



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1464

Name in full Luke Gillingham Age 19

Address Ochre Pit Cove

~~Married~~
Single Height 5ft 7 1/2 in Weight 131

Color Fair Hair Light Brown Eyes Blue

Other distinguishing marks

Nearest relative Father (Thomas)

Address Ochre Pit Cove

Dependents

Occupation Fisherman Present Wage \$300.00 per year

Previous service

Decorations

General Remarks

Date of Enlistment April 23rd 1915

I, Luke Gillingham, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Luke Gillingham

Declared before me this 27 day

of April 1915

J. Williams
Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1424

Name Luke Gillingham
 Apparent age 19 years months. Height 5 feet 7½ inches.
 Chest measurement { Girth when fully expanded inches.
 Range of expansion inches.
 Distinctive marks Complexion Fair, Hair Light brown, Eyes Blue.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Thomas Gillingham, Ochre Pit Cove, Nfld.
 | Relationship Father.

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d) Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>Ap. 25/15</u>									
Joined at <u>St. John's</u> on <u>Ap. 25/15</u>									
<i>Entered at St. John St. Catharines for duty 20/15. Found permanent unfit for military service suffering from "Sand" of the testis (Military Hospital also Camp Scotland) 21-2-16 6 months delay for discharge 4-4-16. Arrived Newfoundland 18-4-16</i>									
<i>Discharged Medically Unfit 30 4-16</i>									
Total Service forfeited as above									
Total Service towards Engagement to <u>30-4-16</u> (date of discharge) <u>1</u> years <u>8</u> days									
" " " Pension " (") " " "									

C.R. 1464

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

#1464 Pte. Luke, Gillingham, discharged Apr. 30th 1916, Medically
unfit

C.R. 1464

Extract from Roll of Officers, F.C.Os. and Men Discharged
from The Royal Newfoundland Regiment, Auth: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
1464	Pte.	Luke Gillingham	Apr. 30th 1916.	Med. Unfit.

C.R. 1464

Excerpt from The following Man Returning by Scadanavain
Mar. 31, 1916.

1464 Pte. Gillingham.

C.R. 1464

Luke Gillingham

was attested for General Service

with the NEWFOUNDLAND REGIMENT on 5 April 23rd 1915.

Regimental No. **1464** was allotted to Pte **L. GILLINGHAM.**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

C.R. 1464

Extract from Memorial Roll Embarked St. John's, for Overseas, per
S.S. "Bulgarian" June, 1915. "F".

1464 Pte. Gillingham L.

L. Tillingham.

C.R.

1464.

P.R.O.

21

2

DISCHARGE APPROVED
Medical Report on an Invalid.

Army Form B. 179.



Station Asst.

Date 19. 2. 16.

1. Unit 1st Newfoundland Regt.
2. Regimental No. 1464
3. Rank Private
4. Name Luke Gillingham

5. Age last birthday 19.
6. Enlisted { on 27th April 1915.
at St. John's Newfoundland.
7. Former Trade { Fisherman.
or Occupation {

8. Disability.

Sarcoma of Prostate.

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.

2.

10. Place of origin of disability.

Asst.

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

admitted on account of
"retention of urine."
Swollen found in Prostate
Gland, which is rapidly
increasing in size.

12. (a) Give your opinion as to the causation of the disability.

Uncertain.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Not due to active service,
climate, or ordinary military
service.

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.

Retention persists. -
Wound requires to be drawn off. -
He is losing flesh. -

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

- (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?

No.

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

No.

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. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

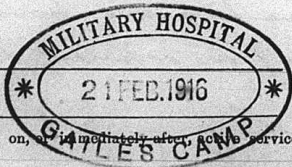
Discharge as permanently unfit. -

R Philip Graham. de Rance,
Officer in medical charge of case.

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

Station

Date



Thos Forrest Clayton Jones,
Officer in charge of Hospital. Giles Ave

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

not due to i. ii. or iii

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

✓

21. Has the disability been aggravated by

(a) Intemperance?

No.

(b) Misconduct?

No.

22. Is the disability permanent?

Yes.

23. If not permanent, what is its probable minimum duration?

-

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total incapacity.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or total incapacity.

-

25. If an operation was advised and declined, was the refusal unreasonable?

No.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

Discharge as permanently unfit for any military duty.

(b) Change to England?

