



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3267 Name Lewis Drury Corps Med

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Lewis Drury</u> |
| 2. What is your full Address? | 2. <u>Englehart St.</u> |
| | <u>P.B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>machinist</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Lewis Drury 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.

Lewis Drury SIGNATURE OF RECRUIT.

E. H. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 18 day of Nov 1915

Thos. R. [Signature] Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... } Approving Officer.
Place..... }

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

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

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Meek

No. *3262*

Name *Lewis Swaney* Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <i>Lewis Swaney</i> |
| 2. What is your full Address? | 2. <i>Engineer Str. D.B.</i> |
| 3. Are you a British Subject? | 3. <i>yes</i> |
| 4. What is your age? | 4. <i>22</i> Years <i>2</i> Months |
| 5. What is your Trade or Calling? | 5. <i>mechanical</i> |
| 6. Are you Married? | 6. <i>no</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>no</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>yes</i> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <i>yes</i> |

I, *Lewis Swaney* 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.

Lewis Swaney SIGNATURE OF RECRUIT.

E. Meek Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly noted as replied to, and the said recruit has made and signed the declaration, and taken the oath before me at *St. John's* on this *16* day of *Nov* 1915.

Chas. R. Aye Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915
Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Francis
 Apparent age 22 years 2 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 10 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin English St. James
 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) Initials of Officer verifying entry.

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-4-16</u>									
Joined at <u>St. John's</u> on <u>November 18th 16</u>									
<u>Discharged April 13/1919</u>									
<u>Embarked St. John's N.S. Hospital to Windsor N.S. 31-1-17</u>									
<u>Embarked for B.C.S. 11-6-17. Joined unit in the field 27-7-17. Admitted</u>									
<u>88th Sealer 25-10-17. Regained Batten 30-10-17. Admitted 88th</u>									
<u>Transferred to 20 Co. 15-11-17. Assigned to Coy. 22-11-17. Admitted has had his</u>									
<u>hospital at Newfoundland here 24/17. Transferred to 3rd Coy. The West Wood 10/18</u>									
<u>Surrounding then posted to 160 Coy. Winchester 11-2-18. Embarked for B.C.S. 25-7-18</u>									
<u>Joined B.C.S. 31-7-18. Wounded 29-9-18. Admitted 2nd Lt. B.C.S. head 29-9-18</u>									
<u>Went to 5th Coy. 17-10-18. Regained Batten in the field 31-10-18. Transferred from</u>									
<u>B.C.S. to 7th Coy. 19-1-19. To 160 Coy. for duty at 30-1-19. Arrived</u>									
<u>Newfoundland 7-2-19. 160th Coy. 13-4-19</u>									
Total Service towards Engagement to <u>13-4-19</u> (date of discharge)					2 years 147 days				
Pensions _____									



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915.

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix.
Care should be exercised that each finding be entered after the number below which corresponds to the number
of that test.

Examination of

Lewis Doany

aged

22 3/4 months conducted by *C. H. B.*

Date:

Nov 17/16.

Recruiting Officer:

NO OF
TEST

FINDING

1

no

2

no

3

no

4

no

5

no

6

no

7

no

8

yes

9

yes

10

no

11

no

12

no

13

no

14

no

15

no

16

no

17

no

18

no

19

6/18 night - 6/9 left.

20

no

21

no

22

no

23

no

24

no

25

no

26

no

27

no

28

no

29

no

30

no

31

no

32

no

33

no

34

no 5/4

35

113

36

53 - 36 1/2"

37

45 months

38

Father is James Doany English Sta

39

none

JM

Signature of Medical Examiner:

J. W. Bunker

C.R. 3262

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated March 31st/19.

The Discharge of the undernoted on Demobilization
has been APPROVED by O.C. Discharge Depot from
noted date.

3262 Pte. Lewis Ivany.

30/3/19.

C.R. 3262

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt . St. John's, ~~Ex~~ 11-2-19.

The Undernoted returned from Overseas and reported to
Depot 7-2-19.

Repatriated on *A.F. 1919* *Demobilization*

3262 Pte. Lewis Ivany.

C.R. 3262

Extract from Nominal roll of the Royal Wilt. Regt.
Lieutenant S. S. Gorman, Jan. 30th, 1939.

3262 Ivany.

C.R. 3262

Extract from Despatch Roll of the Royal WMA.

