



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5464

Name John Richards R.C.

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <u>John Richards</u>  |
| 2. What is your full Address? .....  | 2. <u>St. John's</u>     |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>            |
| 4. What is your age? .....   | 4. <u>23</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, John Richards 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 Richards SIGNATURE OF RECRUIT.  
John W. Pittman Signature of Witness.

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

I, John Richards 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 on this 27 day of May 1915.

Edwards 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 complied with. I accordingly approve, and appoint him to the .....

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

Date ..... 1915 } 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).....



No. 5464 Name *Richards, J.* Sqn., Batty., or Company } *D.* Corps *P. Newfoundland* Date of enlistment } *27/5/18* G.C. } *1* Badges } *1* Service or Efficiency Pay } *12/00*  
 Date of last entry in Company Conduct Sheet ) No. and date of last drunk ) Period not reckoning towards freedom from extra fine ) Sheet No. ) Signature O.C. ) *J. H. [Signature]* Character ) *Good*  
 Office ) Company, etc. ) *[Signature]*

Army Form B. 122.

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>In the Field</i>	<i>6-2-19</i>	<i>S/Co</i>	<i>—</i>	<i>Duty rifle on Guard</i>	<i>C.S.M. Ansty</i>	<i>2 Days CB</i>		<i>Capt Williamson</i>	<i>10/</i>
<i>"</i>	<i>8/4/19</i>	<i>"</i>		<i>Defile out of camp</i>	<i>C.S. W.S. [Signature]</i>	<i>Reg. for same</i>	<i>8/9/19</i>	<i>Major Bernard</i>	
<i>"</i>	<i>"</i>	<i>"</i>		<i>A.P.</i>	<i>DO</i>	<i>DO</i>	<i>100</i>	<i>DO</i>	

C.R. 5464

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 4th 1919,

The discharge of the undermeted on demobilization has been  
*Confirmed*  
~~APPROVED~~ by O.C. Discharge Depot with effect from 30-6-19.

5464 Pte. John Richards.

C.R. 5464

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 16--6-19.

5464 Pte. J. Richards.

C.R. 5464

Extract from Daily Orders Part 11 Depot, St. John's,  
Date June 18th 1919.

5464, Pte. J. Richards.

Reported at Headquarters 1/6/19. NZ "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 5464

Extract from Nominal Roll 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Recen Camps 22/4/19, embarked at Havre 23/4/19  
disembarked at Southampton 25/4/19; and reached  
Hazeley Down Camp 23/4/19.

#5464 Pte. J. Richards.

C.R. 5464

Extract from Nominal Roll of Draft No 56 from the 2nd., Battalion  
of the Regiment at Winchester to the 1st., Battalion of the  
Newfoundland Regiment B. E. F.,  
Embarked Southampton 23/11/18.

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#5464 Pte. J. Richards.



C.R.

5464

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 25, 1918.

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

#5464 Pte. John Richards.

C.R. 5464

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 29, 1918

#5464 Pte. J. Richards.

Attested for General Service with the Royal Nfld. Regt.  
from May 27, 1918

J. Richards

5464

P. + R. 6

Medical Report on an Invalid.

Station Hazleley Down

Date 1/5/19

1. Unit Royal Newfoundland

2. Regimental No. 5464

3. Rank plc

4. Name Richards John

5. Age last birthday 24

6. Enlisted { on May 26/18  
at 19th

7. Former Trade } Farmed  
or Occupation }

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.
- 10. Place of origin of disability.
- 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  
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).
  - (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.

na.

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.*

*He complains of no 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?

*na.*

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

*na.*

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?

*na.*

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.

*na.*

*Repatriation*

20. Do you recommend—

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

W.S. Provenier - Capt RMC  
Officer in medical charge of case.

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

Station Wazeley Barron

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

Date 1/5/19

\*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.

FORM K

Nº 6133



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Richards, Regt. No. 5464

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty 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 August 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4400	Father	Michael Richards	Topsail C Bay	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.) Watson Lieut.

Officer Commanding  
E Company

(Sig.) John X Richards  
*Master Gardener*

(Rank) Pte

SA John

June 29 1918

N.D. J  
No. 19437/802

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
Royal Newfoundland Regt.  
B. E. F.

27th November 1918

Subject: 5464, Pte. J. Richards

ANSWER.

With reference to the following telegram (10022) from the Hon. Minister of Militia, received

Pay to 5464 Richards £4:0:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

*A. A. Minchin*  
Chief Paymaster & O. i/c Records.

3-1-1919

5464 Pte J Richards

This man wishes this amount forwarded to him please.

Received the sum of £102.95  
equivalent of £4-0-0

*J. Richards*  
mark,

*P. Allen*

19045/2122

2/Bn Royal Wfld. Regt.  
Winchester.

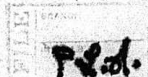
21st November 8

5464, Pte. J. Richards

✓ 10022

Pay to 5464 Richards £4:0:0

4:0:0





Richards, J

5464

Hay Sept.

July 2, 1919

#5464 Pte. John Richards,

Topshill, C.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 & C.i/c Records.

