



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5603 Name Charles Luedee Corps R. C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------|
| 1. What is your name? | 1. <u>Charles Luedee</u> |
| 2. What is your full Address? | 2. <u>St. Andrews</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Farmer</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, Charles Luedee 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.

4/6/18

Charles Luedee SIGNATURE OF RECRUIT.
R. C. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Luedee 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 recorded as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 4 day of June 1918

Signature of Attesting Officer C. S. 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 1918 } 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

5603

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

Name Charles Luedee
 Apparent age 21 years _____ months. Height 6 feet 1/4 inches
 Chest Measurement { Girth when fully expanded 39 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Philip Luedee
St. Andrew's | Relationship Father
Dist. St. Georges Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>4-6-18</u>									
Joined at <u>St. John's</u> on <u>June 4th 1918</u>									
<u>Discharged August 8/1919</u>									
<u>Embarked St. John's S.S. Co. Antilla to Halifax N.S. 22-7-18</u>									
<u>To R.F.C. for demobilization 24-6-1919</u>									
<u>Arrived to embark to home 1-7-1919</u>									
<u>Demobilization St. John's 8-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 (date of discharge) 1 years 66 days
 " " Pensions " " " " " " " " " " " "

Reg. No. 5603 Rank *Pvt* Name *Ludee b*
Attested *4-6-18* Address *St. Andrews, S.C. # 604*
Allotment *60* Allottee *Mrs Philip Ludee (Mother)*
Date of Allotment *1-8-18* Returned from Overseas
Embarked for Overseas *JUL 22 1918* Cause

SR

23-6-18 to 3-7-18 R.L. 3-7-18

2nd Proc 11-7-18

C.R. 5603

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 8-8-19

5603, Pte. C. Lundee.

C.R. 5603

Extract from Daily Orders Part II Unit The Royal WFLA.

Regt. St. John's, July 15-19.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot with effect from 25-7-19.

5603 Pte. C. Ludse.

C.R. 5603

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 31st 1919.

5603 Pts. C.Ludee.

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

C.R. 5603

Extract from Daily Orders part 11, from Unit The Royal

Regt. St. John's, dated July 25, 1918.

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

#5603 Pte. Chas. Ludey.

C.R. 5603

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 6th, 1918.

#5603 Pte. C. Ludoe.

Attested for General Service with the Royal Nfld. Regt.
from 4.6.18

Zuidec, G.

C.R. 5603

PYRO

109926
21/4/19
109
109
NO. 6422/970

109926

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Mfld. Regiment
Winchester

RD.
29th April 1919

5603 Pte. C. Luidee

With reference to the following
telegram from the Minister of
Militia / / (154

"Pay to 5603 C. Luidee
£4. 2. 0.

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

C. Luidee
Chief Paymaster & O. i/c Records.

[Signature]
Receipt hereunder.

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

Received the sum of Four pounds
Two shillings in respect of
telegraphic remittance from the
Minister of Militia.

C. Luidee
No. 5603 Rank Pl.

Witness C. Pearson

06709617
No. 1790/269.

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 Nfld Regt.
Winchester.

1st February 1919

5603. Pte. C. Luidee

With reference to the following
telegram from the Minister of
Militia / / (937)

"Pay to- 5603. Pte C. Luidee

10.6.0.

Cheque £ 10.6.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Chief Paymaster & O. i/c Records.

NEWFOUNDLAND CONTINGENT
VICTORIA ST.
LONDON SW1
FEB 1919
PAY OFFICE

February 4th 1919
Receipt hereunder.
Cham
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2 Batt'n.

Received the sum of Ten pound
Six Shillings in respect of
telegraphic remittance from the
Minister of Militia.

C. Luidee
No. 5603 Rank Sergeant

Witness M. Poetters

SIGNALLER'S RECORD SHEET.