21-1-19.

The undermentioned who was transferred from
S.E.F. to the 2nd Bn., Winchester, 19-1-19 awaiting
repatriation.

3262 Pte. L. Ivany.

C.R. 3262

Extract from War Office List. No. 6 1726. dated 16. 10. 18.

43262 Pte. L. Ivany.

WOUNDED 29-9-18.

BC.



SICK AND WOUNDED N.G.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 3262

63rd (A.C.) L. NAVAL DIVISION.

LIST No H.A. 30540

RA 138 A.S. Chambers, G. R.N.D. Drake. G.S.W. Arm R.& Face. Dis: to 5 Rest Camp St. Martins ex 12 Con: Dep: 17 Oct: '18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No H.A. 30540

3282 Pte. Ivany, L. 1- Newfoundland. G.S.W. Head. Sgt. Dis: to 5 Rest Camp St. Martins ex 12 Con: Dep: 17 Oct: '18.

TANK CORPS.

LIST No H.A. 30540

94821 Cpl. Taylor, G.T. 11- Tanks. G.S.W. Shldr. R. Sgt. Dis: to 5 Rest Camp St. Martins ex 12 Con: Dep: 17 Oct: '18.

CAVALRY CANTERBURY.

LIST No H.A. 30540

6337 Pte. Watts, E. 8- Drag. Gds. I.C.T. R. Leg. Sgt. Dis: to 5 Rest Camp St. Martins ex 12 Con: Dep: 17 Oct: '18.

104

C.R. 3262

STOK AND WOUNDED N:C:O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

WINCHESTER RECORD OFFICE

No. H.A. 30101

Adm 12 Con Dep Aubergue 5 Oct '18

46727	Pte Riley H.	12 R.Bde.	Trench Fevr. Sit.
31650	" Norris W.A.	16 K.R.R. Corps.	" " " "
491855	Sgt Payne C.H.	1/13 London	Influenza. " "
19810	Pte Chainey W.	15 K.R.R. Corps.	Contus Thigh L.W. Sit.
38500	" Hawkins H.	11 R.Bde.	Furunculosis. Sit.
48793	" Rayner H.W.	2/10 London.	GSW Thigh L. Sit.
555517	" Smith R.C.	18 " "	" " " "
491125	" Mason E.T.	1/13 " "	" Face. " "
2477	" Dawes F.G.	1 K.R.R. Corps.	" Nose. Sit.
515498	" Bone G.W.	11 R.Bde.	Debility. Sit.
34632	" Molly P.	12 " " "	Gas Must Wd Sit.
6311	" La Plastrier D.	16 K.R.R. Corps.	Boils Legs & Back. Sit.
203182	Cpl Milan T.	3 R.Bde..	Gassed Shell Wd. Sit.
46064	Pte Hickmott G.	18 " "	Gds Wd Sit.
505274	" Lower W.	18 K.R.R. Corps.	" " " "
550764	" White T.	2/16 London.	Jaundice. Sit.
452440	" Dawson A.	1/13 " "	Gas Must Wd Sit.
513379	L/C Risborough C.	2/13 " "	GSW Nose. Sit.



1976
9231

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 30101

Adm 12 Con Dep Aubergue 5 Oct '18

3262	Pte Ivany L.	1 Newfoundland	GSW Head. Sit.
		Inf.	

C. B. Smith 2/26/2

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated Oct 8th, 1918

To James Ivany English M. T. B.

Regret to inform you that Record Office, London, officially reports No. 3262, Private Lewis Ivany at 2nd Australian General Hospital Boulogne Sept. 29th suffering from G.S.W. head mild.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3262

Extract from Casualties List No. H.A. 29656.

3262 Pte. Ivany L.

ADM. 2 AUST GEN. H. BOULOGNE 30 SEPT. 18.

GSW Head Mild.

M H.

C.R. 3262

Extract from Nominal Roll from 2nd Battalion to B. E. F.,
that embarked at Southampton 23/7/18

#3262 Pte. Ivany L.

C.R. 3262

Extract from Casualties received from Pay & Record Office,
London, 11th, Jan. 1918.

Transferred from Hampstead Military Hospital to 3rd London
General Hospital 10-1-18.

8552 Pte. L. Evans.

1st Nfld.R.

