



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2678 Name Eldred Crane Corps

### Questions to be put to the Recruit before Enlistment.

- |   |  |
|---|--|
| 1. What is your name? .....   | 1. <u>Eldred Crane</u>                                       |
| 2. What is your full Address? .....   | 2. <u>57 South Side Rd. St. John's</u>                       |
| 3. Are you a British Subject? .....   | 3. <u>Yes</u>  |
| 4. What is your age? .....  | 4. <u>25</u> Years <u>3</u> Months                           |
| 5. What is your Trade or Calling? .....   | 5. <u>Cropper</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 .....<br>Corps <u>FOR THE DURATION OF THE WAR</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll to be signed by you if you are accepted? ..... | 11. <u>Yes</u>   |

I, Eldred Crane 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.

Eldred Crane SIGNATURE OF RECRUIT.  
E. May 2nd. E. P. Doyle Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Eldred Crane 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 2nd day of May 1916

Signature of Attesting Officer H. D. Hedges

### †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 that St. John's

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

Date May 2nd 1916 } 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).....



2678



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2678 Name Eldred Crane Corps .....

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Eldred Crane
- 2. What is your full Address? ..... 2. 87 South Side Rd  
St. John's
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 25 Years 3 Months
- 5. What is your Trade or Calling? ..... 5. Printer
- 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? ..... } II. Yes

I, Eldred Crane 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.

Eldred Crane SIGNATURE OF RECRUIT.  
E May 2nd Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Eldred Crane 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 2nd day of May 1916

Signature of Attesting Officer H. D. ...

### 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 St. John's

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

Date May 2nd 1916 } Approving Officer.

Place .....

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

**DESCRIPTIVE REPORT ON ENLISTMENT**

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

Name Eland Crane  
 Apparent age 21 years 3 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Mrs. John Crane  
27 South Side Rd. | Relationship Brother  
St. John's. 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>2-5-16</u>									
Joined at <u>St John's</u> on <u>May 2<sup>nd</sup> 16</u>									
<u>Discharged St John's Sep 2/1918</u>									
<u>Embarked St John's S.S. Sicilian for Det 19<sup>th</sup></u>									<u>Embarked for B.L. 11<sup>th</sup></u>
<u>Joined unit 22-10-16 Admitted 34 CCS. New nonis 31-1-17</u>									<u>Invalides to Captains 14<sup>th</sup></u>
<u>Admitted 3<sup>rd</sup> Lt. 4th Bandwork 15<sup>th</sup></u>									<u>Embarked for B.L. 3<sup>rd</sup></u>
<u>Embarked for B.L. 3<sup>rd</sup> joined unit in the field 19-6-17</u>									<u>Admitted 11-4-17</u>
<u>Admitted 6<sup>th</sup> Lt. 4th Bandwork 16<sup>th</sup> Invalides to Captains 20-8-17</u>									<u>Admitted 16-8-17</u>
<u>Embarked Home 20-8-17</u>									<u>Admitted Southwick Work Sect.</u>
<u>Joined B.L. 15-2-18</u>									<u>Embarked for B.L. 4<sup>th</sup></u>
<u>Admitted 3<sup>rd</sup> Lt. 11th Bandwork 18<sup>th</sup></u>									<u>Invalides to Captains 18<sup>th</sup></u>
<u>Admitted 3<sup>rd</sup> Lt. 11th Bandwork 18<sup>th</sup> Invalides to Captains 20-8-17</u>									<u>Admitted 11-4-17</u>
<u>Arrived Kenfour Road 4-8-18</u>									<u>Admitted 11-4-17</u>
Total Service forfeited as above <u>Discharged Medically Dept 2-9-18</u>									
Total Service towards Engagement to <u>2-9-18</u> [date of discharge] <u>2</u> years <u>124</u> days									
Pension " " " " " " " " " " " " " "									

This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Edward Crane  
aged 21 conducted at B. L. B.

Date: May 1<sup>st</sup> / 1916 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 6/6 Both
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

2678

33 no  
34 5-6  
35 118 lbs  
36 33 1/2 35 1/2  
37 \$19 per up

38 Mother was John Crane 87 South Side  
39 none

Spit

Signature of Medical Examiner: William Roberts

C.R. 2678

Extract from list of men of the Royal Newfoundland Regiment  
discharged on various dates.

2678 Pte. E. Crahe

Discharged 2 - 9 - 18, Medically unfit

C.R. 2678

Extract from Daily Orders Part 11 Depot St. John's Sept. 7/18

---

#2678 Pte. Eldred Crane.

NY

---

HAVING BEEN FOUND MEDICALLY UNFIT ARE STRUCK OF THE STRENGTH  
FROM 2.9.1918

---

---

C.R. 2678

PRELIMINARY REPORT

Extract from Medical Board held Aug. 19th, 1918.

2678 Pte. Crane, E.

Recommended Discharge -- Permanently Unfit.



- C.R. 2678

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, Dated August 9, 1918.

2678, Pte. Crane, E.

Admitted to General Hospital, 8/8/1918.

C.R. 2678

Extract from Daily Orders Part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated August 5, 1918.

The following men returned from Overseas and reported  
at Depot August 4th.

#2678 Pte. A. Crane.

2678

Extract of Casualties from Pay and Record Office, London dated  
22nd July 1918.

FOR REPATRIATION.

2678, Pte. E. Crane

ex 3rd London Gen. Hosp. on 20/7/18, is granted  
furlough to 3 p.m. 21/7/18, with orders to report at P.A.R.O. on  
latter date for disposal.

Authority: A.Fs. B.179.

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 2678

MACHINE GUN CORPS.

LIST No. H.A. 22077.



58227	Sgt. Mills, A.	31/Bn. M.G.C.	GSW. Head. Mild.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.
2250	Pte. Harley, J.	2/- Welsh. att. 55. MGC.	N.Y.D.N.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.
42910	" Vincent, F.	39/- Btn. MGC.	Tremor.	. . .	Dis: to MB. Dep: Etaples ex 26. Gen: H: 16th. Apl'18.
209	Gnr. Smith, J.	3/- Bn. Tank Ops.	Pityriasis Rose.	. . .	Dis: to MB. Dep: Etaples ex 26. Gen: H: 16th. Apl'18.

ADM: 26. GEN: H: ETAPLES 16th. APRIL. 1918.

29614	Pte. Arnold, C.	. . .	MGC. 4. Div.	. . .	. N.Y.D.N.
47877	" Lyall, J.	. . .	34/- MGC.	. . .	ICT. Legs.
66140	" Ross, A. E.	. . .	59/- do-	. . .	. Boils.

INFANTRY RECORD OFFICE - WARWICK.

LIST No. H.A. 22077.

807344	Pte. Fox, G. W.	2/7/- R. War. R.	Boils.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.
40764	" Davis, V.	4/- Worcester.	N.Y.D.N. Mild.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.

ARMY VETERINARY CORPS.

LIST No. H.A. 22077.

14468	Pte. Burgess, F.	14/- AVC. 2. Cor. Div.	Syno. Knee. Mild.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.
-------	------------------	------------------------	-------------------	-------	--

DUBLIN - RECORD OFFICE.

LIST No. H.A. 22077.

40765	Pte. Spencer, n.	2/- Innis Fus:	N.Y.D. Mental.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.
18455	" Hunter, W. J.	12/- R. Ir. Rfls.	GSW. L. F. Arm. Sev.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.
6387	" Hall, R. E.	12/- do-	Debility. Mild.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No. H.A. 22077.

2678	Pte. Crane, E.	1/- Newfoundlands.	GSW. Jaw. Mild.	. . .	Adm: 26. Gen: H: Etaples 16th. Apl'18.
------	----------------	--------------------	-----------------	-------	--

2. LIFE GUARDS - RECORD OFFICE.

LIST No. H.A. 22077.

3106	Tpr. Horn, G. W.	2/- L. Gds.	Scabies.	. . .	Dis: to MB. Dep: Etaples ex 26. Gen: H: 26th. April. 1918.
------	------------------	-------------	----------	-------	--

819

April 20, 18

Dear Mrs. Crane:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 2678, Private Eldred Crane is at Wandsworth suffering from G.S.W. fractured jaw.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

John Crane,  
35 South Side Rd.

Acting Minister of Militia.

GR 2678

Extract from Nominal Roll Draft No. 36, 200 Other Ranks  
from 2nd., (Reserve) Battn. Royal Newfoundland Regt., and  
preceeded to join the 1st., Battn. Royal Nfld., Regt.,  
B. E. F., Embarked Southampton 4/2/18.

---

2678 Pte. E. Crane.

M

144  
August 31, 1917.

Dear Madam,

With reference to your enquiry  
regarding No. 2678, Private Eldred Crane,  
I beg to inform you that the Record Office,  
London, to-day reports that he is progressing  
favourably.

Yours faithfully,

Colonial Secretary.

