



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5405 Name Thomas Peddle Corps R. C.

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

- |  |                           |
|--|---------------------------|
| 1. What is your name? .....  | 1. <u>Thomas Peddle</u>   |
| 2. What is your full Address? .....  | 2. <u>Old Shop St. B.</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>             |
| 4. What is your age? .....   | 4. <u>19</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, Thomas Peddle 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.

Thomas Peddle SIGNATURE OF RECRUIT.  
Pte R. Power Signature of Witness.

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

I, Thomas Peddle do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 24 day of May 1918

Signature of Attesting Officer P. B. Dickie 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

54051

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

Name Thomas Reddle  
 Apparent age 19 years ..... months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Old Shop  
W.B. Relationship John Reddle  
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 fixed engagement reckons from <u>24-5-18</u>									
Joined at <u>Wals</u> on <u>24-1918</u>									
<u>Embarked August 8/1919</u>									
<u>12</u>									
<u>Embarked Wals train to Halifax N.S. 22-9-18</u>									
<u>Left for demobilization 24-6-19</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization Wals 8-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 [date of discharge] 1 years 76 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5405

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

5405, Pte. J. Reddle.

C.R. 5405

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

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

5405 Pte. J. Peddle.

C.R. 5405

Extract from Daily Orders No. 5111 Unit: The Royal Wtd.  
Regt. St. John's, July 3rd, 1919.

5405 Pte. T. Peddle.

Reported at Headquarters 157219 on "Cassara" which  
sailed Glasgow June 24th, 1919.

C.R! 5405

Extract from Daily Orders Bgzt Major M.S. Sullivan, Commanding Newfoundland Forestry Companies 26-11-18.

The undernoted having arrived from Royal Nfld. Regt. (2nd Bn) is attached to the strength and posted to "C" Company from this date for rations.

5405 Pte. T. Peddle.  
5405

C.R. 5405

February 22nd 1919.

Mr. John Peddley

Old Shop, T.B.

Sir:

I am in receipt of your letter of the 17th inst., re shortage in last monthly payment of your son's account. I have made enquiries at the Paymasters Department and find that you were underpaid \$6.20 in January. This difference will be made up in your February's payment.

I have the honour to be,

Sir,

Your obedient servant.

FAB/MP.

Minister of Militia

C.R. 5405-

Old Shop

February 19, 1919

J. B. Bennett  
Minister of Militia  
St John

Dear Sir I received  
my sons money for  
Thomas peddle m 5405  
that not the same  
amount - as I received  
all the time the  
monthly payment -  
I received all the  
time was \$ 24. 80¢  
but the last pay  
I got was \$ 15. 80¢

I would like to know  
the reason I did  
not get the same as -  
I did all the time  
please let me know  
the trouble I  
remains yours.  
Truly John peddle  
Old Shop.  
Trinity Bay

Under pd 6.20 in Jan  
cheque for \$ 28<sup>60</sup> will be  
forwarded in Feb  
L.P.



C.R. 5405

Extract from Nominal Roll Entrained St. John's for Overseas,  
Sept. 22, 1918. "E".

5405 Pte. Peddle Thomas.

C.R. 5405-

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.

5405 Pte. G. Peddle.

C.R. 5405

Extract from Daily Orders part 11, from Unit The Royal Wfld. R  
Regt. St. John's, dated May 27, 1918.

#5405 Pte. T. Peddle.

Attested for General Service with the Royal Wfld. Regt.  
from 24.5.18

C.R. 5405

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

The following Man returned from Special Duty at Mount Pearl.  
19-9-18.

5405 Pte. G. Peddle,

J. Reddle.

5405

P. + R. 0



No 5812/844

N.F.P. /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,  
2nd Batt. Ryl. Nfld. Regt.

Winchester.



12/1/19  
12/1/19  
12th April 1919

April 16 1919

5405 Pte T. Peddie

With reference to the following telegram from the Minister of Militia / / ( 130 )

Receipt hereunder.

"Pay to- .5405 T. Peddie **X**.

*[Signature]*  
OFFICER COMMANDING  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£6. 2. 3.

Received the sum of £6. 2. 3.

Cheque £ 6. 2. 3s enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Six pound two and three respect of telegraphic remittance from the Minister of Militia.

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

No. 5405 Rank Pte.

Witness *[Signature]*

Saddle, J

5405

Gay Sept.



August 8th 1919.

#5405, Pte. J. Peddle,

Old Shop. T.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3612.

Yours truly,

Capt. &

Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5405 Rank Plt Name Pedde J  
 Intended place of residence old shop  
 2. Occupation Farmer  
 Classification of soldier E Medical Category AI

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  
 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  
 Signature of soldier Pedde  
 Signature of witness W. J. Featouy

### 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  
 Signature of soldier Thomas Pedde  
 Signature of witness W. J. Featouy

### STATEMENT OF SERVICE

7. Enlisted for service 24.5.18 No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 442

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S  
 Date JUL 25 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S  
 Date August 1/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*W. J. Featouy*  
2099/545

8  
30  
31  
8  
97



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5405 Rank Plt Name Richard  
 Date of Enlistment 24 5 18 Address Old St. John's District St. John's  
 Occupation Farmer Classification for Discharge 16 Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	
B 178	W 3494	B 122	Board 1st.	" 2.	3
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

#### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

*Thomas Padden*

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

(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. R2347.9890 to his home  
 at Old Shop and Release Certificate No. 3441 issued.

