



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4958 Name Charles G Thornhill Corps C of B

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Charles G Thornhill</u> |
| 2. What is your full Address? | 2. <u>Pointe-a-la-Croix</u>
<u>Lamaline P B</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>8</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, Charles G Thornhill 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.

..... SIGNATURE OF RECRUIT.
James A. Blake

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
Charles G Thornhill 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 Johns on this 12th day of May 1918
Signature of Attesting Officer W. Jamieson

†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 1918
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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4958 Name Charles G. Thornhill Corps C. of G.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Charles G. Thornhill</u> |
| 2. What is your full Address? | 2. <u>Point Caseau</u>
<u>Lamaline P.B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>8</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 Charles G. Thornhill 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.

Charles George Thornhill SIGNATURE OF RECRUIT.
James A. Kelle Signature of Witness.

Charles G. Thornhill OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I 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 endorsed 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 2nd day of May 1918.

Signature of Attesting Officer W. J. ...

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

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)

Reg. No. 4958 Rank Pte Name Thornhill G.H.
Attested 7-5-18 Address Lomania St
Allotment 70 Allottee Mr Benjamin Thornhill (Father)
Date of Allotment 1-8-18 Returned from Overseas 22-7-18
Embarked for Overseas JUL 22 1918 Cause

10⁵/₈ P.M.
13⁶/₈ P.M. Dec. 2nd Dec 4-7-18
A.M. 31⁵/₈ - 6⁴/₈ P.M. 10⁹/₈.
22-7-18 Promoted To Lance Corporal.

C.R. 4958

Extract from Daily Orders part 11, Depot.St. John's
dated December 3rd., 1918.

~~#3218 pte. E. J. Lynch~~
~~#4958 L-C G. G. Thornhill~~
~~#4561 Pte. E. Costello~~

Having been found medically unfit is discharged from 29-11-18.

C.R. 4958

Extract from Daily Orders, Part 11, UNIT: Royal Field. Regt.,
dated Dec. 10th. 1918.

STRONG DISCHARGE.

4958 L/Cpl. Chas. Thornhill

Having been found Medically unfit is Discharged from 28/11/18.

WINDFORD BOARD C.R. 4958

Extract from Medical Board held Friday Nov. 16th, 1918.

4958 L/C. G.G. Thornhill.

Recommended discharge-permanently unfit.

W.

C.R. 4958

Extract from Daily Orders part 11, Depot. St. John's
dated Nov. 14th., 1918.

4958 Pte, C.G. Thorhill.

The abovementioned returned from Overseas and reported
at depot. 8/11/1918.

BC.

C.R. 4958

Extract from Casualties received from P.&.R. Office London,
Aug. 20th, 1918.

The undermentioned N.C.O. was admitted Central Hospital, Chatham,
(from Major Carty's draft from Hfld.) and discharged on 19-20-18.
reported this office same date and was sent direct to Depot.
Winchester.

4958 L/C. Thornhill.S.

Authority:- Officer i/c. records Hfld. Regt.

C.R. 4958

Extract from Nominal Roll of Repatriation Draft, Embarked
for Newfoundland 16/10/18.

DISCHARGED UNDER A.F. B.179.

4958 Pte. Thornhill C.G.

MM.

C.R. 4958

Extract from Telegram to Military St. John's, dated October 17th., 1918.

Being sent home for Discharge:

4958 L/Cpl. Thornhill.

C.R. 4958

Extract from Orders, by Lt. Col., E.J. Barten, D.S.O.,
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 7/9/18.

Reverts.

The undermentioned reverts to Private at his own request:-

4938 L/Cpl. G. Thornhill.

C.N. 4958

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 23, 1918.

#4958 Pte. C. Thornhill.

to be Lance-Corporal from July 20, 1918

C.R.

4958

Extract from Daily Orders part 11, 3rd Unit The Royal
Field Regt. St. John's, dated July 25, 1918.

The following man ordered for overseas on H.M.S.
"Columbellia" July 22, 1918.

#4958 L/Cpl. Charles Thornhill.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Reg.t. St. John's, dated May 11, 1918.

#4958 Pte. C. Thornhill.

Attested for General Service with the Royal Nfld. Regt.
from 7.5.18.