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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. 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 *John* ..... 3. Surname *Richards*  
3. Rank *Cpl* ..... 4. Regt. No. *5464*

5. Address in full to which future payments of gratuity are to be forwarded *Nopsail, C. B.*

6. Date of enlistment in the Regiment *May 23/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

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 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..... *From May 23/18 to June 15/19.*

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?..... *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.

.....

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?.....

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

..... *No* ..... *Temporary* ..... *Demobilization* .....

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

*France, Belgium, + Germany - From Nov. 1918 to April 1919* .....

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?..... *No* .....

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 X Richards*

Place of Residence:

*Popsail C.B.,  
St. John's, Nfld.*

Declared before me at:

This

*16<sup>th</sup>* day of

*June 1919*  
*John M. [Signature]*

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

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

June 30 1919

#5464 Pte. John Richards,

Topsail, C.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2504.

Yours truly

Captain  
Quaymaster & U.I/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5464 Rank \_\_\_\_\_

Name Julian

Warned for demobilization on

JUN 16 19

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5464 Rank Pte Name Richards, J  
 Intended place of residence Lopasail, St. John's
2. Occupation Farmer  
 Classification of soldier F Medical Category A. I.
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 JUN 16 1919
- R. H. Sant Major  
 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  
JUN 16 1919
- J. Richards Pte  
 Signature of soldier
- J. A. Howley Capt  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date ST. JOHN'S  
JUN 16 1919
- John Richards Pte  
 Signature of soldier
- R. J. Caley Pte  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 27-5-18 No of days on Military  
 Discharged from service 16-6-19 Plus 14 Days Service 400

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S  
 Date JUN 16 1919
- R. H. Sant Major  
 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, Nfld  
 Date June 30/1919
- R. H. Sant Major  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

ATB 2079/2504



# The Royal Newfoundland Regiment

Class for Demobilization: *TC*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *14.6.19*

Regimental No. *5464*

Name *Richard John* Rank

Address *Topsail*

Present Medical Category *A-1*

Recommended for: -

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board -

*R. H. Lait Major*  
O.C. Discharge Depot.

*L. Paterson*  
Senior Medical Officer

*W. Burden*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5464 Rank Plt Name Richard J. Thomas  
 Date of Enlistment 27.5.18 Address St. John's District St. John's  
 Occupation Journalist Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	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 14.6.19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*John the x Richard J. Thomas*  
*John mark*  
*and the others*

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 Ambleton

Date 16-6-19

O i.c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home  
 as Topsail, Maryland Release Certificate No. 2822 issued.

Date 16-6-19 *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 30-6-19.

Date 16-6-19 *J. H. [Signature]*  
 Depot Paymaster.

Discharged approved for 16-6-19  
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 63		

*2 Form B*

Date 16-6-19 *J.A. Snowball*  
 O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Date JUN 16 1919 *R.H. [Signature]*  
 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.

*Richard J*

Signature of Man.

Reg. No. *5444*

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*16-5-19*

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

# MEDICAL HISTORY

Surname

*Richardson*

OF

Christian Name

*John*

Table I.—GENERAL TABLE.

Birthplace—Parish

*Topsail*

County

*Nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <i>27<sup>th</sup></i>	day of <i>May</i>	on	day of
	at <i>St. John's.</i>		at	
Declared Age	<i>23</i>	years		days
Trade or Occupation	<i>Farmer</i>			
Height	<i>5</i>	feet <i>6 1/2</i>	feet	inches
Weight		<i>125</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
When Vaccinated				
Vision	R.E.—V= <i>69</i>		R.E.—V=	
	L.E.—V= <i>69</i>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>L. J. Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St. John's.</i>		at	
	on <i>27<sup>th</sup></i>	day of <i>May</i>	on	day of
		19 <i>18</i>		19 <i>1</i>
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<i>Royal Nfld.</i>	<i>1464</i>		
	<i>Regiment.</i>			
Transferred to				
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)		19 <i>1</i>		19 <i>1</i>

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazeley Down	16	8	18	26	8	18	Tonsillitis	10	Discharged to duty.	<i>C. S. M. W. J. an</i> CAPT., R.A.M.C.







## Medical Report on an Invalid.

Station Hazelton LowerDate 1/5/19

1. Unit Royal Newfoundland
2. Regimental No. 5164
3. Rank Pte
4. Name Richard John
5. Age last birthday 24
6. Enlisted { on May 26/18  
at SF John's
7. Former Trade } Farmer  
or Occupation }
- 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.
10. Place of origin of disability.
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

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).
- (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.

na

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?

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?

*na*

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

*na*

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?

*na*

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.

*na*

20. Do you recommend—

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

*Boispatron*

*W. E. Thomas*  
*Sgd. H. M. Capt. R.M.C.*

Officer in medical charge of case.

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

Station Hazeley Down

Date 1/5/19

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 O. & 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 *John Richards*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *5464*  
 Intended address *Topsrail*

Height on discharge *5 Feet 8*  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_  
 Figure on discharge *Medium*  
 Christian name of Father *Michael*  
 Christian name of Mother \_\_\_\_\_  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Topsrail 15<sup>th</sup> June 1896*  
 Nature and locality of civil employment required \_\_\_\_\_

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*John X Richards*  
*mark*

*Rt*  
 (Rank)

Station **ST. JOHN'S.**

Date *73/6/19*

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.



