

4731



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4731 Name Allan Rideout Corps S.A.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Allan Rideout</u>                      |
| 2. What is your full Address? .....  | 2. <u>Little's Island</u><br><u>N. D. B.</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                                |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>10</u> Months          |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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, Allan Rideout 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.

A  
26-4-18

Allan Rideout SIGNATURE OF RECRUIT.  
James Able Signature of Witness.

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

I, Allan Rideout 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 26 day of April 1918.

Signature of Attesting Officer James Able

### 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 ..... 191  
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

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

Name Allen Rideout  
 Apparent age 19 years 10 months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 33 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin A. Parmenas Rideout Cotton Island  
 Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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>26-4-18</u>									
Joined at <u>St. John's</u> on <u>April 26-1918</u>									
<u>Discharged August 8-1919</u>									
<u>Embarked St. John's S.S. Columella to Halifax N.S. 22-7-18</u>									
<u>to Campobello for demobilization 24-6-1919</u>									
<u>Arrived Campobello 1-7-1919</u>									
<u>Demobilization St. John's 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge) <u>1</u> year <u>105</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 4731

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 18th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records ~~xxx~~ from noted date  
8-8-19.

4731, Pte. A. Midgnt.

C.R. 4731

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, July <sup>18</sup> 1949

The discharge of the undersigned on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 25-7-49.

4731 Pte. A. Rideout.

C.R. 4731

Extract from Daily Orders Part II Unit The Royal Field Artillery  
St. John's, July 24th 1919.

4731 Pte. A. Rideout.

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

C.R.

4731

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

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

#4731 Pte. Allan Rideout.

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

#4731 Pte. A. Rideout.

Attested for General Service with the Royal "fld. Regt.  
from 26/4/18.

A Rideout

C.R. 4731

SRD





066859/60

734/128/P.2.A

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. R. Newfoundland Regt.  
Hazeley Down Camp,  
Winchester.

14th. January. 1919

Jan 16th 1919

Subject: 4731. Pte. A. Rideout.

Receipt hereunder by *Kenn*

With reference to the following telegram (413) from the Hon. Minister of Militia, received

LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT;  
Officer Commdg. 2<sup>nd</sup> Batt'n,  
Royal Newfoundland Regiment.

Pay to 4731 Rideout - £10:5:0

Received the sum of Ten pounds

Draft £10:5:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Five Shillings - on account of cable remittance from Newfoundland.

*L. F. M. Massey*  
Chief Paymaster & O. i/c Records.

A. Rideout

No. 4731 Rank Pte

Witness M. Rockett

NEWFOUNDLAND CONTINGENT

Rideout, A

4731

Ray sept.

August 8th 1919.

#4731, Pte. A. Rideout.

Cottle's Isld.

Dear Sir:

Enclosed please find discharge certificate  
# 3598.

Yours truly,

Capt. &  
Officer i/c Records.

18/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4731 Rank PLC Name Rideout A  
 Intended place of residence Cottles Island

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

3. The above named man is discharged in consequence of

### DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 11 1919

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 11 1919

A. Rideout  
 Signature of soldier

W. Bloustone  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 11 1919

A. Rideout  
 Signature of soldier

James Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 470

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 25 1919

N. R. Cooke Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 8/1919

M. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

2052029/3598

5  
21  
20  
31  
8  
106

# The Royal Newfoundland Regiment

Class for Demobilization: *9*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *10.7.19* .....

Regimental No. ... *4731* .....

Name ..... *Ridout, Allan* .....

Address ..... *Cutlers, Gold* .....

Present Medical Category..... *A-1* .....

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

Members of Board {

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

*H. Peterson*  
Senior Medical Officer

*Geob. Berdick*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 731 Rank Mr Name Ludlow A  
 Date of Enlistment 26-4-18 Address Castle St District St John's  
 Occupation fisherman Classification for Discharge E Medical Category H1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 10-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) ~~Clothing Supplied~~

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>192315</sup> to his home  
 at <sup>sed</sup> and Release Certificate No. <sup>3475</sup> issued.

Date <sup>11-7-19</sup>

*J.A. Howcroft*  
 Demobilization Officer

4. Pay and Allowances.

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

Date <sup>11-7-19</sup>

*H. M. ...*  
 Depot Paymaster.

Discharge approved for <sup>20-7-19</sup>

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 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 <sup>11-7-19</sup>

*J.A. Howcroft*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
 Officer i/c Records,  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date <sup>JUL 25 1919</sup>

*D.R. Cooper 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.

*A. Hideout*

Signature of Man.

*J. A. Knowlton*

Signature of the Vocational Officer or his Representative.

Reg. No. 4731

Place

*M. John*

Date

11-7-11

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

## MEDICAL HISTORY

Surname Ridesant OF Christian Name Allan

Table I.—GENERAL TABLE.

