



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5446

Name John Fuddister

Corps RC

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

1. What is your name? ..... 1. John Fuddister  
Qui Vidi R. d. S. J. C.
2. What is your full Address? ..... }
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 30 Years ..... Months
5. What is your Trade or Calling? ..... 5. Labour
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, John Fuddister 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.

John Fuddister SIGNATURE OF RECRUIT.

25/5/18

J. Raymond Signature of Witness.

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

I, John Fuddister 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 25 day of May 1918.

John Raymond Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:

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

Date ..... 1918  
Place .....

} Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5446

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

Name John Puddister  
 Apparent age 20 years ..... months. Height 5 feet 10 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 5 1/2 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Margaret Puddister  
10 Lin Vici Rd St John E Relationship mother

### 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service not allowed to reckon towards G. C. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>25-5-18</u>									
Joined at <u>St John's</u> on <u>May 25-1918</u>									
<u>Discharged July 21 1919</u>									
<u>Embarked St John's train to Halifax N.S. 27 9 18</u>									
<u>to Hqs for demobilization 24 6-1919. Arrived Hqs 1-7-1919</u>									
<u>Demobilization St John's 31-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>31-7-1919</u> (date of discharge) <u>1</u> years <u>68</u> days									
" " Pensions " " " " " " " " " " " "									

J. Rudister

5446

P. + R. P

C.R. 52446

Extract from Medical Board held on Monday July 14th, 1919

5446 Pte. J. Puddister.

Recommended discharge from the Army.



C.R. 5446

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
31-7-19.

5446, Pte. J. Ruddister

C.R. 5446

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 17-8-19

5446 Pte. J. Puddister.

C.R. 5446

**Extract from Medical Board held on Monday July 14th, 1919.**

5446 Pte. J. Puddister.

**Recommended discharge from the Army.**

C.R. 5446

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, July 3rd 1919.

5446 Pte. J. Puddester.

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

C.R.

5446

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

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

5446 Pte. J. Puddister



CP 5426

*Sent to*  
Extract from telegram ~~received from~~ Synoptical London,  
Oct. 28th, 1918.

In answer your telegram Oct. 12th Puddister have made no  
allotment.

C.R. 5446

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

5446 Pte. Puddister John.

C.R. 5446

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's dated May 28, 1918

#5446 Pte. J. Puddister.

Attested for General Service with the Royal Nfld. Regt.  
from 25.5.18



Huddister, J

5446

Ray Sept.



July 30th 1919.

#5446, Pte. J. Puddister,  
10, Quidi Vidi, Road.

Dear Sir:

Enclosed please find Discharge Certificate  
" 3275.

Yours truly,

Capt. Paymasyer.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5446 Rank. Pte Name. Pudonit, J  
 Intended place of residence 10 Quai Vici Rd St Johns  
 2. Occupation Labourer  
 Classification of soldier B Medical Category B

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 17 1919

*J. M. H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 17 1919

*J. M. H.*  
 Signature of soldier

*A. M. B. C.*  
 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 17 1919

*J. M. H.*  
 Signature of soldier

*A. M. B. C.*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 25.5.18 No. of days on Military  
 Discharged from service. JUL 17 1919 Plus 14 days Service. 433

### 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 17 1919

*N. 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 July 21/1919

*N. R. Cooper Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*ANTB 2079 / 3275*

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4446 Rank Pvt. Name P. [unclear]  
 Date of Enlistment 25.5.14 Address [unclear] District [unclear]  
 Occupation Laborer Classification for Discharge B Medical Category [unclear]  
 Recommendation S.M.B. [unclear] Disability Rating [unclear]  
 Passed to Demobilization Officer with following documents:—

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

Date July 24/14O. C. Discharge Depot. [unclear]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

*He must provide  
with wife*

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
- (b) Clothing Supplied [unclear]

Date 17-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at 21-Johns and Release Certificate No. 3176 issued.

Date 12-7-19 .....  
Demobilization Officer Amelbonst

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 31-7-19

Date 12-7-19 .....  
Depot Paymaster.

Discharge approved for 17-7-19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 178m
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 17-7-19 .....  
Demobilization Officer Amelbonst

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 17 1919 .....  
O. C. Discharge Depot K.R. Cooper Capt

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.

Juddstr. J.

Signature of Man.

M. Blenstone

Signature of the Vocational Officer or his Representative.

Reg. No. 5446

Place

ST. JOHN'S.