Mrs. John Crane,  
135 South Side Road.

**TRANSLATION OF MESSAGE SENT TO SYNOPTICAL**

**August 27, 1917.**

---

Report by telegraph present condition of  
2413 Reid, 1757 Green, 1373 Delacey, 3231  
Blackmore, 2678 Crane, 47 Maddigan. Telegraph  
whereabouts of 2286 Hipditch, 3041 Mansfield.  
Telegraph whereabouts of, condition of 1178  
Kenney. Report by telegraph nature of wounds of  
2169 Remaine. Have you any further news of  
2783 Jones. Can you ascertain condition of  
prisoners of war.

Col. Sec.



2678 Private Edward Crane.

Extract of telegram dated August 22nd.1917

Gunshot wound in Left Upper Extremity.

Admitted to Southwark Hospital, East Dulwich, London.

847

C.R. 2678

extract from code telegram from Synoptical, received August 22nd 1917.  
TO THE HONOURABLE THE COLONIAL SECRETARY.

---

GUNSHOT WOUND IN LEFT UPPER EXTREMITY

LEFT UPPER EXTREMITY

3678 CRANE.

August 22, 1917.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 2578, Private Eldred Crane, has been admitted to Southwark Hospital, East Dulwich Grove, London, suffering from severe gunshot wound left upper extremity.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mrs. John Crane,  
87 Southside Road.

Colonial Secretary.

C.R. 2678

Extract from Medical Roll of Draft No. 24 from 2/1st Newfoundland  
Regiment, Newton-on-Ayre, 2nd/1st Newfoundland Regiment, B.L.F.  
1/6/17.

2678 Pte. E. Crane

ER.

February 19, 1917.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 2678, Private Eldred Crane, who was previously reported dangerously ill pneumonia Casualty Clearing Station, Feb. 2nd, has been admitted to Wandsworth suffering from pneumonia. His condition is satisfactory.

Yours faithfully,

Colonial Secretary.

Mrs. John Crane,  
87 South Side Rd.

C.R. 2678

PROGRESS REPORTS.

No. P. 47958.

O.C.11 C.C.S.FRANCE reports 4th Feb.17.

15512 Sjt. Golby, F.E. 2/R.M.L.I. Shrap.Wds.Rt.Leg.& Rt.Loain. DIED 4th Feb.17.

O.C.5 Stat.H.FREVENT reports 5th Feb.17.

32357 Pte. Rugg, G. 2/Garr.K.O.Y.L.I. Pneumonia (Adm.31/1/17.) DIED 5/2/17.

O.C.34 C.C.S.FRANCE reports 4th Feb.17.

10567 Cpl. Walker, J.	1/K.O.S.D. Sh.wd.Jaw.Leg.R.Arm.R.	<u>SATISFACTORY TRANS.TO BASE 4/2/17.</u>
29123 Pte. Conway, C.	1/R.Innis.Fus. Shrap.Chest.& Back.	<u>DIED 2/2/17.</u>
2678 Pte. Crane, E.	1/Newfoundlands. Pneumonia.	<u>SLIGHT IMPROVEMENT.</u>
40510 Pte. Ward, W.H.	1/R.Innis.Fus. GSW.Head.Fract.	<u>WORSE</u>
27520 Pte. Clapham, S.	7/Borders. GSW.Head.Fract.	<u>WORSE</u>
33610 Pte. Brewin, E.	1/ -do- GSW.Abdomen.	<u>SLIGHT IMPROVEMENT.</u>
22785 Pte. Leadbetter, W.	1/ -do- GSW.Head.Pene.	<u>NO CHANGE.</u>
36199 Pte. Wiggins, J.	4/Warc.R. Bronch.Pneumonia.	<u>DIED 4/2/17.</u>



O.C.4 C.C.S.FRANCE reports 5th Feb.17.

KW11/ L/S. Thresh, A.	Drake. Bn.RND.	GSW.Abdomen.& Hand.L.(Adm.4/2/17.)	<u>DIED 4/2/17.</u>	) Interred in British Cemetery Varemes.
TZ/8252 A.B. Machon, W.	-do-	SW.Leg.R.Cp.Frac.(Adm.3/2/17.)	-do-	
L22323 P.O. Browning, A.R.	Hawke. Bn.RND.	GSW.Abdomen.& Kneel.L. -do-	-do-	
32823 Pte. Knox, H.	15/High.L.I.	SW.Head.& Arm.L.Free.Skull. (Adm.3/2/17.)	-do-	
R384 A.B. Knight, G.	Hawke Bn.RND.	GSW.Neck.Pene.(Adm.4/2/17.)	<u>DIED 5/2/17.</u>	

463

X

X

G.

9th February, 1917.

Dear Madam,

In reply to a cablegram which I sent to the Record Office, London, on the 5th instant, asking for news as to the condition of No. 2678, Private Eldred Crane, I am to-day advised that he is making satisfactory progress.

Yours faithfully,

Colonial Secretary.

Mrs. John Crane,  
87 Southside.

TRANSLATION OF CODE MESSAGE SENT TO  
SYNOPTICAL, LONDON, ON THE  
5th FEBRUARY, 1917.  
-----

What is address of 2411 Scott relatives anxious for  
news of 1797 Grant report by telegraph present  
condition of 2678 Crane 21 Tilley what is nature of  
illness 2014 Hussey Full stop Two parcels sent to  
1770 Adams 11th November together with large number  
letters sent at various times not received telegraph  
result of enquiry.



C.R. 2678

The Honourable

The Colonial Secretary.

For necessary action.

3 February 1917.

Governor.

No. 848.

Code Telegram from Major Timewell.

(recd. 3 February 1917)

Dangerously ill, pneumonia, Casualty Clearing Station.

February End:

2678 Crane.

G.

3rd February, 1917.

*Dear Madam,*

*I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that*

**No. 2678, Private Eldred Crane was Dangerously ill, on February 2nd, at Casualty Clearing Station, suffering from Pneumonia.**

*I trust that later reports will bring news of his convalescence.*

*Any further information received at this Office as to his condition will be at once notified to you.*

*Yours faithfully,*

**Mrs. John Crane,  
87 South Side Road.**

*Colonial Secretary.*

C.R. 2678

Struck from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "SICILIAN" July 19, 1916.

2678 Pte. Crane E.

C.R. 2678

Extract from Nominal Roll of Mfld. Regt. Draft No.12, From  
2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton, 11-10-16.

2678 Pte. E. Crane.

Δ267

September 6th, 1918

Officer Commanding,  
Royal Wild. Regiment,  
Headquarters.

Sir;

The undermentioned men have been discharged on  
the dates given. Kindly note and post in Daily Orders  
Part 11.

I have, etc,

(SGD). J.M. HOWLEY.

Capt.

Paymaster & C.i/c Records.

5436.	Private.	Martin, James.	Aug 22nd, 1918.	Med, Unfit.
5456.	"	Parsons, James.	do	do
5050.	"	Dalton, James.	Aug 24th, 1918.	do.
5546.	"	Hoble, Lorenzo.	do	do
5644.	"	Whelan, William	do	do
2980.	"	Walsh, Wm, F.	Sept, 2nd, 1918.	do
2678.	"	Crane, Eldred.	do.	do
3288.	"	Collins, Thos.	do	do.

C.R. 2678

**Eldred Brane** was attested for General Service with  
the NEWFOUNDLAND CONTINGENT on **May 2nd 1916**  
Regimental No. **2678** was allotted to Pte **E. Crane**

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

E. Crane

C.R. 2678

~~1190~~





*Original*

### Medical Report on an Invalid.

Station 3rd London General Hospital,  
WANDSWORTH, S. W.  
Date 18-7-18.

- 1. Unit Rl Newfoundland
- 2. Regimental No. 2678
- 3. Rank Private
- 4. Name Crane, Eldred
- 5. Age last birthday 23
- 6. Enlisted { on 22 May 1916  
at St Johns

- 7. Former Trade } Cooper  
or Occupation }
- 7A. If with previous service in Army, state--

  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.

} N/A

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

C. S. W. Face. Comp fracture of  
Mandible (R. Left) Facial paralysis.

#### 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. 13. 4. 18.
- 10. Place of origin of disability. Armentieres.

COPIES SENT		
TO	NO.	DATE
M. OF M.	<u>1200</u>	<u>26 JUL 1918</u>
O.C. 1ST. BN.	<u>[Signature]</u>	
.. 2ND. BN.		

- 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—

Bullet wound entering R cheek  
exit behind angle of jaw. Left:  
compound comminuted fracture  
of left mandible. Left facial  
paralysis - Treated with dental  
splints.

- (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.

attributable to service during present war  
SSW

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.

metal wire splint in position.  
Complete L. Facial paralysis  
wound at angle of l. lower jaw  
healed. Mouth cannot be  
opened: living on fluids only  
PpH#

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

- (a) In action? *Yes*
- (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?