C.R. 3262 ✓

Extract of Casualty List received from P.&R.O.

11th January 1918.

3262, Pte L/ Ivany. ✓

Transferred from the Hampstead Military Hospital to
3rd London General Hospital 10/1/18

C.R. 3262

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated 29th. Dec. 1917.

STRENGTH.

3262 Pte. L. Ivany.

Invalided to U.K. 22/11/17. Wted.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

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

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

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

(NOT TRANSMITTED)

Signature of Sender *James Ivany* Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **November 27, 1917.**

To **Mr. James Ivany.**

English Harbor, T.B.
Regret to inform you that Record Office,

London, officially reports **No. 3262, Private**

Lewis Ivany, has been admitted to New End Military Hospital, Hampstead, London, suffering from trench fever.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J//R//BENNETT, R.A. SQUIRES

Colonial Secretary.

C.R. 3262

NO. 3262 PRIVATE LEWIS IVANY.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY AND RECORD
OFFICE LONDON DATED NOVEMBER 27th, 1917.

"AT NEW END MILITARY HOSPITAL HAMPSTEAD LONDON TRENCH FEVER."

C.R. 3262

Extract from Nominal Roll of Draft No. 25: Embarked Southampton 21/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayre, to 1/1st Newfoundland
Regiment B.L.F.

3262 Pte. Ivany, L.

C.R. 3262

Extract of Officers and men aial of St John's Sigl-17
Sailed Halifax S. S. NORTHLAND 17-4-17.

#3262 Pte. L. Ivany.

C.R. 3762

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Nov. 18th, 1916.

3262 Pte. L. Ivany.

Attested this day, posted to "D" Co'y, and assigned
number as shown.

C.R. 3262

Extract from Daily ~~III~~ Orders Part II Royal Newfoundland
Regiment, dated October 20th 1919. Depot St. John's.



The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from noted
date 13-4-19.

3262, Sgt. L. Ivany.

7 Harris Ave

McMURDO'S PHARMACY

will

**Call for and Deliver this Prescription
at no extra charge.**

PHONE 1380

McMurdo's
Newfoundland
Modern Pharmacy

3262

DR. D. J. O'REGAN

PATRICK STREET

ST. JOHN'S

For _____

B This is to certify that
 Louis Jarany has been
 incapacitated from work
 totally disabled due to
 bilateral pulmonary
 tuberculosis.

In my opinion ^{that} ~~total~~ disability ^{is} ~~is~~ permanent
 1/4/49. ^{is} ~~is~~ permanent
 is evidence ^{of} ~~of~~ permanent
 to indicate ^{the} ~~the~~ permanent
 to was ^{seen} ~~seen~~ 19/4/49
 D. J. O'Regan
 Feb 18 '49

Re. Ake:

enquiry re assistance.

Seven in family.

Only income railway pension
\$ 80⁰⁰ month. One son contributes
\$ 10⁰⁰ week.

If no assistance under WPA Act
could case be dealt with
by G.W.P.A. or by S.P.A.
in April 1949.

Address — 7 Harris Ave

C.R. 3262

Extract from ~~some~~ Orders by Major T.G. Mathias, D.O.S. Commanding
1st Battn. Royal Nfld. Regt. 3-~~E~~-18.

The following arrived yesterday and is posted to A. Company

3262 Pte. L. Ivany

L. Tracy

C.R. 3262

1890



No 3234



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Louis Ivaney*, Regl. No. *3262*

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

Allotment begins *Feb 1st 1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3199</i>	<i>Sister</i>	<i>Miss Emily Ivaney</i>	<i>English Hill T.B.</i>	<i>60</i>
Total Allotment, \$				

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

(Sig.) *L. Strong Lt.*
for Officer Commanding
St John's Regt 6 Company
July 4 1917

3262
(Sig.) *Louis Ivaney*
(Rank) *Pte*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Louis Frank, Regl. No. 3262
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and _____ Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins Febry 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3199	Sister	Miss Emily Frank	English Hd T.B.		60
Total Allotment, \$					

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.) W. Strong Lt.
 for _____
 Officer Commanding
 Company _____
St John's A.
July 4 1917

3262
 (Sig.) Louis Frank
 (Rank) Pte

OK Ho.
\$1-0-0
30/11/17

Pte Lewis Quany
3262. 1st Newfoundland
Regt. 6 Ward.
New End.
Military Hospital
Hampstead.