Date 11-7-19

*J.A. Snowball*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 8-8-19

Date 11-7-19

*H. H. H.*  
 Depot Paymaster.

Discharge approved for 25-7-19

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
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 11-7-19

*J.A. Snowball*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

JUL 25 1919

6161 93-1111

Eligible for War Service Gratuity

*D.R. Cooper*  
 O. C. Discharge Depot.

Date .....

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.

Thomas Liddle

Signature of Man.

J. H. Howland

Signature of the Vocational Officer or his Representative.

Reg. No. 52405

Place

M-Johns

Date

11-17-19

191

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

# MEDICAL HISTORY

Surname Pedde OF Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Old Shop, G.B. County Mea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	2 <sup>nd</sup> day of May 1918	St John's	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	S. Amer.			
Height	5 feet 9 1/2	inches	feet	inches
Weight	148	lbs.		lbs.
Chest Measurement	Girth when fully expanded	36	inches	inches
	Range of Expansion	4	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated	6/9 6/9			
Vision	R.E.—V= L.E.—V=		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>James P. Brown</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	2 <sup>nd</sup> day of May 1918	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	Royal Mea Regiment.	5408.		
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 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 *Thomas Piddle*

Regiment from which discharged **Royal Newfoundland**

Regimental number *Old Shop, J. B.*

Intended address *5405*

Height on discharge *5* Feet *10*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *John*

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 *Old Shop, Oct. 10<sup>th</sup>, 1898*

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)

*Thomas Piddle*

*Plc.*  
(Rank)

Station **ST. JOHN'S.**

Date *7.7.19.*

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. *Regt. 405* ..... 7. Former Trade or Occupation } *Ironmill*
2. Regtl. No. *2405* 3. Rank. *Pt* ..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Teddlar T* ..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *29* .....
6. Posted for duty on *Mar 22/18* at *St John* ..... 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 general 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*nil*  
*nil*  
*nil*  
*nil*

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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

*No complaint of no disability*

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.)

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? .. .. .

*na.*  
*na.*  
*na.*  
*na.*

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

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

*Repatriation*

*W.E. Procmier. Capt Rame*

Station *H.A.D. Camp*  
Date *25/5/19*

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

21. Give diagnosis and particulars of:—  
(a) Any disability claimed or discovered.  
(b) The present condition thereof.

22. 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 part of the soldier | .. .. .             | .. .. .           |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station Harley D. Camp ..... { President or Chairman.  
Date 26/5/19 ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospitals.  
Date ..... } Officer in charge, Central Hospital.

OR  
Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
Date ..... O.C. Discharge Centre.

August 16, 1919

Mr. Thomas Peddle,  
Old Shop, T.B.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of 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... Thomas ..... 2. Surname... Reddie .....  
3. Rank... Pte ..... 4. Regtl. No. ... 8205 .....  
5. Address in full to which future payments of gratuity are to be forwarded... Sea Shop I.B. .....  
6. Date of enlistment in the Regiment... Nov 24/18 .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... W .....  
8. Relationship of such dependents... S .....  
9. Address in full of such dependents... / .....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....  
11. Were you on active service only in Mfld. If so, give dates and particulars of such service... Overseas .....  
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... fourteen months .....  
..... 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.

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

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the R.A.F.? If not give: (a) Date of discharge. (b) Reason for discharge.

*No*  
*July 25/19*  
*Remob*

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

*England*

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

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

Signature of Applicant: *Thomas Piddle*  
 Place of Residence: *Old Shop. S.B.*  
 Declared before me at: *St Johns*  
 This 11 day of *July* 1919.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *John McCarty*

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

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This 11 day of July 1919.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits.

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

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:

5





The Department of Militia,

The sum of  $2 \frac{00}{100}$  Dollars is due

Mr. *J. Paddle Old Shop Bloke town* For

Reg. No. *5405* Bank. *Pls* Name *Paddle*

From *Bloke Town* Tel *Old Shop*

ACCOUNT	_____
CH. NO. <i>4971</i>	INITIALS _____
IND. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

*Receipt attached*

*Received for  $2 \frac{00}{100}$*

*J. A. [Signature]*

Captain *[Signature]*



Demobilization Office

*11-5-19*

No. 890

TRAVELLING WARRANT

Fig. 00

Date 11 7 19 The Royal Newfoundland Regiment

Please issue 1st Class Passage and Meals for

No. 3405 Rank TB Name Teddle J.

From ~~ST. JOHN'S~~ - To ~~St. John's~~  
Blade town

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

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

J. H. [Signature]

SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer  
Discharge Depot - Newfoundland

Mr Edward Peedle

Old Days

B Lake town

# B

August 21, 1919

E.J. Peddle,  
Old Shop, Blaketown.