Date

17-7-19

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

# MEDICAL HISTORY

Surname Pedder OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish 10 Lindi Vic Rd. St. John's County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	28 <sup>th</sup>	May	1918	191
Declared Age	20	years		days
Trade or Occupation	Labourer			
Height	5	feet 10 1/2		inches
Weight	152	lbs.		lbs.
Chest Measurement	38			
	1/2			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	1 Scar.		
When Vaccinated	14 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 but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Pedder</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	25 <sup>th</sup> day of May	1918	191
Joined on Enlistment	Corps.	Royal Nfld. Regiment.	Corps	
	Regtl. No.	5446.	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				





Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....**St. John's**.....

Date.....**July 14/19**.....

- |                   |                           |                               |                    |
|-------------------|---------------------------|-------------------------------|--------------------|
| 1. Unit           | <i>Royal Newfoundland</i> | 5. Age last birthday          | <b>21.</b>         |
| 2. Regimental No. | <b>5446</b>               | 6. Enlisted on                | <b>May 1918.</b>   |
| 3. Rank           | <b>Pte.</b>               | at                            | <b>St. John's.</b> |
| 4. Name           | <b>PuddisterJehn</b>      | 7. Former trade or occupation | <b>Fireman.</b>    |

8. Disability  
**Cut Hand.**

9. History

While picking up Blankets ran a piece of broken ~~XXXXX~~ glass in hand & cut R. hand on June 23/19 It is now practically healed.

10. What is his present condition?  
**Well nourished & well developed. Heart & Lungs normal. Scar on R. Hand result of glass cut with glass little serum oozing out but will be healed in a few days**  
 (This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

Department of Military Naval and Air Force  
 Medical Department

11. Was sanatorium advised and refused? **No.**  
 operation

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature **(SGD) S.G. KEAN. CABT.**  
 Rank or Qualification .....

Remarks if any by Officer i | c Hospital.

Place ..... Signature .....  
 Date ..... Rank .....

While looking at picture on back of broken XRAY film in hand of N. W. King on 11/11/18 in New York City hospital.



# Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x **May.** be considered as aggravated by :-  
~~-----~~
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any :-
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**Yes hand stiff from scar, interfering with full amount of work.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is **10%** capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

**10% 3 months, then NIL.**

Remarks if any :-

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is :- (a) Reasonable (b) Unreasonable

Remarks if any :-

19. If fit subject for Hospital do you recommend admittance to { General Hospital  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any :-

(SGD) N.S. FRASER. President

Signatures..... J.S. BAIT,

..... L. PATERSON: MAJOR.

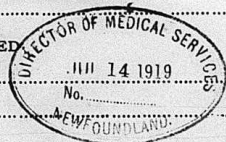
Place ..ST. JOHN'S.....

Date ..JULY 14/19.....

APPROVED

Station ..III 14 1919.....

Date ..No. ....



(SGD) CLIFFY MACPHERSON: MAJOR: Administrative Medical Officer.





## 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 *Rudolstedt John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5446*

Intended address *10 G. W. V. Rd.*

Height on discharge *5* feet *11* inches

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar on little finger on R hand.*

Figure on discharge *Tall*

Christian name of Father \_\_\_\_\_

Christian name of Mother *Margaret*

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 22 June 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) *John Rudolstedt*

Station *St John's* Date *14-7-19*

Witness *[Signature]* (Rank) *[Signature]*

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.

# 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 17-7-19

Regimental No. 5246

Name Puddister John

Address 10 Lindisfield Rd

Present Medical Category A F E

Recommended for: (a) ~~Immediate discharge~~  
(b) Standing Medical Board *SMB*

Members of Board

O. C. Discharge Depot.

*J. Paterson*  
Senior Medical Officer

*Geo. Borden*  
M. O. Depot


St Johns  
aug 8 1919

Dear Sir

I have desided on giving  
my Mother one month of my gratuity  
money, and would you oblige me  
By letting her have it - this will be  
the third month 5 4 4 6 privat-John  
my mother need it. Ruadister

P.M.  
Payable to mother when due  
W.H.

28/8/19

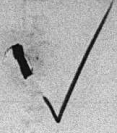
all paid?  