D. 4958.

November 16th, 1910

From Assistant Adjutant
Depot.

To Paymaster & Officer i/c Records,
Militia Dept.

4958, L/Cypl. C.G. Thornhill
3218, Pte. T. Lynch
4561, Pte. E. Costello.

The marginally
noted men were re-
commended for discharge as
permanently unfit by Med-
ical Board, held on Friday
November 16th. I am send-
ing them herewith for your
attention and necessary
action, please.

ENC

St John's, R.I.D.

Dec. 2nd, 1918

Officer Commanding,
Headquarters

Sir-

The undermentioned men have been discharged
on the dates given. Kindly note and post in Daily
Orders Part II.

I have etc.

(sgnd) J.M. HOWLEY

Capt etc.

2358	Pte. Rockwood, J.	Oct. 4th, 1918	Med. unfit
85	Sgt. Andrews, Ralph	Nov. 25th, 1918	do.
2720	Pte. Beane, Thomas	26th	do.
2214	L/C. King, John	do.	do.
2789	Pte. Chaffey, Chas.	do.	do.
3835	" Baker, Malcolm	do.	do.
2340	" Attwood, Kenneth	do.	do.
2854	" Kelly, Ernest	do.	do.
1244	Sgt. Kelly, Peter	do.	do.
2218	Pte. Lynch, Theo.	29th	do.
4958	L/C. Thornhill, Chas.	do.	do.
4561	Pte. Costello, Edward	do.	do.

C. Thornhill

C.R.

4958

~~PAID~~

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 4958 Army Rank Lance Corporal

Name Thornhill, Charles, G.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

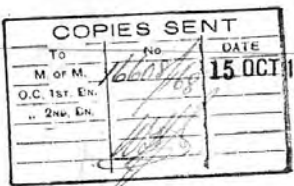
Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. Description at the time of discharge.

Age <u>19</u> years _____ months	Descriptive marks.
Height _____ feet _____ inches	
Chest measure { girth when fully expanded _____ ins.	
{ range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence _____	
(To be given as fully as practicable)	



(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— _____

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Medical Report on an Invalid.

Station Agely Dr. Club.
Date 5. 70. 26

1. Unit 2nd Royal Field Regt.
2. Regimental No. 4958.
3. Rank LCM.
4. Name THOMAS HILL Chas. G.
5. Age last birthday 18 yrs.
6. Enlisted { on 7th May 1918.
 { at St Johns.
7. Former Trade } Intercom.
or Occupation }
7A. If with previous service in Army, state—
(a) Former Unit ;
(b) Regimental No. ;
(c) Date of Discharge ;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Amputated Left Leg

COPIES SENT		
To	No.	DATE
M. G. M.	<u>1608/108</u>	<u>25 OCT 1918</u>
O.C. 1st. Bn.		
" 2nd. Bn.		

Statement of Case.

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

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

11 yrs ago.

Port Casca Luso alio. how.

The man has been brought up for medical inspection on grounds that he cannot hold and use rifle effectively. He is therefore unfit for active service abroad. He was the best to have recruited depot for service in trench section, and was returned unfit.

Not attributable to military service conditions.

13. What is his present condition?

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

Amputated Left thumb, inability to hold rifle properly, therefore unfit to carry out normal fighting, and therefore unfit to effectively defend himself.

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

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

na.

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

If so—(a) When?

(b) Where?

(c) Opinion?

na.

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

na.

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

na.

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

na.

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

na.

20. Do you recommend—

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

Discharge as permanently unfit
by active service.
M.P.C.
Capt. R. S.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

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

MEDICAL HISTORY

Surname Thornhill

OF

Christian Name Charles B.

Table I.—GENERAL TABLE.

Birthplace:—Parish Point Learew, Lamaline County nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on	7th day of May 1918	on	day of 191
	at	St John's nfld	at	
Declared Age	18½	years		days
Trade or Occupation	Fisherman			
Height	5 feet	8 inches		
Weight	133 lbs			
Chest Measurement	Girth when fully expanded	35 inches		
	Range of Expansion	3 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lester Paterson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St John's nfld	at	
	on	7th day of May 1918	on	day of 191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal nfld Regt.		4958	
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(Rank)				

COPIES SENT

To	Net	DATE
M. OF M.	16608/08	15 OCT 1918
C. C. 1ST. BN.		
2ND. BN.		