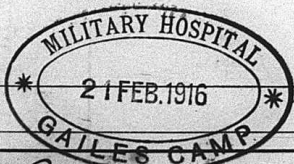
Signatures:—

Wm Forrest M.D. President.

R Philip Graham Lieut. R.N.M.C.

Members.

Station



Date

Approved

Station

Lancaster

Gordon

Administrative Medical Officer.

Date

24 February 1916

Surgeon General,

D. D. M. S. Scottish Command

MEMORANDUM.

From S. M. O. Gailes Area

From Jones,
Gailes

To Surgeon General
D. D. of M. S.
Scottish Command

To M. O.
Newfoundland Depot
ANSWER.

Gailes 23-2-1916.

Gailes 25/2/1916.

The O.C Newfoundland Depot Ayr informs me that there is no need to have formal discharge carried out as he has authority to repatriate any sick.

Here with discharge approval

Miss Jones
clerks

I have thought it well however, to transmit proceedings for your information - please

Jones,

Miss Forrest
Major

S. M. O. Gailes Area



TEL: AYR 602.

11 BARNs TERRACE,
AYR.

MAR 2 9 49 16

9th March 1916

Major Hittaker,

Dear Sir,

I understand from Major
Forrest that Plt. Gillingham M.F. Coy
has been discharged from the
army owing to his present
state of health. So far no steps
have been taken to have him
sent home. At present he
is in the Ayr County Hospital
but it would be advisable

to have him removed before
he gets any worse.

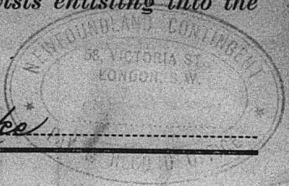
Perhaps you will hasten
the arrangements.

Yours sincerely

Sara A. Watson M.B.

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

COPT 3-11
 Adjutant of Dep Paymaster
 St John's
 Memorandum No. 1916
 Dated Dec 21 1916
MEDICAL HISTORY



Surname Gillingham Christian Name Luke

Table 1.—GENERAL TABLE.

Birthplace:—Parish St John's County N. F. L. D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	25 th	April		191
	at	St John's	at	
Declared Age...	18 years	270 days.	years	days
Trade or Occupation...	Fisherman			
Height	5 feet	7 1/2 inches	feet	inches
Weight		131 lbs.		lbs.
Chest Measurement	Girth when fully expanded...			
	Range of expansion...			
		34 inches		inches
		4 inches		inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left.
	Arm			
	Number			
When Vaccinated	7 years			
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	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)	F. W. Burden			
(Rank)	Lieut.			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	23 rd day of April	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
	1 st N. F. L. D. Regt.			1464
Transferred to...				
Became non-effective by...				
	on	day of	on	day of
(Signature)		191		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.

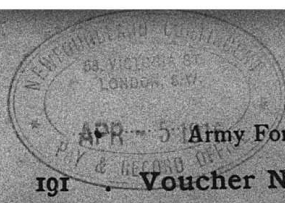
Date	Brief Details, and Signature
May 25 June 15 " 25 15	First Inoculation 500 million 2 nd 1000 Vaccinated at Sea. J.B.

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
St Johns rifles 2					

66

122



Army Form O. 1625.

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

2/1 Newfoundland Regt

No. 1464

Rank

Private

Name

Gillingham

Died (a)

at

on the

of

191

Deserted at

on the

of

191

I Certify to the correctness of above in every particular.

Chas. A. Cope Cpt.

Commanding Squadron, Troop, Battery or Company.

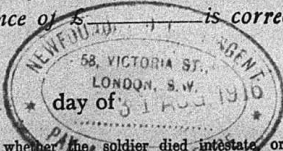
STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	3	11	0
	Cash issues (Date of each issue to be stated)				Pay 13 days at 100 from 18/3 to 30/3	2	13	5
	191 March 30/16	4	12	4	Proficiency, Service or good conduct pay days at from to			
	"	4	12	4	2 1/2 days Messing allowance 13 days at 100 from 18/3 to 30/3			54
		4	12	4	Clothing and kit allowance			
	Allowment 13 days Consolidated stoppage 20/30	1	17	5	Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£	6	9		£	6	9

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 6 9 9 is correctly chargeable against the Public^(a)

Dated at this



191

Paymaster.

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

66

PAY LIST. to 30th March 1916 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2/1st Newfoundland
No. 1464 Rank Private Name Gillingham, Luke
Died (a) at on the of 191
Embarked s.s. Scandinavian on the 4th of April 1916
Deserted at on the of 191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

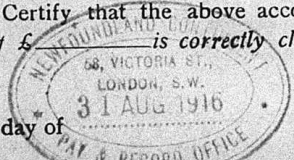
STATEMENT OF ACCOUNT.

[FORM 1.]

Table with columns for Date, Dr., £ s. d., Cr., £ s. d. containing financial entries like Balance Dr. last month, Cash issues, Proficiency pay, etc.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the Public.

Dated at this day of 191



Paymaster. PAYMASTER & OFFICER I/G RECORDS

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815. (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to *Mar 30. 16* 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *7th New Zealand*
 No. *1162* Rank *Private* Name *O'Donoghue Patrick*
 Died ^(a) *embarked* at *T. S. Hansen* on the *1st* of *April* 191 *6*.
 Deserted at _____ on the _____ of _____ 191 _____.

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

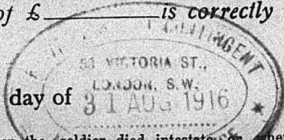
STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....	.	.	.	Balance Cr. last month.....	.	.	.
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	191	£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	"				Messing allowance days at _____			
	"				from _____ to _____			
	Consolidated stoppage				Clothing and kit allowance			
	Balance due by the Paymaster				Amount produced by the sale of Necessaries			
		£			Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
					Balance due to the Paymaster.....			
		£				£		

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b)

Dated at _____ this _____ day of _____ 191 _____ Paymaster.



(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Luke Gillingham, Regl. No. 1464
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 70 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	mother	Mrs Thomas	Bechar Pit	70
2		Gillingham	Cove	
0			Bay de Verde (district)	
1				
<p>Commencing June 19th</p>				
Total Allotment, \$				70

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.)

Officer Commanding
Company

(Sig.) Luke Gillingham

(Rank) Pvt

St Jhs
June 12 1915

U

Jellinghaus. S.

1464

Pay Dept

51

2

0

COPY

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

MEDICAL HISTORY

Surname Gillingham OF Christian Name Luke

Table I.—GENERAL TABLE.

Birthplace:—Parish	St. John's.	County	
		SPECIAL RESERVE.	REGULAR ARMY.
Examined ...	on 21st day of April. 1915.	on	day of 191
	at St. John's.	at	
Declared age ...	13 years	270 days	years days
Trade or occupation ...	Fisherman		
Height...	5 feet	7½ inches	feet inches
Weight ...	131 lbs.		lbs.
Chest Measurement	Girth when fully expanded		34 inches
	Range of expansion ...		4 inches
Physical development ...			
Vaccination marks	Right	Left	Right Left
	Arm ...		
	Number ...		
When vaccinated ...	Never.		
Vision ...	R.E.—V. = 6/6	R.E.—V. =	
	L.E.—V. = 6/6	L.E.—V. =	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)
	(b)		(b)
(b) Slight defects but not sufficient to cause rejection ...			
Approved by (Signature)	1st. Lieut. ^{de} Fred. W. Burton.		Medical Officer.
(Rank)	Lieut., Medical Officer.		
Enlisted ...	at St. John's.	at	
	on 23rd day of April 1915	on	day of 191
Joined on enlistment ...	Corps	Regtl. No.	Corps Regtl. No.
	1st. Nfld. Regt.	1464.	
Transferred to ...			
Became non-effective by ...	on day of 191		on day of 191
(Signature)			
(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
May 25.	First Inoculation 500 Million.
June 7th./15.	Second " 1000 "
" 25th.15.	Vaccinated at Sea (Sd) G.C.

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
St. John's, Nfld.					

Medical Report on an Invalid.



*Certified True Copy
M.S.B.*

Station Ayls
Date 19. 2. 16

- 1. Unit 1st Newfoundland Regt
- 2. Regimental No. 1464
- 3. Rank Private
- 4. Name Gillingham Luke
- 5. Age last birthday 19
- 6. Enlisted { on 27 April 1915
at S. John's Newfoundland
- 7. Former Trade or Occupation { Fisherman

8. Disability.

Sarcoma of Prostrate

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. ?
- 10. Place of origin of disability. Ayls
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Admitted on account of "retention of urine."
Tumour found in Prostrate Gland,
which is rapidly increasing in size.
- 12. (a) Give your opinion as to the causation of the disability. Uncertain
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Not due to Active Service
Climate, or ordinary military
Service.

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.

Attention persists:-
Urine requires to be drawn off:-
He is losing flesh.

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

- (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?

No

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

No

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. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as permanently unfit:-

Sigs
A. Philip Graham L. A. M. C.
Officer in medical charge of case.

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

except†

Station Military Hospital Gailes Camp *Sigs* Thomas Forrest Major S.M.C.
Date 21 Febry 1916 Officer in charge of Hospital.
Gailes Area

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

Not due to i. ii. or iii

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

No
No
Yes

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total Incapacity

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

No

26. Do the Board recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

Discharge as permanently unfit for any military duty.

Discharged April 30th. 1916

Signatures:—

John Forrest Mackay President
Philip Graham L.R.C. Members

Station *1st Hosp. Tynes Camp*
Date *21 Febry 16*

Approved
Station *Edinburgh*
Date *24 February 1916*

Administrative Medical Officer.
Surgeon General
D.S.M. Scottish Command

Medical Report on an Invalid.Station AyrDate 19/2/16.

- | | | | |
|-------------------|------------------------|----------------------------------|--------------------------------|
| 1. Unit | 1st. Newfoundland Regt | 5. Age last birthday | 19 |
| 2. Regimental No. | 1464 | 6. Enlisted | { on 27th. April 1915. |
| 3. Rank | Private | | { at St. John's, Newfoundland. |
| 4. Name | Luke Gillingham. | 7. Former Trade
or Occupation | { Fisherman. |

8. Disability.Sarcoma of Prostate. 5/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. ?
10. Place of origin of disability. Ayr.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Admitted on account of "retention of Urine"—Tumour found in Prostate Gland, which is rapidly increasing in size.

12. (a) Give your opinion as to the causation of the disability.

Uncertain.

- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Not due to active service, Climate or ordinary Military service.

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.

Retention persists.

Urine requires to be drawn off.

He is losing flesh.

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

(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?

No.

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

No.

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. Do you recommend

- (a) Discharge as permanently unfit,
or
(b) Change to England?

Discharge as permanently unfit.

R. Phillip Graham, Lt. R.A.M.C. & M.O. Gales Area
Officer in medical charge of case.

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

Station Mil. Hosp., Gales Camp.

Thos Forrest, Major, & M.O. Gales Area.
Officer in charge of Hospital.

Date 21/2/16

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalidated, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Not due to I, II, or III.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance ?

No.

(b) Misconduct ?

No.

22. Is the disability permanent ?

Yes.

23. If not permanent, what is its probable minimum duration ?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ?

Total incapacity.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{8}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable ?

No.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

Discharge as permanently unfit for any Military Duty.

(b) Change to England ?

Signatures:—

(Sgd.) Thos Forrest, Major. President.
& M.O. Gailes Area.

Station Military Hosp. Gailes Camp.

R. Philip Graham, Lieut. R.A.M.C.

Date 21/2/16.

Members.

Approved.

Station Edinburgh.

Administrative Medical Officer.

Date 24/2/16.

Surgeon General,

D.D.M.S. Scottish Command.

NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station St. John's, Nfld.

Date Feb. 2nd., 1917.

No. 1464

Age 19 Height 5ft. 9"

Rank Private

Complexion Fair

Name Gillingham, Luke

Eyes Blue Hair Brown

Unit 1st Nfld. Regt

Address Ochre Pit Cove

Former Trade Fisherman

Enlisted at St. John's, Nfld.

on 27th April, 1915.

Disease or disability Sarcoma of Prostate

Present condition

Still has tumour growth in region of prostate gland. Can pass urine freely & does not experience any inconvenience from the growth.

Estimated disability

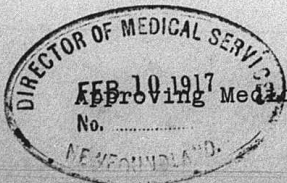
less than 20%

Recommendation of Medical Board

Discharge

Class

Members of Board



*A. S. Francis
Private 1st Class
St. W. Burden for Major Paterson.
Cluny Macpherson,
Major*

COPY

COPY

11, Barns Terrace,

Ayr.