Sir
would you kindly forward
£1.0.0 to the above address as I am in

BRANCH need of some cash.
Pay
ACTED UPON
BY [Signature]
DATE



NEW END
PAY & RECORD OFFICE
Ref. No. ✓ 4288
Rec'd. 30 NOV 1917 Pte Lewis Quany
Ack'd.
Ans'd. 13/45/12 1/17/17
File No.

Yours Obed. ly
Pte Lewis Quany

approved
Pte Lewis Quany
1st Newfoundland. Regt.
6 Ward New End Military Hospital

Capt R. A. M. G. Registrar.
For D. i/c. Military Hospital.

Hampstead N.W.3.

1145

No. 13145/12

NEWFOUNDLAND CONTINGENT



N.F.P./48.

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

1st December 1917.

To: Officer in Charge,

New End Military Hospital,

Hampstead, N. W. 3.

With reference to request of: *J. J. J.*

(No) 3262 (Rank) Private (Name) Lewis Avery

Cheque No. 7128 for £ 1: 0: 0 is enclosed for payment

to this Soldier as may be deemed fit.

Kindly complete Receipt Form on back of cheque before
presenting at a Bank, please.



*Received the
sum of £1-0-0
Louis J. J.*

W. J. J. Major,
Paymaster & Officer i/c Records.

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT



To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to 3262 Pte. P. Ivory,

New End Hospital, Ward 6, Hampstead, N.W.3.

the sum of Three pounds 1 shillings, on
account of any balance that may be due to me.

Pic No 4857,

JK
MS



(£ 3. 0. 0).

Regtl No. 3262 Rank Pte

Name P. Ivory

Approved J. H. Clewley, Lt Colt Namert
Officer i/c. wards.

_____ Hospital.

Dated at _____

22. 12. 1917

3rd London Gen Hospital
Ward D.6. Wandsworth
Jan 15 1918

To Chief paymaster
1st Newfound Land Regiment - *Major Campbell*
55. 9. Street - *S.W.*



Will you please *del. no.* have the sum of
£2 and charge it to my account

OK
HW

I am yours.
Obedient - Servant
J. L. Ivory
No 3262

Rect No 5286

~~At Home~~
At Home
Capt. [unclear]

3rd London Gen Hospital
Ward D6. Wandsworth
Jan 20. 1918

To Chief Paymaster

14- Newfoundland Regiment-

please let me have the sum of £4
and charge it to my account -
I am yours

bludint. servant...

ok
LH

to plt J Jany
8262



5378

" 2960 Pte Moulton "

Only for use with Men returned from an Expeditionary Force or from
Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. _____ Date 30 Jan 1918 Admitted 10/1/18
191

(1) To the Officer i/c Records, 58 Victoria St
SW (Station).

(2) The Officer Commanding, Rnfd contingent
Manchester (Station)

(3) The Paymaster, 58 Victoria St
SW (Station)

Regimental No. 3262

Rank and Name Pte Ivany L.

Regiment or Corps 1st Rnfd

has been granted a furlough from 30 Jan to 8 Feb.

His address while on leave will be: 58 Victoria St
SW

I consider he is fit for* I

* Strike out that which is inapplicable. ii. Employment

Officer in charge G C Hall Hospital,
Capt (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.
In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of
A.F.W. 3016 will be sent to the Officer in charge Records, the Paymaster, and O.C. shown in the Schedule. Registrar, R.A.M.C.T.

This man has been furnished with
a warrant to Victoria and
an advance of £1. (one pound).

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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
3262	Pte	Joany L.	£ 2.50	Joany L.

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date

12/7/18

L. Joany

Wany, L

3262

Hay Sept.

April 13, 1919

#3262 Pto. Lewis Ivany,

English Harbor, T.B

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1810."

Yours truly

Paymaster ^{Captain} in c/o Records

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3262 Rank Plt Name James Lewis
 Date of Enlistment 17-11-16 Address English St. District T.B.
 Occupation Machinist Classification for Discharge E Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 27-3-19 O. C. Discharge Depot. H. Mus. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

L. Lewis

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied 9 items

Date 28-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R1026 to his home at Grundy East and Release Certificate No. 1817 issued.

