



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5513 Name Lambert Best Corps CofE

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------|
| 1. What is your name? | 1. <u>Lambert Best</u> |
| 2. What is your full Address? | 2. <u>Merakhen P.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>26</u> Years |
| 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, Lambert Best 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.

30/5/18

Lambert Best SIGNATURE OF RECRUIT.
Pte Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Lambert Best 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 30 day of May 1918

Signature of Attesting Officer W.D. Duke Lieut

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

5513

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

Name Lambert Best
 Apparent age 20 years 0 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Albert Best
Merasheen | Relationship Father
R.B. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-5-18</u>									
Joined at <u>Merasheen</u> on <u>30-5-18</u>									
<u>Discharged</u>									
<u>Embarked at Merasheen S.S. Columella to Halifax N.S.</u>									
<u>Remained at Aldershot W. Coast and embarked at Sydney for det. 29-8-18</u>									
<u>Arrives det. and posted to Depot. 9-9-18</u>									
<u>Re-embarked for demobilization 24-6-19.</u>									
<u>Arrives re-embarked 31-7-1919</u>									
<u>Demobilization at Merasheen 5-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 [date of discharge] 1 years 68 days
 " " Pensions " " " " " " " " " " " "

C.R. 5513

Extract from Daily Orders Bart 11 Unit The Royal Nfld. 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

5513 Pte. L. Best

C.R. 5513

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

5513 Pte. L. Best.

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

C.R. 5513

Extract from Nominal Roll of Casualties From O.C. Embarkation
Casualty Section, No.6 District Depot, Halifax, Canada.

5513 Pte. L. B1st, Reported from Aldershot 15-8-18 Overseas
27-8-18.

MM.

C.R. 5513

Details of Draft under Capt. Leo Murphy admitted Hosp.
Quarantine at Aldershot. (no date given).

#5513 Pte. L. Best.

C.R. 5513

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

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

#5513 Pte. Lambert Best.

C.R. 5513

Extract from Daily Orders part II, from Unit The Royal Wfl.d
Regt. St. John's, dated May 21, 1918

#5513 Pte. L. Best

Attested for General Service with the Royal Wfl.d.
Regt. from May 20, 1918

C.R. 5513

Extract from Orders, Part 11, by Lt. Col., B.J. Barton, D.S.O.,
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 10/9/18.

The undermentioned who arrived from Newfoundland on the 9/8/18 are taken
on the strength from that date:

5513 Pte. L. Best.

L Best

C.R.

5513

~~110~~

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

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

1. Unit and Corps. *Royal New Foundland*
2. Regtl. No. *5513* 3. Rank. *Plt*
4. Name *Bush Laurence*
 (Surname) (Christian Names)
5. Age last birthday... *21*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

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.
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.
- nil
nil
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? }

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.)

He complains of a 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

Station *Hazeley Down*

Date *1-4-19*

W. E. Procunier - Capt Rame
Medical Officer in charge of case.

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

No. 4156/618

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.
Winchester.

P.D. 00087/51945
14
14th March 1919

March 13th 1919

5513 Pte. Best, L.

With reference to the following telegram from the Minister of Militia / / (77)

"Pay to- 5513 Best,
£5. 0. 0.

Cheque £ 5. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder *capt*
L. Best **LIEUT. COLONEL,**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n.

Received the sum of Five
pounds in respect of telegraphic remittance from the Minister of Militia.

L Best
No. 5513 Rank Pte
Witness M Rockett

No. 15508/1587.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: **Officer Commanding,**
2/Bn. Royal Newfoundland Rgt.
Hazeley Down Camp,
Winchester.

September 25th, 1918

Sep. 27th 1918

Subject: 5513, Pte. LM Best,

With reference to the following telegram (8315) from the Hon. Minister of Militia, received

Receipt hereunder.
[Signature]
LIEUT. COLONEL,
OFFICER COMMANDING NEWFOUNDLAND REG'T.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGIMENT

*Pay to 5513, Pte. .L. Best, £5.19.0.

Draft £ 5.19.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five
Pounds Nineteen Shs on account of
cable remittance from Newfoundland.

Lambert Best 5513,

Chief Paymaster & O. i/c Records.

No. _____ Rank pte

No. 19233/2161

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,
2/Bn Royal Nfld. Regt.
Winchester.