Station

Date

**Casualty Form—Active Service.**

Regiment or Corps *ROYAL NEWFOUNDLAND REG.*

Rank *Pte* Surname *Richards* Christian Name *J*

Religion *Ang. C.* Age on Enlistment *23* years *—* months

Enlisted (a) *27/5/18* Terms of Service (a) **DURATION.** Service reckons from (a) *27/5/18*

Date of promotion to present rank..... Date of appointment to laice rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....

or Corps Trade and Rate *77 Long Cap*

Occupation *Farmer* Signature of Officer *[Signature]*

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 ...		
			Disembarked...	<i>28 NOV 1918</i>	
			Joined Batt.	<i>5 JAN 1919</i>	
		<i>Arrived in UK</i>		<i>23/7/19</i>	

*[Handwritten initials]*

(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, Schoeing-Smith, &c (17591.) Wt. W 1287-P 1124. 1,000,000. 8/18. D & S. Form B.103. (E. 1954)

Next of Kin: *Father: Michael Richards; Siblings: L. Bap; N. L. D.*

ST. JOHN'S, June 16/19

# Royal Newfoundland Regiment.

*Billeting Account,*

To Pt. J. Richards  
Leppair

*Billeting Soldiers as undermentioned*

from June 1/19 to June 16/19

5464 Pt J Richards 16. 60

*B V m*

ACCOUNT
CH. NO. <u>23761</u>
IND. NO.
REV.
CASH

*EW*

Certified correct for \$ 16.60

*J. A. Shaw*  
Billeting Officer.  
*J. Richards*

*C. O. S.*

ACCT NO.	<i>153R</i>	INITIALS	<i>JK</i>
CHK NO.		INITIALS	<i>JK</i>
DATE		INITIALS	<i>JK</i>
AMOUNT		INITIALS	<i>JK</i>
REMARKS	<i>Passage</i>		

May 28th. 1918.

The Royal Newfoundland Regiment,

To John Richards, (Recruit).

Ervine, 2. 1

*JK*

May 28th./18 To passage from Ervine to St. John's. \$00.30

(As per voucher).

*OK.*

Attested - Amount to be sent by Pto John Richard  
*Archie Rink*

MAY 29 1918  
 COMMANDING

Correct for Thirty Cents

*JK*

*28/5/18*

*Archie Rink*

## REID-NEWFOUNDLAND COMPANY.

PASSENGER DEPARTMENT.

## AGENTS', CONDUCTORS' &amp; PURSERS' RECEIPT.

Received from

John Richards

the sum of

Dollars

30

Cents,

being the amount of

2nd

Class Fare

From

Irving to St Johns

and have issued him Ticket No.

89888

Form No.

130 B

Date

May 28 1918

Agent, Conductor or PurserJ. P. Richards  
C. P. Richards

This form to be used when requested to give receipt for amount paid for tickets.

May 31st. 1918.

Private John Richards,

No. 5464,

Prince's Bank.

Dear Sir,-

I enclose herewith cheque for Thirty Cents, being  
the amount due you for passage from Irvine to St. John's.

Yours faithfully,

Capt. & Paymaster

JR.



C.R. 5464

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name John Richards

Date Dec 7 1919

Place Spain

Receipt for Army Book 64

No. 5464 Name J. Richards

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

Name John Richards

Date July 24<sup>th</sup> 1920

Place Toprail C.B. #579

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet one  
Signature of O. C. Company C. D. K. Shier

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Richard John</u>	Age on	<u>23</u> years <u>0</u> months	<u>Farmer</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>27-5-18</u>	Religion <u>R.C.</u>	
Joined	Date	Period of	with Colours <u>1<sup>34</sup></u> years. with Reserve <u>3<sup>6</sup></u> years.	Place of Birth <u>St John's</u>	

Place	Date of Offence	Rank	Case of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>		<u>30</u>	<u>6</u>		<u>19</u>

To be carried over.

5264

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5464 Rank PLC Name Richard J  
 Date of Enlistment 27.5.18 Address Lapsley District Antigonish  
 Occupation Farmer Classification for Discharge 16 Medical Category I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	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 178b	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 14.5.19 in Antigonish O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*John Mark Richard*  
*Antigonish*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied Alm. Houston

Date 16-6-19 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 2822 issued.

Date 16-6-19 *J.A. Knowlton*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 31-1-19

Date 11-1-19  
Depot Paymaster.

Discharge approved for 16-6-19  
Forwarded with following documents to O.C. Discharge Depot.

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

**2 Form B**

Date 16-6-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records,  
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUN 16 1919 *R.H. Jait Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date June 24/19 *[Signature]*

Reg. No. *5464* Rank *Plt.* Name *Richards John*  
Attested ..... Address *Lopsail.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29-5-19*  
Returned on S.S. *Corican* Cause *Discharge*

*14.6.19*  
*16.6.19*

APPROVED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILISATION.