



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1195 Name Levi Drake Corps C.P.R.

Questions to be put to the Recruit before Enlistment.

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

I, Levi Drake 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.

Levi Drake SIGNATURE OF RECRUIT.
Jas W Pitman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Levi Drake 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 heard and as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Fally Cove

on this 20 day of May 1918
Signature of Attesting Officer C. B. Banks Lieut.

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1918 } 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

5-195

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

Name Levi Drake
 Apparent age 19 years 0 months. Height 5 feet 0 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Levi Drake | Relationship Father
Fortuna Bay
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards marked engagement reckons from <u>120-5-18</u>										
Joined at <u>St. Louis</u> on <u>May 20-1918</u>										
<u>Discharged</u> <u>August 6-1919</u>										
<u>Embarked St. Louis S.T. Columbus to Halifax N.S. 22-7-18</u>										
<u>to Newfoundland for demobilization 24-6-1919</u>										
<u>Arrived Newfoundland 1-7-1919</u>										
<u>Demobilization St. Louis 6-8-1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>6-8-1919</u> [date of discharge]					1	years	79	days		
Pensions " " " " " " " " " " " "										

Reg. No. 5195 Rank Pte Name Drake, L. E. M.
Attested 20-5-18 Address Sally Cove F.B.
Allotment Sixty Cents Allottee Mrs Isabella Drake (Mother)
Date of Allotment 1-7-18. Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

21/7/18 Vacc

15th Nov 20-7-18

HL 31/7/18 to 10/4/18

6-18 Advised by Rev. M. Demott re brick search.

23/6/18 Reported from Home leave duty.

24/6/18 Returned from leave reported Hdqrs

C.R. 5195-

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from @ 6-8-19.

5195 Pte. L. Drake.

C.R. 5195

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

The discharge of the undernoted on demobilisation has been
APPROVED by C.C. Discharge Depot with effect from 23-7-19

5195 Pte. L. Drake.

C.R. 5195

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

5195 Pte. L. Drake.

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

C.R. 5195

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

The following men embarked for overseas on H.M.S.
"Columbella" July 25, 1918.

#5295 Pte. Levi Drake.

C.R. 5195

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 21st, 1918

#5195 Pte. L. Drake

Attested for General Service with the Royal Nfld. Regt.
from 20.5.18 to report 24.5.18

L. Drake

C.R. 5195

~~18~~

No. 19240/2147

065537/8
PC



NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Wfld. Regt.
Winchester.

25th November 1918

Nov. 28th 1918

Subject: 5195, Pte. L. Drake.

With reference to the following telegram (10051) from the Hon. Minister of Militia, received

pay to 5195 Drake £10:6:0

Draft £ 10:6:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereof

A. D. Munnell Maj.
Chief Paymaster & O. i/c Records.

Received hereunder.

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

Received the sum of Seven pounds
six shillings on account of
cable remittance from Newfoundland.

L Drake
No. 5195 Rank Pte.

W Power. P to

No. 5412/799

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Rgt.
Winchester

7th April 1919

April 9th 1919

5195 Pte L. Drakes

Receipt hereunder

With reference to the following telegram from the Minister of Militia / / (122)

L. Drake LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commdg. 2nd Batt'n.

"Pay to - 5195 Pte Drakes L.

£4. 2. 0.

Received the sum of four pounds

Cheque £4. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Two shillings in respect of telegraphic remittance from the Minister of Militia.

L Drake

Chief Paymaster & O. i/c Records.

No. 5195 Rank Private

Witness

M. R. Drake

L Drake, L

5195

Ray & Sept.

August 6th 1919.

#5195, Pte.L.Drake,
Lolly Cove, F.B.

Dear Sir:

Enclosed please find Discharge Certificate
3415.

Yours truly,

Capt. E Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5195 Rank Pvt Name Drake L.
 Intended place of residence Lally Cove
 2. Occupation Interman
 Classification of soldier 2 Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 9 1919

[Signature]
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 9 1919

[Signature]
Signature of soldier

[Signature]
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 9-7-19

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service	<u>20-5-18</u>	No. of days on Military
Discharged from service	<u>23-7-19</u>	Service <u>444</u>

Plus 14 days

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 23 1919

[Signature]
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 6/1919

[Signature]
Officer in Records
The Royal Newfoundland Regiment

[Handwritten note]
2013 20 19/345

12
30
31
6
79

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

8.7.19

Regimental No. 5195

Name

Drake Levi

Address

Ladley Cove

Present Medical Category

A1

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

R. H. Lastman
O. C. Discharge Depot.

Members of Board

Watson
Senior Medical Officer

Lee Borden
— M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5795 Rank Pvt Name Drake L
 Date of Enlistment 20.5.18 Address Halifax Ave District Fortune
 Occupation Fisherman Classification for Discharge 16 Medical Category A I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am live & able in a position to resume civilian occupation.

