

THE ROYAL NEWFOUNDLAND REGIMENT

No. 187 Name Richard Fazzal ^{Fazzal} ~~Richard Fazzal~~ ^{Corps} R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Richard Fazzal
- 2. What is your full Address? 2. Bay Bulls Rd
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 23 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service?.. 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning. and who gave it to you?..... 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... 11. Yes

I, Richard Fazzal 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.

Richard Fazzal SIGNATURE OF RECRUIT.

J. W. [illegible] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Richard Fazzal 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 given 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 18 day of May 1918.

Signature of Attesting Officer [Signature]

† 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 rank.....

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).....

Name Richard [unclear]
 Apparent age 22 years 0 months Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Fitzgerald Goulds
Bay Bulls Road | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards line of engagement reckons from <u>118-518</u>									
Joined at <u>St John's</u> on <u>Nov 18-1918</u>									
Discharged July 30 1919									
Embarked <u>St John's Nfld</u> to <u>Halifax N.S.</u> <u>12-7-18</u>									
To the <u>unfurland</u> for demobilization <u>20-6-1919</u>									
Arrived the <u>unfurland</u> <u>1-7-1919</u>									
Demobilization <u>St John's</u> <u>30-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-7-1919 (date of discharge) 1 years 74 days
 " " Pensions " " " " " " " " " " " "

C.R. 5182

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c records from noted date 30-7-19.

5182, Pte. R. Frizzell.

C.R. 5182

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

5182 Pte. R. Frizzle.

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

C.R. 5182

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

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

#5182 Pte. Richard Fizzle.

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.

Griggell R.

Signature of Man.

W. M. ...

Reg. No. 0182

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

16-7-45.

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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

Frizzell Aidan

Regiment from which discharged **Royal Newfoundland**

Regimental number

5182

Intended address

Goolds St John W

Height on discharge

5 feet 6

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Afro

Christian name of Father

Henry

Christian name of Mother

Mary

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Goolds. 19 Jan. 1897

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full)

Aidan Frizzell

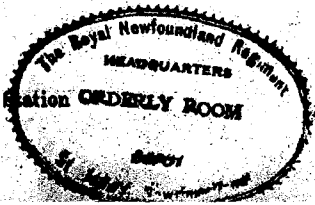
Witness G. W. (Rank) J. H.

Station **ST. JOHN'S.**

Date *14-7-19*

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

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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5182* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *FRIZZEL, Richard* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *May 15/18* at *Q.T. Depot* 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."

Dehility

11. Date of origin of disability.
12. Place of origin of disability.

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.

Joined depot Aug 18 when examination showed extremely bad teeth with resultant poor physique. Teeth extracted, put on Lown's special exercises to improve physique and increase circulation. He was turned down, was unfit for draft to France and sent to Forster Barracks attached his copy of report of vision

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | no | no |
| (ii.) Previous active service | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. | no | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

*Constitutional
Condition is remainder of
status quo*

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

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

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?

Repatriation

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.

M.R.S.
Major
Medical Officer in charge of case
D.P.S.

Station *dat 5/4/19*
Date *St. Helen's*

* 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

NO. & RANK 5782 Pte.					DATE OF EXAM:
NAME "Fryzel R."					4-10-78
CORPS "Inf. Regt."					DATE OF ISSUE:
					11-10-19
VISION W/OUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	OPHTH. CENTRE:
R 6/12	7750	-	-	6/6	71
L 6/9	7700	-	-	6/6	E
SIGNATURE OF M.O. <i>R. Lockhart</i>					OPTICIAN'S INITIALS <i>SL</i>

" OPHTHALMIC DEPARTMENT "

Military Hospital,
Winchester.

Oct 24th 18

To :-

Medical Officer i/c.

R. Fryzel Pte.

Hazley

5782 Pte Fryzel R.

Please cause this man to attend here in six days' time (Sunday excepted) for spectacle fitting. He should bring with him Army Book 64 and Medical History Sheet for the necessary entries to be made therein.

R. Lockhart
Ophthalmic Surgeon.

From : Ophthalmic Surgeon. Central Military Hospital

To : Medical Officer in Charge R. Fyzel

Hazley, Dow.

Oct. 4th 1918

" REPORT OF VISION "

No. 5182 Pte Fyzel R.

Has V.A. R.E. $\frac{6}{12}$
" " L.E. $\frac{6}{9}$

With correct-
ing lenses.

R.E. $\frac{6}{9}$
L.E. $\frac{6}{6}$

Hyperopia, bilateral

R. Lockhart
Capt. M.C.

Ophthalmic Surgeon.

Note ... This Report should be attached to this man's Medical History Sheet for future reference please.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B

Number of Sheets *1*

Regiment of *Royal Newfoundland*

Signature of O. C. Company *[Signature]*

Forms
B. 121.
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Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5182 Frizzle, Richard</i>	Age on	<i>23</i> years <i>0</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	Period of	with Colours <i>1 1/4</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth	
Joined	Date				
Joined	Date	<i>Goulds, Bay Balls Rd.</i>			

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
				<i>Demobilized 30/1/19</i>					
To be carried over									

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt. R. Frizell

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

5182 Pt. R Frizell 16.60

ACCOUNT	
GH. NO.	3130
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 16.60

[Signature]

Billeting Officer.

[Signature]

[Signature]