Aug 1 70.00  
Aug 2 Shurce Bros. 65.00  
July 18 Gray 70.00  
Aug 14 Cha. E. Hunt 75.00  

---

280.00

to Mo



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..... *Toher* ..... 2. Surname..... *Puadato* .....
- 3. Rank..... *Rte* ..... 4. Regtl. No..... *5446* .....
- 5. Address in full to which future payments of gratuity are to be forwarded... *10 Quia Via Road City* .....
- .....
- 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.....  
..... *no* .....
- 8. Relationship of such dependents..... */* .....
- 9. Address in full of such dependents..... */* .....
- .....
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */* .....
- 11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas* .....
- .....
- 12. Give total length of time which you served on active service, whether in field 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 21/19*  
*Went*

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 & Scotland*

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: *John F. Puddisto*  
 Place of Residence: 10 *Guidi Vidi Road. At*  
 Declared before me at: *St. John's*  
 This 17 day of *July* 19.19....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John McLaughlin J.P.*

POST DISCHARGE PAY.			War Service	Net amount
Date paid	paid	War Service	Responsibility.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Registrar	



SEPARATION ALLOWANCE.

Claimant..... Puddister, Margaret (mother, widow)  
On account of John Puddister No. 5446 Rank. Pte.

Decision..... *Refused*  
*another single son of military*  
*age contributing.*

*W. A. Newman* Minister of Militia  
*W. T. Ryndell* Lieut. Col.  
*M. Stowley* Capt.

Date *June 12/1919*

Instructions.....  
.....  
.....

Allotment of *50<sup>¢</sup>* per *day* payable to *Mr Stephen Puddister*  
his *mother* from *13/1918* to *present* current  
Discontinued on account of

*L. Pike* Sgt.

## (Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Newfoundland.

1.	Name in full of soldier.	Rank.	Reg't or Unit.	Regt. No.	
	John Puddister	Private	Loyale Tysar Regiment	5446	
2.	Age of soldier.	Married or Single.			
	31 years	Single			
3.	Name in full of mother.	Age.	Occupation.	Permanent Address.	
	Margaret Puddister	56	Widow	80 Guide Vidi Road	
4.	Give name of your husband.	Age.	Occupation.	Where Employed.	
	Stephen Puddister (decd)	—	—	—	
5.	If your husband is not supporting you, state the reason.				
6.	If your husband is a chronic invalid and totally incapacitated, state nature of Malady. (A medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue))				
7.	If you are a widow, state date and place of death of your husband.				
	March 31, 1912 at St John's.				
8.	Have you married again since death of above mentioned husband.			NO	
9.	Names of your other children.	Address in full.	Age.	Occupation.	Married or Single..
	Mary Ellen M <sup>d</sup> Curthy	18 Lewis St.	31	Married Woman	Married
	Sarah Martin	16 Lewis St.	27	Married Woman	do
	Martha Jane Bellan	13 Howe Place	28	Married Woman	do
	Richard Puddister	10 Guide Vidi Road	23	Laborer	Single
	James		26	Carpenter	Married

*Alfred M. H. ...*  
*23 cert. ...*  
*July 15/12*  
*W. G. P.*

10. State amount earned by (a) Yourself nothing  
(b) Your husband.
- 
11. State amount and source of any other income. None
- 
12. State value of real property belonging to you and your husband. None
- 
13. State value of personal property belonging to you and your husband. None
- 
14. If husband is dead, state value of real and personal property. None
- 
15. Actual amount contributed by soldier during the year prior to enlistment. Average of \$15<sup>00</sup>++ per week.
- 
16. Was this amount contributed weekly or monthly. Weekly
- 
17. Did this amount include payment of son's Board etc. Yes.
- 
18. State your son's trade or occupation prior to enlistment. Laborer
- 
19. State amount of his wages per week Average of \$15<sup>00</sup>++ per week
- 
20. State name and address of his last employer. Misses Harvey & Company  
St John's.
- 
21. State amount of monthly support from son since enlistment. \$15<sup>50</sup>++
- 
22. State amount of allotment received by you from son monthly. \$15<sup>50</sup>++
- 
23. State from what date did you receive allotment. September 7: 1918
- 
24. Actual amount contributed by other children: Weekly. Monthly.  
Son - Richard Luyster \$5<sup>00</sup>++ —
- 
25. Are any of these children in the employ of you or husband. No

