medical Category A7

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

Members of Board {

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

L. P. Brown  
Senior Medical Officer

G. W. Borden  
~~M. O. Depot~~

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

# MEDICAL HISTORY

OF

Surname

*Grouchy*

Christian Name

*Paul.*

Table I—GENERAL TABLE.

Birthplace:—Parish

*St. John's Nfld.*

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>23</i> day of <i>Oct.</i> 191 <i>7</i>	on	day of	191
	at <i>St. John's.</i>	at		
Declared Age	<i>23</i> years <i>4</i> Mos.		years	days
Trade or Occupation	<i>No above</i>			
Height	<i>5</i> feet <i>3</i> inches		feet	inches
Weight	<i>119</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <i>34</i> inches			inches
	Range of Expansion.. <i>3</i> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.— <i>6/12</i>		R.E.—V=	
	L.E.— <i>6/12</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>Lamm's Baberem</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St. John's.</i>	at		
	on <i>23</i> day of <i>Oct.</i> 191 <i>7</i>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<i>1st Nfld Regt.</i>	<i>4016</i>		
Became non-effective by	on	day of	191	on
	day of		191	day of
[Signature]				
[Rank]				





The Royal Mtd. Regiment

DEMOBILIZATION

No. 4016 Rank

Name

Houchy S

Warned for demobilization on

JUN 10 1919

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* 7. Former Trade or Occupation } *Labourer*  
2. Regtl. No. *4016* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Grouchy* *S.* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)  
5. Age last birthday. *23*  
6. Posted for duty on. *10.10.17* 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*



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

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

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

*No complaints of no disability -*

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

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

*Repatriation*

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

*W.E. Proctor, Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazley Down*

Date *29/3/18*

\* 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 *Grouchy Samuel*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4016*

Intended address *12 Howe Place*

Height on discharge *5'* Feet *4*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

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

Figure on discharge *Mrs*

Christian name of Father *John*

Christian name of Mother *Ann*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St John's 28 June 1896*

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) *Grouchy Samuel*

(Rank) *Private*

Station \_\_\_\_\_ Date *10-6-19*

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.

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

Station \_\_\_\_\_ Date \_\_\_\_\_

*(Grouchy)*

**Casualty Form - Active Service.**

Regiment or Corps *21st Royal Newfoundland*

Rank *Pte* Surname *Grouchy* Christian Name *Samuel*

Religion *Meth* Age on Enlistment *23* years *4* months

Enlisted (a) *23.10.17* Terms of Service (a) *Duration* Service reckons from (a) *23.10.17*

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

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

Occupation *Labourer* *J. M. Curran* Signature of Officer



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 .....	<i>25-5-18</i>		
		Disembarked .....	<i>27-5-18</i>		
		Joined Battalion .....	<i>31-5-18</i>		
		<i>Arrived in UK</i>		<i>9/3/19</i>	

*Int*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shosong Smith, &c. W 8635-312731 2000w 9.17 (35611) C. P. & S., Ltd., Form B./103 8/1907. P.T.O.



From. Ophthalmic Surgeon, Central Military Hospital

WINCHESTER.

To. Medical Officer in Charge, 2nd. N. F. L. D.

21. 3. 1910.

"REPORT OF VISION".

No. 4016. Pre. Branchy.

Has ...	V.A.	R.E. $\frac{6}{12}$	With correcting lenses	R.E. $\frac{6}{6}$
	L.E. $\frac{6}{12}$			L.E. $\frac{6}{6}$

*Glaucoma reduced.*

*low myopia*

*Roundell*

Capt. R.A.M.S.  
Ophthalmic Surgeon.

Note..... This report should be attached to this man's Medical History Sheet for future reference please.....



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Hrouchy, Regl. No. 4016

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and 50 Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz.:

Allotment begins 1-11-17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3096	Wife	Bank of Montreal	St John	60
	Brother	Joe Hrouchy	15 Home place	
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]  
Officer Commanding  
St John N 49 Company  
9-11-17 191

(S) [Signature]  
[Signature]  
(Rank) [Signature]

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... *Samuel* ..... 2. Surname... *Branch* .....
3. Rank... *Pte* ..... 4. Regt. No. *4106* .....
5. Address in full to which future payments of gratuity are to be forwarded... *15 Home Place. City* .....
6. Date of enlistment in the Regiment... *Dec 10/17* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not applicable*
8. Relationship of such dependents... *Do* .....
9. Address in full of such dependents... *Do* .....
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..... *Twenty months* .....
- and sixteen days* ..... *1 1/2* .....



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

*has applicable*

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.

*\$ 78.69 Clothing, etc*

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? *no*

19. Are you now serving in the Regt.? *no* If not give:- (a) date of discharge. *June 26/19*

(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.

*France, Belgium and Germany.*

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

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

Signature of Applicant: <sup>His</sup> Samuel X Grouchy <sup>(Witness)</sup> ~~Samuel~~

Place of Residence: 15 Howe Place, Ctr

Declared before me at: St Johnsville

This 12<sup>th</sup> day of June 1919.....

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

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

C.R. 4016

Receipt for Army Book 64

No. .... 4016 Name ..... Grouchy .....

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

Name Samuel Grouchy

Date Nov. 20<sup>th</sup> / 22  
Place Upper Battery Road.

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



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

---

Fold Here

Sept. 2 1921.

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

Pte. S. Grouchy

in respect of his service as No. 4016 Rank Pte.

Name S. Grouchy Royal Nfld. Regt.  
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received Victory Medal British War Medal

Signature Pte S Grouchy

Date February 3<sup>rd</sup> 1922

Address Upper Battery Road  
St. Johns N.F.L.D.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Number of Sheet 8NE

Regiment of 1<sup>st</sup> Newfoundland

Signature of O. C. Company [Signature]

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	23 years 4 months	Labourer	
Joined	Date	Place and Date of Enlistment	St. John's 23-10-17	Religion Meth	
Joined	Date	Period of	with Colours 2 1/2 years. with Reserve 3 1/2 years.	Place of Birth	
Joined	Date				

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
									Demobilized St. John's, 29 <sup>6</sup> / <sub>19</sub>
To be carried over--									

Army Form B. 121



14016

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4016 Rank Plt Name Crouchy Samuel  
 Date of Enlistment 23-9-17 Address 15 Howe St District St. John's  
 Occupation Laborer Classification for Discharge E Medical Category H1  
 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 11-6-19 *[Signature]*  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

*Serial His Crouchy  
 mark x mark w/ wife  
 APPROVED*

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 [Signature]

Date 12-6-19 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 15 to his home at 15 Home Place and Release Certificate No. 2643 issued.

Date 12-6-19

*J.A. Knowlton*  
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 29-6-19

Date 12-1-19

*J.A. Knowlton*  
Depot Paymaster.

Discharge approved for 15-6-19

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
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 12-6-19

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

**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 15 1919

*R.H. Sait*  
O. C. Discharge Depot.

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

Date June 20/19

*Andrew K. [Signature]*



Reg. No. *4016* Rank *PL* Name *Granbery, L.*

Attested ..... Address. *11 Home Place*

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas *1.6.19.*

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

*11.6.19.*  
*15.6.19.*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION.**