*Yes. four abs for removal of  
fragments of bone from lower jaw*

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*

*W. H. Under-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 Wandsworth Sw

*D. E. D. M. C. S. R. H.*

Officer in charge of Hospital.

Date 19-7-18

Col. A. M. S.

Comdg. 3rd. London Gen Hospital,

\*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.

NOTES.--(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of a man being invalided, 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 differentials 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.

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

(i.) Service during the present war; Yes

(ii.) Climate; —

(iii.) Ordinary military service; —

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or no

(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? G. S. W.

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

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. 100

26. If an operation was advised and declined, was the refusal unreasonable? vide 16

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; Yes

(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. 144 of 1917, is any surgical appliance recommended? Yes - dental splint (supplied)

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

Signatures:—

A. F. Voelcker Major R. A. Russell President.

Station \_\_\_\_\_

A. F. Voelcker

Members.

Date 20. vii. 18

Approved.

Station \_\_\_\_\_

A. F. Voelcker Major R. A. Russell  
Administrative Medical Officer.

Date 20. vii. 18

Opinion of the Medical Board.

NOTES.--(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, and, in the event of a man being invalided, 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.

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

- (i.) Service during the present war; *Yes*
- (ii.) Climate; *—*
- (iii.) Ordinary military service; *—*
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or *no*
- (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? *G. S. W.*

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

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.* *100*

26. If an operation was advised and declined, was the refusal unreasonable? *vide 16*

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; *Yes*  
(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. 144 of 1917, is any surgical appliance recommended? *Yes - dental splint (supplied)*

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

Signatures:—

*A. F. Voelcker Major R.A.M.C.* President.

Station \_\_\_\_\_

*A. M. Howard M.D.* } Members.

Date *20. vii. 18*

Approved.

Station \_\_\_\_\_

*A. F. Voelcker Major R.A.M.C.*  
Administrative Medical Officer.

Date *20. vii. 18*

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

# MEDICAL HISTORY

OF

Surname Craze Christian Name Edward



Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

		SPECIAL RESERVE.			
Examined	on	1 day of <u>May</u>	191 <u>6</u>	on	day of _____ 191
	at	<u>St. John's</u>		at	_____
Declared Age		<u>21</u> years <u>3</u> days			years _____ days
Trade or Occupation		<u>Cooper</u>			
Height		<u>5</u> feet <u>6</u> inches			feet _____ inches
Weight		<u>118</u> lbs.			lbs. _____
Chest Measurement	Girth when fully expanded...	<u>35 1/2</u> inches			inches _____
		Range of expansion... <u>2</u> inches			inches _____
Physical Development					

Vaccination Marks	Right		Left	
	Arm			
Number				

When Vaccinated ... ..

Vision ... .. R.E.—V= 6/6 L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease	COPIES SENT		(b)
	To	No. DATE	
	M. OF M.	<u>12004/08</u> <u>26 JUL 1918</u>	
	O.C. 1ST. BN.		
	" 2ND. BN.		

(b) Slight defects but not sufficient to Cause Rejection

Approved by (Signature) James Paterson (Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... .. at St. John's on 1 day of May 1916 on \_\_\_\_\_ day of \_\_\_\_\_ 191

Corps. \_\_\_\_\_ Regtl. No. \_\_\_\_\_

Joined on Enlistment ... .. 1st Field Reg. 2678

Transferred to .. .. Royal Newfoundland

Became non-effective by ... ..

on \_\_\_\_\_ day of \_\_\_\_\_ 191 on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_



Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further 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
	Day	Month	Year	Day	Month	Year				
8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	15	2	17	2	4	17	Pneumonia	46.	Furlough	Queen I. Martin C.S. F. L. ...
	20	8	17	26	9	17	Wounds L upper Extremity Simple flesh (slight)	48.	Wounds healed fit for furlough + duty	
3 <sup>rd</sup> London General Hospital WANDSWORTH, S. W. Admitted 18 4 18							G.I. Face Comp. frac of Mandible left Facial paralysis		Board held, see overleaf Inability G.I. Face Comp. frac of mandible left. Facial Paralysis. Complete L facial paralysis mouth cannot be opened living on fluid only. G.I. Won active service inability to wear a huck-hoddle served 70%	
								Cause Total		J. C. Hall Capt 3 <sup>rd</sup> London General Hospital WANDSWORTH, S. W.





No. *2678* Name *Elder Crane* ~~Sgt., Batty,~~ *A.* Corps *Newfoundland* Date of enlistment } *2/5/18* ~~Badges~~ Service or Proficiency Pay } *V. Good*

Date of last entry in Company Conduct Sheet } \_\_\_\_\_ No. and date of last drunk } \_\_\_\_\_ Period not reckoning towards freedom from extra fine } \_\_\_\_\_ Sheet No. *1* Signature O.C. *W. G. A. [Signature]* Company, etc. *Asst. Col. [Signature]* Character *V. Good*

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

*W. G. A. [Signature]*  
*Asst. Col. [Signature]*  
*18/18*

Army Form B. 122



FORM K

No 2361



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eldred Brane, Regl. No. 2678

hereby agree, until further notification by me, and in similar official form to make an Allotment of 70 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins July 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2354</u>	<u>mother</u>	<u>Mrs. Martha Brane</u>	<u>17 South Side St. John's</u>	<u>70</u>
		<u>Commencing 1/7/16</u>		
Total Allotment, \$				

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

Sig. Chas. H. Aye Cpt.  
 Officer Commanding  
13 Company  
St John's  
June 14 1916

Sig. Eldred Brane  
 (Rank) plc.

No. 2678 Name *Crane E.* Sqn., Batty., or Company } *B.* Corps *1st Newfoundland* Date of enlistment *May 2/1916* G.C. Badges } *Armed Account* Service or Proficiency Pay } *Good.*  
 Date of last entry in Company Conduct Sheet } *None* No. and date of last drunk } *None* Period not reckoning towards freedom from extra fine } *One* Sheet No. *One* Signature O.C. Company, etc. } *Cull*

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>In the Field</i>	<i>4/1/17</i>	<i>Pte.</i>		<i>absent from 9 pm Roll Call</i>	<i>Cpl French</i>	<i>3 days P 1</i>	<i>4/1/17</i>	<i>Major Bernard</i>	<i>to Coy</i> <i>4/1/17</i>

Army Form B. 199

No. 2678 Rank Pte Name Brane E

Pay	F.A.	Eg.	Total
100	10		110
Less: Allotment			70
Net Rate			40

N.P.P/33.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d	£	s	d	
		From	To	Rate		£	s									d
Balance					Balance										12	9
Acquittance Rolls		2	12	4	Pay @ Net Rate	9/6/17	26/9/17	110	40	44	00	9	0	10		
Hospital Advances		1	3	6	Return allow	27/9	2/10	6	40	2	40	9	10			
A.B. 34			1	0		3/17	5/17	3	40	1	20	5	0			
P. & R.O. Payments		2	0	0												
(5-16-10 1/2)					4-16-8 3/4											
Rept (4063) Cash	26/9/17	4	15	0	11-6 1/2											
(4103) "			11	0												
(4121) "			5	0												

(10-13-7)  
9-15  
10-3-5

RMA  
26/9/17

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No 2678 *mark* Pte

Name E. Crane

Pay	P. Allow	Working	Total
<u>1</u>	<u>10</u>		<u>10</u>
Less Allotment			<u>70</u>
Net Rate			<u>40</u>

Date	DEBITS	£	s	d	CREDITS	£	s	d
1917	Balance				Balance			
	P.M. ADVANCES:							
	A.B. 64.				Pay & Net Rate:			
	Acquittance rolls	1	7	0	28/10/17 to 2/4/17 = 157 days			
	Hospital Advances	5	0	4	240 = \$ 62.80			
	STOPPAGES:							
	Hospital dys =				24/17 to 11/4/17 = 10 days			
	Forfeited Pay 3 dys	12	7		240 = \$ 60.00			
	Miscellaneous				3/4/17 to 7/4/17 = 5 days			
	Cables				240 = \$ 2.00			
	P.&R.O. PAIDMENTS:	1	17	6	8/4/17 to 9/4/17 = 2 days			
	Sundry Bill	6	10	0	240 = \$ 80			
	Cash	6	10	0				
		16	3	0				

27/10/16 1134

12181

1000

8 2 3/4

3 3 1/2

16 2 11

N.B.—This Form must accompany any inquiry respecting this Telegram.



RYLE & SPOTTISWOODE, Ltd., Lond.

# POST OFFICE TELEGRAPHS.

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

Office of Origin and Service Instructions.