25th November 1918

Subject: 5513, Pte. L. Best *B*

With reference to the following telegram (10080) from the Hon. Minister of Militia, received

Pay to 5513 Best £10:0:0

Draft £10:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Nov. 28th 1918

Receipt thereon

Okam

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

Received the sum of £ ten

pounds on account of cable remittance from Newfoundland.

L Best

No. 5513 Rank Pte.

W Power. Pte

Best. L

5513

Hay Dept.

August 5th 1919.

#5513, Pte.L.Best,
Merasheen, P.B.

Dear Sir:

Enclosed please find Discharge Certificate,
3377.

Yours truly,

Capt²²
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5513 Rank Pvt Name Best L
 Intended place of residence Musker Place
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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
 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 of soldier
 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 of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30 - 5 - 18 No. of days on Military
 Discharged from service 22 - 7 - 19 Plus 14 days Service 433

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 22 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 5/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

AWB B 2079 / 3377

✓
30
31
5
L8

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

7.7.19

Regimental No. *5513*

Name *West*

Lambert

Address *M. ...*

Present Medical Category

A1

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

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

Spatoron
Senior Medical Officer

Geo. Sorden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5513 Rank PIV Name Best L
 Date of Enlistment 30.5.18 Address Mersey St District Placentia
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 7.7.19 O. C. Discharge Depot. W. H. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

L. Best

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~~

W. H. H.

Date 8-7-19 O. C. Re-clothing.

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. B2264 9860 to his home at Merasthen and Release Certificate No. 3309 issued.

Date 8-7-19 *J.A. Knowlton*
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 5-8-19

Date 8-7-19 *H. M. ...*
Depot Paymaster.

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Form B

Date 8-7-19 *J.A. Knowlton*
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 ~~JUL 22 1919~~

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.

I Best

Signature of Man.

J. H. Inave apt.

Signature of the Vocational Officer or his Representative.

Reg. No. 5313

Place

St Johns

Date

8-7-19-

191

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

MEDICAL HISTORY

Surname Deat

OF

Christian Name Leahurst

Table I.—GENERAL TABLE.

Birthplace:—Parish Marashan, P.O. County Yeo.

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	on	day of	on	day of
Examined	30 th	May	191	191
Declared Age...	20.	years		days
Trade or Occupation	Fisherman.			
Height	5	feet 7 ¹ / ₂ .		inches
Weight	140.	lbs.		lbs.
Chest Measurement	Girth when fully expanded... 39 ¹ / ₂ .			inches
	Range of Expansion... 4 ¹ / ₂ .			inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	6/9 6/12	R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Peterson</u>			
(Rank)	Major			
Enlisted	at	St. John's	at	
	on	30 th day of May 1918.	on	day of 191
Joined on Enlistment...	Corps.	Royal Nfld. Regiment.	Corps.	Regtl. No.
		5513.		
Transferred to...				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Lambert Best

Regiment from which discharged **Royal Newfoundland**

Regimental number

5513.

Intended address

Messham,

Height on discharge

5 Feet *9.*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

Salt.

Christian name of Father

Albert

Christian name of Mother

Winnie

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Messham, 29 November, 1898

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)

Lambert Best

48
(Rank)

Station

Logan

Date

4-7-19

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.

Station

Date

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

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

1. Unit and Corps. *Royal N.F.F.C.* } *Fishman*
 7. Former Trade or Occupation }
 2. Regtl. No. *5512* 3. Rank... *Pvt.* }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
 4. Name *Best* }
 (Surname) }
 (Christian Names)
 5. Age last birthday *21*
 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
 (b) Where (if any)
 (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? }

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.)

to emphasize of no 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. Proenies
 Medical Officer in charge of case.

Station *Hoylyman*

Date *1-14-19*

* 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

August 11th 1919.

Mr. L. Best,
Merashen, P.B.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Service
Gratuity.