Rgtl. No. 5603 Rank Pte Name & Initial Luedy C.
 Unit Royal Newfoundland Regt

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all Standard Tests
Whitby Camp

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	100%	98%	99%	98%	%	
Reading ...	98%	99%	98%	98%	%	

* R.A. Signallers only

Classified as 1st Class Signaller at Flagley Down Camp
 Date 9/12/18 Signature of Classifying Officer Whitby Camp
 Reclassified as Class Signaller at
 Date Signature of Classifying Officer

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> .
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and <i>vice versa</i> .
11.	Take a bearing with a compass and measure it on a map with protractor.

SIGNAL TRAINING. STANDARD TESTS.

1.	Accept a message including counting and filling in preamble.
2.	Fill in Sent Column on message form.
3.	Fill in Signal Register.
4.	Fill in Received Column on message form.
5.	Send and receive a verbal message on the telephone.
6.	Call up with (a) flag, known and unknown station. (b) buzzer. (c) ringing phone.
7.	Put through a call on a 4 plus 3 switch unit.
8.	VISUAL. Carry out duties of reader: (For R.A. Signallers includes Semaphore.)
9.	" " " caller. " " "
10.	" " " writer. " " "
11.	" " " answerer. " " "
12.	" " " answer-reader. " " "
13.	" " " sender. " " "
14.	LUCAS LAMP. Set up and align.
15.	" Replace cells.
16.	" Connect up cells.
17.	" Trace the electric circuit with a view to locating a fault.
18.	" Change a bulb.
19.	" Change nightshades.
20.	" Test flexible cord.
21.	TELESCOPE. Set up on stand and align.
22.	" Focus on a blue flag unreadable to the unaided eye and read a message.
23.	HELIOGRAPH. Set up and align with vane.
24.	" Change to duplex and align.
25.	" Regulate the beat.

ELECTRICAL INSTRUMENTS TESTS.

CELLS.	MISCELLANEOUS.
1. Render active.	
2. Connect in series and parallel.	
- TELEPHONE D. III.	
3. Connect and insert cells and cell connections.	14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.
4. Test instrument.	15. 4 plus 3 Buzzer Unit. Connect up.
5. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressel switch contact.	
(d) Receiver discs and washers.	
(e) Microphone capsule.	
6. Connect up earth return, metallic return, and use of condenser terminal.	
FULLERPHONE.	
7. Connect and insert cells and cell connections.	
8. Test instrument.	
9. Localise and remedy the following faults:—	
(a) Adjust No. 1 or (A) contact of armature.	
(b) Adjust No. 2 or (B) contact of armature.	
(c) Dirty contacts.	
VIBRATOR, R.A.	
*10. Connect up hand set and cell connections.	
*11. Test instrument.	
*12. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressel switch contact.	
(d) Receiver disc and washers.	
(e) Microphone capsule.	
13. Connect up earth and metallic return.	
	LINEMAN'S DUTIES.
	16. Identify lines by labels.
	17. Draw and explain a simple circuit diagram.
	18. Draw and explain a simple route diagram.
	19. Make a reef knot, barrel hitch and clove hitch.
	20. Joint and insulate (a) D. II. } Single or (b) D. III. } Twisted. (c) D. V. } (d) D. twin Mk. III.
	21. Make simple joint in enamelled wire or single airline.
	22. Lay cable (a) in open country. (b) in trenches.
	23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.
	24. Test with Q. and I. detector— (a) cells; (b) a circuit, for disconnection earth and contact; (c) In order to pick up wires in a rope.

* R.A. only.

This space to be pasted in A.B. 64.

Ludee, C

5603

Ray sept.

August 8th 1919.

#5683, Pte.C.Ludee,
Little River, St.Geo.

Dear Sir:

Enclosed please find Discharge Certificate
3614.

Yours truly,

Cant.&
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5603 Rank. Plt Name Judee C
 Intended place of residence. Little River ST George

2. Occupation Farmer
 Classification of soldier. E Medical Category. A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 11 1919

L. M. St. 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 11 1919

C. Lucade
 Signature of soldier

W. B. Johnston
 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 11 1919

C. Lucade
 Signature of soldier

J. M. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 4-6-18 No. of days on Military
 Discharged from service. JUL 25 1919 Plus 14 days Service. 431

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 25 1919

L. 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 8 1919

W. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

CAF 50 79/561E

27
31
8
66

The Royal Newfoundland Regiment

Class for Demobilization: B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. 5103

Name L. Under C. Under

Address L. Under R. Under

Present Medical Category A.1

Recommended for: — { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R. H. Hart Major
O.C. Discharge Depot.

W. H. Under
Senior Medical Officer

W. C. Under
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5603 Rank Plt Name Ludlow
 Date of Enlistment 1-1-6-18 Address Little Bay District St. John's
 Occupation Farmer Classification for Discharge E Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. F36	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 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

I. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) Clothing Supplied _____

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2404 to his home
 at Little River and Release Certificate No. 3493 issued

Date 11-7-19

J. H. 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 8-8-19

Date 11-7-19

J. H. Howcroft
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 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 11-7-19

J. H. Howcroft
 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 25 1919

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

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

Date

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

MEDICAL HISTORY

OF

Surname Luce

Christian Name Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Andrew's, Dist. of St. George's County, Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	14 th	June 1918		191
	at	St. John's.	at	
Declared Age	21	years		days
Trade or Occupation	3 annu.			
Height	6	feet 4		inches
Weight	162	lbs.		lbs.
Chest Measurement	Girth when fully expanded	39 1/2		inches
	Range of Expansion	1 1/2		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	1 Scar.		
When Vaccinated	3 years ago.			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamin P. Adams</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's.	at	
	on	14 th day of June 1918	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	Royal Nfld. Regiment.			
		5603.		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 Office 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 *Luedee, Charles*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5603.*

Intended address *Little River, St Georges.*

Height on discharge *6* Feet

Color of hair on discharge *Light brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *Philip*

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 *Little River Exa 6-1-1897*

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) *Charles Luedee* *He* (Rank)

Station *St Johns* 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 T.F.S.D.*
2. Regtl. No. *5603* 3. Rank. *P.L.*
4. Name *Surdut* *Charles*
(Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on at
- in category (or grade)
7. Former Trade or Occupation } *Farmers*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

No complaint of no sensibility

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

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Repatriation

W.E. Proemier. Capt. Mance

Station *Morshayesman*

Medical Officer in charge of case.

Date *2-24-19*

* 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

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,

Chudee

Signature of Man.

J. H. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 3603

Place

St John

Date

11 7 - 29

191

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..... *Chas* S. Surname..... *Luede*
3. Rank..... *RT* 4. Regt. No. *5603*
5. Address in full to which future payments of gratuity are to be forwarded..... *Chas. Luede*
Little River
6. Date of enlistment in the Regiment..... *June 4th 1918*
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..... *Not Applicable*
9. Address in full of such dependents..... *Not Applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not Applicable*
11. Were you on active service only in Mfld. If so, give dates and particulars of such service.....
Over Seas
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *one month in M.F.L.C.*
t. 13. Month over Seas

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

Not 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.

Not Applicable

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.

Not Applicable

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?.....

Not Applicable

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

Aug. 8th / 12

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....

Not Applicable

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.....

Not Applicable

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:

Chas Luder

Place of Residence:

Little River

Declared before me at:

Grand River Lodge

This

Tenth

day of

September

19*29*.....

James Doyle J.P.

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

POST DISCHARGE PAY.

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

Little River

1/9/19

Carer Howley

St. John's

Dear Sir,

Discharge of August 5th received some time ago, but received no graduation money. And

I also wrote about it & got no reply. So please let me know what is the matter. All other boys are receiving so why what is the reason for not

sending mine!

Yours

Shurely

5603

Pi

L. L. L.

no

form?

Sept. 6, 1919

Pte. C. Luedes, #5603,
Little River,

Dear Sir:

I enclose herewith form
of claim for War Service Gratuity, which
kindly have completed before a Magistrate
or Justice of the Peace, and when complete
return, so as payments can be made you at
once.

Yours truly,

SQMS.

Sept. 11, 1919

#5608 Pte. Charles Ludee.
St. Andrews.

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..... *Charlie* 2. Surname..... *Lueder*
3. Rank..... *Private* 4. Regtl. No..... *5608*
5. Address in full to which future payments of gratuity are to be forwarded..... *Charlie Lueder*
St. Andrews
6. Date of enlistment in the Regiment..... *June 4 / 18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not
8. Relationship of such dependents..... *Not Applicable*
9. Address in full of such dependents..... *Not Applicable*
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 Hfld. If so, give dates and particulars of such service.....
Over Seas
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *One month in Hfld. & Twelve months overseas*

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

For Application

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.

For Application

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.

For Application

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? *For Application*

19. Are you now serving in the R.F.C.? *No* If not give: (a) Date of discharge *July 11 / 19* (b) Reason for discharge

Disability

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.

For Application

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.

For Application

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:

Chas Luan

Place of Residence:

St. Anwar

Declared before me at: *Doyle Station*

This *22nd* day of *July* 19*19*.....

James Doyle J.P.

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

POST DISCHARGE PAY.

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

Certified correct.

Registrar

POST DISCHARGE PAY.

6173

Little River

Aug. 21/19
Mr Rowley Casser
Sr. Johns

Dear Sir

received Recharge

O.K. but did any money

Please let me know if
it was send. And
Oblige you Sincerely

6608 C.L. Under

mailed
Sep 11

5603

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL-1914-1919.

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

5603 G. Lueder
Name.....

Date 21-1-20.....

Place St. Andrew's.....

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. S. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>Charles Luedee</i>	Age on	<i>24</i> years <i>11</i> months	<i>Farmer</i>		
<i>5605.</i>		Place and Date of Enlistment	<i>Seymour</i> <i>12.6.18.</i>	Religion <i>R.C.</i>		
Joined		Date	Period of } with Colours <i>16 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth		
Joined		Date		<i>St. Andrew's, St. George's, Ont.</i>		
Joined		Date				
Joined	Date					

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hayley Camp.</i>	<i>21.11.18</i>	<i>Pte.</i>		<i>Inattention on Parade</i>	<i>Serg. Watts</i>	<i>2 days CB.</i>	<i>22.11.18</i>	<i>Lt. Col. H. S. Knight</i>	<i>USA</i>
"	<i>17.3.19</i>	"	<i>(1)</i>	<i>Drunk in barracks</i>	<i>Lt. Col. McAuliffe</i>	<i>admonished</i>	<i>20.3.19</i>	<i>Lt. Col. Barton</i>	<i>M.H.</i>
				<i>Demobilized</i>	<i>St. John's</i>	<i>8 5/19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5603 Rank Private Name Ludwig, G.
 Date of Enlistment 11-6-18 Address Little Cove District St. John's
 Occupation Farmer Classification for Discharge F Medical Category H19
 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 10-7-19O. C. Discharge Depot. *R. H. H.*

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. *Chuan*

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *B2404* to his home at *Little River* and Release Certificate No. *3493* issued.

Date *11-7-19*

J. A. Howlett
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 *8-5-19*

Date *11-7-19*

J. A. Howlett
Depot Paymaster.

Discharge approved for.....

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.....	/
B 178a.....	D 400A.....	B 1915.....	/	do 2nd.....	" 3.....	2 Form B
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 *11-7-19*

J. A. Howlett
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

JUL 25 1919

Date

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

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

Date *Aug 7/19*

[Signature]

Reg. No. *5603* Rank *Pl* Name *Luides C.*

Attested Address *St Andrews*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandre* Cause *Discharge*

10 7 19

PASSED TO DEMOBILIZATION OFFICER

257 19

DISCHARGE EFFECTED ON DEMOBILIZATION

C.R. 5603
Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 G. (Feld)* 7. Former Trade } *Farmer*
or Occupation }
2. Regtl. No. *5603* 3. Rank... *Sgt.* 7a. If the soldier claims previous service in
Army, he should state—
4. Name *Luedde* *Chas* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *22*
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 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? }

The complaint of a disability

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.)

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 invalided at Foreign Stations.

W. E. Proennier Capt R.A.M.C.

Station *Hazley Down*

Medical Officer in charge of case.

Date *2/4/19*

* 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