*000 8th*

Charges } s. d.  
to pay }



Handed in at } *16a* Received here at } *8 20a*

TO { *Synoptical Ldn*

*061 8 aaa No 2678*

*Crane Newfoundland Regt progress*

*Satisfactory aaaa No 34 Ccs*

*6 am*  
*Extracted for Cas.*



93  
No. 2678

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

OK £2  
1/9/17

Please remit to Pte Elbert Crane

Per Newfoundland

the sum of 2 pounds \_\_\_\_\_ shillings, on  
account of any balance that may be due to me.

Regtl. No. 2678 Rank Pte

Name Elbert Crane

Approved W. J. Stone  
Officer i/c.,

Southwark Militia Hospital.

Dated at 5/9/17

1917.

2413969

No. 10436/610

NEWFOUNDLAND CONTINGENT



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

To:  
Officer Commanding,  
2/1st. Newfoundland Regt.  
Ayr, N. B.

9th. October 191 7

Oct. 14<sup>th</sup> 1917

Subject: 2678, Pte. Eldred Crane

ANSWER

With reference to the following telegram from the Hon. the Minister of Militia, (5763) received 9/10/17,-

Receipt hereunder.

Officer Comdg. 2<sup>nd</sup> Battn.  
1st Newfoundland Regiment

"Pay to 2678 Crane £2.0.0.

*Postal Draft*

~~Cheque~~ £2.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*A. J. Minwell*

Major,  
Chief Paymaster & O. i/c Records.

Received the sum of Two  
Pounds. on account of  
cable remittance from Newfoundland.

*E. B. Crane*

No. 2678 Rank Private

8204/189/P&A

OFFICER COMMANDING  
3rd London Gen. Hosp.  
Wandsworth.

Pay & Record Office,

24th May 8

2678, Pte. E. Crane,  
Royal Newfoundland Regt.

With reference to the enclosed letter from Pte. Crane, 18/5/18 (4572) a formal receipt for remittance from Headquarters is enclosed, and should be presented by the above soldier when making application to this Office for payment.

Major,  
Chief Paymaster & O. i/o Records.

FM/S

4



N.S.P. / 45

Newfoundland Contingent

Chief Paymaster & off. Ex Records  
Newfoundland Contingent  
58 Victoria St  
London S.W. 1.

KB 9/7/18  
8/- 0-0  
Prep'd by 8046  
J.P. [Signature]

Please remit to 3rd. Lon Gen Hosp  
Wandsworth

The sum of one Pound 1 5/6

or account of any balance that maybe due me

Regd no 2678 Rank Pte

Name E. Crane

Approved G.C. Hall off. Sec  
after the off. Sec

date 8/1/18



[Signature]

Admitted 18 4 18

**NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) K**

Soldier's Regtl. No. } 2678

Rank



Name } Loxane  
(Surname first)

Corps or Regiment (also Unit if known) } R. Highland Light Infantry

To Officer i/c of Records 58 Victoria St

Regimental Paymaster 58 Victoria St

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the

20 7 18

*the address below*

has been sent to ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 20 - 7 18

to (full address) 58 Victoria St

Date 20 7 18

Officer Comm.

Place WANDSWORTH

*9 C Hall mt capt*

Hospital.

Three copies to be made; one copy sent to each Officer above mentioned, and one copy filed in the Official Hospital

No. \_\_\_\_\_

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

Please remit to 3<sup>rd</sup> London Gen Hosp  
Wandsworth

the sum of one pounds 1 s. (£ )  
on account of any balance that may be due to me.



Regtl. No. 2678 Rank RtE

Name E. Grange

Approved G. C. Hall  
Officer I/C.,

Hospital.

Dated at 6/7

1918

BRANCH  
FILE  
1239/7/18

*Handwritten notes:*  
L-0-5-10  
1/10  
1/10  
1/10

FOR USE IN THE CASE OF **ALL** SOLDIERS SENT TO THEIR HOMES UNDER  
A.C.I. 1011 OF 1916, PARA. 2(ix.)

Roy. Infd. (Regiment).

No. 2678, Rank PLC, Name Crane E

is discharged from\*

with orders to proceed to Widona:

(Address

58 Victoria St



and there to await further instructions as to his discharge from the Service.

\_\_\_\_\_  
Officer Commanding.

Place WANDSWORTH.

H. Jagan  
Registrar, R.A.M.C.\*

Date 20/7/18

3rd London General Hospital,

\*Here enter name of Hospital or Unit from which the Soldier is discharged

WANDSWORTH, S. W.

*Delough to 3pm 21/7/18*

Admitted 18 4 18

**NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's**

Soldier's } 2678 Rank \_\_\_\_\_  
Regtl. No. }

Name Loran  
(Surname first)

Corps or Regiment } R. Highland Light Infantry  
(also Unit if known) }

To Officer i/c of Records 58 Victoria St

Regimental Paymaster 58 Victoria St



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 20 7 18, has been sent to <sup>the address below</sup> ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 20 - 7 - 18

to (full address) 58 Victoria St

Date 20 7 18 \_\_\_\_\_ } Officer Comm.

Place WANDSWORTH \_\_\_\_\_ } Registrar, R.A.M.C.I. Hospital.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office  
3rd London General Hospital, WANDSWORTH, S. W.

LAST PAY CERTIFICATE OFFICE 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. 2678 Rank pte Name E. Crane Unit Royal Newfoundland who was Repatriated.  
to Newfoundland on 27/7/18 Authority A. F. B. 179 Cause Class A

DR. STATEMENT OF ACCOUNT CR.

PERIOD: From 16/2/18 To 21/7/18

PARTICULARS	£	s	d	PARTICULARS	£	s	d
Balance Dr. from <u>15/2/18</u>			<u>12</u> <u>11</u>	Balance Cr. from			
Allotment <u>156</u> days @ <u>70</u>	<u>109</u>	<u>20</u>	<u>22</u> <u>8</u> <u>9</u>	Pay <u>156</u> days @ <u>£ 1.00</u>	<u>156</u>	<u>00</u>	
Cash Payments: P. & R. O.			<u>4</u> <u>6</u> <u>0</u>	Field Allowance <u>156</u> days @ <u>£ 10</u>	<u>15</u>	<u>60</u>	
Acquittance Rolls			<u>2</u> <u>11</u> <u>4</u>	Other Allowances days @ <u>£</u>		<u>35</u>	<u>9</u> <u>2</u>
Hospital Advances			<u>2</u> <u>8</u> <u>0</u>	Other Credits:			
W. P. A. Vr. 272			<u>1</u> <u>15</u> <u>0</u>	Ration allowance.			
Other Debits:				<u>20/7/18-21/7/18, 2 days @ 2/1</u>			<u>4</u> <u>2</u>
Forfeited Pay			<u>1</u> <u>3</u> <u>0</u>	Total Credits		<u>35</u>	<u>9</u> <u>4</u>
Total Debits			<u>35</u> <u>9</u> <u>4</u>	Balance due to Paymaster			
Balance due by Paymaster						<u>35</u>	<u>9</u> <u>4</u>

CHECKED.  
*EA*  
27-7-18

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

\_\_\_\_\_  
(Place) \_\_\_\_\_ (Date) 1918

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/7/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
27/7 1918

O.C. " " Company.  
Chief Paymaster & Officer i/c Records.

709/167

3rd London General Hospital,  
Wandsworth.

15th May 8

2678, Pte. E. Crane,

3988

Pay to 2678 Crane £5:0:0

*Ms. Receipt*

AUSTRALIAN  
**ANZAC PROVOST CORPS.**  
(LONDON DETACHMENT.)

AM1

TELEPHONES:  
VICTORIA 8596, 8597.

TELEGRAPHIC ADDRESS:  
"APMAUSTRA. LONDON."

IN REPLY PLEASE QUOTE

223/16

58, WARWICK SQUARE,

LONDON, S.W. 1.

RJN/JJB.

8th May, ..... 1918.

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria St., S.W.1.

re No. 2678 Pte. E. CRANE.R. Newfoundlands.

The attached communication re the above named soldier is  
passed to you please, same having been addressed and opened here in error.

*Walter Coppitts*

.....Capt.,  
A.P.M., A.I.F.  
LONDON.



3895

2/895.

No. 6915/12

NEWFOUNDLAND CONTINGENT



From:

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

To:

Officer Commanding,  
King George Hospital,  
Stamford Street, S.E.

4th April 1918

6th May 1918.

Subject: 2678, Pte. E. Crane,

ANSWER

With reference to the following telegram (3988) from the Hon the Minister of Militia, received 2/5/18  
Pay to 2678 Crane £5:0:0

From :- O.C. King George Hospl.  
Stamford Street. S.E.1.  
To :- Chief Paymr & O.i/c Records.  
Newfoundland Contingent  
58, Victoria Street. S.W.1.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

There is no record of No. 2678. Pte. E. Crane. R. Newfoundlands. having been admitted to this hospital.

*J. B. Anderson, Lieut*  
Chief Paymaster & O. i/c records.

*J. G. Lamb*  
Bt. Lt. Colonel. R.A.M.C.  
Adjutant and Registrar.  
For Officer Commanding.

6915/12

King George Hospital,  
Stamford Street, S.E.

*May*  
4th April 8

2678, Pte. E. Crane,

3988

£ 5 18  
Pay to 2678 Crane £5:0:0

No Receipt

*Postmaster*

No. 1678 Rank Plt Name E. Crane

Pay	F.A.	Wkg	Total	N.F.P./33
100	10		110	
Less Allotment			20	
Net Rate			90	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance	12/78	12	11		Balance							
Acquittance Rolls		2	11	4	Pay @ Net Rate	16/78	20/78	155	40	62	00	12 14 9
Hospital Advances		2	8	0	<i>RA</i>			2	2/11			4 2
A.B. 64.												
*P.&R.O. Payments		2	0	0								
<i>W.P.A.</i>		1	15	0								
<i>7 Apr Pay.</i>		1	30	0								
		0	10	3								
<i>Cash. 8210</i>	20/7/8	2	6	0	<del>2 6 0</del>							

12-18-11

*18-12-21*  
*20/7-18-16-3*

~~2 6 0~~  
0-0-8

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 2678 Rank Pte. Regiment R Newfoundland

Name Crane, Eldred.  
(Surname first)

1. State what special qualifications you have for employment in civil life.

*proper*

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*3 years*

*Job Bros. & Coys  
South Side  
St Johns*

3. What is the nature and locality of the employment you desire?

*Same*

COPIES SENT		
To	No.	DATE
M. of M.	<i>1009/08</i>	<b>26 JUL 1918</b>
O.C. 1st. Bn.		
" 2nd. Bn.	<i>[Signature]</i>	

4. What is the name of your Approved Society?

*L.O.A.*

5. Have you been employed whilst with the Colours? If so, in what capacity?

*Nil*

Date *17/7/18*

Signature *Eldred Crane*

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

# Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records \_\_\_\_\_

*55 McLeod St Jm*

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname *Blane*, Christian names *Eldred*  
(in full)

Regt. No. and Rank *2678 Pte* Regt. or Corps *Rnfd*  
(If T.F. this should be stated)

His address on discharge will be \_\_\_\_\_

*Upper Island Cove*  
*John 2 fld*

This information is for the Central Army Pension Issue Office only.

The Soldier states that \_\_\_\_\_ allowance is being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station \_\_\_\_\_

*3rd Lt Gen Lds at Worcester in War Office*  
President of Board  
(Approving Officer).

Date \_\_\_\_\_

*20/7/18*

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

**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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

**A Name in full** *Crane, Eldred*  
**Regiment from which discharged** *Rt Newfoundland*  
**Regimental Number** *2678*  
**Where born (Parish, Town and County), and when** *Upper Island, Cove.*  
**Intended address** *St Johns.*  
**Height on discharge** *5* Feet *5* Inches  
**Colour of Hair on discharge** *Black.* **Colour of Eyes** *Brown*  
**Descriptive marks** *G S.W. face. Under left ear* **Complexion** *Fresh*  
**Figure on discharge** *medium*  
**Christian name of Father** *Johns*  
**Christian name of Mother** *Maddler*  
**Wife's Maiden name in full** *—*  
**Date and Place of Marriage** *—*  
**Christian names of Children** *—*  
**Nature and locality of civil employment desired** *Cooper.*

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) *Eldred Crane*  
*3rd London General Hospital, WANDSWORTH, S.W.* (Rank) *Rice*  
 Station *17/7/18* Date

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.

*3rd London General Hospital, WANDSWORTH, S.W.* *17/7/18* Date *W. M. Cooper* Medical Officer i/c Hospital.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		
				Months	Days	Days
				<b>COPIES SENT</b>		
				India To	No	DATE
				M. of M.	<i>12009/08</i>	<i>26 JUL 1918</i>
				S. Africa. Bn.		
				.. 2ND BN.		
Disallowed ...	...	...	...			
Service towards Pension ...	...	...	...			
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }		
Sums due on account of public debts ...						

**Rank on Discharge**  
**Character (as on Certificate of discharge)**  
**Where born, and on what date**  
**Date and Place of first Enlistment**  
**Trade on Enlistment**  
**Cause of Discharge**  
**Number of G.C. Badges**  
**Wounds, and Actions in which received**

**Medals**

**Other distinguishing marks**

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

NEWFOUNDLAND CONTINGENT  
68, VICTORIA ST.  
LONDON, S.W.  
3 - SEP 1917  
PAY & RECORD OFFICE

Army Form B. 103.

Regimental Number 2678

**Casualty Form - Active Service.**

Regiment or Corps 1<sup>st</sup> Newfoundland

Rank Pte Surname L Kane Christian Name Eldred  
 Religion B. of C. Age on Enlistment 21 years 3 months  
 Enlisted at St. Johns Terms of Service (a) duration of war Service reckons from (a) 2/5/16  
 Date of promotion to present rank Date of appointment to lance rank  
 Extended { } Re-engaged { } Qualification (b) or Corps Trade and Rate  
 Signature of Officer. *[Signature]*

COPIES SENT  
 TO M. OF M. O.C. 1st Bn. 2nd Bn.  
 DATE 26 JUL 1918  
 NO. *[Signature]*

Date	Report From	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213 Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 38, or other official documents
		Embarked <i>[Signature]</i>	Falkenstein	3.6.17	
		Disembarked	Boulogne	3.6.17	
		Joined Battalion		19 JUN 1917	B 213
18.8.17	O.C. Unit	Wounded in Action		16 AUG 1917	B 213
18.8.17	616 B.C.S. "H. Denis"	Ad. Edw. L. Arm Invalided to England via 53 5. Hosp. Boulogne		16.8.17	E.D. 9157
				20.8.17	W. 3083
					<i>[Signature]</i>
					MAJOR
					C. 1/2 No. 1 Reg. Infantry Section
					G.H.Q. 3rd Echelon



Chase

2678

Pay Dept

Copy

This space to be left blank for the Chelsea Number.



# Proceedings on Discharge.

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

No. <u>2678</u>	Army Rank <u>Plt</u>
Name <u>Coane Edward</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depôt, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>September 2<sup>nd</sup> 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>23</u> years _____ months Height <u>5</u> feet <u>0</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fresh</u> Eyes <u>Brown</u> Hair <u>Black</u> Trade <u>Cooper</u> Intended place of residence { <u>St. John's N.S. South side</u> (To be given as fully as practicable) <u>Aspld. Road</u>	Descriptive marks.  <u>How face under eyes.</u> <u>Aspl. L.S.</u>
<p>2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service on account of wounds received in action</u></p> <p><small>(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.)</small></p>	
3. Military character:— <u>Very good</u>	
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. 2088 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

\* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on 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, subject to the reservations of the claims noted on the 3rd page.

(Place) St John

E. Lane (Signature of Soldier.)

(Date) 2/10/18

W Newbury Corp (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_  
(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

---

No Reservations  
of Blank  
Witness W Newbury Corp

**COPY**

(1916) Wt. 6889/8361. 500m. 9/16. P.P.Ltd.



Army Form W. 3494.

**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.**

No. 2678 Rank Pte.  
Name (surname first) Crowe Edward  
Regiment ROYAL NEWFOUNDLAND REGIMENT.

1. State what special qualifications you have for employment in civil life.

Cooper

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

3 years. John. Bond & Coy.  
South Side  
St Johns Nfld.

3. What is the nature and locality of the employment you desire?

Same

4. What is the name of your Approved Society?

L. O. C.

5. Have you been employed whilst with the Colours? It so, in what capacity?

no

Date 17.7.18 Signature Ed. Edward Crowe

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

**COPY**

**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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at the time of the soldier's examination by a Medical Board, and the soldier should be given a full opportunity of explaining the facts 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

**A Name in full** *Ernest Eldred*  
**Regiment from which discharged** ROYAL NEWFOUNDLAND REGIMENT.  
**Regimental Number** *2678*  
**Where born (Parish, Town and County), and when** *Upper Island Cove Nfld.*  
**Intended address** *St Johns.*  
**Height on discharge** *5* Feet *6* Inches  
**Colour of Hair on discharge** *Black* **Colour of Eyes** *Brown.*  
**Descriptive marks** *2 sw side under left ear.* **Complexion** *Flesh.*  
**Figure on discharge** *Medium.*  
**Christian name of Father** *John.*  
**Christian name of Mother** *Martha*  
**Wife's Maiden name in full** *—*  
**Date and Place of Marriage** *—*  
**Christian names of Children** *—*  
**Nature and locality of civil employment desired** *Cooper.*

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) *Sgd Ernest Eldred*  
*Ernest*  
**Station** *Wardsworth* **(Rank)** *Pte.*  
**Date** *17.7.18*

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.

*Sgd R. K. Bentley*  
**Medical Officer i/c**  
**Hospital.**  
**Station** *—* **Date** *17.7.18.*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	
				Years	Days
				India	
				S. Africa	
Disallowed ...					
Service towards Pension ...					
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }	
Sums due on account of public debts ...					

**Rank on Discharge**  
**Character (as on Certificate of discharge)**  
**Where born, and on what date**  
**Date and Place of first Enlistment**  
**Trade on Enlistment**  
**Cause of Discharge**  
**Number of G.C. Badges** **Medals**  
**Wounds, and Actions in which received**

**Other distinguishing marks**

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

**Station** \_\_\_\_\_ **Officer in Charge**  
**Date** \_\_\_\_\_ **Records.**



Pine Hill Hospital Halifax

apl 21/1919

Dear Mother just a few lines  
to let you know that I am  
well and I hope that this  
will find you the same  
well Mother I have not got  
any thing strong to tell  
you at present any I am  
here this hospital this week  
and going to Montreal for  
treatment as day cant do  
any thing here for me well  
Mother I am under the  
Canadian Government now and  
you wont be able to get  
my pensise so go on the front  
off the money and get the  
70 dollars with will be due  
me well Mother I am more  
than sorrow PLEASE USE BOTH SIDES that you

cant get my pencil as i wood  
like for you to get it But  
never mind you may have  
died home soon as i have  
been on Board off the ship  
and some off the officers  
said he was Discharged and  
more said he his not But  
if he his not i do hope  
he will as i wood like to  
tell him how well mother  
when you rights yet me no  
if ye had that convert get  
and tell you Eught Harry  
that i said to give them  
a good one and tell victor  
Harry that i said to put  
in a good word to floss  
as i have not a girl over  
well mother as news he says  
i will best now By wish you  
God By rem Eld get to his mother  
will sent with you x x x x



*Copy*

Army Form B. 103.

Regimental Number *2678*

**Casualty Form—Active Service.**

Regiment or Corps **ROYAL NEWFOUNDLAND REGIMENT.**

Rank *Private* Surname *Craze* Christian Name *Elder*

Religion *Church of England* Age on Enlistment *21* years *3* months

Enlisted (a) *St. John's* Terms of Service (a) *Duration* Service reckons from (a) *2/5/1916*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation *Cook* *(Sgd) G. March Major* Signature of Officer.

*No. 2-9-19*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...		<i>3/2/18</i>	
		Disembarked...		<i>16/2/18</i>	
		Joined Battalion		<i>15/2/18</i>	
	<i>89 FA</i>	Ad "Granbysea"		<i>20/3/18</i>	<i>ED 9156</i>
		To Reinforcement Camp		<i>3/4/18</i>	<i>ED 9800</i>
	<i>26 Gen Sp</i>	Ad GSW Jan	<i>Stables</i>	<i>16/4/18</i>	<i>HH 22079</i>
	<i>57 FA</i>	Ad SW Jan trans	<i>Co S</i>	<i>3/4/18</i>	<i>ED 164</i>
	<i>1/5 "Stad Antwerpen"</i>	Transferred to England		<i>18/4/18</i>	<i>W 3083</i>
		<i>(Sgd) G. March Major</i>			
		<i>G/C No. 1 Army Section</i>			
		<i>GWA 3rd Echelon</i>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

**Casualty Form—Active Service.**

Regiment or Corps **THE ROYAL NEWFOUNDLAND REGT.**

COPY

Rank *Plt* Surname *Crane* Christian Name *Elder*  
 Religion *C of E* Age on Enlistment *21* years *3* months  
 Enlisted (a) *St John's* Terms of Service (a) *Duration* Service reckons from (a) *2.8.16*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation *Cooper* *Sgd from March Dept* Signature of Officer.



Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
From whom received				
		Embarked ...	3.2.18	
		Disembarked...	6.2.18	
		<i>Tornid Batt.</i>	16.2.18	
<i>897.a.</i>	<i>ad Diarrhoea</i>		20.3.18	<i>ED 9186</i>
	<i>Reinforcement</i>	<i>Camp.</i>	3.4.18	<i>ED 129800</i>
<i>264.Amp.</i>	<i>ad. Gsw Face</i>	<i>Etoples</i>	16.4.18	<i>A.d. 22077</i>
<i>577.a.</i>	<i>ad. sw wound jaw</i>	<i>trans C.C.S</i>	13/4/18	<i>ED 164 14/4/18</i>
	<i>R/S ad Antwerp trans to Eng</i>		18.4.18	<i>W 3083</i>
		<i>In F. Fligate Capt Major</i>		
		<i>1st Lt in Sect</i>		
		<i>3rd Echelon</i>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. W.15863—M1477 1000m 1/17 (27612) S P & Co, Ltd. Forms B.103/4 E.1354. (P.T.O.)

**Casualty Form—Active Service.**

Regiment or Corps *ROYAL NEWFOUNDLAND REGIMENT*  
 Rank *Plt.* Surname *Crane* Christian Name *Eldred*  
 Religion *Co. E* Age on Enlistment..... years ..... months  
 Enlisted (a) *St. Johns* Terms of Service (a) *Duration of war* Service reckons from (a) *2/5/16*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation ..... *Sgt. E. Aldred* Signature of Officer.

COPY



Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	Embarked ...	<i>Folkestone</i>	<i>3.6.17</i>	
	Disembarked..	<i>Boulogne</i>	<i>3.6.17</i>	
	Joined	<i>Batt.</i>	<i>19.6.17</i>	<i>B213</i>
<i>18.8.17</i>	<i>As unit wounded in action</i>		<i>16.8.17</i>	<i>B213</i>
<i>18.8.17</i>	<i>61 C.C.S. Ad. G.S.W.L. Arm</i>		<i>18.8.17</i>	<i>E 9107</i>
	<i>St Denis Inv. to English 53 &amp; 404</i>	<i>Boulogne</i>	<i>20.8.17</i>	<i>W3083</i>
	<i>Sgt E. Aldred</i>			
	<i>10 years Inf. Sect.</i>			
	<i>H.A. 2.3 Echelon</i>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. W.13863—M1477 1000m 1/17 (27612) S P & Co, Ltd. Forms B. 103/4 E. 1354. [P.T.O.]

**Casualty Form - Active Service.**  
ROYAL NEWFOUNDLAND REGIMENT.

Regiment or Corps

**COPY**

Rank *Pte*, Surname *Crane*, Christian Name *Eldred*  
 Religion *CP*, Age on Enlistment *21* years *3* months  
 Enlisted (a) *2.5.16* Terms of Service (a) *war* Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation ..... Signature of Officer .....



Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked <i>St. Leonards</i>	<i>11.10.16</i>	
		Disembarked.. <i>Rouen</i>	<i>12.10.16</i>	
		Joined <i>Batt.</i>	<i>22.10.16</i>	
		<i>with Batt.</i>	<i>23.1.17</i>	
<i>34 CCS</i>	<i>Ad. Pneumonia</i>	<i>France</i>	<i>31.1.17</i>	<i>2.10.9374</i>
<i>H/S. Patrick</i>	<i>Law. to England</i>	<i>G. H. Rouen</i>	<i>14.2.17</i>	<i>W 3083</i>
		<i>Sgt W Burdwell Capt</i>		
		<i>gr. O. Y. Sup. Records</i>		
		<i>3 Echelon.</i>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

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.

MAIL COPY

Regtl No. 2678 Rank Pte Name E. Crane Posted Unit Royal Newfoundland who was Repatriated to Newfoundland on 27 7 18 Authority A. F. B. 179 Cause Class A

DR.

STATEMENT OF ACCOUNT

PERIOD: FROM 16/2/18 To 21/7/18

PARTICULARS					PARTICULARS				
	£	s	d			£	s	d	CR.
Balance Dr. from 15/2/18			12	11	Balance Cr. from				
Allotment 156 days @ 70	109	20	22	8	9	Pay 156 days @ \$ 1.00	156	00	
Cash Payments: P. & R. O.			4	6	0	Field Allowance 156 days @ \$ 10	15	60	
Acquittance Rolls			2	11	4	Other Allowances days @ \$	171	60	35 5 2
Hospital Advances			2	8	0	Other Credits:			
W. P. A. Vr. 272			1	15	0	Ration allowance.			
Other Debits:						20/7/18-21/7/18, 2 days @ 2/1			4 2
Forfeited Pay			1	5	0	Total Credits			35 9 4
Total Debits			35	5	9	Balance due to Paymaster			
Balance due by Paymaster				4	4				
			35	9	4				35 9 4

CHECKED.  
*EM*  
27-7-18

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

(Place) 191 (Date)

Made up/Checked in accordance with information received in the Pay & Record Office O.C. " " Company. London to 27 7 18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

27-7-1918

*[Signature]*  
Chief Paymaster & Officer i/c Records.