March 9th. 1916.

Major Whitaker

Dear Sir,

I understand from Major Forrest that Pte. Gillingham N.F. Regt. has been discharged from the army owing to his present state of health. So far, no slips have been taken to have him sent home. At present he is in the Ayr County Hospital but it would be advisable to have him removed before he gets any worse.

Perhaps you will hasten the arrangements.

Yours sincerely,

Sara A. Watson, G.B.

COPY COPY

MEMORANDUM.

From S.M.O. Gales Area.

From S.M.O.

Gales.

To Surgeon General,
D.D. of M.S.
Scottish Command.

To M.O.

Newfoundland Regt.
ANSWER.

Gales. 25/2/1916 .

Gales. 25/2/1916⁹¹ .

The O.C. Newfoundland Depot
Ayr, informs me that there is
no need to have formal dis-
charge carried out as he has
authority to repatriate any
sick.

Herewith discharge approved.

I have thought it well
however, to transmit pro-
ceedings for your information
- Please.

(Sd.) Thos, Forrest
Major,

S.M.O.

(Sd) Thos. Forrest,
Major.
S.M.O. Gales Area.



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 *Gillingham Luke*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1464*
 Intended address *Ochoe Pt Cove*
 Height on discharge *5* Feet *9*
 Color of hair on discharge *Brown*
 Complexion *fair*
 Color of eyes *blue*
 Figure on discharge *medium*
 Christian name of Father *Thomas*
 Christian name of Mother *Silviah*
 Wife's maiden name in full *-*
 Date and place of marriage *-*
 Christian names of children *-*

Place and date of soldier's birth. *Ochoe Pt Cove. By order. Aug 5, 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) *St John's*

Station *Luke Gillingham.* Date *Feb. 1 1914* (Rank) *private*

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.

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

Station *St. John's Nf.* Date *Feb 1, 1914*

March 16,

7

Mr. Luke Gillingham,
Millertown.

Dear Sir:

The Medical Board which examined you, has reported as to your condition, and it has been found that your case, is not one in which a Pension or gratuity can be allowed.

Yours truly,

Secretary.

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No.

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full

I hereby solemnly declare that my name is

Luke Gillingham

and that I was

Fill in rank and force

a (rank)

Private

(1st. Nfld. Reg.)
in or
(R N R)

Newfoundland Regt

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address

I am residing at (Street and number)

Town of

John Pitt Cove, Bay de Verde

and request my next pension cheque be sent to this address.

Luke Gillingham SIGNATURE or mark of Pensioner.

Witness

L. J. O'Brien

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this

..... day of 19....., and I believe

him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman,

..... Signature.

..... Rank or position.

..... Postal Address.

Add any Remarks

.....
.....
.....
.....
.....

\$

NEWFOUNDLAND

CLAIM FOR PENSION

PENSION No. _____

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full

I hereby solemnly declare that my name is Luke Gillingham

and that I was

Fill in rank and force

a (rank) Private (1st. Nfld. Reg.)
in or
(E. W. R.)

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address

I am residing at (Street and number)

Town of Becher's Cove, B. de N.

and request my next pension cheque be sent to this address.

Luke Gillingham SIGNATURE or mark of Pensioner.

Witness

M. Dowley

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this _____

_____ day of _____ 19____, and I believe

him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public or Justice of the Peace, or Clergyman.

_____ Signature.

_____ Rank or position.

_____ Postal Address.

Add any Remarks _____

\$ _____



1ST NEWFOUNDLAND REGIMENT

P. O. BOX No. 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO
"PAYDEPT."

ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE
ADDRESSED TO THE
PAYMASTER

PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND,

.....191.....

Account of Pte. Luke Gillingham, Regtl. No. 1464

From March 31st. to April 30th. 1916

Pay 30 days at 1.10	33.00	
Subsistence Allowance @ 50	<u>15.00</u>	<u>48.00</u>
 Payments.		
April 19th. 1916	15.00	
Balance due at April 30th. 1916	<u>33.00</u>	<u>48.00</u>



1ST NEWFOUNDLAND REGIMENT

P. O. BOX No. 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO
"PAYDEPT."
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE
ADDRESSED TO THE
PAYMASTER

PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND,

.....191.....

