



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5529 Name Walter Ridout Corps Meth.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Walter Ridout.
- 2. What is your full Address? } 2. Kings Point N. D. B.,
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 21 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 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, Walter Ridout 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.

Walter Ridout SIGNATURE OF RECRUIT.
Pte R Power Signature of Witness.

31/5/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Walter Ridout, 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 31st day of May 1918.

Signature of Attesting Officer Chas Lient

†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.....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

5529

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

Name Walter Ridout
 Apparent age 21 years 0 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Ridout,
Kings Point | Relationship Father.
N. D. B. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-5-18</u>									
Joined at <u>St. John's</u> on <u>Monday 31-1918</u>									
<u>Embarked St. John's S. S. Colombia to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C. 23-11-1918</u>									
<u>Disembarked Inverness 23-11-1918</u>									
<u>Joined Battr. 5-1-1919</u>									
<u>Transferred from Battr. 22-7-19. Arrived Winchester 23-7-19</u>									
<u>to B.C. for demobilization 22-5-19. Arrived B.C. 1-6-1919</u>									
<u>Demobilization St. John's 5-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-7-1919 (date of discharge) 1 years 36 days
 " " Pensions " " " " " " " " " " " "

C.R.

8529

Extract from Daily Orders part II, Unit the Royal Nfld.
Regiment dated 9-7-19.

The discharge of thevundernoted on demobilization has been
CONFIRMED by Officer i/c Records on 9-7-19.

#5529 Pte. Walter Rideout.

C.R.

5529

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

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 21-6-19.

5529 Pte. Walter Rideout.

CR 5529
Extract from Daily Orders Part El Depot, St. John's,

Date 10-6-19

5529 Pte. Walter Rideout

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

C.R. 5529

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.

#5529 Pte. W. Rideout.

C.R. 5529

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.,
Emarked Southampton 23/11/18.

#5529 Pte. W. Ridout.

C.R.

529

Extract from Daily Orders Part II, from Unit The Royal
Rifles, Regt. St. John's, dated July 25, 1918.

The following men embarked for overseas on H.M.S.
"Columella" July 28, 1918.

#5529 Pte. Walter Rideout.

C.R. 5529

Extract from Daily Order part 11, from Unit The Royal Newfoundland
Regt. St. John's, dated June 1st, 1918

#5529 Pte. W. Rideout

Attested for General Service with the Royal Newfoundland Regt.
from 31.5.18

W. Fideout

C.R.

5529

~~110~~

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*
2. Regtl. No. *5529* 3. Rank. *1st Lieut.*
4. Name *Pideout* *Walter*
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *May 21/18* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
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? } na.

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

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

the complain for disability

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

na.
na.
na.
na.

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

Repatriation

Station *Hazeley Down*
 Date *30/4/19*

W. Proctor *Capt R.A.M.C.*
 Medical Officer in charge of case.

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

Ridesout, W

5529

Ray Sept.

July 5, 1919

#5509 Pte. Walter Rideout,

King's Point,

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 the War
Service Gratuity.

Yours truly

Captain
Paymaster & O.i.c Records.

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... *Walker* S. Surname... *Rideout*
3. Rank... *Pte* 4. Reg't. No. ... *5529*
5. Address in full to which future payments of gratuity are to be forwarded... *King's Point N. 10 B.*
6. Date of enlistment in the Regiment... *May 31 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... *Do*
9. Address in full of such dependents... *Do*
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... *Twelve months and three weeks* 1.2

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.

81.609, Clothing Etc

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 Regt.? *no* If not give - (a) date of discharge *June 21/19.* (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. *France & 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.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5579 Rank _____

Name Rideout W

Warned for demobilization on **JUN 7 1919**

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5329 Rank Pte Name Rideout - Walker
 Intended place of residence King's Pt. Tullerpat

2. Occupation Fisherman
 Classification of soldier E Medical Category A1

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 7 1919
 Comanding 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 7 1919
 Signature of soldier W. Rideout
 Signature of witness Amel Hurst

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 7-6-19
ST. JOHN'S
 Signature of soldier W. Rideout
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 31-5-18 No of days on Military
 Discharged from service 21-6-19 plus 14 days Service 401

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 21 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's Nfld
 Date July 5 1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

a. F. Brogden

The Royal Newfoundland Regiment

Class for Demobilization: *Ej*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

6.6.19

Regimental No. *5529*

Name

Rideout

Halter

Pt

Address

King

Pt

N. X. B

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

R. H. Lant Capt

O. C. Discharge Depot.

A. H. ...

Senior Medical Officer

S. W. Burden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5329 Rank. Pte Name Soldier Walter
 Date of Enlistment 31-5-18 Address King St District St. John's
 Occupation Fisherman Classification for Discharge 1 Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 6.6.19 O. C. Discharge Depot. W. H. [Signature]

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~~... White linen

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1550 to his home at things pt and Release Certificate No. 2445 issued

Date 7-6-19

J.A. Brown 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 3-1-19

Date 7-6-19

J.A. Brown Capt.
Depot Paymaster.