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

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9867.9868 to his home at Sally Cove and Release Certificate No. 3357 issued.

Date 9-7-19

J.A. Snowcroft
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 6-8-19

Date 9-7-19

R.M. H.
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122	/	Board 1st.	" 2	/
B 178a	D 400A	B 1915	/	do 2nd.	" 3	2 Form B
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 9-7-19

J.A. Snowcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919

J.R. Cooper Capt
for 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.

Eric Frank

Signature of Man.

J. J. Lawrence

Signature of the Vocational Officer or his Representative.

Reg. No. 3195

Place

M. Johns

Date

9-7-17

191

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

MEDICAL HISTORY

Surname Drake OF Christian Name Levi

Table I.—GENERAL TABLE.

Birthplace:—Parish Lally Cove P.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	20	May 1918		191
at	St John		at	
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet		inches
Weight	135	lbs.		lbs.
Chest Measurement	Girth when fully expanded	37	inches	inches
	Range of Expansion	5	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/10	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	20 day of <u>May</u> 1918	on	day of 191
	Corps.		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	<u>McDonald 5195</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

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

1. Unit and Corps. *Royal N. F. S.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5995* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Arate* *Arate* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil

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

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

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

He complains of no sensibility

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

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

Repa treatment

W.E. Proctor
 Medical Officer in charge of case.

Station *Hazelton*

Date *1 Dec 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



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

Drake, Levi

Regiment from which discharged

Royal Newfoundland

Regimental number

5195

Intended address

Lally Cove Fort St. George

Height on discharge

5 Feet

Color of hair on discharge

Black

Complexion

Leak

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Medium

Christian name of Father

George

Christian name of Mother

Sabella

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Lally Cove 2-10-1899

Nature and locality of civil employment required

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

(Soldier's signature in full)

Levi Drake

(Rank)

Alto

Station

ST. JOHN'S.

Date

5-7-19

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



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

Station

Date

August 15, 1919

Mr. Levi Drake,
Lolly Cove, F.B.

Dear Sir:-

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

Yours truly,

Captain & Kayster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name. *Levi*..... 2. Surname. *Drake*.....
3. Rank. *Private*..... 4. Regtl. No. *5195*.....
5. Address in full to which future payments of gratuity are to be forwarded. *Holly Cove Station N. B. N.*.....
6. Date of enlistment in the Regiment. *20th May 1918*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*.....
8. Relationship of such dependents. *—*.....
9. Address in full of such dependents. *—*.....
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 Nfld. If so, give dates and particulars of such service. *England*.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Fourteen Months*.....
..... 1. ².....

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

..... *NO*

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

..... *NO*

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

..... *NO*

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

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

..... *NO*

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

..... *NO*

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

..... *NO*

19. Are you now serving in the Rest? If not give:- (a) Date of discharge

23rd July 1919 (b) Reason for discharge. *Discharged*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

..... *NO*

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: *Leri Drake*

Place of Residence: *Ledy Cove Fortune Bay*

Declared before me at: *St Johns*

This *10th* day of *July* 19*.19*....

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

Wm Guinness Esq

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....
.....
.....
.....

Certified correct.

Paymaster

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

July 14 19 19

Received from the First Newfoundland Regiment
the sum of Seventy _____ Dollars.
on account of Pay. *W. S. G.*
balance

L. Drake

Ch. No. 2935	Initials <i>LD</i>
Pay Ledger 179	Initials <i>WR</i>
Gen. Ledger	Initials

Regtl. No. 5795 Rank *Plt*

A. C. S.

No. 5195

Rank

06

Name

Drake L

5195 Drake

Please make one pay. W.S.G.

14/7/19

W.S.G.

P.M.

