

THE ROYAL NEWFOUNDLAND REGIMENT

1 539 A ATTESTA	JION OF
No. Just Name Lewis 4	lange som New
Questions to be put to the	Recruit Lefore Enlistment.
1. What is your name?	Tews Hange
2. What is your full Address?	2. alexander my
3. Are you a British Subject?	3 ne
4. What is your age?	4 20 Years Months
5. What is your Trade or Calling?	Johannan
6. Are you Married?	6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?	7
8. Are you willing to be vaccinated or re-vac-	8. Yes
9. Are you willing to be enlisted for General Service?	9. nes
10. Did you receive a Notice, and do you understand its meaning. and who gave it to you? · · · · · · · }	IO
11. Are you willing to serve upon the conditions as emb signed by our if you are accepted	
made by me to the above edestions are true, and that I	am willing to fulfil the engagements made. . Ly Cangle SIGNATURE OF RECRUIT.
DOATH TAKEN BY R I	ECRUIT ON ATTESTATION. do make oath, that I will be faithful and His Heirs and Successors, and that I will, as in duty and Successors, in Person, Crown and Dignity against all
CERTIFICATE OF MAGISTRA	
The Recruit above named was cautioned by me that he would be liable to be punished as provided in the Army	if he made any false answer to any of the above questions 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 due entered
as replied to, and the said recruit has made and signed the	declaration and taken the oath before me at.
on this	8
Signature 6t Attesting	Officer
†CERTIFICATE OF A	PPROVING OFFICER.
	cruit is correct, and properly filled up, and that the re-
quired forms appear to have been complied with. I accor-	
If enlisted by special authority, such will be attached	to the original attestation.
	Approving Officer.
Place	Approving Omcer.
† The signature of the Approving Officer is to ‡ Here insert the "Corps" for which the Recru	be affixed in the presence of the Recruit. It 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).....on the (Date)

C.R. 5394

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

The following man embarhed for Overseas on H.M.S. "Columbella" July 22,1918.

#5394 Pte . Lewis Genge .

C.R. 5394

Extract from Pailly Orders Part 11 Depot, St. John's, Date 9-6-19.

5394 Pte. Lewis Gange

Reported at Headquarters 1-6-19. mr "Corsioan" which sailed Liverpool May 22/1919.

G.R. 5394

Extract from Daily Orders Part 11 Unit The Royal Nefld ERegt. Depot, St. John's, June 10th, 1919

The discharge of the undernoted has been APPROVED by 0.C. Discharge Depot, with effect from 20-6-19.

5394 Pte. Lewis Gange

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

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

#5394 Pte. L. Geange.

extract from unily orders Fort II Royal Rewfoundland Regiment uppot at. John's. dated --7-19.

The discharge of the undermoted on demobilization has been Obsaughed by Officer 1/c Records from 4-7-19.

5394, rte. Lewis Genge.

Extract from Daily Orders par 11, from Unit The Royal Nild.Regy.St.John's, dated May 25, 1918.

#5394 Pte. Lewis Geange.

Attested for General Service with thebRoyal Hild Regt.

Extract from Nominal Roll of Draft No. 56. from the End., Battalion of the Newfoundland Regiment to the lat., Battalion of the Newfoundland Regiment. Emabraked Southampton 25/11/18.

#5394 Pte. L. Geanger

	Medical Report on an Invalid.	
	Station Careley N. Camp	
	Date 30-4-19	
1.	Unit Posal Newfoundland 7. Former Trade or Occupation From Trade or Occ	,
2.	Regimental No.	
3.	Rank 7a. If with previous service in Army, state (a) Former Unit;	
4.	Rank Name Sange Sange	
5.	Age last birthday (c) Date of Discharge;	
6.	Enlisted on May 20/18 Enlisted of Discharge. (d) Cause of Discharge.	

Statement of Case.

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

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.

Date of origin of disability.
 Place of origin of disability.
 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

- Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (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.

) wa

he complains of no disability -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. 14. If the disability is an injury, was it (a) In action? (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? 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 a, to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present Repatriation 20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England

W. Trocumier.

Last R.a. In C

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

Station Source . No my

Officer in charge of Hospital.

⁶Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

No. 90/1009

09939

From.

NEWFOUNDLAND

Chief Paymaster & 0.1/c Records, Newfoundland Contingent,

Pay & Record Office 58, Victoria Street, London, S.W. 1.