- 31
26. If not receiving support from other children state cause. Explain fully. *The others are married*
- 
27. With whom are you residing at present. *live with my son Richard at No 10 Ginn's Road*
- 
28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *No, Son only 6666 *three months in Regiment**
- 
29. Are you already in receipt of payment from any patriotic Fund? If so, how much? *no*
- 
30. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*
- 
31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *no*
- 
32. In what capacity and in what place? *\_\_\_\_\_*
- 
33. Is he in receipt of a salary as such while serving in the Royal Nfld. Regiment. If so, how much? *no*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Margaret <sup>Her</sup> Paddister*

Declared and subscribed before me at..... *St John's Newfoundland*  
 this ~~day~~ *Twelfth* day of *September* 1918

Place of residence.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public) *John McElroy*  
 or Justice of the Peace. )

This application must be signed by two responsible parties, one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... (Rev.)..... *William H. Kitchen*

Signature of member of Patriotic ) *Thomas*  
 Fund Committee. )

*J. P. O'Connell*



MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed ) *John Puddister 5446*
2. Name and age of said soldier's father or other relative? ) *Margaret Puddister  
57*
3. Is said father or other relative invalid and totally incapacitated. *and unable to do much work* ) *chronic Father had  
stroke in poor health*
4. Of what nature is disability? ) *Age and debility*
5. From what date has this total incapacity been existent? ) *Commenced gradually  
since loss of husband 8 yrs ago*
6. How long is total incapacity likely to continue and what will be the effect on earning power. ) *It will gradually  
increase with age*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. ) *50%*
8. Are you the regular attending physician? ) *Yes*
9. Relationship to soldier of applicant? ) *Son*

I certify that the above statements are correct.

.....Place, *267 Jackson St  
of Paris*

.....Date, *March 14th 1919*

.....  
*Paula [Signature]*  
Physician.

July 18, 1919

Mrs. Margaret Puddister,  
#10 Quidi Vidi Rd.,  
City.

Dear Madam:-

With further reference to your application for  
separation, I have been directed to inform you that the Board  
of Review cannot see any reason to change their former  
decision.

Yours truly,

Captain & Paymaster.

SEPARATION ALLOWANCE.

Claimant *Margaret Puddister (Mother)*  
On account of *John Puddister* No. *5446* Rank. *Pvt.*

Decision.....  
.....  
.....  
.....

Date.....

Instructions.....  
.....  
.....

6025 Allotment of *50* per day payable to *Mrs Stephen Puddister*  
his *Mother* from *15/7/18* to *31/7/19*  
Discontinued on account of *being Disch'd*  
*L. Fisher S. Sgt.*



Royal Newfoundland Regiment

(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster  
Separation Allowance Branch  
St. John's Nfld.

1. Name in full of soldier Rank Reg't or Unit Reg't No.  
*John Puddester Private Royal Nfld 5446*
2. age of soldier Married or single  
*21 years Single*
3. Name in full of mother Age Occupation Permanent Address  
*Margaret Puddester 50 None 10 Inlet View Road*
4. Give name of your husband. Age Occupation Where employed  
*Stephen Puddester - ~~Merchant~~ Dealer*
5. If your husband is not supporting you state the reason  
*Not applicable*
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue).  
*Not applicable*
7. If you are a widow state date and place of death of your husband:  
*Died at St. John's in 1911*
8. Have you married again since death of above mentioned husband?  
*No*
9. Names of your other children. Address in full Age Occupation Married or Single.  
*Jane Allen St. John's 25 None Married  
Mary Ellen McLaughlin do 31 " do  
Sarah Martin do 27 " do  
James do 26 Carpenter do  
Richard do None None Single*
10. State amount earned by (a) Yourself (b) Your husband  
*66*
11. State amount and source of any other income  
*None*

12. State value of real property belonging to you and your husband *None*
- 
13. State value of personal property belonging to you and your husband *None*
- 
14. If husband is dead state value of real and personal property left by him *of no value*
- 
15. Actual amount contributed by soldier during the year prior to his enlistment *\$600*
- 
16. Was this amount contributed weekly or monthly? *Weekly*
- 
17. Did this amount include payment of son's Board, etc. *Yes*
- 
18. State your son's trade or occupation prior to enlistment *Seaman*
- 
19. State amount of his wages per week *\$12*
- 
20. State name and address of his last employer *Worked on C.P.R. Boats on Lakes*
- 
21. State amount of monthly support from son since enlistment. *About 20 per month*
- 
22. State amount of allotment received by you from son since enlistment *about amount of \$20.00*
- 
23. State from what date did you receive allotment. *From August 1910*
- 
24. Actual amount contributed by other children Weekly Monthly  
*None*
- 
25. Are any of these children in the employ of you or your husband? *No*
- 
26. If not receiving support from other children, state cause, explain fully *Only unmarried son an invalid*
- 
27. With whom are you residing at present? *With Sons*
- 
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *Yes, but received nothing as papers not signed by clergyman.*

29. Are you already in receipt of Separation allowance from any source? If so, how much?

No.