Date 28-3-19

J.A. Crawford
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 13-4-19

Date 28-3-19

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

H. M. M. H.
Depot Paymaster.

Discharge approved for 30-3-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 28-3-19

J.A. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

MAR 30 1919

Eligible for War Service Gratuity

Date

R.H. Jait
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

*To assume former occupation
(Mechanic)*

L. Jany

Signature of Agent

J. A. Crawford

Signature of the Vocational Officer or his Representative.

Reg. No. *3262*

Place *St Johns*

Date *EF-3-19* 191

The Royal Newfoundland Regiment

Class for Demobilization:

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *25.3.19*

Regimental No. *3262*

Name *Pt Lewis Evans*

Address *English St*

Present Medical Category *A.I.*

Recommended for:— { (a) Immediate discharge

{ (b) ~~Standing Medical Board~~

R. J. Lant Capt
.....
O.C. Discharge Depot.

Members of Board {

J. Peterson
.....
Senior Medical Officer

W. Burden
.....
M. O. Depot

SEPARATION ALLOWANCE.

Claimant *Emily Ivany* *Sister*
On account of *Lewis Ivany* No. *3262* Rank. *Pte*

Decision. *Refused*
applicant over 17 yrs of age, and not
totally incapacitated

Date. *April 7/1920*
W. H. Quince *secret. Co*
McDowley Major

Instructions.....
.....
.....

Allotment of *60* \$ per day payable to *Emily Ivany*
his *sister* from *1/2/19* to *13/4/19*
Discontinued on account of *being discharged.*
R. Beasumey

(SISTER)

NEWFOUNDLAND CONTINGENT.

SEPARATION ALLOWANCE BRANCH.
(Information for Board of Review)

NOTICE.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. Each statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,
Separation Allowance Branch,
St. John's Newfoundland.

Lewis Ivany *Pte. Royal Nfld Regt.* 3262

1. Name in full of Soldier. Rank Regt. or Unit. Reg. No.

25 yrs. Single
2. Age of Soldier Married or Single.

Emily Ivany 31 Domestic English Hs Trinity
3. Name in full of sister of Age Occupation Permanent Add.

James Ivany (mother dead) 44 Fisherman English Hs T.B.
4. Give name of Father and Age Occupation Permanent Address

William Ivany English Hs T.B. 28 Fisherman Married
5. Names of other Address in Age Occupation Married or Single
Brothers and Sisters. Full

Nothing
6. State amount earned by you per month.

Invalid deformed (leg. rt.)
7. Are you a chronic invalid and incapacitated?
State nature of illness.
(Medical certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue.)

None
8. State amount and source of any other income.

None
9. What is the value of your (A) real property (B) personal property.

No
10. Are you married?

\$200.00 none less
11. State actual amount contributed by soldier during the year prior to enlistment.

Whenever required
12. Was this amount contributed weekly or monthly.

No
13. Did this amount include payment of Brother's Board &c.?

St. John's Nfld City
14. State your brother's trade or occupation prior to enlistment.

Brother, Lewis Ivany
15. With whom are you residing at present?

- 16. State amount of his wages per week. *\$ 15.00*
- 17. State name and address of his last employer. *Reed Field Co*
- 18. State amount of support monthly from brother since enlistment. *\$ 18.00*
- 19. State amount of "Allotment" received by you from brother monthly. *\$ 18.00*
- 20. From what date have you received Allotment. *Feb 1917*
- 21. Actual amount contributed by other Brothers and Sisters. } Weekly Monthly.
None
- 22. If not receiving support from other brothers and sisters, state cause. *Other brother married with family*
- 23. Have you made previous claims for Separation Allowance, if not, why? Give particulars. *No. Was ignorant of claim etc*
- 24. Was the soldier at the time of his enlistment an employee of the Nfld. Government? *No.*
- 25. In what capacity and in what place.
- 26. Is he in receipt of a salary as such while serving in the Nfld. Regiment, if so, how much. *No*
- 27. Are you already in receipt of Separation Allowance from any source? If so, how much? *None*
- 28. Are you in receipt of Payment from any Patriotic Fund, if so, how much? *No*

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

Signature of Applicant..... *Emily Dwan*.....
 Place and Residence.... *Langford, N.S. Trinity*.....
 Declared and subscribed before me at... *Trinity*.....
 this..... *19th*..... day of... *March*..... 191*0*.....
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *Samuel J. M.*.....

