

ROYAL NEWFOUNDLAND REGT.

Despatch 27-9-54

1914-1918

~~1290~~

(33235)

Recruiting Form A, 1914.

MEDICAL REPORT
ENLISTMENT



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1296

Name in full Lawrence Griffin Age 19
 Address Harbour Grace (Water St)
~~Married~~ Single Light Height 5ft 6 Weight 138
 Color Light Hair Brown Eyes Blue
 Other distinguishing marks Scar on lip & light cheeks.
 Nearest relative Mother (Elizabeth)
 Address Harbour Grace (Water Street)
 Dependents Mother & 4 sisters
 Occupation Fisherman Present Wage \$14.50 per month
 Previous service _____
 Decorations _____
 General Remarks _____
 Date of Enlistment March 15/15

I, Lawrence Griffin, 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.

Lawrence Griffin

Declared before me this 30th day
 of March 1914
Eric S. Lupton

DESCRIPTIVE REPORT ON ENLISTMENT.

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

1796

Name **Lawrence Griffin**

Apparent age **30** years _____ months. Height **5** feet **8** inches.

Chest measurement { Girth when fully expanded _____ inches.
 Range of expansion _____ inches.

Distinctive marks **Scar on upper lip and right cheek**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Elizabeth Griffin**

Water St., Harbor Grace | Relationship **Mother**

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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from March 18/15									
Joined at St. John's on March 18/15									
		wounded		11/10/15					
		Repatented		9/16/16					
Embarked St. John's St. Helena for Cork 22 nd 15					Embarked Cork 20 th 15 Admitted				
H.S. Cavalry 4 th B.N. 2 nd Arm 11-10-15					Colinited Refounded 15-10-15				
Admitted Wandsworth 19-11-15 Attached depot 22 nd 16					H.S. Cavalry 4 th B.N. 2 nd Arm 11-10-15				
To Newfoundland Arrived 18 16					To Newfoundland for discharge 9-6-16				
Discharged Medically unfit									
24-6-16									
Total Service forfeited as above									
Total Service towards Engagement to <u>24-6-16</u> (date of discharge) <u>1</u> years <u>94</u> days									
" " " Pension " (") " " "									

10698

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Lawrence* 2. Surname *Guffin*

3. Rank *Private* 4. Regt. No. *1296*

5. Address in full to which future payments of gratuity are to be forwarded. *Lawrence Guffin, Dawson Street, St. John's, Nfld.*

6. Date of enlistment in the Regiment. *17th March 1915*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None given or received*

8. Relationship of such dependents. *None*

9. Address in full of such dependent. *None*

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. *Served at St. John's and saw Active service in Gallipoli*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas. *One year and 98 days*

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

Only enlistment only

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.....

None received

15. Have you been issued with a War Service Badge? *Yes No. 118*

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

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 Regt.? *No*..... If not give:- (a) Date of discharge. *24th June 1916*..... (b) Reason for discharge.....

" unfit for further service " on account of wound. Wounded at Gallipoli

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.....

Gallipoli. Sunday, September 1915

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (b), 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: *Lawrence Griffin*
 Place of Residence: *Bannerman Street Harbor Grace Nfld*
 Declared before me at: *Harbor Grace Nfld*
 This *Seventh* day of *March*, 191*9*

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of Affidavits. *William A. Oke, Sup. Mag.*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.60</i>	<i>280.00</i>
.....
.....
Certified Correct.			Paymaster.	

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

MEDICAL HISTORY

OF

Surname *Griffin*

Christian Name *Lawrence*



Table 1.—GENERAL TABLE

Birthplace:—Parish *Harbour Grace* County *St. John's*

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <i>11</i> day of <i>March</i> 191 <i>5</i>	on	day of	191 <i>6</i>	on
	at <i>Harbour Grace</i>	at			at
Declared Age	<i>19</i> years		years		years
Trade or Occupation	<i>Fisherman</i>				
Height	<i>5</i> feet <i>6</i> inches		feet		inches
Weight	<i>138</i> lbs.				lbs.
Chest Measurement	Girth when fully expanded...	<i>33</i>	inches		inches
	Range of expansion..	<i>36</i>	inches		inches
Physical Development					
Vaccination Marks	Arm				
	Number				
When Vaccinated	<i>Never</i>				
Vision	R. E.—V=	<i>20</i>			R. E.—V=
	L. E.—V=	<i>20</i>			L. E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)				(a)
	(b) Slight defects but not sufficient to Cause Rejection				(b)
Approved by (Signature)	<i>L. Patterson</i>				
(Rank)	<i>Capt.</i>				
Enlisted	at <i>St. John's</i>	at			
	on <i>11</i> day of <i>March</i> 191 <i>5</i>	on	day of	191	
	Corps.	Regtl. No.	Corps.	Regtl. No.	
Joined on Enlistment	<i>1st Uflds</i>	<i>1296</i>			
Transferred to					
Became non-effective by					
	on	day of	191	on	day of
(Signature)					
(Rank)					