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

No.

31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government?

No.

32. In what capacity and in what place?

Not applicable.

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

No.

I herewith make this solemn Declaration conscientiously believing same to be true and knowing it to be of the same force and effect as if made under Oath, and in Virtue of the Evidence Act.

Signature of Applicant: Mrs. Margaret Puddister

Place of Residence: 10 Quill Hill Road

Declared and subscribed before me at: St. John's

this: fourteenth day of January 1920

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

[Signature]  
[Signature]

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant

Signature of Clergyman: William P. H. Kitchen

Signature of member of the Patriotic Fund Committee: Thomas Hunt

SEPARATION ALLOWANCE.

Claimant..... *Margare Puddister (Mother)*

On account of..... *John Puddister* No. *2446* Rank *1st*

Decision.....  
.....  
.....  
.....

Date.....

Instructions.....  
.....  
.....  
.....

Allotment of *50<sup>¢</sup>* per day payable to *Mrs Stephen Puddister*  
his *Mother* from *July 15<sup>th</sup> 1880* *Still Current*  
Discontinued on account of

*6026*  
*July 15<sup>th</sup> 82*

..... *Sgt. P. P. Ke.* .....



NOTICE.

ROYAL NEWFOUNDLAND REGIMENT

WIDOWER.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

- Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*John Prudate* *Pte.* *107 Regt* *54426*
- Age of soldier. Married or Single.  
*21* *Single*
- Name in full of mother. Age. Occupation. Permanent Address.  
*Margaret Prudate* *49* *Widow* *10 Queen Vicks Road*  
*St. John's*
- Give name of your husband. Age. Occupation Where Employed.  
*Stephen Prudate* *74* *Longshoreman*
- If your husband is not supporting you state the reason.  
*Dead*
- If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
- If you are a widow, state date and place of death of your husband.  
*St. John's*  
*March 21, 1912*
- Have you married again since death of above mentioned husband?  
*no*
- Names of your other children. Address in full. Age. Occupation Married or Single.  
*Mary Ellen Prudate* *16* *St. John's* *33* *Housewife* *Married*  
*Sarah Prudate* *18* *do* *25* *do* *do*  
*John Prudate* *15* *St. John's* *26* *do* *do*  
*James Prudate* *10* *Queen Vicks* *27* *Apprentice* *do*  
*Richard Prudate* *do* *do* *22* *do* *do*  
*(working by Seaman)*

- 10. State amount earned by (a) Yourself *nothing*  
(b) Your husband.

---

- 11. State amount and source of any other income. *None - depending on father*

---

- 12. State value of real property belonging to you and your husband. *None*

---

- 13. State value of personal property belonging to you and your husband. *None except furniture \$150<sup>00</sup>*

---

- 14. If husband is dead state value of real and personal property left by him. *None, except furniture*

---

- 15. Actual amount contributed by soldier during the year prior to enlistment. *About \$600 per year*

---

- 16. Was this amount contributed weekly or monthly. *Weekly*

---

- 17. Did this amount include payment of soldier's board, etc. *Yes*

---

- 18. State your son's trade or occupation prior to enlistment. *Longshoreman*

---

- 19. State amount of his wages per week. *Varying from \$20 to \$30<sup>00</sup>*

---

- 20. State name and address of his last employer. *Golden & Burtch 2700 W. 13<sup>th</sup>*

---

- 21. State amount of monthly support from son since enlistment. *\$15<sup>00</sup> per month*

---

- 22. State amount of allotment received by you from son since enlistment. *as above*

---

- 23. State from what date did you receive allotment? *Since enlistment*

---

- 24. Actual amount contributed by other children.  Weekly  Monthly. *None*

---

- 25. Are any of these children in the employ of you or your husband? *No*



26. If not receiving support from other children, state cause. Explain Fully. *all want Expt*  
*See below*
- 
27. With whom are you residing at present? *Mr John*
- 
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *no - did not know.*
- 
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*
- 
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *no*
- 
31. Was the soldier at the time of his enlistment an employee of the H.M. Government. *no*
- 
32. In what capacity and in what place?
- 
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *no*