Account of Pte.F.Stroude,Regtl No.1325

From March 31st.to April 30th.1916

Pay 30 days at 1.10	33.00	
Subsistence Allowance at 50	<u>15.00</u>	<u>48.00</u>

Payments.--

April 19th.1916	15.00	
Balance due at April 30th.1916	<u>33.00</u>	<u>48.00</u>

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *1464*

Rank

Private

Name

*2/1 Newfoundland Regt
Sellingham R*

Died (a)

at

on the

of

191 .

Deserted at

on the

of

191 .

I Certify to the correctness of above in every particular.

Chas. L. Aye Capt.

{ Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	3	11	0
	Cash issues (Date of each issue to be stated)				Pay 13 days at <i>100</i> from <i>18/3</i> to <i>30/3</i>	2	13	5
	191				Proficiency, Service or good conduct pay			
	<i>Thank 3/1/16</i>	4	12	4	days at _____ from _____ to _____			
	"				<i>2 1/2</i> days at _____			
		4	12	4	Messing allowance 13 days at <i>10 1/4</i>			
					from <i>18/3</i> to <i>30/3</i>			5 2/4
	<i>allowment 13 days</i>				Clothing and kit allowance			
	<i>Consolidated stoppage 11/20</i>	1	17	5	Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including			
					interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster	4	12	4	Balance due to the Paymaster			
		£	6	9		£	6	9

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at

this _____ day of

191 .

Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to 30th March

1916 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2/1st Newfoundland

No. 1464 Rank Private Name Gillingham, Luke

Died^(a) at on the of 191 .

Embarked s.s. Scandinavian on the 4th of April 1916

Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battalion or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay			
	191				days at from to			
	"				Messing allowance days at			
	"				from to			
	Consolidated stoppage				Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£				£		

I hereby Certify that the above account is correct in every particular, and that the ~~debit balance of £~~ *NEWFOUNDLAND'S CORRECTLY CHARGEABLE* ^{NEWFOUNDLAND'S CORRECTLY CHARGEABLE} ~~to the Public~~ CONTINGENT

Dated at

this

day of

191



W. Marshall 2nd
PAYMASTER & OFFICER ^{Paymasters}

- (a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office (Form O. 1815) or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

Dispatching
Office
Stamp

[Handwritten signature]

Arrival
Office
Stamp.

JOHNS
5 MAR 27
NEW RIDGE

No. 429

From

[Handwritten signature]

Registered Letter Addressed -

*Luke Gillingham
Vehre Rd. Cove.*

Received by

[Handwritten signature]



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Luke Gillingham, Regl. No. 1464
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
70 Dollars and 00 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	mother	Mrs Stokes	Bechar Pit	70
2		Gillingham	Corr	
0			Bay de Verde	
1			(district)	
<p>Commencing June 12th</p>				
Total Allotment, \$				70

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.)

Officer Commanding
Company

(Sig.) Luke Gillingham

(Rank) Pvt

St John's
June 12 1915

March 26th.

2.

Mr. Luke Gillingham,
Ochre Pit Cove,
Bay de Verde.

Dear Sir,-

I enclose herewith regular Discharge form, to take
the place of the temporary one, which was given you last April.

Yours truly,

1464

2nd. Lieut. & D/Paymaster.

1901



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

Signature

Date

Address

OCT 15 1921

1921.

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

Luke Gillingham

in respect of his service as No. 1464 Rank Pte.

Name L. Gillingham Royal Nfld. Regt.
Inf. Forestry Coy.

Receipt of the same should be acknowledged hereon.

Received

October 22/21

Signature

Luke Gillingham

Date

Oct 24/21

Address

Oahu Pt Cove

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 [523] W18371/504 400m 3/15a-1 93 5B

Forms
 B. 121.
 29.

Regiment of 1st Newfoundland

Number of Sheet 1

Signature of O. C. Company St John's

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>1464</u>	<u>19</u> years	<u>8</u> months	<u>Fisherman</u>			
Joined Date	<u>Collingham Lake</u>	Place and Date of Enlistment		Religion			
Joined Date		<u>St John's April 23rd 15</u>		<u>Methodist</u>			
Joined Date		Period of		Place of Birth			
Joined Date		{ with Colours <u>8</u> years		<u>Ochre pit Cove</u>			
		{ with Reserve <u>1 3/65</u> years					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disallowing with trial	By whom awarded	REMARKS
				<u>Medically Unfit</u>	<u>St John's</u>				<u>30th 4/16</u>

To be carried over

COPY SENT TO

Adj. & Dep.

