



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5663

Name Ezekiel Rundolt Corps Ofc

Questions to be put to the Recruit before Enlistment

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Ezekiel Rundolt</u> |
| 2. What is your full Address? | 2. <u>St. Johns Pt. Bonne Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>34</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fireman</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> |

Ezekiel Rundolt 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.

Ezekiel Rundolt SIGNATURE OF RECRUIT.

J. D. [Signature] Signature of Witness.

Ezekiel Rundolt OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. 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 answered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. Johns on this 10 day of June 1915.

[Signature] 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.....191..... } 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

5663

Name Bekiel Runer
 Apparent age 24 years months Height feet inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Lorenzo Runer
Thomas P. Runer 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 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>10-6-18</u>									
Joined at <u>St. Paul</u> on <u>June 10-1918</u>									
<u>Discharged August 5-1919</u>									
<u>Embarked St. Paul S. Coastella to Halifax N.S. 22-7-18</u>									
<u>Admitted English Park Military Hosp. Southampton Liverpool 16-7-18</u>									
<u>Transferred to Princess Patricia Can. Hosp. & Hosp. Bertha on Dec. 24-18</u>									
<u>Proceeds to Winchester 11-10-18</u>									
<u>File for demobilization 24-6-19</u>					<u>Arrives</u>	<u>Keeneland</u>	<u>1-7-19</u>		
<u>Demobilization</u>					<u>St. Paul</u>	<u>5-8-1919</u>			
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-8-1919</u> [date of discharge]					<u>1</u> years	<u>57</u> days			
Pensions " " " " " " " " " " " "									

C.R. 5663

Extract from daily orders part II Royal Newfoundland
Regiment depot St. John's dated Aug. 14th 1919.

The discharge of the undersigned on demobilisation has
been confirmed by officer i/c records from 8-8-19.

5663, Pte. E. Kumbolt.

C.R. 5663

Extract from Daily Orders Part 11 Unit The Royal Welch Regt
StJohn's. July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 22-7-19

5663 Pte. E. Rumbolt.

C.R. 5663

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

5663 Pte. E. Rumbolt.

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

C.R. 5663

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.

#5663 Pte Ezekiel Rumbolt.

C.R. 5663

Extract from Casualties from Pay and Record Office, London, dated
October 17th. 1918.

5663 PTE. E. RUMBOLDT

was discharged from Hospital, Bexhill-on-Sea, 11/10/18, and
proceeded direct to Depot.

Authority: Officer i/c Records, Nfld. Contgt.

C.R. 5663

Extract from Daily Orders Part 11, from Unit, The Royal Hfld.,
Regiment, St. John's, dated June 11th 1918.

5663, Pte. Ezekiel Rumbolt.

Attested for General Service with The Royal Hfld. Regt.,

10/6/18.

T. Rumboldt

C.R.

5663

1890

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

LEAVE THIS
BLANK.

Princess Patricia Canadian Red Cross Hospital,

Place: - Gooden Camp, ECKHAM.

Regt. No. 5663 Rank *Pte* Name *Tumbolt, E.*

Unit *R 7 Coy* Age (Adm *24-9-18*)
Date of (

Division *T* Hut *A* (Disch *11.10.18*)

DISABILITY.

Date.

10.8.18

Influenza

CLASS.

General
7.10.18 P.T.

Hours of
Attendance
a.m.

MACHINES.

p.m. *2.00*

REMARKS.

24.9.18, taken ill on boat

26.9.18 General
7.10.18 P.T. P.P.M.

R.T.G.I.

P.T.O.

LEAVE THIS
BLANK.

PROGRESS, Notes.

DISPOSITION.

P. K. B. ... Capt.
Officer i/c Gymnasium.

No. 20199/2301/P&A

065885
FC

N.F.P./79.

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.

9th. December, 1918.

Subject: 5663. Pte. E. Rumbolt.

With reference to the following telegram (10643) from the Hon. Minister of Militia, received

Pay to 5663 Rumbolt - £4:2:0

Draft £4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Minors
Chief Paymaster & O. i/c Records.