No. 15801/1631.

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

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Winchester.

September 27th, 1918

Subject: 4958, L/C.C.G. Thornhill,

With reference to the following telegram (8385) from the Hon. Minister of Militia, received

"Pay to 4958, L/C.C.G. Thornhill, £5.3.0.

Draft £ 5.3.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Sept/Oct. 20 1918

Receipt hereunder.

Okant CAPT. **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of five pounds
Three Shillings on account of
cable remittance from Newfoundland.

G. G. Thornhill
No. 4958 Rank 488 /c

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T) of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Part B. and C. completed by that Officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Thornhill Charles G.
(Surname) (Christian names in full)

Unit from which discharged 2nd Bn R. Newfoundland Regt.
 Regimental Number 4958 Rank on discharge Private Age on discharge 19

Married, widower with children, or single _____
 Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life _____
 Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } C Thornhill, Pointe-Croix Localite.
 Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed _____
 Service towards pension _____

PART C. Number of G.C. badges _____ medals
 Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date _____
 Colour of hair on discharge _____ Colour of eyes _____ Complexion _____
 Christian name of father _____
 Christian name of mother _____

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Thornhill C. H.
(Surname) Johnson R. Newfoundland Regt. (Christian names in full)

A. Unit from which discharged 2nd Bn R. Newfoundland Regt.
 Regimental Number 4958 Rank on discharge Private Age on discharge 18
 Married, widower with children, or single _____
 Occupation before enlistment fisherman
 Special qualifications (if any) for employment in civil life _____
 Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } _____
 Name of Approved Society (if any) _____

PART Nature of medical unfitness Amputated left thumb

B. Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.

Military character _____
 Anything against the soldier to render his recommendation undesirable _____

Date of discharge 5. 10. 18 191____.
 Station Angely Down Camp
 Date 5. 10. 18 Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3468a can be completed at the same time by the use of carbon paper.
 NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Thornhill, C. H.

4958

Hay Sept

COPY.

1009

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 4958 Army Rank Lance Corporal
 Name Thornhill Charles G.
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
 (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge November 29th 1918

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age <u>18</u> years <u>3</u> months	Descriptive marks. <u>amputation of left thumb</u>
Height <u>5</u> feet <u>8</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fair</u>	
Eyes <u>blue</u>	
Hair <u>dark brown</u>	
Trade <u>Fisherman</u>	
Intended place of residence <u>Point Breve.</u>	
(To be given as fully as practicable) <u>Samalme Nfld.</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of having been found to be unfit for war service on account of inability to use rifle effectively

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to*

* Strike out if not applicable.

[OVER.]

To be filled in on the soldier quitting the Colours.

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:

I hope to return to my business as a fisherman

Charles Thornhill

Signature of Man.

W. J. Mitchell

Signature of the Vocational Officer or his Representative.

Reg. No. 4958

Place

M. J. L. C.

Date

Nov. 28

191

8

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4057 Rank Sgt Name Thornhill 16 Unit of & Paye After Regt 16 who was Transferred
to Newfoundland on 16/10/18 Authority B.O. Cause Repetition

STATEMENT OF ACCOUNT

DR.	PARTICULARS					PARTICULARS					CR.
	\$	¢	E	S	d	\$	¢	E	S	d	
PERIOD: FROM 28/9/18 TO 15/10/18	Balance Dr. from 28/9/18 to 16/10/18					Balance Cr. from 28/9/18 to 16/10/18					
	Allotment 18 days @ 90¢					Pay 18 days @ \$105					15
	Cash Payments: 5/10/18					Field Allowance 18 days @ \$-100					1
	12/10/18					Other Allowances days @ \$					80
	Other Debits: <u>Parade Expenses</u>					Other Credits:					4
	<u>Laundry Expenses</u>					<u>Observation 3/10/18 - 3/11/18</u>					5
	<u>Book & Stationery</u>										2
	<u>Balance from previous pay book</u>										3
	Total Debits					Total Credits					7
	Balance due by Paymaster					Balance due to Paymaster					6

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

B. Cuy 191
(Place) 21/10/18 16/10/18 (Date) 75/10/18 W.P. Jones Cash
O.C. "N.S." Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

ORIGINAL.