This application must be signed by two responsible Parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct, and the Soldier above mentioned is the sole support of the applicant.

Signature of Clergyman..... *W. Cole*..... *Methodist Minister*.....
 Signature of Member of Patriotic Fund Committee.....

This is to certify that Emily Brany of English H¹ T.B.
is a permanent cripple, owing to Morbus Coxae,
existing since the age of three years.

The disease at present is in a quiescent state,
but from time to time the sinuses discharge.

B. McLawney Sit. General M.D., C.M.
Attending Physician

Trinity East.
Newfoundland.
March 12th. 1920.

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *Lewis, L. O'any*
private
3262
2. Name and age of said soldier.) *25 yrs*
3. Is said a chronic invalid and totally incapacitated.) *See certificate attached*
4. Of what nature is disability ?)
5. From what date has this total incapacity been existent ?)
6. How long is total incapacity likely to continue and what will be the effect on earning power.)
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date.)
8. Are you the regular attending physician ?)
9. Relationship to soldier of applicant ?)

I certify that the above statements are correct.

.....Place,

.....Date.

.....
Physician.

April 15, 1920

Miss Emily Ivany,
English Hr., T.B.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to state that same cannot be granted to you, because the regulations provide that it would only be granted to sisters who are under seventeen (17) years, unless it can be shown that they are totally incapacitated, which does not appear in your application.

Yours truly,

RE: JOR

Paymaster.

Department of Malutua English Hr
St Johns N & S D Trinity Bay June 4
19/20

Dear Sir Will you kindly Inquire some
if you recievd a letter from me or no
if so will you also Inquire me whether
you intend to grant my Portenal part
of separate Allowance that i am
fully Entitled to And Badly need
And of wich I am hoping to receive in
the near future as me and my father
are totally incapacitated and are totally
depending on my Soldiers Brothers for support
trusting to your honor I will not be
disappointed.
Yours sincerely
Miss Emily Jivany

English Hr
Trinity
N & S D

Trinity

11183

9 July

1920

Capt J. M. Howley
Paymaster
Militia Department

Dear Sir,

Just a line re the application of
Miss Emily Looney of English Harbor re separation
allowance

I find the girl incapacitated from earning
her own living, having been a cripple for the
last 28 years. Her father James Looney
has been an invalid for the last 8 years &
consequently unable to support himself.

If anything can be done to help them
along I would be pleased to do so.

Her brother Kevin Looney (He) is at home but
is unable to support his father & sister.

Yours truly

J. Howley

Miss Emily Swaney
English Harbor

Trinity Bay

Eng Harbor

1920
April 20

Department of Militia

Dear Sir referring
to my Separation Allowance some mistake
has been made on form filled in for me
by parson Cole has i think i am intitled to
my allowance has my father is sick an cant
earn for me an i am Cripel an cant earn
for myself i an toately depending on my
Brother for support he had to support me
an my sick father while at war an has
others have recived it witch seems better
able to earn then i am makes me full
tottally incapacitated for my allowance
if you need father witness of possion
you can have it from any one here
Trusture you will consider my possion
Deagel i remain
Yours Truly Miss Emily
Swaney

April 1919

#3262 Pte. Louis Iwany,

English Harbor, T.B.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & O.i/c Records

15791

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 *John* 2. Surname *Swamy*
- 3. Rank *Plt* 4. Regtl. No. *3262*
- 5. Address in full to which future payments of gratuity are to be forwarded *English Str. Trinity Bay*
- 6. Date of enlistment in the Regiment *Nov. 13/16*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No.*
- 8. Relationship of such dependents *_____*
- 9. Address in full of such dependent *_____*
- 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 *Overseas*
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas *From Nov 13/16 to March 28/19 date of temporary discharge*

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

No

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

*Clothing allowance 60/-
P.G. allowance 52/-
P.S. 40/-*

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

No

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

No

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

No

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

No

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

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

Mar. 28/19 Temporary Demobilization

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

France, Belgium + Germany - from January 31/19 to June 15/19. Upper Cambrai

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

(b). If (a), 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: *Louis. Frank*

Place of Residence: *English St. Trinity Bay*

Declared before me at: *N. John, Wfd.*

This *25th* day of *March* 19*49*

John McGoffey

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5.00</i>	<i>350.00</i>
.....
.....