B.

Dec 13 1918

Receipt hereunder
[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four
pounds 2 shillings on account of
cable remittance from Newfoundland.

E Rumbolt
No. 5663 Rank Private

Witness Row Johnson
[Signature]



BY RASPORTSWOODS, Ltd., Lond.

POST OFFICE TELEGRAPHS.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 1/2d. being reckoned as 1/2d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.



Charges } s. d.
to pay }

11/10

Miss Gooden

Camp

Handed } Received }
in at } 11/4 .M., here at } 10 45 .M.

TO {

*C. J. G. Records Newfoundland
Contingents 58 Victoria St SW*

P455 Eleventh area 5663 Pte

*Rumboldt & J. Being evacuated from
here today arrive Victoria Pt*

4:29 pm pattern Beschill



Over

Reported this office

11/20/18 and given for
pass-~~ment~~ to
proceed direct to Depot

WJH

No. 3136/472.

4 MAR 1919 N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Bn. Ryl Nfld Regt.
Winchester.

23rd February 1919

March 3rd 1919

5663. Pte Rumbolt. E.

With reference to the following
telegram from the Minister of
Militia / / (44)

"Pay to- 5663. Rumbolt.

£3.2.0.

Cheque £ 3.2.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Receipt hereunder.

P. Kamm LIEUT. COLONEL,
OFFICER COMMANDING 2ND BN. RYAL NEWFOUNDLAND REGT.

Received the sum of three pounds

Two Shillings in respect of
telegraphic remittance from the
Minister of Militia.

Pte Gabriel Rumbolt

No 5663 Rank Pte

Witness M. Rochette

N.P. Hunt
Chief Paymaster & O. i/c Records.

No. _____

From: NEWFOUNDLAND CONTINGENT

Rumbolt, E

563

Hay Sept.

August 5th 1919.

#5663, Pte. E. Rumbolt,
Morris' Pt.

Dear Sir:

Enclosed please find Discharge Certificate
3373.

Yours truly,

Capt. *
Officer i/o Records.

RS-

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5663 Rank Pte. Name Rumbolt E.
 Intended place of residence Home Pt.

2. Occupation Lumberman
 Classification of soldier E Medical Category AI

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 8 1919

[Signature]
 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 8 - 1919

[Signature]
 Signature of soldier

[Signature]
 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 8 - 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-6-18 No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 422

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 22 1919

[Signature]
 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 5/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 21 31 5
CMB 2074/5573

The Royal Newfoundland Regiment

Class for Demobilization:

7
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7 7 '19*

Regimental No. *5663*

Name *Rumbold Ezekiel*

Address *1001 St. John's Bay*

Present Medical Category *A 7*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. East Major
.....
O.C. Discharge Depot.

W. Paterson
.....
Senior Medical Officer

Geo. Burden
.....
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3663 Rank Plt Name Lumpkin E. B. H.
 Date of Enlistment 10-6-18 Address North St. District H. B. H.
 Occupation Lumberman Classification for Discharge E1 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.....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..... 7-7-19.....

O. C. Discharge Depot. H. B. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

President

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.....

Date 8-7-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192254... to his home at Home pt and Release Certificate No. 3237 issued.

Date 8-7-19 J.A. Lawrence
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 8-7-19 J.A. Lawrence
Depot Paymaster.

Discharge approved for 22-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	1
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		<u>1237-1</u>	" 6	
B 179c	B 120	M 93				

Date 8-7-19 J.A. Lawrence
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 JUL 22 1919 H.R. Coole
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.

Egepiel Runbott

Signature of Man.

Reg. No. 5263

J. A. Lawless

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *8-7-19.*

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

MEDICAL HISTORY

OF

Surname

Rumbolt

Christian Name

Ezekiel

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's Parish, St. John's, County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>10th</i> day of <i>June</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>24</i> years		years	days
Trade or Occupation	<i>Lumberman</i>			
Height	<i>5</i> feet <i>7</i> inches		feet	inches
Weight	<i>138</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <i>37</i> inches			inches
	Range of Expansion... <i>3</i> inches			inches

Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		

Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Lammie Skerren* Medical Officer.

