

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6259 Name Henry Cutler Corps CofC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Henry Cutler</u> |
| 2. What is your full Address? | 2. <u>Parma Burgeo</u>
<u>+ Sea Port Dist.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>0</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, Henry Cutler

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.

10/10/15 Henry Cutler

SIGNATURE OF RECRUIT.

Th. D. Bowden

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henry Cutler

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 10 day of October 1915

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 compiled with. I accordingly approve, and appoint him to the

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

Date OCT 11 1918

Place St. John's

Robertson Capt MAJOR

Commanding Officer
The Royal Newfoundland Regiment

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: vis:—(Name)

re-enlisted in the (Regiment)

on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Henry Cutler

Apparent age 20 years months. Height 6' feet 6 1/4 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Cutler

Ramias Burger & Co. Portland 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 _____									<div style="font-size: large; font-family: cursive; margin-bottom: 10px;">Discharged Jan. 21 1899</div>
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] " _____ "

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 work as Fisherman

Henry Cutler

Signature of Man.

Chas. Dicks Cuff

Reg. No. *6259*

Signature of the Vocational Officer or his Representative.

Place

St Johns N.Y.C.

Date

25/12/18

191

C.R. 6259

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's Oct. 12/18.

6259 Pte. Henry Cutler,

Attested fro General Service with The Royal Nfld. Regt.,
from 10-10-18.

ROYAL NEW ZEALAND REGIMENT

Medical Examination held at Burges

Date 191

1. Name Henry Cutler Age (a) Declared 20
(b) Apparent 20

2. Do you know of anything wrong with you? No

What severe illnesses have you had? None.

3. Height 5 ft. 6 in. Weight 134 lbs.

4. Eyesight (a) Left good (b) Right good

5. Physical Defects (Examine after strenuous exercise) No defect except heart very rapid - 165 per minute; this is mostly due to excitement.

6. Examination of Lungs sound
Measurement (a) Expiration 33 (b) Inspiration 35

7. Examination of Heart No organic disease - heart very rapid 120 sitting - 140 standing - this condition I consider is due chiefly to fright.

8. Examination of Urine S.G. 1016, - No sugar or albumen.

9. Examination of Mouth—(Defective Speech) No defect.

Teeth Good

Throat OK

Nose OK

Ears—(Deafness, Otorrhea) slight defect in hearing left ear, and occasional otorrhea (once or twice a year)

10. Have you been successfully vaccinated, and when? Yes, 1909. year)

11. Name and address of next of kin Wm Cutler, Ramea, Burges & LaSalle

REMARKS— You will note the condition of this man's heart partly due to fright, but he says it always beats fast when working hard.
We consider this man ^{Fit} Temporarily unfit for Military Service Permanently unfit for Military Service

(If unfit, Form M.S.B. 10 A, should be filled and attached).

A #
CM 6272

J. M. Donald.

Medical Examiner

C.R. 6259

Extract from Daily Orders part 11, Depot St. Johns
dated January 23rd., 1919.

The discharges of the undernoted men on demobilization
have been ~~approximately~~ CONFIRMED by Officer in charge
of Records. 21-1-19.

6259 - "A" Pte. Henry Cutler.

Proceedings on Discharge

PROCEEDINGS ON DISCHARGE

1. No. 6259..... Rank Private..... Name Henry Cutler
 Intended place of residence..... Rameau..... St Georges Street

2. Occupation..... Fisherman.....
 Classification of soldier..... C..... Medical Category..... A11

3. The above named man is discharged in consequence of..... DEMobilIZATION.....

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place.....
 Date..... DEC 20 1918.....
 Henry Cutler.....
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date..... St Johns.....
 Dec 21st 1918.....
 Henry Cutler.....
 Signature of soldier
 Edwards Capt.....
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date..... Dec 20th 1918.....
 St Johns.....
 Henry Cutler.....
 Signature of soldier
 J. Raymond.....
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service..... 10.10.18.....
 Discharged from service..... 24.12.18 plus 28 days.....
 No of days on Military Service..... 104^{1/2} / 94 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place..... ST. JOHN'S.....
 Date..... DEC 24 1918.....
 Regt. Asst. Capt......
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place..... St Johns, Nfld.....
 Date..... January 21 1919.....
 W. Bowley Capt.....
 Officer i/c Records
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6259 Rank Plt Name Sutler - Henry
 Date of Enlistment 10-10-18 Address Ramen District Burgo
 Occupation Fisherman Classification for Discharge f Medical Category FE
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. Pj36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 123.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	" 6.....	
B 179c.....	B 120.....	M 93.....	7			

Date 19.11.18.....

[Signature]
O. C. Discharge/Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Henry Sutler

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 Joseph A. Snow

Date 20-12-18.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 371 to his home at Kamea and Release Certificate No. 523 issued.

Date 20-12-18 P B Dicks 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 21-1-19

Date 20-12-18 Atkinson Capt
Depot Paymaster.

Discharge approved for 24.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	Form 6
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	" 6	
B 179c	B 120	M 93			

Date 23.12.18 P B Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

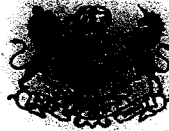
Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 24 1918 R J H [Signature]
O. C. Discharge Depot.

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

Date Dec 30/1918



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Henry Cutler, Regt. No. 6259
 hereby agree, until further notification by me and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins Nov 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1524	Father	Mr. Wm. Cutler	Ramea West Coast	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
 Officer Commanding
[Signature] Company
[Signature]
 Oct 14 1918

(Sig.) Henry Cutler
 (Rank) Pt

DECLARATION OF A SOLDIER'S DISABILITY 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 *Cutler, Henry.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6259*
 Intended address *Ramea Island, Nfld.*

Height on discharge Feet
 Color of hair on discharge *Light Brown.*
 Complexion *Fair.*
 Color of eye: *Blue.*
 Descriptive Marks *—*

Figure on discharge *Normal.*
 Christian name of Father *William*
 Christian name of Mother *Isabel.*
 Wife's maiden name in full
 Date and place of marriage } *not married.*
 Christian names of children }

Place and date of soldier's birth. *Ramea Island, Aug. 13th 1899.*
 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)

Henry Cutler (Rank) *Pte.*

Station

Prince's Point

Date

11/12/18.

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. R. Steele / 14
 Medical Officer Hospital
 Unit or Command Depot.

Station

DEPOT

Date

Medical Examination Held at Staff on Oct 10 1910

1. Name Henry Cutler Age (a) Declared 20
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

Blue
eye
fair

6259

3. Height 5'5 1/4 Weight 133

4. Eyesight (a) Left 4/6 (b) Right 4/6

5. Physical Defects (Examine after strenuous exercise) —

6. Examination of Lungs —

Measurement

(a) Expiration 32

(b) Inspiration 35

7. Examination of Heart —

8. Examination of Urine —

9. Examination of Mouth—(Defective Speech) Stammer

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? yes 5 years ago 1520

11. Name and address of next of kin Father William Kamea B & Lap

12. Category

REMARKS—

A II

William Kamea
Medical Examiner

Burgess
La Poile

Demobilization Form 1

HOB A

The Royal Newfoundland Regiment

Class for Demobilization:—

C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

28-11-15

Regimental No.

6259

Name

Cutler Henry (Pte)

Address

Round Island Round

Present Medical Category

Aii

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

O.C. Discharge Depot.

Senior Medical Officer

M. O. Depot