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 4958 Rank S/c Name Thornhill 6 Unit 2nd Bn Royal Welch who was Transferred
to Newfoundland on 16/10/18 Authority 10 0 Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£					CR.								
		£	s	d	£	s	d	£	s	d					
PERIOD: From 28/9/18 to 16/10/18	Balance Dr. from 28/9/18 to 16/10/18						Balance Cr. from 28/9/18 to 16/10/18								
	Allotment 18 days @ 70¢	112	80	12	11	9	Pay 18 days @ \$ 105	115	90						
	Cash Payments: 5/10/18				10	0	Field Allow 18 days @ \$-10¢	11	50	14	5	1			
	12/10/18				10	0	Other Allowances days @ \$								
	Other Debits: Barrack Damages					6	Other Credits: Allowance 3/10-14/10/18	1	60	1	2	5			
	Laundry Stoppage					2									
	Both Under:														
	Bal from previous pay book			1	3	5							14	7	6
	Total Debits			13	18	1	Total Credits								
	Balance due by Paymaster	12	80	3	18	11	Balance due to Paymaster	21	30	4	7	6			
			14	7	6							14	7	6	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

W.B. Company
for the period of 28/9/18 - 16/10/18 191
(Place) (Date) 15/10/18

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
23 OCT 1918 191

Handwritten initials

W.P. Capel
O.C. "B" Company.
A.D. Munnell Maj.
Chief Paymaster & Officer i/c Records.

9007

October 27, 1919

L. H. Thompson,
Royal Stores,
Millertown,

Dear Sir:

With reference to your letter
of 17/10/'19, cheque was forwarded to you on
the 24/10/'19., please.

Yours truly,

Lieut.
For Paymaster.

January 14
1919

3816

Dear Sir I have
received my Discharge
paper to day the 14 i am
sending to get my
money that is due for
clothing I would rather
have it than the clothing
as i have my clothes
is there any Discharge
Badge if there is
please send me one

I Cpl Charles G Thornbule
4958

To Pay Master

Clothing Money Sent

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 4958 Rank L/cpl Name Chas. G. Thornhill
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one
 collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance
 to the amount of \$ 60⁰⁰

Date I have received my

Discharge January 14

.....
 Signature of Soldier

.....
 Signature of Witness

Medical Report on an Invalid.

Station Hazeley Down CampDate 5/10/18

- | | |
|---|---|
| <p>1. Unit Royal Wfld.</p> <p>2. Regimental No. 4958.</p> <p>3. Rank L/Opl.</p> <p>4. Name THORNHILL, CHARLES G.</p> <p>5. Age last birthday 19</p> <p>6. Enlisted { on May 7th., 1918
at St. John's, Wfld.</p> | <p>7. Former Trade or Occupation } Fisherman</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|---|

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

AMPUTATION LEFT THUMB

Statement of Case.

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

9. Date of origin of disability. **11 years ago**
10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- This man has been brought before medical inspection on grounds that he cannot hold and use rifle effectively. He is therefore unfit for active service abroad. He was sent to Naval Recruiting Depot for Trawler section and was returned unfit.**

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Not attributable to Military Service conditions

13. What is his present condition?

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

Amputated left thumb. Inability to hold rifle firmly, therefore unfit for carrying out bayonet fighting and therefore unfit to effectively defend himself

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

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

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

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

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

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

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

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

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

Discharge as Permanently Unfit for Active Service

(Sgd) J. St. P. Knight, Capt. R.A.M.C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

NOTE.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, and, in the event of the same being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to **enable him to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

No

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

No

23. Is the disability permanent?

Yes

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Nil

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

M. S. FRASER

President.

Station St. John's

J. S. TAIT

Members.

Date Nov. 15th '18.

L. PATTERSON

Approved.

Station

(Sig) CLUNY MACPHERSON, Major.
Administrative Medical Officer.