2nd May

1919

5394 Pte.L. Geange

With reference to the following telegram from the Minister of Militia / / (160)

"Pay to- 5394 L. Geange £7-0-0

Cheque £7-0-0 is enclosed. for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Lucidell Pus

Officer Commanding.

2nd Bar. Ryl Nfld. Begiment

Winchester

Receipt hereunder.

Williams went + Hadyuta Officer Commag. ____ Batt'n.

Received the sum of Seven.

pounds (£70-0) in respect of

telegraphic remittance from the Minister of Militia.

I Geange

No 5394 Envale

1 tnosa Hellie

7,50 are 180

Nº 4678



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

hereby a	Feering agree, until further	er notification by me, and	l in simila	, Regl. No ar official form to make an Cents, per diem, 1	Allotme	nt of
to, and to	for the benefit of tity of, and pro	the undermentioned Pers	son and Per	rsons, such payment to be m Certificates by the Person	ade on	proof
	e d, viz.: Allotment begins	July 1	19	18		
Identity Certificate No.	Whether Wife, Child other Relative or Friend	NAME (in full)		ADDRESS	Amor (each p	UNT erson)
4220	Mother	Mrs (Adeline) J	eungi	Alexandra Bay		50
•			+ 57	*		

*	10 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·					
					, T	
		¥			, &	
	APPENDED.			Total Allotment, \$		50
8.	his form must be digned by the Office equired payments	r Commanding Company a	ommanding and handed	Company, signed by the Volunt to the Paymaster as authority	eer, cou	nter-
Sig.)	levats	- Live	•			
ρ	1 Johns	fficer Commanding Company	(G)	Tewi George Pro	•	
	/	une 12 191 5				

Nº 4678



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	· Address	Amo (each	OUNT person
1320	Mother	Mrs (Adelini) Geange	Alexandra Bay		5
		**************************************		Vest	
•			*		
				•	
			Total Allotment, \$		50

Place	Date of Ran	Cases of Drunken- ness	Offence Offence	Names of Witnesses	Punishment awarded	Date of award or	By whom awarded	Remarks
hely	8/1/14 1/4		let of bruin till heap, sporm shot is	sould set spewer	Pay for sauce	8/1/14	Mey Deness.	th
Ronen	29/3/19 Pt		By & kit	Cans water	pay for same	1/4/19	my Bernard	wine
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<i>*</i>				a was a supplied to the con-				
an and			The first of the second se	and the second second second		. West by	3.00	¥
			<u> </u>					
							¥.	
	1			A	100	to the same of the		• 6 per 1 1
	M			and the second second			14 XIV 1-14 - 15 - 1	
	**************************************		STORE STORES	ula marina ang s	1			[P.T.O.

Leauge, Lewis 5394
Agy Loeph

July 5,1919

#5394 Pte.Lewis Genge.

alexander Bay.

Coar Sir:

Referring to your application I enclose chaque for Seventy dollars (\$70.00), being amount of first parment due you on account of the War service Gratuty

Yours truly

Paymaster & .i/c Records.

DEPARTMENT OF MILITIA. WAR SERVICE GRACULTY.

St. John's, Newfoundland.

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

A complete raply most be given to every mestion in this Declaration Where nost be no blanks and no dabhes. If any questions are not appliable, the words "NOT APPLICABLE First be written cut.

On completion this Declaration is to be returned to MEE OFFICER I/C

AMERICAN AND AMERICAN SERIOR ST. JOHN'S.
Chalatien name, Kewis, Parante Geange
5. Renk. A he
5. Address in full to which fatage payments of gratuity are to be
forwarded, Alocauser Boy

6. Days of enlistment in the Regiment
7. Name of dependent, if any, to warn Separation Allowance is being
issued, or was boing issued, intediately prior to your discharge
not applicable
8. Relationship of such dependents.
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allewance or
of Separation Allowance on account of another soldier?
11. Were you on active service only in liftd. If so, give dates and
particulars of such service. Overseas
72 Aire total 7
12. Give total length of time which you served on active service,
whether in Hild.or Oversees Thereen months
······································

