

4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5024 Name *Elijah Reid* Corps *S.A.*

Questions to be put to the Recruit before Enlistment

- 1. What is your name? ..... 1. *Elijah Reid*
- 2. What is your full Address? ..... 2. *St. John's*
- 3. Are you a British Subject? ..... 3. *Yes*
- 4. What is your age? ..... 4. *31* Years ..... Months
- 5. What is your Trade or Calling? ..... 5. *Masterman*
- 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, *Elijah Reid* 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.

*Elijah Reid* ..... SIGNATURE OF RECRUIT.

*[Signature]* ..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Elijah Reid* 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 *14* day of *May* 191*4*

Signature of Attesting Officer *[Signature]*

† 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 *May 14* 191*4* ..... } Approving Officer.  
Place *[Signature]* .....

† 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

50254

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

Name Elijah Reig  
 Apparent age 31 years      months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 5 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Reig  
Wildo J. Bay | Relationship Brother

### 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 in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>14-5-18</u>									
Joined at <u>St. John's</u> on <u>Monday 14-1918</u>									
Discharged July 1, 1919									
Embarked for Halifax N.S. <u>11-6-1918</u>									
Embarked for France <u>26-10-1918</u>									
Joined Battalion <u>3-11-1918</u>									
Transferred from <u>22<sup>nd</sup></u> <u>Arrived Cambrai 28-4-1919</u>									
To <u>Demobilization 22-5-1919</u>									
Arrived <u>Demobilization 2-7-1919</u>									
Total Service forfeited as above <u>1-6-1919</u>									
Total Service towards Engagement to <u>2-7-1919</u> [date of discharge]									
" " Pensions " " " " " "									

E Reid

C.R. 5024

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Medical Report on an Invalid.Station Hazley Down CampDate 30. 4. 19

1. Unit Royal Newfld
2. Regimental No. 5024
3. Rank Pte.
4. Name Kid, E.
5. Age last birthday 34
6. Enlisted  $\left\{ \begin{array}{l} \text{on } 13. 5. 18 \\ \text{at } \text{St John's} \end{array} \right.$
7. Former Trade or Occupation  $\left. \vphantom{\begin{array}{l} \text{Former Trade} \\ \text{or Occupation} \end{array}} \right\} \text{Fisherman}$
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).*nilStatement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. nil

13. What is his present condition?

*He complains of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

*no*

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

*no*

16. Was an operation performed? If so, what?

*no*

17. If not, was an operation advised and declined?

*no*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*no*

*no*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*no*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatrication*

*no*

*Major D. D. D.*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *F. D. Camp*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *30 4 19*

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

† Delete this word if no exceptions are to be made.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Elijah Reid, Regl. No. 5024

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4128	Brother	John Reid	Dildo S. B.	60
			Total Allotment, \$	60

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

Sig.) A. G. Summers  
Officer Commanding  
B. Company  
St. Johns  
8-6-1918

(Sig.) Elijah Reid  
(Rank) Private

FORM K

No 4362



1ST. NEWFOUNDLAND REGIMENT

**ALLOTMENTS**

I, Elizah Reid, Regl. No. 5024

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4128	Brother	John Reid	Dieds S. B.	60
			Total Allotment, \$	<u>60</u>

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

Sig.) A. G. Summers  
Officer Commanding  
B. Company

(Sig.) Elizah Reid  
(Rank) Private

St. Johns  
8-6-1918

To:- The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
5024	Pte	Leid E	\$250	E Leid.

I have the honour to be, Sir,  
Your obedient Servant.

Date

July 1/18

E Leid



No. *5074* Name *Acid E.* Sqn., Batty., or Company } © Corps **ROYAL NEWFOUNDLAND REG** Date of enlistment } *1917* Service or Proficiency Pay } *1917*

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra line } Sheet No. *Three* Signature O.C. Company, etc. *J. W. M. [unclear]* Character *[unclear]*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Bombay</i>	<i>29/6/19</i>	<i>PL</i>		<i>Def. of kil</i>	<i>C &amp; M. S. Wilson</i>	<i>pay for same</i>	<i>1-4-19</i>	<i>Major Bernard</i>	<i>W.M.H.</i>

Army Form B. 122

C.R. 5024

Extract from Daily Orders part II, Unit the Royal Nfld.  
Regiment dated July 5th. 1919.

The discharge of the undernoted on demobilisation has been  
~~CONFIRMED~~ CONFIRMED by Officer i/c Records on noted date.

#5024 Pte. Elijah Reid.

2-7-19.

C.R. 5024

Extract from Daily Orders Port 21 Unit the Royal WFLA.  
Regt. St. John'sy June 9th, 1919.

The discharge of demobilization of the uninterested has  
been APPROVED by G.C. Discharge Depot with effect from  
<sup>18</sup>  
15-6-19.

5024 Pte. Elijah Reid.

C.R. 5024

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 7th, 1919

5024 Pte. E. Reid.

Reported at Headquarters 1-6-19.