I herewith make this solemn Declaration conscientiously, believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Majest R. Rodette*

Place of Residence..... *10 Quai de la Reine*

Declared and subscribed before me at..... *St John's*

this..... *18th* day of..... *July*..... 191*9*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *James H. ...*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *William P. H. Ritchie*

Signature of member of the Patriotic Fund Committee. *Chas. ...*



NEWFOUNDLAND,  
ST. JOHN'S.  
To Wit:

I, John Puddister, of St. John's, make oath and say as follows:-

1. I was formerly a member of the Royal Newfoundland Regiment: my regimental number being 5446.
2. I am entitled to four months' gratuity, two of which have already been paid to me.
3. I desire to receive forthwith payment of the remaining two months' gratuity due to me because I am in urgent need of same for repairs to a house in which I am residing.
4. It is my intention to leave town before the end of the present week and I desire to have all accounts in connection with the said ~~repairs paid~~ before leaving the city.

SWORN at St. John's this  
12th. day of August, 1919,  
before me,

his  
John X Puddister  
mark

*Chas E Hunt*

Notary Public.

*P.M.*  
Payment of balance of *to \$4.*  
has been authorized *W.F.R.*

5446 Puddester

---

Q.M.

Please make first pay <sup>J.W. S. G.</sup>

18/7/19

A. W. G.

Cleaning and Pressing Department

Telephone 574

365 WATER STREET

ST. JOHN'S, N. F.

July 25 1919

M<sup>r</sup> Pte. J. Puddister

**SPURRELL BROTHERS**

E. D. SPURRELL, MANAGER

GENTLEMEN'S TAILORING

To suit

65<sup>00</sup>

# 5446

J. Puddister  
mess

J. C. P.

25/7/19

Walter J. Looney





314  
5746  
or

St. Joseph's Church,

St. John's, Newfoundland,

June 9 1919

I can testify that Mrs Puddister the  
Widowed mother of Pte. John Puddister needs  
<sup>separation</sup>  
the money left to her by her Soldier son.

William P. H. Kitchen

ACCOUNT	<i>Btm</i>
CH NO	<i>2177</i>
IND. LEDGER	<i>ST. JOHN'S</i>
PAY LEDGER	
IND. LEDGER	
<b>Royal Newfoundland Regiment.</b>	
<b>Billiting Account.</b>	

JUL 18 1919

To *Plt. J. Suddister*

Billiting Soldiers as undermentioned

from *July 11<sup>th</sup> 19* to *July 17<sup>th</sup> 19*

*5446 - Plt. J. Suddister 6 60*

*J. Suddister*

*C. B. Suddister*

Certified correct for \$

*6. 60*

*R. J.*

*R. M. Blouster*

Billiting Officer.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

July 18<sup>th</sup> 1919

Received from the First Newfoundland Regiment  
the sum of Seventy 00 Dollars.  
on account of Pay. wsg. J. + D. Juddister  
balance

Ch. No. <u>3337</u>	Initials <u>CW</u>
Pay Ledger <u>71</u>	Initials <u>LR</u>
Gen. Ledger.....	Initials.....

Regtl. No. 5446 Rank C. B. Hefferton

No. 5446

Rank Pte

Name

J. P. Maister

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 75<sup>00</sup>

Aug 14 1919

Received from the First Newfoundland Regiment  
the sum of Seventy five Dollars.  
on account of Pay. W.S.H.  
balance

Ch. No. 4745	Initials. P.H.
Pay Ledger... 21	Initials. W.S.H.
Gen. Ledger.....	Initials.....

John X. Puddister S.H. 46.  
Mark S. Blumney.  
Regtl. No. Rank



No. 5442

Rank *26*

Name

*J. Puddister*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 65<sup>00</sup>

Aug 8 19 19

Received from the First Newfoundland Regiment  
the sum of Sixty five Dollars.  
on account of Pay. W.L.G.  
~~Balance~~

Spurrell Bros

Regtl. No. W.L.G. 1st Newfoundland Regiment

Ch. No. <u>4436</u>	Initials <u>W.L.G.</u>
Pay Ledger <u>71</u>	Initials <u>W.L.G.</u>
Gen. Ledger.....	Initials.....