The Department of Militia:

The sum of *five Dollars* Dollars is due

Mr. *Mr. John Baker Sully Cove F.B* for *Quartermaster*

Reg. No. *5195* Rank *Plt* Name *L. Duake*

from *Belleover* to *Sully Cove*

Vouchers attached

Current for \$ 5.⁰⁰/₁₀₀

2-9-19

J. A. Snow

Captain
Demobilization Officer

Trans
9334 *Call*
LOGGERS

No. 9 868

TRAVELLING WARRANT

Date 9-7-75 The Royal Newfoundland Regiment

General \$5.00

Please issue 1st Class Passage and Meals for

No. 5795 Rank T6 Name Drake L.

From Billborem - ST. JOHN'S - To Sally Cove

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

John Baker
Sally Cove J.B.

[Signature]
SIGNATURE OF ISSUING OFFICER.

Sept. 30, 1939 .

Mr. John Baker,
Bellford,

Dear Sir: *J.C.B.*

I enclose herewith cheque
for \$5.00, amount due you for driving Pte.
Drake to his home.

Yours truly,

Major
Paymaster.

LM/
Enc. 1

5195

C.R. ~~5995~~

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name. *Mr. Lini Drake*

Date *12*.....

Place. *Lally... Co. N.B.*

6.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
59.

Regiment of

Royal Newfoundland

Number of Sheet

The

Signature of O. C. Company

W. B. Drake
Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5195 Drake, Levi</i>	Age on	years	months	
Joined		Date of Enlistment		Religion	
Joined		Date		<i>C. of G.</i>	
Joined		Date			
Joined		Date			
		Period of		Place of Birth	
		} with Colours		<i>Lally Cove, N.B.</i>	
		} with Reserve			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's 6⁸ 19</i>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 595 Rank Plk Name Arake L
 Date of Enlistment 20.5.18 Address Calley Cove District Fortuna
 Occupation Fisherman Classification for Discharge 16 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 8.7.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Rev. Keabe

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 [Signature]

Date 9-7-19 O. i. c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9867-9868 to his home at Sally Cove and Release Certificate No. 3357 issued.

Date 9-7-19 *J.A. Lumsden*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 21-2-05

Date 1-1-19 Depot Paymaster *J.A. Lumsden*

Discharge approved for 23-7-19

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	
B 179c	B 120	M 93			

2 Form B

Date 9-7-19 *J.A. Lumsden*
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 *H.R. Cooper*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot. *W.T.*

Date July 21/19

Reg. No. *5198* Rank *Y6* Name *Orak. L.*
Attested Address *Lally Cove*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S. *Casanda* Cause *Discharge*

P 7 19
23 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

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 Artillery* 7. Former Trade or Occupation } *Yeoman*
2. Regt. No. *5195* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Frank Lewis* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (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."
11. Date of origin of disability.
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.

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?

The complaints of his disability

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.)

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

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W.S. Procmier Capt Rowe

Medical Officer in charge of case.

Station *Hazley Barr*

Date *1/4/19*

* 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

NEWFOUNDLAND POSTAL TELEGRAPHS

Form No. 17



Cable Connection with all the World

All messages sent are subject to the following conditions :

The Minister of Posts and Telegraphs may decline to forward the Telegram, though it has been received for transmission, but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Telegram shall never reach its destination by reason of any neglect or default of the Minister of Posts and Telegraphs or his Servants whilst the Telegram remains under the control of the Minister of Posts and Telegraphs, he will refund the amount paid by the Sender for such Telegram.

The Minister of Posts and Telegraphs shall not be liable to make compensation beyond the amount refunded as above for any loss, injury or damage arising or resulting from the non-transmission or non-delivery of the Telegram, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the Minister of Posts and Telegraphs over the Message shall be deemed to have entirely ceased for the purpose of these Conditions at any point where, in the course of the transit of the Telegram to its destination, it may be entrusted by the Minister of Posts and Telegraphs (and the Minister of Posts and Telegraphs shall have full power so to entrust the Telegram) for further transmission by or through any system belonging to or worked by any administration or authority not controlled by the Minister of Posts and Telegraphs exclusively, although worked as a part or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

LINE NUMBER	RCD	BY	SENT	BY	CHECK

DATED Oct. 31st., 1921.

TO

5195 Expte. L. Drake

Lally Cove, F.B.

Return Registered Post medal forwarded to you in error.

Yours at this office. Rush.

DEPT OF MILITIA.

Chg. Dept. of Militia.

FOR TYPEWRITER