



4/ THE ROYAL NEWFOUNDLAND REGIMENT //

ATTESTATION OF

No. 4460 Name Brane John W. Corps CofC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. John W. Brane
- 2. What is your full Address? 2. Upper Cove C.B.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 9 Months
- 5. What is your Trade or Calling? 5.
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, 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.

A
17-4-18

John William Brane
Signature of Recruit.
J. Daymond
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 17 day of April 1918
Signature of Attesting Officer Georg. L. Bartley Mayor

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

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

Date April 17 1918
Place St. John's } Approving Officer.

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

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

Reg. No. 4460 Rank Pr. Name Crowe S. W.
Attested 17-4-18 Address Upper Island Cove.
Allotment 70 Allottee Joseph Crowe (Father)
Date of Allotment _____ Returned from Overseas _____
Embarked for Overseas 11-6-18 Cause _____

Over 23 1/2 at Sea to 75. 2nd Nov 17-5-18 3rd Dec 4 1/2

H. 24-4-18 to 25-4-18

C.R. 4460

Extract from Daily Orders Part 21 Unit The Royal ⁴Fla.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Battn. 3-11-18.

The following joined the Battn. 3-11-18.

4460 Pte. J. Crane.

A Coy.

C.R. 4460

Extract from Daily Orders Part 11 Unit The Royal WFLD.
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 6-7-19.

10-7-19

4460 Pte. John Crane.

C.R. 4460

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.
Depot St. John's, June 28th, 1919.

The discharge of the undernoted on disablement has been APPROVED
by G.O. Discharge Depot with effect from 28-6-19.

4460 Pte. John Crane.

C.R. 4460

Extract from Family Orders Part 11 Depot. St. John's,

Date June 18th 1919.

4460, Pte. J. Crane.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

CR 4460

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Roux Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#1460 Pte. J. Crane.

4460

C.R. 4460

Extract from Nominal Roll re-inforcement Draft No.55 Embarked Folkeston
26/10/18, from 2nd Battn, Royal Newfoundland Regiment, Hazeley Down Camp,
Winchester, to 1st Battn. Royal Newfoundland Regiment, B.E.F.

4460 Pte. Crane, J.W.

MP.

CR 4460

Extract from Daily Orders Part 11. from Unit the Royal Wfld.
Regiment, St. John's, dated June 14th 1918.

4460 Pte J. Crane.

Embarked for Overseas with draft 11-6-18.

C.R. 4460

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 18, 1918.

#4460 Pte. J. J. Crane.

Attested for General Service, with the Royal Nfld.
Regiment, from 17/4/18. ~~11~~

J. Crane

C.R. 4460

~~PRC~~

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4460* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Crale John*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *Apr. 2, 18* at *at St. John's*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where ✓
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
nil
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | | | |
|--|-------|---------------------|-------------------|
| (i.) Service during the present war | | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | | } <i>no</i> | |
| (iii.) Climate in pre-war service | | | |
| (iv.) Ordinary military service before the war | | | |
| (v.) Serious negligence or misconduct on the man's part. | | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *no*

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

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

Accomplish his duties

16. Was an operation performed? If so, when and what was its nature? *no*
17. If not, was an operation advised and declined? *no*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *no*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *no*

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

Dep W. Procunia M.D.
Capt R.A.M.B.

Station *Barclay D. Camp*
 Date *29/4/19*

Medical Officer in charge of case.

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

HAMMERHEAD

To

M^r J. Crane

Upper Island Cove
Cassington Bay
Newfo.

Cable seven pounds
through Melitina

Cable no
258

4460 Pt. J. Crane

No. 15897/1687.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
2nd Bn. Royal Nfld. Rgt.,
Winchester.

October 3rd, 1918

9 OCT 1918 191

Subject: 4460, Pte. W.J. Crane

With reference to the following telegram (8486) from the Hon. Minister of Militia, received

"Pay to 4460, Pte. J.W. Crane, £2.0.0.

Draft £ 2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Marshall
Chief Paymaster & O. 1/c Records.

Witness *R. McNamee*

Receipt hereunder.

Crane
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLANDS REGT.
Officer Comdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £20-0
Two Pounds on account of
cable remittance from Newfoundland.