Discharge approved for..... 21-6-19

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.....
B 179c.....	B 120.....	M 93.....		

Date 7-6-19

J.A. Brown 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

R.H. Sait Capt.

Date JUN 21 1919

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

M. Pideout

Signature of Man.

Reg. No. *5529*

J. A. Snowball

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *JUN 7 1919* 191.....

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

MEDICAL HISTORY

OF

Surname Rideout

Christian Name Walker

Table I.—GENERAL TABLE.

Birthplace:—Parish Ringo Point NFB County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31	May	1918	191
	at <u>St. John's.</u>		at	
Declared Age	21	years	—	days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet	6	inches
Weight			120	lbs.
Chest Measure-ment	Girth when fully expanded		31 1/2	inches
	Range of Expansion		3 1/4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	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>L. M. Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's.</u>	at	
	on	31 day of <u>May</u>	on	day of 191
Joined on Enlistment	Corps.	<u>Royal Nfld.</u>	Corps	
	Regtl. No.	<u>5529</u>	Regtl. No.	
Transferred to	<u>Regiment.</u>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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 *Walter Rideout*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5529*

Intended address *Stings Pt. N.S.B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks

Figure on discharge *Normal*

Christian name of Father *John*

Christian name of Mother *Charlotte*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Burying Place, March 21, 1897*

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

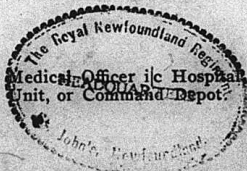
(Soldier's signature in full) *Walter Rideout*

(Rank) *Pte*

Station **ST. JOHN'S.**

Date *5-6-19*

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

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 Regt* 7. Former Trade or Occupation } *Fireman*
2. Regtl. No. *5529* 3. Rank. *plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Rideout-Waller* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *May 21/18* at *St. John's* 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? } *no*

The Complaints of no Disability

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

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

16. Was an operation performed ? If so, when and what was its nature ? *no*
17. If not, was an operation advised and declined ? *no*
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 ? *no*
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 ? *no*

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.

Rehabilitation
Sign W. P. Rowman
John Capt. NAME

Station *Boyle Down*
 Date *30/4/19*

Medical Officer in charge of case.

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

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Ridout Christian Name W

Religion Metho dist Age on Enlistment 21 years — months

Enlisted (a) 31/5/18 Terms of Service (a) DURATION. Service reckons from (a) 3/5/18

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

Extended (—) Re-engaged (—) Qualification (b) —

Occupation Fisherman or Corps Trade and Rate — Signature of Officer W. R. King, Cap.

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...	28 NOV 1918		
		Joined Batt.	5 JAN 1919		
		Arrived in UK	93/4/19		

(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 (17591.) Wt. W 1887-P 1124, 1,000,000.-6/18, D & S. Form B.103. (E. 1256.)

Next of kin: Father: John Ridout: King's Point: Notre dame Bay: N. E. L. D.

Receipt for Army Book 64

No. 5529 Name L. Rideout

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

Date Oct 11th 1920

Name W. Rideout

Place K. T. B. Point

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

25/1/20
W

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

Charles Hines

5529

Regimental Number and Name	
No.	<i>5529 Walter Redout</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>21</i> years <i>0</i> months
Place and Date of Enlistment	<i>St John's 31-3-18</i>
Period of	with Colours <i>136</i> years.
	with Reserve <i>365</i> years.

Trade	<i>Fisherman</i>
Religion	<i>Methodist</i>
Place of Birth	<i>King's Point</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>5 7/19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5529 Rank Plt. Name Lieutenant Walter
 Date of Enlistment 31-5-18 Address Kings St. District St. John's
 Occupation Cookman Classification for Discharge F Medical Category A
 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 6-6-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. Sideout

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 White trousers

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1550 to his home at Kings Pt and Release Certificate No. 2445 issued.

Date 7-6-19

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 5-7-19

Date 7-1-19

J.A. Snow Capt.
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
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	D 120	M 93			

Date 7-6-19

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 21 1919

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date June 14/19

J.A. Snow Capt.
for O.C. Records

Reg. No. *5529* Rank *Pte* Name *Rideout, W.*

Attested Address *King's Point*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corican* Cause *Discharge*

6-6-19

21-6-19

Reg. No. 5529 Rank Pvt Name Hideout, U.
 Attested 30-5-18 Address Kings Pk N.D.B.
 Allotment..... Allottee.....
 Date of Allotment..... Returned from Overseas.....
 Embarked for Overseas JUL 22 1918 Cause.....

Face	1 ⁶ / ₇₈	
13-6-18	1 st Groe 2 nd Groe 4-7-18 3 rd Groe 20-7-18	
2 ^d	16-6-18 to 24-6-18 R.L. 28 th 18.	