		SPECIAL RESERVE.		REGULAR ARMY.	
		on	day of	on	day of
Birthplace:—Parish <u>bottle's Island</u> County <u>Nfld</u>					
Examined	.....	on <u>30</u>	day of <u>April</u>	on	day of
	.....	at <u>St John's, Nfld.</u>		at	
Declared Age	.....	<u>19<sup>no</sup></u> years	— days	years	days
Trade or Occupation	.....	<u>Fisherman</u>			
Height	.....	<u>5</u> feet	<u>4</u> inches	feet	inches
Weight	.....	<u>115</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded....	<u>33</u> inches		inches	
	Range of Expansion..	<u>3</u> inches		inches	
Physical Development	.....				
Vaccination Marks	Arm	/	/		
	Number				
When Vaccinated	.....				
Vision	.....	R.E.—V=	<u>6/6</u>	R.E.—V=	
	.....	L.E.—V=	<u>6/6</u>	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>A. Smith Peterson</u>			
(Rank)	.....	<u>Major</u>			
	.....	Medical Officer.			Medical Officer.
Enlisted	.....	at <u>St John's Nfld.</u>		at	
	.....	on <u>26</u>	day of <u>April</u>	on	day of
	.....	1918		191	
Joined on Enlistment	.....	Corps.	Regtl. No.	Corps.	Regtl. No.
	.....	<u>The Royal Nfld Regt.</u>	<u>4731</u>		
Transferred to	.....				
Became non-effective by	.....	on	day of	on	day of
	.....	191		191	
(Signature)	.....				
[Rank]	.....				





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

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

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

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

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

Name in full *Alvan Rideout*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4751*

Intended address *Cottles Island*

Height on discharge *5 Feet 5"*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Varmanis*

Christian name of Mother *Beach*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Mortons. H. 13-6-age 21-1898*

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)

*Alvan Rideout*

(Rank) *Pte.*

Station

Date *July 7<sup>th</sup> 1919*

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



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

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland* Former Trade or Occupation } *Subaltern*
2. Regtl. No. *4731* 3. Rank... *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *Richard Allan* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

*The Complaints of the disability*

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

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.

*O. P. Proctor*, Capt R.D.M.C.  
 Medical Officer in charge of case.

Station Hazley town

Date 3/4/17

\* 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.

August 22, 1919

Mr. Allan Rideout,  
Cottler's Island, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of War Service Gratuity.

Yours truly

Captain & Paymaster

6376

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..... Allan ..... 2. Surname..... Redout ~~Redout~~ .....

3. Rank..... Pte ..... 4. Regt. No. 4731 .....

6. Address in full to which future payments of gratuity are to be forwarded..... Cottles Island Nfld. .....

6. Date of enlistment in the Regiment..... Apr 26/18 .....

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 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..... Five months .....

10



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 Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

*Aug. 25/19*

*Demob*

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.....  
.....

*any time*

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: *A. A. Abbott*

Place of Residence: *Wobles Island N. D. B.*

Declared before me at: *Or Johns*

This 11 day of *July* 19..19..

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

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



C.R. 4731

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. *P. J. Cideout*

Date.. *17.7.1919*

Place. *Cottles Island*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet 624

Regiment of Royal Newfoundland

Signature of O. C. Company W. W. Churchill Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1771</u>	Age on <u>28</u> years <u>11</u> months	Place and Date of Enlistment <u>St Johns 26.4.18</u>	<u>Fisherman</u>	
Joined	Date	Period of } with Colours <u>1/05</u> years with Reserve <u>3/36</u> years.		Religion	
Joined	Date			Place of Birth <u>St Johns</u>	
Joined	Date				
Joined	Date				

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>Hayley Saw Camp</u>	<u>3/10/18</u>	<u>Plt</u>		<u>Druty on Parade</u>	<u>Sgt. Foyate</u> <u>Sgt. Cox</u>	<u>2 days C.B.</u>	<u>4/10/18</u>	<u>W. W. Churchill</u>	<u>Plt USA.</u>
				<u>Demobilized</u>	<u>St Johns</u>	<u>8 F</u>			

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

84701

## DEMobilIZATION OF

Reg. No. 731 Rank Plt. Name Richard A. ...  
 Date of Enlistment 2.6.14 Address Wattle Idles District V Gate  
 Occupation Fisherman Classification for Discharge F Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19

[Signature]  
O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

[Signature]

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable. £6.00
- (b) Clothing Supplied .....

11/25/19  
[Signature]

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192315 to his home  
at bottles, Jeld and Release Certificate No. 3475 issued.

Date 11-7-19

*J.A. Snow*  
Demobilization Officer

4. Pay and Allowances.

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

Date 11-1-19

Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med	D.F. 1	/
F 178	W 3494	B 122		Board 1st	" 2	
F 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 11-7-19

*J.A. Snow*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 25 1919

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

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

Date Aug 7 1919

*[Signature]*

Reg. No. *4731*. Rank *Plt.* Name *Richard A.*  
Attested ..... Address *Cormanus Co. Cal.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cananda* Cause *Discharge.*

*117 19*

**PASSED TO DEMOBILIZATION OFFICER**

*257 4*

**DISCHARGE APPROVED ON DEMOBILISATION.**