Dear Sir:



I enclose cheque for \$2.00  
amount due you for driving Pte.J.Peddle to  
his home.

Yours truly,

Capt.  
Paymaster

LM/



Old Shop. Y. B  
July 18<sup>th</sup> 1918

Received sum of Twelve  
dollars from Thos Piddell  
for medicine attendance  
for "trumps"

OK W. Piddell

Old Com

A. A. Chisholm  
Mammals etc



**THE ROYAL NEWFOUNDLAND REGIMENT**  
HEADQUARTERS

*St. John's, Newfoundland,*

1985

July 25th, 1918 191

From Officer Commanding,  
 Depot

To Paymaster and Officer i/c Records,  
 Militia Department

ACCOUNT	<i>A. A. Young</i>	INITIALS	<i>ew</i>
CH NO	<i>2372</i>	INITIALS	
IND LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

Enclosed you will please find receipt for money paid Dr. Chisholm by 5405 Pte. Thos. Peddle, Old Shop, T.B. This man has been home sick and bill is for medical attendance. Will you please issue him a chèque and mail to his home, as he has not yet reported back to Depot.

*W. H. Young*  
 Ass't Adjutant  
 Depot The Royal Newfoundland Regiment  
 St. John's, Nfld.

Sept. 24, 1918.

No. 5405, Pte. Thomas Peddle,  
OLD SHOP, T.B.

Dear Sir:

I enclose herewith cheque  
for \$15.00 being refund due you on account of  
Dr. Chisholm's bill for medical services rendered  
you, which you paid.

Yours truly,

Capt.  
Paymaster



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland Number of Sheet one  
Signature of O. C. Company C. Dicks/lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on			
<u>5405 Reddle Tro.</u>		<u>19</u> years	months	<u>Farmer</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St. John's</u>		<u>R.P.</u>	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours		<u>St. John's</u>	
		with Reserve		<u>Colo Shop. T.3</u>	
		<u>1 7/6 years.</u>			
		<u>3 6/8 years.</u>			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>8</u>	<u>19</u>		

To be carried over.

# The Royal Newfoundland Regiment

D540

## DEMobilIZATION OF

Reg. No. 5405 Rank Private Name Riddie J  
 Date of Enlistment 24.5.18 Address Old Dept District Trinity  
 Occupation Sergeant Classification for Discharge 6 Medical Category AI  
 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 10.7.19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment.**

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

Thomas Riddie

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~~ .....

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1823479890 to his home  
at 11-7-19 and Release Certificate No. 3441 issued.

Date 11-7-19

*J.A. Newcomb*  
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 8-9-19

Date 11-7-19

*J.A. Newcomb*  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1.	
B 178	W 3494	B 122		Board 1st.	" 2.	
B 178a	D 400A	B 1915		do 2nd.	" 3.	<i>2 forms B</i>
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. Newcomb*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 20 1919

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

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

Date Aug 7 1919

*B.H.*

Reg. No. *1408* Rank *Alc.* Name *Siddle, J.*  
Attested ..... Address *Old Shop.*  
Allotment ..... Allottee ..  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Overcharge.*

*11768*  
*25768*  
**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION**

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xv) 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 W. Artillery
2. Regt. No. 5th 3. Rank... Lt
4. Name... Geddie T. (Surname) (Christian Names)
5. Age last birthday... 29
6. Posted for duty on... May 22/18 at... St. John's in category (or grade)...
7. Former Trade or Occupation } Immam
7a. If the soldier claims previous service in Army, he should state— (a) Former Regts. or Corps; with Regt. Nos. (b) Date of Discharge; (c) Cause of Discharge. (d) Particulars of Pension or Gratuity (if any)

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

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service .. .. .                              | <i>na</i>           |                   |
| (iii.) Climate in pre-war service .. .. .                          | <i>na</i>           |                   |
| (iv.) Ordinary military service before the war .. .. .             | <i>na</i>           |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <i>na</i>           |                   |
- 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? *Complex of no disability*  
*(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? *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.

*Reoperation*  
*W. Procunier. Capt. Rome.*  
 Medical Officer in charge of case.

Station *H. A. Camp*  
 Date *24/5/19*

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

21. Give diagnosis and particulars of:—  
 (a) Any disability claimed or discovered.  
 (b) The present condition thereof.
22. State whether the disabilities are:—
- |  |                     |                   |
|--|---------------------|-------------------|
| (i) Service during the present war .. .. .                               | (a) Attributable to | (b) Aggravated by |
| (ii.) Previous active service .. .. .                                    |                     |                   |
| (iii.) Climate in pre-war service .. .. .                                |                     |                   |
| (iv.) Ordinary military service before the war .. .. .                   |                     |                   |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . |                     |                   |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalidated at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Ag. Col. D. Camp* ..... } President or  
Chairman.  
Date *26/5/14* ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable  
in cases of  
Patients in  
Hospitals.  
Date ..... } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
Date .....  
O.C. Discharge Centre.