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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8th LONDON GENERAL HOSPITAL WANDSWORTH.	12	15	19	3	16		Paralysis of hand A.	104		L. Skelton Capt. R.A.M.C.
	19	11	15	8	4	16	Traumatic Ankylosis left Brachial Nerve	142	<p>Gallipoli: Oct 10. 15. Had traumatic paralysis of left brachial Nerve - which was reported on 1st Oct. 15. Spinal also helped the same.</p> <p>Patient has functional paralysis of L. Hand.</p> <p>Retained hand sent to Brockley in Jan 17. 16. Retained hand on 3.4.16. all muscles of L. Hand normal, normally to paralysis of hand to hospital.</p>	

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3RD LONDON GENERAL HOSPITAL WANDSWORTH.	12	15	19	17	3	16	Paralysis of A.	107		L. S. Lloyd Capt. Ramsay
	19	11	15	8	4	16	Traumatic Ankylosis left Brachial Nerve	142	<p>Gallipoli Oct 10. 15 Had traumatic paralysis of left brachial Nerve - which was treated on the Nerve ligament also with the same Patient has functional paralysis of L. Hand The Nerve was sent to Brooklyn in Jan 17. 16. Patient had on 3.4.16. all muscles of L. Had rapid recovery to paralysis of for relief.</p>	

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

Date	Brief Details, and Signature
6/5/16	<p>Unfit for foreign service, on account of ^{old} wound along inner aspect of left upper arm, which has implicated the left musculi spiral nerve. Loss of sensation in thumb, forefinger, and outer border of middle finger. Wrist drops. Loss of power of extension of fingers of left hand, especially of the first three. Lt. M. J. Pityre Lt. Rame</p>

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 N.F.L.D.					

January 20th

7

Pte. Laurence P. Griffin,
Harbor Grace, C.B.

Dear Sir,-

I enclose herewith Cheque for \$36.20, being the
amount due you as follows:-

Bonus money \$11.20

Clothing 25
25.00

Kindly sign the attached voucher in the space provided
for same, and return.

Yours very truly,



2nd. Lieut. & D/Paymaster.

1296

E.-W.

DUPLICATE
ORIGINAL



Army Form O. 1625.

PAY LIST. 13/0/16 to 9/6/16. 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1st Newfoundland Regt.*
 No. *1296* Rank *970.* Name *L. Griffiths.*
 Died^(a) at _____ on the _____ of _____ 191 .
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

W. B. [Signature] Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month		9	7	Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 28 days at £1.10 from 13/0/16 to 9/6/16	6	6	4
					Proficiency, Service or good conduct pay			
					days at _____ from _____ to _____			
					Messing allowance days at _____			
					from _____ to _____			
					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 to the Paymaster.....		9	7
							16	7
		£	6	4		£	6	4

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 6 6 4 is correctly chargeable against the Public^(b).

Dated at London this 12th day of June 1916. 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.

STATEMENT OF ACCOUNT

No. 1296

Name Sniffen Lawrence

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
June 9	Balance due by Gov 9.75 ²			2 34	2 34
	By Pay from 10-6-16 to 2-6-16			22 40	24 74
	Bonus			11 20	35 94
	American Clothing			25 00	60 94
	Ration Allowance \$1.00			4 86	65 80
June 23	By Pay		15 00		50 80
July 27	" "	141	5 66		45 14
Jan 17	" "	98	36 20		8 94
	War Service Gratuity 4 mos @ 70 ⁰⁰			280 00	288 94
	Bonus		12 25		277 74
	P. O Pay		87 15		190 59
Mar 1	To Pay	10698	70 00		120 59
April 1	" "	13600	70 00		50 59
May 1	" "	17714	39 90		10 69
			335 11	345 80	10 69

Pay
wcc
894
175
+1069
Gr Balance \$10⁶⁹/₁₀₀

Signed Albany S M

9
11
1950

ORIGINAL

Army Form O. 1625.

PAY LIST. 13/5/16 to 9/6/16 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *Newfoundland*
 No. *1296* Rank *Pte* Name *L. Griffin*
~~Discharged~~ at *St. John* on the of 191 .
 Deserted at *Medieval Hospital* on the of 191 .

I Certify to the correctness of above in every particular.

L. Griffin { *Commanding Squadron, Troop,
 Battery or Company.*

STATEMENT OF ACCOUNT.

[FORM 1.