In the Central District

Newfoundland, 3  
St. John's, N.S. 3

I, Eldred Crane  
of St. John's aforesaid, Student  
make oath and say as follows:-

1. That I enlisted in  
the Royal Newfoundland Regiment  
in the month of May 1916.
2. That I was discharged  
in September 1918, and on my  
discharge received a War Service  
Badge No. 686.
3. That on June 27, 1919  
I lost the said Badge in  
the City of Montreal, in the  
Province of Quebec, and have  
not since recovered it.

Sworn to before me at  
St. John's aforesaid } Eldred Crane  
this 17th day of September, }  
A.D. 1919.

John McCarthy

9

**N.F.P./54.**

**No.313**

**From Pay & Record Office, London.**

**To Minister of Militia, St. John's, "fld.**

**#2678 Pte. E. Crane**

**24-7-18 Pay for Hospital advances of 3/6 whilst at 3rd  
Lon.Gen.Hosp. as per voucher 6011. 3s.6d.**

H. P. P. / 54

No. 416.

From Pay & Record Office, London

To Minister of Militia, St. John's, Nfld.

#2678 Pte. E. Crane

Overcredited Gratiation Allowance as per claim 155. 2/9.



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 question 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. *Edward* ..... 2. Surname. *Crane* .....

3. Rank. *Private* ..... 4. Regtl. No. *2678* .....

5. Address in full to which future payments of gratuity are to be forwarded. *135 Southside Road* .....

6. Date of enlistment in the Regiment. *5 May 1916* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Martha Crane* .....

8. Relationship of such dependents. *mother* .....

9. Address in full of such dependent. *135 Southside Road* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No from* .....

*brother Rich Crane in Navy*  
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *France* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *2 years and 1 month* .....

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

*Volunteer 3 times - turned down*

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.....

*\$89.60 in Dec-1918*

15. Have you been issued with a War Service Badge?.....

16. Have you, during the present war, served in the Imperial Forces?.....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the Regt.? *No*... If not give: (a) Date of discharge. *October 1918* (b) Reason for discharge *Wounds*

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.....

*France - Oct. 1916 - to April 1918*  
*4 times wounded - in hospital at various places*

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.....

*Amount of \$50.00 per month*  
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: *Edward Crane*

Place of Residence: *135 Southside Road, St. John's*

Declared before me at:

This *28<sup>th</sup>* day of *February* 19*42*.

*D. A. Keit*

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Dec /42.</i>	<i>100.10</i>		<i>5 mos</i>	<i>500.00</i>
<i>.31.1.42.</i>	<i>60.00</i>		<i>Len P.D.P.</i>	<i>160.10</i>
	<i>160.10</i>			<i>339.90</i>
	Certified Correct.			Paymaster.



DEPT. SOLDIERS' CIVIL RE-ESTABLISHMENT

Room 123, Drummond Building,  
Montreal, Feb. 19th, 1920

9892

Our file SCR 81-E-2

The Assistant Director Pay Services,  
Dept. of Militia & Defense,  
~~Military District #111111~~  
~~Montreal. St. John Nfld.~~

2678 - Pte. CRANE Eldred  
Roy. Nfld Regt.

Sir,

The Marginally named man was taken on the strength of the Department of Soldiers' Civil Re-Establishment for further medical treatment with effect Dec. 16th, 1919 and has been discharged with effect Feb. 13th, 1920 upon recommendation of the Unit Medical Director that he return to Civil Life and pass under his own control.

During the time he was undergoing treatment he received pay and allowances of his rank.

His address upon discharge will be \_\_\_\_\_  
135 South Side, St. John Nfld.

This for your information, regarding his Post Discharge Pay, please.

*Fale*

EWP.

*For*  
For Assistant Director  
Province Quebec.

*For*

SEPARATION ALLOWANCE.

Claimant. *Crane, Martha (mother, widow)*  
On account of *Eldred Crane* No. *2678* Rank. *Pte*

Decision. *Approved.*

*W. H. Russell*  
*W. H. Russell Lieut. Col*  
*M. Bowley Capt*

Date. *12/5/19*

Instructions.....

Allotment of *70<sup>¢</sup>* per day payable to *Martha Crane*  
his *mother* from *1/7/16* to *31/8/18*  
Discontinued on account of *Discharged*

*Luke*

2361

31-8-17

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch )

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't or Unit. Regt. No.  
*Eldred Crane* *Plt.* *A.N. Reg* *2678*

2. Age of soldier. Married or Single.  
*24* *Single*

3. Name in full of mother. Age. Occupation. Permanent Address.  
*Martha Crane* *46* *—* *135 South Side*

4. Give name of your husband. Age. Occupation Where Employed.  
*John W. Crane* *Dead*

5. If your husband is not supporting you state the reason. *—*

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) *—*

7. If you are a widow, state date and place of death of your husband. *July 17/14 at St John*

8. Have you married again since death of above mentioned husband? *No*

9. Names of your other children. Address in Age. Occupation Married or Single.  
*Richard Crane* *full.* *R.N. Reserve 70* *overseer* *Single*

10. State amount earned by (a) Yourself *Nothing*  
(b) Your husband. *Dead*

11. State amount and source of any other income. *Preser 9.93 monthly from Richard Coan*

12. State value of real property belonging to you and your husband. *No value*

13. State value of personal property belonging to you and your husband. *No value*

14. If husband is dead state value of real and personal property left by him. *No value*

15. Actual amount contributed by soldier during the year prior to enlistment. *\$14<sup>00</sup>/<sub>100</sub> per week*

16. Was this amount contributed weekly or monthly. *weekly*

17. Did this amount include payment of son's board etc. *yes*

18. State your son's trade or occupation prior to enlistment. *Cooper*

19. State amount of his wages per week. *\$14<sup>00</sup>/<sub>100</sub> per week*

20. State name and address of his last employer. *Job Mrs. South Side*

21. State amount of monthly support from son since enlistment. *\$20<sup>00</sup>/<sub>100</sub> per month*

22. State amount of allotment received by you from son since enlistment. *\$20<sup>00</sup>/<sub>100</sub> per month*

23. State from what date did you receive allotment? *June 1/14*

24. Actual amount contributed by other children. Weekly Monthly.

25. Are any of these children in the employ of you or your husband?  
*Richard Coan allotted me \$9.93 monthly*



26. If not receiving support from other children, state cause. Explain Fully.

27. With whom are you residing at present ?

*His own tenement house 135 South Side*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.

*Yes, Sept 1/19 and received 20/- per month till Sept 1918*

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

*As in item 28.*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.

*No*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government.

*No*

32. In what capacity and in what place?

*—*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

*No*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... *Martha Coque*..... J. a.

Place of Residence... *135 South Side St. Johns*.....

Declared and subscribed before me at... *St. Johns, Nfld.*.....

this... *2nd*..... day of... *April*..... 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *John McLaughlin*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *Edgar H. Hatcher, Clerk in Holy Orders*.....

Signature of member of the Patriotic Fund Committee. } *[Signature]*

May 26, 1919

Mrs. Martha Crane,

1280 South Side,

City.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been granted you, and I enclose cheque for Two hundred and eighty dollars (\$280.00), in payment of same.

Yours truly

Paymaster <sup>Captain,</sup> enO.1/c Records

MOTHER.

FIRST NEWFOUNDLAND REGIMENT.

Separation Allowance Branch.

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Nfld.

- 
1. Name in full of Soldier. Rank Reg't. or Unit. Reg't. No.  
*Eldred Crow Private 1st. Nfld. Reg. 2678*
- 
2. Age of Soldier Married or Single.  
*23 years. Single*
- 
3. Name in full of Mother of Soldier. Age Occupation Permanent Address.  
*Martha Crow 43 — 135 South Side East*
- 
4. Give name of your husband Age Occupation Where employed.  
*John William Crow — Dead —*
- 
5. If your husband is not supporting you state the reason. \_\_\_\_\_
- 
6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (a medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue). \_\_\_\_\_
- 
7. If you are a widow, state date and place of death of your husband.  
*July 17: 1914 at St. John's, N.F.*
- 
8. Have you married again since death of above mentioned husband? *No. —*
- 
9. Names of your other Children. Address in Full Age Occupation Married or Single.  
*Richard, Apperaton. 19. Active Service in the Royal Navy Single*

*AS*

10. State amount earned by (2) yourself (a) *Nothing*  
(b) Your husband (b)
- 
11. State amount and Source of any other income. *None.*
- 
12. State value of Real Property belonging to you and your husband? *No value*
- 
13. State value of personal property belonging to you and your husband, *No value*
- 
14. If husband is dead state value of Real and Personal Property left by him? *Left me nothing*
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *Contributed \$12<sup>00</sup> weekly*
- 
16. Was this amount contributed weekly or monthly. *Weekly.*
- 
17. Did this amount include payment of son's Board etc?
- 
18. State your son's trade or occupation prior to enlistment. *Cooper.*
- 
19. State amount of his wages per week. *\$12<sup>00</sup> per week.*
- 
20. State name & address of his last employer. *Job Brothers Limited*
- 
21. State amount of support monthly, from son since enlistment. *\$21<sup>00</sup> + \$21<sup>70</sup> according to number of days in month*
- 
22. State amount of Allotment received by you from son monthly. *\$21<sup>00</sup> + 21<sup>70</sup> as stated in question # 21*
- 
23. From what date did, you receive Allotment. *August, 1916*
- 
24. Actual amount contributed by) *Weekly Monthly.*  
other children *Richard in Royal Navy contributes \$9.73 Monthly*
- 
25. Are any of these children in the employ of you or husband?
- 
26. If not receiving support from other children state cause. Explain Fully.
- 
27. With whom are you residing at present. *Alone by myself in a rented house 135 South Side East*
- 
28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *No.*
- 
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

- 30. Are you in receipt of any payment From any Patriotic Fund? If so, how much? *No.*

---

- 31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government? *No.*

---

- 32. In what capacity and in what place? \_\_\_\_\_

---

- 33. Is he in receipt of a salary as such while serving in the 1st. Nfld. Reg't? If so, how much? *No.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in pursuance of the Evidence Act.