No. 5446

Rank P6

Name

J. Puddister

Sea Sparrow Bros



Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... *St Johns.*  
Date..... *July 14<sup>th</sup> 1919*

1. Unit *Royal Newfoundland*
2. Regimental No. *3246.*
3. Rank *Otc*
4. Name *Quidisti*
5. Age last birthday *31.*
6. Enlisted on *May 1918.*
7. Former trade or occupation *fireman*
8. Disability *Cut hand.*

9. History *while working up Harbets. ran a piece of broken glass in hand. & cut his hand. On 23<sup>rd</sup> June. - it is now practically healed.*

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

well nourished & well developed. Heart & lungs normal. S. car & Rt hand result. cut with glass. a little oozing out. But - unless he healed in a few days.

11. Was sanatorium operation advised and refused ?

no

12. Do you recommend discharge as permanently unfit ?

yes

Signature

*J. G. Kasa*

Rank or Qualification

*Capt.*

Remarks if any by Officer i | c Hospital.

Place

Signature

Date

Rank



# Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by :-  
due to

- (a) ~~Service during this war~~ (b) ~~Climate~~ (c) Ordinary Military Service  
Remarks if any :-

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

*Yes. Hand stiff from Scar, interfering with full amount of work*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?  
(State in percentage.)

*10%  
10% 3 months, then nil (9 mos. com.)*

Remarks if any :-

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is :- (a) Reasonable (b) Unreasonable

Remarks if any :-

19. If fit subject for Hospital do you recommend admittance to { General Hospital  
Naval and Military Con-  
vallescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any :-

*G. H. Ham*  
.....  
President  
Signatures *W. Sinclair Dail*  
.....  
*W. Patterson*  
.....

Place *S. Jones*  
.....  
Date *July 14/19*  
.....

APPROVED  
Station .....  
Date .....  
No. ....



*Clayton Macpherson*  
.....  
Administrative Medical Officer



# The Royal Newfoundland Regiment

5446

## DEMOBILIZATION OF

Reg. No. 5446 Rank PL4 Name Pudleston J  
 Date of Enlistment 25.5.18 Address St John's District St John's  
 Occupation Labourer Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Permanently unfit Disability Rating 10% 3rd class  
 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
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 July 14/19

O. C. Discharge Depot

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am in in a position to resume civilian occupation.

*f. H. Pudleston  
 with wife*

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 unlimited

Date 17-7-19

O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at pt. Johns and Release Certificate No. 3176 issued.

Date 17-7-19

Charles Lewis  
Demobilization Officer

**4. Pay and Allowances.**

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

Date 17-7-19

17-7-19  
Depot Paymaster.

Discharge approved for. 17-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.	B 268.	B 121.	N.F. Med.	D.F. 1.	1
B 178.	W 3494.	B 122.	Board 1st.	" 2.	1
B 178a.	D 400A.	B 1915.	do 2nd.	" 3.	2 <u>Ann B</u>
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 17-7-19

Charles Lewis  
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 17 1919

Date .....

K.P. Cooper Capt.  
O. C. Discharge Depot.

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

Date July 28/19

[Signature]

Reg. No. *5246* Rank *96* Name *Fuddista, Jr.*

Attested ... Address. *10 Guide Vici Rd*

Allotment#..... Allottee ..

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

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

*15.7.19.* Rec. Discharge from the Army

*17.7.19* PASSED TO DEMOBILIZATION OFFICER

*17.7.19* DISCHARGE APPROVED ON DEMOBILISATION



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. *5446* 3. Rank..... *4/E* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Qudderley* *Graham* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.  
5. Age last birthday..... *31*  
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 (b) Date of Discharge ;  
(c) on duty (d) off duty ? (c) Cause of Discharge.  
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *ni*  
12. Place of origin of disability. *ni*  
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. *ni*

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

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

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

*He complains of no disability*

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

*Repatriation*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*W.S. Procmier*

*Capt  
 Gant*

Station *Bozeler Down*

Medical Officer in charge of case.

Date *20/11/19*

\* 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

April 17, 1937

THIS IS TO CERTIFY that Regt. Number 5446,  
Pte. J. Puddister, enlisted in the Royal  
Newfoundland Regiment on May 25th., 1918 and  
was demobilized at St. John's on July 31st.,  
1919.

J. A. McGrath,  
Clerk, War Pensions.

SM/