Yours truly,

Capt. &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Lambert* 2. Surname *Best*

3. Rank *Pte* 4. Regtl. No. *5513*

5. Address in full to which future payments of gratuity are to be forwarded. *Nevashen*

6. Date of enlistment in the Regiment. *May 27/18*

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. *No*

9. Address in full of such dependents. *No*

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 Hfld. If so, give dates and particulars of such service. *England only*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *1 yr 1 mo*

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?..... *No*

16. Have you, during the present war, served in the Imperial Forces... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?..... *No*

19. Are you now serving in the Regt.?..... *No* If not give:- (a) date of discharge..... *July 8/19* (b) Reason for discharge..... *Demob*

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.... *No England only*

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..... *No*

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.

Signature of Applicant: *L Bert*
 Place of Residence: *Merashen*
 Declared before me at: *St Johns*
 This *8th* day of *July* 19.*19*...

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

John W. Carthee
J.P.

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.				Paymaster

ST. JOHN'S, July 16th 1919

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs}. Sharp
Charlton Street

Billeting Soldiers as undermentioned

from July 7th 1919 to July 14th 1919

5513 1st Lt. L. P. [Signature] 7 20

ACCOUNT	<u>B.M.</u>
CH NO	<u>3109</u>
INITIALS	<u>[Signature]</u>
IND LEDGER	INITIALS
RAY LEDGER	INITIALS
GEN LEDGER	<u>7 20</u>

Certified correct for \$ 7.20

R. J.

[Signature]
Billeting Officer.

F Sharp

The Department of Militia:

The sum of.....

Eight Dollars

8.00
ACCOUNT *Trans*
9308
Dollars is due

Mr.....

for.....

Transportation

Reg. No.....

5513

Rank.....

Pvt

Name.....

Best L

Mevashen

from.....

Puesque

to.....

Mevashen

Voucher attached

Amount paid \$ 8.00

3-9-19

J. H. Snow

Captain
Mobilization Officer

[Signature]

No. G. 860

TRAVELLING WARRANT

Date 8-7-19 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 5513 Rank TG Name Best L.

From ST. JOHN'S To Herasheen
Resque.

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

A Howcroft

SIGNATURE OF ISSUING OFFICER.
DEPOT ST. JOHN'S, N.F.

Merasheen
July 22nd 1799

Mr. J. A. Snow

Dear Sir
The

Amount from
Presque to Merasheen
\$ 8 eight dollars
Yours truly

Lambert
~~Best~~
Merasheen

Oct. 2, 1919

Pvt L. Best,
Merasheen,
P.E.

Dear Sir:

I enclose cheque for \$8.00
amount of refund due you on account of
Travelling expenses.

Yours truly,

L. C. B.

Major
Paymaster.

RECEIPT.

R. 5513

FOR ISSUE OF BRITISH WAR MEDAL-1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

NAME *Lambert Best*

DATE *26th November*

PLACE *Merasheen*

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 15

1921.

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

is/are forwarded herewith to

Lambert Best

in respect of his service as No. 5513 Rank Pte.

Name L. Best

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received War Medal

Signature Lambert - Best

Date Oct. 25th 1921

Address Myraheen Plac. Bay

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company C. D. Dickson

Regimental Number and Name		Enlistment		Trade
No.		Age on	years months	<u>Fitterman</u>
<u>5513</u>	<u>Lambert Best</u>	Place and Date of Enlistment		Religion
Joined	Date	<u>St John's</u>		<u>C of E</u>
Joined	Date	<u>30-5-18</u>		Place of Birth
Joined	Date	Period of	} with Colours <u>1^{1/2}</u> years.	<u>Mirashen AB</u>
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Charges of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>5</u>	<u>8</u>		<u>19</u>

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5513 Rank P146 Name Best L
 Date of Enlistment 30.5.18 Address Mer-a-keg District Placentia
 Occupation Fisherman Classification for Discharge 16 Medical Category II
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 7.7.19

O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

L Best

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$6.80
 (b) Clothing Supplied

[Signature]

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B22649860 to his home at Merasthen and Release Certificate No. 3309 issued.

Date 8-7-19 Demobilization Officer J.A. Snowless

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 5-8-19

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

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 288	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

3 Form B

Date 8-7-19 Demobilization Officer. J.A. Snowless

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 O. C. Discharge Depot. J.R. Cooke Capt.

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

Date July 21/19 [Signature]

Reg. No. *1513* Rank *PL* Name *Wm. A. Mearless*
Attested Address *Mearless*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

~~8-7-19~~
~~22-7-19~~

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.