(Rank) *Major*

Enlisted at *St. John's* on *10th* day of *June* 191*8*

Joined on Enlistment... *Royal Nfld Regiment 5663*

Became non-effective by on day of 191 on day of 191

(Signature)

(Rank)

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				
TOXTETH PARK MILITARY HOSPITAL, LIVERPOOL.	15	8	18	24	9	18	Influenza	51	Urgain on h. Check - he faints feel 2 did this week. Fit for Trans. to Canadian Convalescent. 7/9/18.	<i>J. K. Logan</i> CAPTAIN, R.A.M.C.-I.
PRINCESS PATRICIA CANADIAN <i>Red Cross</i>	25	9	18	4	10	18		9	Discharged to Duty	<i>W. B. Scott</i>

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 F., 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. *5663* 3. Rank. *Private*
4. Name *Russell* *Richard*
 (Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation *Lumberman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (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? }

He complains 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?

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 invalidated at Foreign Stations.

Repatriation

W. B. Provenier. Capt R. Am
Medical Officer in charge of case.

Station *Hazely Bourne*

Date *4/4/19*

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



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 *Ezekiel Rumbolt.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5663*

Intended address *North Point, Bonne Bay*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Lorenzo*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Green Bay, April 1st, 1894*

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)

Ezekiel Rumbolt

Pte
(Rank)

Station

St. John's

Date

11.7.19

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



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

Date

5663

Pte Rembold- E

Princess Patricia Canadian
Red Cross Hospital,
Gooden Camp, Boxhill, Sx.

... Oct. 4 1918.

This is to certify th 'I have this day examined the marginally named man, and found him free from Infectious, Venereal and Transmissible Skin Diseases, and Vermin, and that he is fit to travel.

W. B. ...

Captain, C.A.M.C.
Medical Officer.

1848



5-663

List No. H.B. 14595

O.C. 1 WESTERN GEN. H. FAZAKERLEY LIVERPOOL reports:-

VIA CANADIAN RECORD OFFICE

ADMITTED 15TH AUGUST, 1918.

5663 Pte. ^uRorbold E.R.

Newfoundland.

Handwritten signature or initials.

C.R. 5663

Extract of Casualties received from P.&R. Office London,
Aug. 24, 1918.

The Undermentioned man of the 21st Draft of the Newfoundland
was admitted SICK to Foxteth Park Military Hospital, Southdown
Road, Liverpool, on 16-8-18.

5663 Pte. Rumbolt E.

C.R. 5663

**Extract from Casualties received from Pay & Record
Office, London, Oct. 1st, 1918.**

5663 Pte. E. Rumbolt,

Was transferred from the 1st Western General Hospital,
Manchester, to the Princess Patricia Canadian Red Cross,
Hospital, Gooden Camp, Bexhill-on-Sea, 24-9-18. Illness
Influenza.

N.B. this man was admitted from Re-inforcement Draft No.22.

MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	5-663	Pvt	Pomblot	E. R.
Year	Unit.		Age.	Service.
1918	Newfoundland Regt 24		24	2/12

Station and Date: 15.8.18. TOXTETH MILITARY HOSPITAL LIVERPOOL

Disease: Influenza

Left Canada 4/5/18 Arrived Liverpool. 6.8.18

Begin. led app - headache etc.

Now 98 to 67. 2nd week but fairly well.

Chen Chen

Abusion L. Chalk (fainted & fell) - 1st Mon sent Soda

Aug 16/17 ✓ 3/0 t-d

22 ✓ my set up for 2 w. ✓

24 ✓ set up ✓ he 2- main vom 3if

29 ✓ my go with ✓ sent sent - Soda 3if

30 ✓ ✓ 3/0 t-d

Sept. 6. Fit to leave hospital

T.I.N.F. PRINCESS PATRICIA CANADIAN RED CROSS

25.9.18

4.10.18 Discharged to Duty Lt

W. B. Smith, 1st Lt

August 12, 1919

Mr. Ezekiel Rumbolt,
Bonne Bay.