Signature of Applicant..... *Martha A. Braue*

Place of Residence ..... *135, South Sideload, St. John's, N.F.*

Declared and subscribed before me at..... *St. John's, N.F.*

this *14th* day of *November* 1917

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace ..... *John W. McCarthy, Justice of the Peace*

*DR*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman ..... *Jerry Updegraff*

Signature of Member of Patriotic Fund Committee. .... *John W. McCarthy*

*Approved, Dec. 1/1917*

*2003.  
W.P.H.  
[Signature]*

P.S.P.

P.M.

No 78 Crane

Please pay in  
one cheque. He is  
going to Canada for  
hospital treatment.

W. B. Wendell  
Lt. Col.

W.B.W.

1918 — 1919

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 40 <sup>34</sup>/<sub>100</sub>

Sep 17 <sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Forty <sup>34</sup> Dollars.  
~~on account~~  
balance of Pay.

E. Leane

Ch. No. 2786	Initials EWL
Pay Ledger 202	Initials Wm
Gen. Ledger	Initials

Regtl. No. Rank

15

No. 2678. Rank Pl-

Name Crane - A. E.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 85.56

Dec 6<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Eighty five  $\frac{56}{100}$  Dollars.  
~~on account~~ of Pay.  
balance.

Eldred Crane  
Regtl. No. 2678 Rank [Signature]

Ch. No. 6373	Initials EW
Pay Ledger 202	Initials WJH
Gen. Ledger	Initials

No. 2678.

Rank

*06*

Name

*Crane A*



1911

March 13th 1920

Major Howley  
O. I. C. Records

Please pay to E. Crane, 2678  
the sum of two dollars and thirty three cents  
in payment of allowance for week ended this date  
and charge same to Civil Re-establishment Committee

\$2.33

Pension

\$50.00

*E. Crane*  
*W. H. Mitchell*

ACCOUNT	31984	INITIALS	<i>EW</i>
CHK. NO.			
INL. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Vocational Officer

June 10 th 1920

Major Howley  
O. I. C. Records

Please pay to E. Crane, 2678  
the sum of twenty dollars  
in payment of P. & AL Bonus  
and charge same to Civil Re-establishment Committee

\$20.00

Pension \$40.00

*J. C. R. Lowenthal*

Vocational Officer

ACCOUNT _____	
CHK. NO. <u>39238</u>	INITIALS <u>RHe</u>
INV. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

*[Handwritten signature/initials over the ledger section]*

*Chas. M. Smith*

Reg. No. 2698 Rank PK Name Crane, Albert

Attested ..... Address 135 Southwest Rd

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas 4-8-18

Embarked for Overseas ..... Cause Discharge

8-8-18 Admitted to Gen Hosp.

17-8-18 Recommended Discharge Permanently unfit

**DISCHARGED—MEDICALLY UNFIT** 2-9-18 bo's 159

1891

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

SEP 16 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

**Eldred Crane**

in respect of his service as No. **2678** Rank **Pvte**

Name **Eldred Crane.**

**Royal Nfld. Regt.**  
**Nfld. Forestry Corps**

Receipt of the same should be acknowledged hereon.

Received

*OK*

Signature

*Eldred Crane*

Date

*Self 17/21*

Address

*135 south side*

[P.T.O.]

**Casualty Form—Active Service.**

Regimental Number **C.R. 2678**  
**1039**

Regiment or Corps **21 Newformed Land Regt.**  
 Rank **Pte.** Surname **Crowe** Christian Name **Edward**

Religion **C.P.E.** Age on Enlistment **21** years **3** months.

Enlisted (a) **2/5/16** Terms of Service (a) **War** Service reckons from, (a) \_\_\_\_\_

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_

Signature of Officer i/c Records.



**COPIES SENT**

TO No. DATE  
 M. OF M. \_\_\_\_\_  
 O.C. 1ST. BN. \_\_\_\_\_  
 " 2ND. BN. \_\_\_\_\_

28 JUL 1918

Report Date	From whom received	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Southampton		
		Disembarked		
		Embarked ROUEN	11 OCT 1916	
		Disembarked	12 OCT 1916	
		Joined Battalion	22 OCT 1916	
	34 CCS.	Admitted Pneumonia	23. I. IV	
		France.	31/1/17.	EO 9374
	Asst. St. Patrick	Invalided to England on 9 G.H. Rouen	14/2/17	W 3083

**W. Burchell**  
 Officer i/c No. 1 Regular Infantry Section  
 General Headquarters, 3rd Echelon.



**Casualty Form—Active Service.**

Regiment or Corps Royal Newfoundland  
 Rank Private Surname Crane Christian Name Elder  
 Religion Church of England Age on Enlistment 21 years 3 months.  
 Enlisted (a) St Johns Terms of Service (a) Duration Service reckons from (a) 2/2/1916  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended {  } Re-engaged {  } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_



NO. OF M. O.C. 1ST. BN. 2ND. BN.	TO	COPIES SENT
100	17/12/18	NO.
100	9-AUG-1918	DATE

Cooper

J. Marshall

Signature of Officer.

Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
From whom received				
		Embarked ...	3 FEB 1918	
		Disembarked ...	6 FEB 1918	
		Joined Battalion	15 FEB 1918	
897A	ad "Dorchester"		20-3-18	E.O. 9156
76 South	ad "Reinforcement Camp"		3/4/18	E.O. 9800
577A	ad "New France"		16/4/18	164 2077
	ad "New France trans"		17/4/18	E.O. 164 1/4/18
	Transferred to England		18/4/18	81 308-3
	W. J. Filgate	MAJOR		
		Adjutant Section		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Gifford & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (See) W5017/2124 1000m 6/150s 93 58  
 Forms B. 121.  
 29.

Regiment of 1<sup>st</sup> New Zealand

Number of Sheet First

Signature of O. C. Company A. Mervin

Captain

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>2678</u>	Age on	<u>21</u> years <u>3</u> months	<u>Cooper</u>	
Joined	Date	Place and Date of Enlistment	<u>W. New Zealand</u> <u>May 2 1916</u>	Religion	
Joined	Date	Period of	{ with Colours <u>2 1/2</u> years. with Reserve <u>3/6</u> years.	Place of Birth	
Joined	Date			<u>6 of England</u>	
Joined	Date			<u>New Zealand</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
				Adm's Medically unfit 2/18.					

**COPIES SENT**

TO \_\_\_\_\_

M. OF M. \_\_\_\_\_

O.C. 1st. Bn. \_\_\_\_\_

" 2nd. Bn. \_\_\_\_\_

No. \_\_\_\_\_

DATE 26 JUL 1918

To be carried over

Army Form B. 121.



DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS  
DEATH NOTIFICATION  
AVIS DE DÉCÈS

W/C

TO:  
À:

DATE .. SEPT 23, 1976 ..

NAME .. CRANE, ELDRED .. Service No. .. 2678 ARMY (W) .. CPC No. ..  
NOM .. CRANE, ELDRED .. Matricule No .. 2678 ARMY (W) .. CCP No .. 260766 ..

WVA No. .. — ..  
AAC No .. — ..

Information Received from:  
Information reçue de: .. DEATH CERT ..

Date of Death .. AUG 14, 1976 ..  
Date du Décès .. AUG 14, 1976 ..

Place .. ST. JOHN'S, Nfld ..  
Endroit .. ST. JOHN'S, Nfld ..

Distribution: WSR-DASG  
VI - ASS  
DO - BD  
HO - BC

Pour le chef,  
*L. M. Lanthier*  
for Chief, Central Registry Division.  
Dépôt central des dossiers.