Date





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 *Thornhill, Charles George*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4958*
 Intended address *Point Brew, Ramaline*
 Height on discharge *5* Feet *8"*
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *-*
 Figure on discharge *medium*
 Christian name of Father *Benjamin*
 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. *Point Brew, Aug. 22, 1900*
 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) *Charles Thornhill*

(Rank) *pte*

Station *St Johns*

Date *Nov 13/18.*

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.

J. H. Kelly Capt.
 Medical Officer of Hospital.
 Unit, or Command Depot.

Station *St. Johns, Nfld.*

Date *Nov. 12/18.*

COPY.

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Thornhill Christian Name Charles L.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. John's Parish St. John's County St. John's

Examined ... { on 24 day of May 1918
 at St. John's St. John's

Declared Age ... 18 years days.

Trade or Occupation ... fisherman

Height ... 5 feet, 8 inches.

Weight ... 133 lbs.

Chest Measurement { Girth when fully Expanded. 35 inches.
 Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
 Number / /

When Vaccinated ...

Vision ... { R.E.—V=6/6
 L.E.—V=6/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Sped. Lambert Peterson
 (Rank) Major Medical Officer.

Enlisted ... at St. John's St. John's
 on 24 day of May 1918

Joined on Enlistment ...	Corps. ROYAL NEWFOUNDLAND REGIMENT.	Regtl. No. <u>4958</u>
	Transferred to ...	

Became non-effective by
 on _____ day of _____ 1918

(Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Re
	Day	Month	Year	Day	Month	Year			
<i>Fort Pitt Chatham</i>	<i>8</i>	<i>8</i>	<i>18</i>	<i>19</i>	<i>8</i>	<i>18</i>	<i>Mumps</i>	<i>11</i>	

List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

No Complications

(Sgd)

C. H. Ford

Capt Rasme

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
10-5-18	Vacc LP
20-6-18	TAB LP
4-7-18	TAB LP
5-18-18	Awarded Hazey Down Camp Marked E Category Amputated Left Thumb (Authy Maj H Lister) Capt J B Knight Capt Kabe

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

January 9th.1918.

L/Cpl. Chas. G. Thornhill,
Point Crewe,
Lamaline.

Dear Sir,-

I beg to enclose herewith cheque for
\$60.00, being the amount due you for Civilian
Clothing, also a special form, which kindly sign
and return to this Office.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Encl.2.

J/T.

Certificate to be Signed by Soldier on Date of Discharge

I hereby acknowledge that I have received all my Pay and Allowances (including Clothing Allowance) and all just demands up to the present date.

Date I received Sig. of Soldier C P L Chas G Thornhill
money January 25th +

Place Point Crew Sig. of Witness Thomas Hatcher x

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁰⁰

Dec 2nd 1918

Received from the First Newfoundland Regiment
the sum of Sixty Dollars.
~~on account~~ of Pay.

J.H.B.
C. 100

Ch. No. <u>6228</u>	Initials <u>EW</u>
Pay Ledger <u>397</u>	Initials <u>AWX</u>
Gen. Ledger.....	Initials.....

Regtl. No.

Rank.....

No. 4958 Rank Pvt.

Name Thornhill L.G.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Charles G. Thornhill

in respect of his service as No. 4958 Rank Pte.

Name C.G. Thornhill Royal Nfld. Regt.
~~1st Battalion~~

Receipt of the same should be acknowledged hereon.

Received November 10 war medal.

Signature Charles G. Thornhill

Date _____

Address Point crew Lamaline

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39

Number of Sheets 1

Regiment of Royal Newfoundland Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>Promoted from Corporal</u>
No.	<u>4958 Thornhill C.G.</u>	Age on	18 years 8 months	<u>Soldierman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u>	<u>CofE</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date	with Colours <u>2 1/2</u> years. with Reserve <u>3 1/2</u> years.	<u>Samuel P.B.</u>	

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
-------	-----------------	------	-----------------------	---------	--------------------	--------------------	---	-----------------	---------

Medically unfit St John's 29th 18



To be carried over

Reg. No. 4958 Rank Pte Name Thornhill G J

Attested Address.....

Allotment..... Allottee

Date of Allotment..... Returned from Overseas 8-11-18

Embarked for Overseas Cause Discharge

15-11-18 Recommended Discharge Permanently
temp

DISCHARGED—MEDICALLY UNFIT 29-11-18 So's 218