BE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5024

**Extract from Nominal Roll 1st. Battalion**

**Royal Newfoundland Regiment dated 30-4-19.**

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19  
disembarked at Southampton 23/4/19; and reached  
Hazeley Down Camp 23/4/19.

#5024 Pte. E. Reid.

C.R. 5-024

Extract from General Roll Re-Improvement Draft No. 55: Edward Folkston,  
26/12/18, from 2nd Batta, Royal Newfoundland Regiment, Stanley Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, E.I.F.

5024 Pte. Reid, E.



C.R. 5024

Extract from Daily Call to Arms 11 Units The Royal 22nd.  
Regt. by Lt. Col. G.F. Mathew, D.S.O. Commencing 1st  
Batt. 3-11-18.

The following joined the Batt. 3-11-18.

5024 Pte. E. Reid.

6 647.

C.R. 5024

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 15th, 1918

#5024 Pte. E. Reid.

Embarked ~~w&sb~~ for Overseas with draft June 11th, 1918.



Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 15, 1918.

#5024 Pte. Elizah Reid.

Attested for General Service with the Royal Nfld.  
Regt. S from 14.5.18

Reid, C

5024

May - Sept.

July 2, 1919

#5024 Pte. Elijah Read,

Dildo, 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 the War Service Gratuity

Yours truly

Captain  
Paymaster & O.i/c Recor ds

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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. 1918.

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... *Elijah* ..... S. Name... *Reed* .....

3. Rank... *Pte* ..... 4. Regt. No... *50th* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Woods 2B* .....

6. Date of enlistment in the Regiment... *Nov. 14! 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge... *Not applicable* .....

8. Relationship of such dependents... *bo* .....

9. Address in full of such dependents... *bo* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No* .....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Thirteen months and 8 days* ..... 1. *3* .....

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

..... *Not applicable* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *\$89.67 Cashier, bonus + pay* .....

15. Have you been issued with a War Service Badge?..... *no*

16. Have you, during the present war, served in the Imperial Forces?..... *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency?..... *no*

19. Are you now serving in the Res?..... *no* If not give:- (a) Date of discharge..... *June 19/15* (b) Reason for discharge..... *Demobilization*

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

..... *Africa 1918 and Germany* .....

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

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

Signature of Applicant: *Elijah Reid*

Place of Residence: *Woods S.B.*

Declared before me at: *St. Johns Afd.*

This *5<sup>th</sup>* day of *June* 19*.1.9...*

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

*J. O. Kelly*  
*J. O.*

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

July 2, 1919

#5024 Pte. Elijah Reid,

Waldo, T.B.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 2303."

Yours truly

Captain  
Paymaster & Officer i/c Records.

# 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 A. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5024</u> <u>Reis Elijah</u>	Age on	31 years / months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion	
Joined	Date		<u>14.5.14</u>	<u>S. A.</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 2/19</u>					

To be carried over

Army Form B. 121.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3024 Rank Plt Name Reid E

Intended place of residence Diego

2. Occupation Fisherman

Classification of soldier E Medical Category A L

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 *J. M. H.*

Date JUN 4 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 and date ST. JOHN'S *E. Reid*

JUN 4 1919 *J. P. Snow Capt.*

Signature of soldier

Signature of witness

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

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

Place and Date ST. JOHN'S *E. Reid*

4-6-19 *James Newman*

Signature of soldier

Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 14-4-18 No of days on Military

Discharged from service 18-6-19 plus 14 days Service 445

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S *R. H. East Capt.*

Date JUN 18 1919 *R. H. East Capt.* Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.

Date .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed *M. Bowley Capt.*

Place St. John's, Nfld. *M. Bowley Capt.*

Date July 2/1919 *M. Bowley Capt.* Officer in Charge  
The Royal Newfoundland Regiment

*at Bm 91 2003*

# The Royal Newfoundland Regiment

Class for Demobilization: 1/1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 11-5-79

Regimental No. 5024

Name Reid, Elijah

Address Dildo

Present Medical Category A-i

Recommended for:— (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board { R.H. Lant Capt  
O.C. Discharge Depot.  
Paterson  
Senior Medical Officer  
Swinden  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5024 Rank Plt Name Reid E.  
 Date of Enlistment 14.4.18 Address Deeds District Trinity  
 Occupation Fisherman Classification for Discharge ..... Medical Category A I  
 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 4.6.19 O. C. Discharge Depot H. Reid

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Am. O. Blouster

Date 4-6-19 O. i/c. Re-clothing .....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1411 to his home at Sildo and Release Certificate No. 2273 issued.

Date 4-6-19 *J.A. Snow Capt.*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-7-19

Date 4-6-19 *H. H. News Lt.*  
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 4-6-19 *J.A. Snow Capt.*  
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**

JUN 18 1919

Date JUN 18 1919 *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation

Signature of Man.

Reg. No. Reid E.

*J. A. Snow Capt.*  
Signature of the Vocational Officer or his Representative.