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month			9 7 3	Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 28 days at \$1.10 from <i>13/5</i> to <i>9/6/16</i>	6	6	4
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>May 19th</i> 1916		12	6	days at from _____ to			
	<i>" 26th</i> " 6		12	6	Messing allowance days at			
	<i>" 2nd</i> " 6		12	6	from _____ to			
			1	17	6	Clothing and kit allowance		
	<i>Allotment / 3-90</i>				Amount produced by the sale of Necessaries			
	<i>Boot etc</i> 8				Personal Clothing and Effects from Form 2...			
	<i>Barrack Damages</i> 7	3	10	3	Amount of Savings Bank balance, including			
	Consolidated stoppage.....				interest (if no balance, to be so stated)			
	<i>Final Pay</i>		18	10	Deferred Pay or Gratuity			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		6	16	7				
		£	6	6				9 7 3
								6 6 4

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 _____ day of _____ 191 .

L. Griffin
 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.

149

PAY LIST.

to 9 June 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1st Newfoundland*
 No. *1796* Rank *Private* Name *L. Griffin*
 Died (a) *embarked for Siphos* at *Siphos* on the *9th* of *June* 191*6*.
 Deserted at _____ on the _____ of _____ 191*6*.

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 _____				
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____				
191					Messing allowance _____ days at _____				
"					from _____ to _____				
"					Clothing and kit allowance				
	Consolidated stoppage				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 debtor balance of £ _____ is correctly chargeable against the Public^(b)

Dated at this _____ day of _____ 1916.



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.P.B. 3990 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

C.R. 1296

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. J. Readell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli, Mudros, Lemnos, Suvla Bay Egypt* from *Sept* 1915 to *November* 1915.

(Date) ^{*March 20*} *1919* (NO) *1296* (Rank) *Private* (Time)

(Place) *Harpour* *Laurence* *Piffin*.

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

*Riband
Marked March 21st*

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

Station ST. JOHN'S NFLD. Date JULY 17th., 1917.
 No. 1296 Age 19 Height
 Rank PRIVATE Complexion FAIR
 Name GRIFFIN, LAWRENCE Eyes BLUE Hair DARK BROWN
 Unit 1ST NEWFOUNDLAND
 Address HARBOR GRACE Former Trade FISHERMAN
 Enlisted at ST. JOHN'S NFLD. on MARCH 11th., 1915

Disease or disability GUN SHOT WOUND LEFT ARM

Present condition *General Condition improved. Increased power hand and fore-arm - Still has pain occasionally*

Estimated disability

40% for six months

Recommendation of Medical Board



Class

Members of Board

*L. B. Atkinson Major
 L. S. Lunden Capt
 J. M. S. Duncan*

Approving Medical Officer.

*Clay Macpherson,
 Major.*

C.R. 1296

Copy of Cablegram to Governor St. John's Nfld.

from P. & R. O. Nov. 26th. 1915.

1296, Pte Griffin. ✓

Admitted Wandsworth November 19 Traumatic Aneurism.

C.R. 1296

**Extract of Roll of Officers, N.C.Os. and Men Discharged from
The Royal Newfoundland Regiment.**

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
1296	Pte.	Laurance Griffin.	June 24th. 1916.	Med. Unfit.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Newfoundland Regiment,

Department of Militia,

St. John's Newfoundland.

Fold Here



June 24th 1921, 1917.

The accompanying King's Certificate, on his discharge,
(No. 492), is forwarded herewith to
Private Laurence Griffen

in respect of his service as No. 1296 Rank Pvte.

Name Laurence Griffen Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received Discharge Certificate

Signature Miss John Sullivan

Date 24/6/21

Address 11 King St St John's Nfld

Casualty Form—Active Service.

Regiment or Corps Newfoundland *Auth. A.P.*
 Regimental No. 1296 Rank Pte Name H. Griffin
 Enlisted (a) 18/3/15 Terms of Service (a) one year Service reckons from (a) _____
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }
 Extended _____ Re-engaged 15/8/15 Qualification (b) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, Nfld.		30/4/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
11/10/15.	"Neuralgia"	G.S. Wound, L. Arm severe	Dardanelles	11/10/15.	Auth. A 14698. <i>P</i>
15/10/15.	15th. Genl. Hosp.	Admitted A 36	15 Genl. Hosp.	15/10/15.	" A 14319. <i>P</i>
9/11/15.	"Goorkha"	Invalided to England	H.S. "Goorkha"	6/11/15.	" B 610. <i>P</i>

COPY SENT

H. Parkhouse
J. H. H. H.
 21.12.16

H. Parkhouse Captain,
 Officer i/c Records, T. F. 6,
 3rd. Echelon, M. E. F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.