13. Have you had more than one enlistment? If so give particulars
13. Have you had more than one share and under what regimental numbers.
of discharge and re-enlistments, and under what regimental numbers. Nov applicable
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. 15.5.69 Cushus & Ratur aslowances
7.4.3
15. Have you been issued with a War Service Badge?
16. Have you during the present wer, served in the Imperial Borces
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state mount received, or to which you are entitled
the substantive
18. Did you revert Overseas to a rank lower than the substantive
renk 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 Rogt.?. If not give?- (c) date
of discharge (Mre 21/9.(b) Reason for discharge
Lemobilization
.,.,.,.,,.,.,.,.,,,,,,,,,,,,,,,,,,,,,,,
20. Did you at any time serve at the front in an actual theatre of
Flore If so give particulars of places, and dates of such service
d'ance set fum
21.(a) Are you receiving treatment from the Wivil Re-Establishment
ger (h) If so are you in receipt of full pay and allowences iron
that Cormitteeit to
And I ske this solenn decleration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Cortified correct.

Place of	of Applica	ale	enis gen scande Johns	njed	y.	
Declered This	before me a	day of	Juga	19/2		thy
	Suprem tra la	e Court, Notary	Berrister Stipendier Ichlie, Hos Missiener o	ay Nagls≟ Swice of t		ZO P
. Do die	Suprem tra la	e Court, Notary or Comm	Stipendia: Tublic, Hos	ay Nagls≟ Swice of t		<i></i>

Faymaster

July 4, 1919

#5394 Pte. Lewis Gange.

Alexander Bay. B.B

Dear Sir:-

Please find enclosed Discharge

Certificate Bo. 2598.

Yours truly

Captain Captain & O.i/c Records.

The Koval Ptld. Kegiment

No. 5494 Rank
Name Hangh 4

Warned for demobilization on

JUN 6 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE Intended place of residence... Classification of soldier Medical Category 3. The above named man is discharged in consequence of PEMOBILIZATION...... Eligible for War Service Gratuity 4. His accounts are correctly balanced and I have impartially inquired into all matter brought before me, in Comanding Discharge Depot The Royal Newfoundland Regiment Date JUN: 6 1919 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 and date JOHN.S. JUN 6 1919 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 and Date JOHN'S MIN . 6 1919 Signature of witness STATEMENT OF SERVICE 7. Enlisted for service 2.3 - 5 - 18 No of days on Military Discharged from service 20-6-97 Service .408 APPROVAL OF DISCHARGE 8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ile Records, The Royal Newfoundland Regiment, twenty-eight days from date. Place ST. JOHN'S..... Officer Commanding Discharge Depot The Royal Newfoundland Regiment. JUN 20 1919 CONFIRMATION OF DISCHARGE o. The discharge of above mentioned soldier is hereby confirmed ficer i|c Records

al 18 40 19/4598

The Royal Newfoundland Regiment

Class for Demobil- ization:—
Ŧ.

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

Discharge Depot: Headquarters The Royal Newfor	
	Date
Regimental No 5. 3.9.4.	Lewis Pta
Address	Lewis Pta
Present Medical Category AT	
Recommended for:—	(a) Immediate discharge
	O.C. Discharge Depot.
Members of Board	Senior Medical Officer
	Del Burden
	M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF						
Reg. No. 039 4 Rank Mr. Name Stange Sewing						
Date of Enlistment 23 5 18 Address Mexamely Depistrict Bongweste						
Occupation Talarman. Classification for Discharge						
Recommendation S.M.B Disability Rating						
Passed to Demobilization Officer with following documents:—						
N.F. P 36 D.F. 1 D.F. 1 D.F. 1						
B 178 W 3494 B 122 Board 1st " 2						
B 178a D 400A B 1915 do 2nd " 3 3						
B 178a D 400A B 1915 do 2nd " 3						
B 179a D 400C Form K do 4th " 5						
B 179b						
B 179c B 120 M 93						
Date. 6.5.19. How. H.						
PARTICULARS FOR DEMOBILIZATION						
ı. Civil Re-Establishment.						
I amin a position to resume civilian occupation.						
. I lyconigh						
Particulars passed to Vocational Officer for information and action.						
Date						
2. Clothing.						
Certified that Clothing Regulations have been complied with:-						
(a) Clothing Allowance payable.						
(b) Clothing Supplied I A Man Gaff						
Date. 6-6-19 Oilc. Re-clothing.						

3. Transportation and Release Certificate.	R1541.8.011
The above named has been provided with Tr	ravelling Warrant No. 36.0to his home
at . Clexicular Bong and Release	all drive of
Date	A STORY
62	Demobilization Officer
4. Pay and Allowances.	
	en correctly balanced and all matters in connection
therewith settled. He has received pay and all	owances to
	- 1 KNOH
Date	Depart Permanent
9.	Depot Paymaster.
Discharge approved for	
Forwarded with following documents to O.C I	Discharge Denot.
	N.F. Med D.F. 1 9
Б 178 W 3494 В 122	
	do 2nd " 3
B 179. D 400C. Form L	
B 179a D 400C Form K	do 4th " 5
B 179c B 120 M 93	•
6-6-19	J.A. Trow taff
Date	Demobilization Officer.
The second of th	
APPROVED.	
Documents as above forwarded to:— Officer ilc Records.	
Board of Pension Commissioners.	
- with following additional documents.	for War Service Gratuity
Diffinite	, 101 41 001 112
IIIN GO TOTO	1
JUN 20 1919	1. It sait GIS
Date	
	O. C. Discharge Depot.
Received the above noted documents from O. C. Dischar	ge Depot.
Property of the second second second second	recognition and application of
Date	

-

B

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 zormer Eccipation

L branger Signature of Man.

Reg. No. 5394

Date 6-6-19

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

MEDICAL HISTORY

Surname Jaugh

Christian Name.

Lewis.

Birthplace:—Parish	Table I.—GE Alexander V	NERAL TABI	110.	
	SPECIAL	RESERVE	1	D. ADMY
	on 2370 day o	Man S	on day	R ARMY of 191
Examined	at Sugue	nus	at	
Declared Age	Qo. yea	rs day	year.	s days
Trade or Occupation		sherman.		
Height	a feet	6 W. tnches	s feet	inches
Weight	/3	§. lbs		lbs.
Chest Girth when fully expanded	ماد	inches		inches
ment (Range of Expansion	- 3.	inches		inches
Physical Development				
Vaccination Marks Arm	Right	Left	Right	Left
(Number				
When Vaccinated	(11			
Vision }	$\frac{R.EV}{L.EV} = \frac{9}{1}$	° 6/6.	R.E.—V= 1,.E.—V=	
	-	1		
	(a)	¥ (ii)	(a)	
(a) Marks indicating congenital peculi- arities or previous disease	The state of the s			
•	(6)		(6)	
(b) Slight defects but not sufficient to cause rejection				
	المنافق			
Approved by (Signature)	Farmet	Pason		
(Rank)	m	y-	\	
	Skarh	Medical Officer.		Medical Officer.
Bulisted	at 13	411.	at ,	
	on day	Regtl. No.	on day o	f 191 Regtl, No.
Joined on Enlistment	Horyae Rea			3 10
) 1	Requirer.	5394.	1	
Transferred to		,	2355	
1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Became non-effective by	·			
	on day	of 191	on day o	f 191
(Signature)		•	1	***
(Rank)		# P		*
		and the	former and a second	[P.T.O.

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.

8.			
Date	estell to entanger	N. S. 3272.	Brief Details, and Signatures
24-5-18	Vace	D	
13-6-18	TAB)	10	
20-6-18	TABY.	10	
27-6-18	TABL	8	
			It is hereby certified that this soldier
			has been before a Travelling M dien!
			Board and has been classiful as
			for Discharge on Demobilisa-
● 100 ±			tion. Medical category
			Diec of T.M.B. Agistan Aligura Discharge Spot-Assumiland
			· · · · · · · · · · · · · · · · · · ·
			The second secon
	and the second		

Table	TTT	CHD.	TTOTT	ATT A T	T T
Lanie	5 12 V 857	->H K	VIII H	$\Delta +$	(I H

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	
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	000					
1.						
7			1.	1		
	4		, , , , , , , , , , , , , , , , , , ,			
*					1.	
	•				1	

Medical Report on an Invalid.

Station Hozoley Lown 1. Unit Royal Newfoundland 7. Former Trade or Occupation } Tester 7a. If with previous service in Army, state-(a) Former Unit;

2. Regimental No. 5'394

4. Name Gangs Lewis
5. Age last birthday 21 6. Enlisted on may 25/18 at 21 golins

(b) Regimental No.;

(c) Date of Discharge; (d) Cause of Discharge.

Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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.

Place of origin of disability.

Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Give your opinion as to the causation of the disability, stating whether in your opinion it is-

(a) attributable to or aggravated by tributable 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.

10	W1 1					1 1
13.	What is his present condition?	٠ ٧ -	mp am	~ \	no	disal
	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	•				
14.	If the disability is an injury, was it caused—					
	(a) In action?	>			150	
	(b) On field service?	•			A CONTRACTOR	
	(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?		h a			
						į.
17.	If not, was an operation advised and declined?		N a			
			•			
18.	In ease of loss or decay of teeth. 'Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?*		ha			
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.		ha			
	wat.					
			Repatin	tion,		
		•	Nobation			
	, , , , , , , , , , , , , , , , , , ,		ابدا			
20.	Do you recommend— (a) Discharge as permanently unfit, or (b) Change to England?					
					0.	Rama
)	. E	A		Capi	Rem
	Sept 1	m E	drock	in medical	•	
) (p)	,	Officer	in medical	charge o	t case.
	I have satisfied myself of the ge	eneral ac	curacy of this 1	eport, and	concur t	herewith,
ex	cept†					
St	ation Hosely boron	·	·			
Da	ite		4 Of	ficer in cha	rge of H	ospital.
•Lo	oss of teeth on or immediately after, active service, sh	ould be attri		there is eviden	ce that it is	due to some

 \dagger Delete this word if no exceptions are to be made.



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 "Rauk," "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 IC 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 Liwis Geange Regiment from which discharged Royal Newfoundland Regimental number 5394 Intended address alexander Bay Height on discharge 5 Feet 7 Color of hair on discharge Black Complexion Fair Color of eyes OScous Descriptive Marks Figure on discharge medun Christian name of Father Ben Jamen Christian name of Mother adun Wife's maiden name in full Date and place of marriage -Christian names of children Place and date of soldier's birth alexander 13ay, aug 26 4, 1898 Nature and locality of civil employment required I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct Lewis Geange (Soldier's signature in full) (Rank) ST. JOHN'S. Date 4-649 Station 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.



(a) In the case of a man who has re-engaged for, or enlisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaler, Shoeing-Smith, &c. (17591.) Wa. W 1887-P 1124, 1,000,000. 6/18. D&S. Form B/08. (E, 1856.)

Serfamin Geomet. Alexander Bauf. B. Baf. W. H. L. D.

[P.T.O.

Nº 4678



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

		erso
1320 Mother Mrs (Adelin) George Alexandra Bay		5
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Total Allotment, \$	• •	<u>ځ</u>
NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer signed by the Officer Commanding Company and handed to the Paymaster as authority to required payments on application.	, cou	nte

Allot	nent	Address Alexander Bay Allottee Returned from Overseas 23. C. S.S. Service Auchan	
Retur	ned on	S.S. Journal Nurvay	72
5-6-	-19	PASSED TO DEMOBILIZATION OFFICER	
20-6	72	DECHARGE APPROVED ON DESCRIPATION.	
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FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

C.R 5394

NAMES. Lewis George....

DA TO. Nav. 17/1969
PLACE alexander Boy

Receipt for Army Book 64
No 5.3.14. Name Illast.
To Certify that I have received the AB 64 of the above
named soldier. Name Lewis Geangr
named soldier. Name Lewis Geomore Place. If love town. N.B. For completion and return to the Department of Militia (
N.B. For completion and return to the Department of Militia Theort in corner of envelope "AB 64"

Forms B 121. Regimental Number and Name Enlistment Trade Good Conduct Badges, Service pay or proficiency pay No. loined of Enlistment loined Date with Colours Toined Date Period of Joined_ Date years. alexander Sa Place Date of Name of OFFENCE Punishment awarded Offence By whom awarded Witnesses REMARKS Demobilized Splan's 49 To be carried over.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

3. Transportation and Release Certificate. The above named has been provided with Travelling Warrant No. 1541. 5. 611 to his home
at Office with Boy and Release Certificate No. 2360 issued.
Date (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
Discharge approved for. 20-6-19
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36. B 268. B 121. N.F. Med. D.F. 1. 5 178. W 3494 B 122. Board 1st. " 2. B 178a. D 400A B 1915. do 2nd. " 3. Form 6 B 179. D 400B Form L. do 3rd. " 4. B 179b. B 103. ME 2. " 6. B 179c. B 120. M 93. Demobilization officer.
APPROVED.
Documents as above forwarded to:— Officer ile Records. Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Grainly
Date JUN 20 1919 R.H. Jait Capl. O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
Date June 11.11.119

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