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.

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 20th. 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..... *Ezra*..... 2. Surname..... *Rumbolt*.....
3. Rank..... *Pte*..... 4. Regt. No..... *5663*.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Bon Bon*.....
.....
6. Date of enlistment in the Regiment..... *Nov 7 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?..... *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..... *Fourteen months*.....
..... 1. $\frac{1}{2}$

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

No

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

No

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.? *No* If not give:- (a) Date of discharge. *July 27. 1919* (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.

England

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.

5663

January 27, 1920.

E. Humbolt,
Corner Brook,
Bay of Islands.

Dear Sir:

With reference to
your letter of recent date, I beg to inform
you that two cheques were mailed to you on
the 24/1/'20, please.

Yours truly,

Lieut.
For Paymaster.

Handwritten signature
700 P
MAIL
RECEIVED
JUN 13 1918
MAIL ROOM

To be sent to Princess Ruth.

June 13th. 1918.

Handwritten initials

The Royal Newfoundland Regiment,

To 5663 Pte. E. Rumbolt,

To Board while waiting passage to St. John's.

(AS per voucher).

\$1.20.

RECEIVED
JUN 17 1918
COMMANDING

They mailed

JUL 4 - 1918

Correct For \$1.20

13/6/18

Approved
ARR

OK
Swist

Burling
June 6th 1918

#5663 E. Rumbolt; #5668 A. Reid, and
#5660 J. Critch

To Mrs John LeMoine
for three meals each

170. each
to be sent to
Princess Rest.

Received Payment of ~~170.00~~ \$170.00

I hereby certify the above named
persons paid this bill. therefore
all entered who reimbursed.

Levi March,
Ship Magistrate

June 6/18

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

Edwards Lieut.

Regimental Number and Name	
No.	<u>5663 G. Rumbolt</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	24 years months	<u>Veteran</u>
Place and Date of Enlistment	<u>10/6/16</u>	Religion
Period of	with Colours 157 years	Place of Birth
	with Reserve 365 years	<u>Parre Bay</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Chest of Discipline	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 5th 19</u>					

To be carried over.

The Royal Newfoundland Regiment

15663

DEMOBILIZATION OF

Reg. No. 5663 Rank Plr. Name Lumbatt, E.
 Date of Enlistment 10-6-18 Address Norwood St District H. Barbe
 Occupation Lumberman Classification for Discharge E. Medical Category H.K.
 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	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	1237-1		" 6	
B 179c	B 120	M 93				

Date 7-7-19 O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Ezekiel P. Lumbatt

Particulars passed to Vocational Officer for information and action.

Eligible for War Service Gratuity
 Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
- (b) ~~Clothing Supplied~~ _____

Date 8-7-19 O i/c. Re-clothing. *[Signature]*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92254.....to his home at Yonkers..... and Release Certificate No. 3277..... issued.

Date 8-7-19.....

J.A. Lumsdell
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 8-7-19.....

Depot Paymaster.

Discharge approved for..... 22-7-19.....

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.....	<u>1237-1</u>	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 8-7-19.....

J.A. Lumsdell
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 JUL 22 1919.....

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

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

Date July 21 1919.....

[Signature]

Reg. No. *1163* Rank *Pfc* Name *Bumbolt, E*

Attested Address *Loxis St*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL - 1919*

Returned on S S *Cassandra* Cause *Discharge*

7-7-19
~~*2-7-19*~~

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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

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

1. Unit and Corps... *Royal Newfoundland Regt.* } Former Trade or Occupation } *Lumberman*
2. Regtl. No. *5663* 3. Rank... *plc.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Rambolt* } *zehir* }
(Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... *25*
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? }

No Complaint 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?
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.

Repatriation

W. E. Twinnier Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Stozley Down*

Date *4/4/19*

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