Place

At Johns

Date

4-6-19

1919

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

# MEDICAL HISTORY

Surname Reid

OF

Christian Name Elijah

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	14 <sup>th</sup> day of Apr 1918	St John's	day of	191
Declared Age	31 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 8	inches	feet	inches
Weight	138	lbs.		lbs
Chest Measurement {	Girth when fully expanded	37	inches	inches
	Range of Expansion	5	inches	inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
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 P. [Signature]</u>			
(Rank)	[Rank]			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	14 day of May 1918	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal 2024			
	Nfld Regt			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Medical Report on an Invalid.Station Hazelton  
Date 30-4-19

1. Unit Royal Newfoundland Former Trade } Fisherman.  
or Occupation }
2. Regimental No. 5024
3. Rank Pte
4. Name Reid E.
5. Age last birthday 34
6. Enlisted { on 13/5/18  
at St John's
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).*Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). na
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Preparation*

*Mr. [Signature]*  
*Major [Signature]*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Hazley Down.

Date 30-4-19.

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.



## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Elijah Reid*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5024*

Intended address *Bildo St.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Wm*

Christian name of Mother *Priscilla*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bildo, 24<sup>th</sup> May, 1888*

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) *Elijah Reid*

*Pt*  
(Rank)

Station *St John's*

Date *4-6-19*

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

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

**Casualty Form—Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Reed Christian Name Elijah

Religion S. a. Age on Enlistment 31 years  months

Enlisted (a) 14/5/18 Terms of Service (a)  Service reckons from (a) 14/5/18

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

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

Occupation Fisherman Geo. W. ... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	<u>26 OCT 1918</u>		
		Disembarked...	<u>3 NOV 1918</u>		
		Joined Battalion			
		Arrived in UK		<u>23/1/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

Next of kin Brother, John Reed, 11th St. ...

No 4362



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Elijah Reid, Regl. No. 0024

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 25 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4128	Brother	John Reid	Dildo I. B.	60
			Total Allotment, \$	60

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

Sig.) A. G. Summers A.  
 Officer Commanding  
B. Company  
St. Johns  
8-6-1918

(S) Elijah Reid  
 (Rank) Private

112024

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5024 Rank PRC Name W. E. ...  
 Date of Enlistment 11.11.18 Address Delaware District Trinity  
 Occupation Fisherman Classification for Discharge 6 Medical Category A.I.  
 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	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 4.6.19 .....  
 O. C. Discharge Depot. H. Mans. H.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.  
 I am ... in a position to resume civilian occupation. E. Reid

Particulars passed to Vocational Officer for information and action.

Date 4.6.19 .....

2. Clothing.  
 Certified that Clothing Regulations have been complied with:  
 (a) Clothing Allowance payable \$ 60.00  
 (b) Clothing Supplied ...

Date 4-6-19 .....  
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1411 to his home at Sildo and Release Certificate No. 2273 issued.

Date 4-6-19 J.A. Snow Capt.  
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 127-3-14

Date 4-6-19 H. M. [unclear] Lt.  
Depot Paymaster.

Discharge approved for 19-6-19

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

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

Date 4-6-19 J.A. Snow Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 18 1919 R.H. [unclear] Capt.  
O. C. Discharge Depot.

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

Date June 18/19 [unclear]

Reg. No. *5024* Rank *1st* Name *Lieut Eli/ah*

Attested ..... Address *Bildo*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.1.19.*

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

*14-6-19*  
*18-6-19*

**PASSED TO DEMOBILIZATION OFFICER**

DISCHARGE APPROVED



CANADA

WAR VETERANS' ALLOWANCE BOARD

VETERAN

IN YOUR REPLY REFER TO FILE NO.  
AND PLEASE QUOTE  
YOUR REGIMENTAL NUMBER

DALY BUILDING,  
OTTAWA, May 25th, 1950

Director of Records, (Army)  
Department of National Defence.

Re REID Hiljah Regt. No. 5024  
(Surname) (Christian Names)

Veteran states he served in the following units: Nfld. Regt.

Dear Sir:

To enable the War Veterans' Allowance Board to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service during the Great War.

- 1. Did the applicant serve in the C.E.F. No
- 2. If Permanent or Non-Permanent Active Militia Service, did any part of his service constitute service in the C.E.F. as under P.C. 1569 dated June 22, 1918. N.A.
- 3. Field of service in Great War. FRANCE
- 4. If in France, unit and period of service. R. Nfld. Regt., 7 Mos.
- 5. Date and place of all enlistments. 14 May 1918, St. John's, Nfld.
- 6. Date of all discharges and reason. 2 July 1919, Demob.
- 7. Rank on discharge. Pte.
- 8. Date and place of birth as per attestation paper. 31 Years
- 9. Domestic status, and if married, name in full of wife. Single
- 10. Military Service prior to Great War, (or prior to enlistment in C.E.F.) Nil
- 11. Has he received any special Medals or Decorations. Nil

for **H.M. Jackson**

2099/PS 30-5-50

Director of Records

~~Original~~