John Crane
No. 4460 Rank Pte

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount not opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
460	PTE	Creasey	\$350	J. Creasey

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

J. Creasey

FORM K



No 4061 *a*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *John Crane*, Regl. No. *4460*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *Seventy* Dollars and *Seventy* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz :

Allotment begins *1st June 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3928</i>	<i>Father</i>	<i>Josiah Crane</i>	<i>Upper Island Cove C B</i>	
Total Allotment, \$				<i>709</i>

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

Sig.) *G James*

Officer Commanding *a* Company

(Sig.) *John Crane*

(Rank) *Pte*

St John's
May 17 1918

Crane, John

4460

Aug Sept.

July 10, 1919

#4460 Pte. John W. Crane,

Upper Island Cove, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2925.

Yours truly

Captain
Quaymaster & Officer i/c Records

HAMMERMILL
BOND

The Royal Wld. Regiment

DEMobilIZATION

No. 4460 Rank

Name Craw J

Warned for demobilization on

JUN 25 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4460 Rank. Pvt Name Ernie Grace
 Intended place of residence. Upper Mt Cove, Mt Grace

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMobilIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUN 25 1919

Mrs. [unclear]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date

JUN 24 1919

John Beaulieu
 Signature of soldier

J. Snow Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date

JUN 24 1919

John Beaulieu
 Signature of soldier

James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 17-4-18 No. of days on Military
 Discharged from service. 26-6-19 Plus 14 days Service. 430

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date

JUN 26 1919

R.H. [unclear] Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

July 10/1919

J. Howley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

AT 130791 2925

The Royal Newfoundland Regiment

Class for Demobilization: —

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

24-6-19

Regimental No.

4466

Name

Robert Johnstone

Rank

Pte

Address

Present Medical Category

A-1

Recommended for: —

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

W. Brown
Senior Medical Officer

Geo. Beesley
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 4460 Rank Plt Name Crann J

 Date of Enlistment 17-1-18 Address Upper St. Johns District St. John's

 Occupation _____ Classification for Discharge E Medical Category H.1

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

 Date 24-6-19 O. C. Discharge Depot. H. Must H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

 I am _____ in a position to resume civilian occupation. no longer

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable #60.00

 (b) Clothing Supplied Alb. Crustan

 Date 25-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. A. 1943 to his home at Upper St. Louis and Release Certificate No. 3006 issued.

Date 25-6-19 *J.A. Snowball*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 10-7-19.

Date 25-6-19 *A. M. Davis*
Depot Paymaster.

Discharged approved for 26-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	<i>2 Form B</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B.120	M 93			

Date 25-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer in Records,
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUN 26 1919 *R.H. Sait* MAJOR
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

John Brown

Signature of Man.

J. H. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 4460.

ST. JOHN'S.

Place

Date

25-6-19.

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

MEDICAL HISTORY

OF

Surname

Crane

Christian Name

John W.

Table I.—GENERAL TABLE.

Birthplace:—Parish

Upper Cove C.B.

County

Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	<i>17th</i>	<i>April</i>	191	191
at	<i>S. Johns</i>		at	at
Declared Age	<i>19</i>	years	—	days
Trade or Occupation				
Height	<i>5</i>	feet	<i>6 1/2</i>	inches
Weight			<i>120</i>	lbs.
Chest Measurement {	Girth when fully expanded....		<i>34</i>	inches
	Range of Expansion..		<i>3</i>	inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R. E.—V=	<i>6/10</i>	R. E.—V=	—
	L. E.—V=	<i>6/10</i>	L. E.—V=	—
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)
(b) Slight defects but not sufficient to cause rejection	(b)			(b)
Approved by (Signature)	<i>Samuel Pearson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>S. Johns</i>		at
on	<i>17th</i>	<i>April</i>	191	8
Joined on Enlistment	Corps.	<i>The Royal</i>		Regtl. No.
	<i>Malta Regt</i>		<i>4160</i>	
Transferred to				
Became non-effective by	on	day of	191	on
[Signature]			day of	191
[Rank]				

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

Date	Brief Details, and Signature
23-4-18	Vacc. LP
3-5-18	T.A.B. LP
17-5-18	do LP
4-6-78	do LP

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as _____ for discharge on immobilisation. Medical category _____

24-6-19
Date of T.M.B.

[Signature]
Captain
Discharge Department

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *John Crane*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4460*
Intended address *Prime Islet Cove CFB.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Medium*

Figure on discharge

Christian name of Father *Josiah*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Islet Cove, 10th June, 1897*

Nature and locality of civil employment required

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

(Soldier's signature in full) *John Crane*

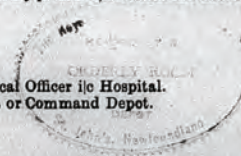
PLC
(Rank)

Station *St John's*

Date *24-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.



Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Regal Newfoundland*
2. Regtl. No. *4158* 3. Rank. *Private*
4. Name *Crane* *John*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *Apr 2/18* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

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

He complains of no disability.

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. J. Proemier Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Stanley D. Camp*
 Date *29 4-19*

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

Casualty Form - Active Service

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.

Rank Pr Surname Crane Christian Name John Wm.

Religion C. E. Age on Enlistment 19 years 9 months

Enlisted (a) 1/1/18 Terms of Service (a) DURATION Service reckons from (a) 1/1/18

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

Extended S Re-engaged J. M. Emerson Qualification (b)

Occupation Fisherman of Corps Trade and rate

Signature of Officer J. M. Emerson

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B 219, Army Form A 39, or other official documents.
Date	From whom received			
		Embarked	25 OCT 1918	
		Disembarked	NOV 1918	
		Joined station		
		Arrived in UK	13/1/19.	

[Handwritten signature]

July 12, 1919

#4460 Pte. John W. Crane,

Upper Is and Cove, C.B.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & V. i/ c Records.

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 20th. 1919.

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

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

Christian name *John William* Surname *Blane*
3. Rank *Private* 4. Regt. No. *4460*
5. Address in full to which future payments of gratuity are to be forwarded *John William Blane*
Leppin Island Cove Conception Bay
6. Date of enlistment in the Regiment *1 March 1st 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge
Josiah Blane
8. Relationship of such dependents *Father*
9. Address in full of such dependents *Josiah Blane*
Leppin Island Cove C. B.
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service *England - 18 - France - 18*
Magnum 18 Germany 19 -
12. Give total length of time which you served on active service, whether in Hfld. or Overseas *From 1st March 18 to*
26th June 1919 13

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

..... *no*
..... *no*
.....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *no*
..... *no*
.....

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

..... *no*

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

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

..... *no*
.....

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

..... *no*
(b) If so, was such reversion in consequence of Misconduct or inefficiency? *not applicable*

19. Are you now serving in the Rest? *no* If not give:- (a) Date of discharge. *26th June 19*

..... (b) Reason for discharge. *Decubilitation*
.....

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 Belgium*
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *no*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *John William Grant*
 Place of Residence: *Upper Island Cove C.B.*
 Declared before me at: *St Johns*
 This *26th* day of *June* 19*.19...*

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

Wm James D.

POST DISCHARGE PAY.			
Date paid	Amount	War Service Benefit	Net amount due
.....
.....
.....
Certified correct.			Paymaster

Nº 4061



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Crane, Regl. No. 4460
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Seventy Dollars and Seventy Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2928</u>	<u>Father</u>	<u>Josiah Crane</u>	<u>Upper Island Cove C. B.</u>	
Total Allotment, £				<u>709</u>

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.) G. James Scott
 Officer Commanding
a Company
St Johns
May 17 1918

(Sig.) John Crane
 (Rank) Pte

FIRST NEWFOUNDLAND REGIMENT

(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 mfd.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
John William Crow, Private, 1st Regt. 4060

2. Age of Soldier. Married or Single.
21 Year, Single

3. Name in full of father of Soldier. Age. Occupation. Permanent Address.
Josiah Crow 62 Fisherman, Upper School Cove, B. B.

4. If you are a chronic Invalid and totally incapacitated, state nature of malady, (Medical Certificate must be enclosed with this document stating from what date Applicant has been totally incapacitated, and for how long incapacity is likely to continue.
admission to hospital June 1918

5. Names of your other children. Address in full. Occupation. Married or single.
*Leanna Crow Halifax, N.S. Fisherman - Married
Sarah Jane Jones Blacktown, P. B. A. do.
Marion Edmund St. John, N. A. do.
Margaret Wells Upper School Cove do.
Gertrude Crow do. Single*

6. State amount earned by yourself per month?
Nothing

7. State date and place of death of your wife.
Wife above

8. State amount and source of any other income.
—

9. What is the value of your real property.
\$2500.00

admission to hospital for summering June 1918

[Signature]

10. What is the value of your personal property.
No value.
-
11. With whom do you reside at present?
In my own home at Upper Belove,
-
12. State actual amount contributed by soldier during year prior to enlistment.
An average of \$25 per month
-
13. Was this amount contributed weekly or monthly?
No. Periodically
-
14. Did this amount include payment of son's board &c. ?
Yes.
-
15. State your son's trade or occupation prior to enlistment.
Fisherman,
-
16. State amount of his wages per week.
as above,
-
17. State name and address of his last employer.
James Newell, St. Grace,
-
18. State amount of support monthly from son since enlistment.
Nothing
-
19. State amount of assigned pay received by you from son monthly.
Nothing
-
20. State from what date ~~have~~ you received "assigned pay"

-
21. Actual amount contributed by other children. weekly monthly.
Nothing
-
22. If not receiving support from other children, state cause. Answer fully.
As stated in item 5.
-
23. Are any of these children in your employ.