Letter mentioned No. _____

Dated APR 5 - 1916

Army Form B. 121.



filled out
12

Newfoundland Forestry Companies

ATTESTATION OF

No. 8089

Name Luke Gillingham Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Luke Gillingham</u> |
| 2. What is your full Address? | 2. <u>Osborne pit Camp</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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>military</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>meth.</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes.</u> { Name |
| | Corps |

I, Luke Gillingham 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.

Luke Gillingham SIGNATURE OF RECRUIT.
Frank C. Byrne Signature of Witness.

28/4/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Luke Gillingham 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Grand Falls on this 30th day of April 1917

Signature of Attesting Officer H. J. Fitz-Gerald Esq.

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

Date 27/4/17 1917 J. J. [Signature] Approving Officer.
Place [Signature]

† 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)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B.-121.

Forms
B. 121.
39.

Number of Sheet First

Regiment of 1st Field Forestry Companies

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>L. Gillingham</u>	Age on	<u>20</u> years <u>8</u> months	<u>Shumbarman</u>	
Joined	Date	Place and Date of Enlistment	} <u>Grand Falls</u> <u>23/4/17</u>	Religion	
Joined	Date	Period of		with Colours <u>2</u> ^{1/2} years.	
Joined	Date	with Reserve <u>2</u> ^{3/4} years.		Place of Birth	

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>St John's</u>	<u>May 7/19</u>	<u>Plt</u>		<u>Involence to N.C.O.</u>	<u>Capt. Miller</u>	<u>3 days C.B.</u>	<u>May 7</u>	<u>Capt. J. O. Grady</u>	
<u>Hammer Point</u>	<u>21/1/19</u>	<u>Ct</u>		<u>Abused for some 21/1/19 with safety.</u> <u>Exp 7th 21/1/19</u>	<u>C.S. to Miller</u>		<u>5/2/19</u>	<u>High. d. Kelly</u>	<u>Offic to sign for 2/2/19</u>
				<u>Demobilized St John's</u>	<u>9</u>	<u>7</u>			

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *P.O.P. 9* Rank *P.C.* Name *Gillingham L.*
 Intended place of residence *Debra Pitt Cove B.S.V.*

2. Occupation *Lumberman*
 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 23 1919* Commanding Discharge Depot *Mrs H*
 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 and date *JUN 23 1919*
ST. JOHN'S Signature of soldier *L. Gillingham*
 Signature of witness *J. A. Knowlton*

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 *ST. JOHN'S*
JUN 23 1919 Signature of soldier *L. Gillingham*
 Signature of witness *James O'Riordan*

STATEMENT OF SERVICE

7. Enlisted for service *28-4-17* No of days on Military
 Discharged from service *24-6-19* Plus 14 Days Service *P.O.P.*

APPROVAL OF DISCHARGE

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

Place *ST. JOHN'S* Officer Commanding Discharge Depot *R. H. Lait Major*
 The Royal Newfoundland Regiment.
 Date *JUN 24 1919*

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place *St. John's, Nfld.* Officer in Charge *M. Bowley Capt*
 Date *July 8 1919* The Royal Newfoundland Regiment

A.F.B. 2029/2879

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 8089 Rank Sgt Name Gillingham J
 Date of Enlistment 28-4-17 Address Ulverston District BDV
 Occupation Labourer Classification for Discharge F1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1 st 114-2	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	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	<u>206-1</u>	" 6	
B 179c	B 120	M 93			

Date 23-6-19

J. Gillingham
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Gillingham

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00
 (b) Clothing Supplied new caps

Date 23-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2973 to his home at Schnitzler and Release Certificate No. 2973 issued.

Date 23-6-19

J.A. Shaw
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 23-1-19

Date 23-1-19

J. H. ...
Depot Paymaster.

Discharge approved for 24-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36 <u>1127</u>	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	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	<u>2-6-19</u>	" 6	
B179c	B 120	M 93			

Date 23-6-19

J.A. Shaw
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

JUN 24 1919

Date

R.H. Sait
O. C. Discharge Depot.

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

Date July 5/19

J. H. ...
O. C. Discharge Depot.