-
24. Have you made a previous claim for separation allowance? If not, Why? Give particulars.
No.

25. Are you already in receipt of separation allowance from any source? If so, how much?

No,

26. Are you in receipt of assistance from any Patriotic Fund? If so, how much?

No,

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

No,

28. In what capacity and in what place?

29. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much?

No,

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

Signature of Applicant.....

Joseph Crane

Place of Residence.....

Upper Island Cove, C. B.

Declared and subscribed, before me at.....

St. John's, Nfld.

This..... day of..... 1918.....

11th June

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

John M. Carthy

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 and belief, after careful investigation the above statements are correct and the soldier first mentioned above, is the sole support of the applicant.

Signature of Clergyman.....

August Uphie

Signature of member of Patriotic Fund Committee.....

John M. Carthy
Judge C. H. Bent

Approved W. J. L. [Signature]

MEDICAL CERTIFICATE.

For Information of the Separation Allowance Department.

1. Name and Regimental number of soldier in respect of whom Separation Allowance is claimed. } *John William Crane*

2. Name and age of said soldier. } *father of* } *Joseph Crane*

3. Is said *father* chronic invalid and totally incapacitated. } *Yes*

4. Of what nature is disability? } *Fall 18 months ago.*

5. From what date has this total incapacity been existent? } *18 months*

6. How long is total incapacity likely to continue and what will be the effect on earning power? } *Always*

7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date? } *—*

8. Are you the regular attending Physician? } *Yes*

9. Relationship to soldier of Applicant. } *Father*

I certify that the above statements are correct.

J. J. Jones
.....Place
June 10, 1918
.....Date

J. W. Thompson
.....Physician.

ST. JOHN'S,

JUN 25 1909

Royal Newfoundland Regiment.

Billeting Account,

To Pte J. Crane

Billeting Soldiers as undermentioned

from June 1st /19 to June 26th /19

4460 Pte J. Crane 27 10

ACCOUNT	<u>B. M. C.</u>
FILE NO.	<u>24894</u>
IND. LEDGER	
PAY LEDGER	
GEN LEDGER	

Certified correct for \$ 27

J. H. Crane
Billeting Officer.

A. S. [Signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheets one

Regiment of The Royal Field

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4760</u>	John W Crane	Age on	19	years	months	
Joined		Date	Place and Date of Enlistment	<u>[Signature]</u>	Religion	<u>B of S</u>	
Joined		Date	Period of	with Colours	85 years.	Place of Birth	
Joined		Date					
Joined		Date					

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
				<u>Demobilized St. John's, 10th 19</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 14460 Rank Plt. Name Creary, J.
 Date of Enlistment 17-1-18 Address Upper Hill St. St. John's
 Occupation _____ Classification for Discharge H Medical Category H
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. P. P36	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 83		

Date 2-6-19 O. C. Discharge Depot. H. M. S. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. John Creary

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing:

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$ 00.00

(b) Clothing Supplied. Alb. Crustan

Date 25-6-19

O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 3006 to his home at Upper St.rove and Release Certificate No. 11413 issued

Date 25-6-19 *J.A. Knowlton* Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to.....

Date 25-1-19 *J.A. Knowlton* Depot Paymaster

Discharge approved for 26-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L.	do 3rd	" 4
B 179a	D 400C	Form K.	do 4th	" 5
B 179b	B 103	ME 2.		" 6
B179c	B 120	M 93.		

2 F. Form B

Date 25-6-19 *J.A. Knowlton* O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

Date JUN. 26 1919 Eligible for War Service Gratuity
R.H. A... O.C. Discharge Depot

Received the above noted documents from O. C. Discharge Depot.
Date July 9/19 *J. McLaughlin*
to be seen

Reg. No. *4760* Rank *AK6* Name *Walter Brown, Jr.*

Attested Address *Upper Solaw Lane*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Cossican* Cause *Discharge*

24.6.19

PASSED TO DEMOBILIZATION OFFICER

26.6.19

DISCHARGE APPROVED ON DEMOBILISATION.