Certified Correct.

Paymaster.

[Signature]

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

MEDICAL HISTORY

Surname Nancy Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>17</u> day of <u>Nov.</u> 19 <u>16</u>		on _____ day of _____ 19 <u>1</u>	
	at <u>St. John's</u>		at _____	
Declared Age	<u>22</u> years <u>2</u> days		_____ years _____ days	
Trade or Occupation	<u>Machinist</u>		_____	
Height	<u>5</u> feet <u>4</u> inches		_____ feet _____ inches	
Weight	<u>113</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>36 1/2</u> inches		_____ inches	
	Range of Expansion ... <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>5/18</u>		R.E.—V=_____	
	L.E.—V= <u>5/9</u>		L.E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>James Paterson</u>		_____	
(Rank)	<u>Major</u>		_____	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>18</u> day of <u>Nov.</u> 19 <u>16</u>		on _____ day of _____ 19 <u>1</u>	
Joined on Enlistment	Corps.	<u>3rd Mfcs</u>	Corps.	_____
	Regtl. No.	<u>2262</u>	Regtl. No.	_____
Transferred to	NEWFOUNDLAND		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	



Table II.—Only for admission to hospital or to the sick list in 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, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
	24	11	17	10	1	18	Trench Fever.	47	Has steadily improved. On last discharge after a week a more rest had been no pain whatever was any of the usual signs of IT. Should be fit for duty after training.	J. H. Clendinning <i>Lieut. General</i>
London Quarters Woolwich.	10	1	18	30	1	18	"	20		Strongly recommended
Hursley Camp	16	2	18	21	2	18	Scabies	6		J. J. Shackleton <i>Capt. R.A.M.C.</i>

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
21-11-16	TAB 2P
25-11-16	TAB 2P
15-12-16	3 2P
29-12-16	Vaccination 2P
26-3-18	TAS, DPK + Capt. Rane.
21-6-18	Re-Inst. DPK + Capt. Rane.

It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified 6 for Discharge on Demobilization. Medical category 1
 25.3.19
 Date of T.M.B. *[Signature]*
 Discharge Depot - New Zealand

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
S. Hönigel	Jan 31	Jul 31			
W. Mason	Jul 31	1917			

No. 3262 Name *Graney L Ste* *Sgt. Duty of Company* *"H A Corps Royal Newfoundland"* Date of enlistment *18/11/16* G.C. *3* Badge *3* Service or Proficiency Pay *✓*
 Date of last entry in Company Conduct Sheet *✓* No. and date of last drunk *✓* Period not reckoning towards freedom from extra fine *✓* Sheet No. *1* Signature O.C. *[Signature]* Company, etc. *[Signature]* Character *✓*

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

Army Form B. 103

ST. JOHN'S, MAR 28 19

Royal Newfoundland Regiment.

Billeting Account,

To W. L. Gray

Billeting Soldiers as undermentioned

from Feb 8th /19 to Mar 30th /19

<u>3262</u>	<u>W. L. Gray</u>	<u>52</u>	<u>60</u>
-------------	-------------------	-----------	-----------

14600
Btm
Ev
6000

Certified correct

R.J.
J. A. Snowfoot
Billeting Officer.

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland

Rank Otc Surname Trang Christian Name Lewis

Religion Methodist Age on Enlistment 22 years 2 months.

Enlisted (a) St Johns Terms of Service (a) Continued Service reckons from (a) 18/11/16

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

Extended Re-engaged Qualification (b) _____
of Corps Trade and Rate A

Occupation: Machinist

Signature of Officer i/c Records. [Signature]

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...	<u>Southampton</u>	<u>25.7.18</u>	
		Disembarked ...	<u>France</u>	<u>26.7.18</u>	
	<u>D.I.D.</u>	<u>Joined</u>	<u>Rouen</u>	<u>27.7.18</u>	<u>Roll</u>
		<u>Joined</u>	<u>81 JUL 1918</u>		
		<u>Wounded in Action</u>		<u>29-9-18</u>	
	<u>36 C.C.S.</u>	<u>Ad. G.W. Head</u>		<u>30/9/18</u>	<u>Ed 7947</u>
	<u>2 Ausen Sp</u>	<u>Ad. G.W. Head</u>	<u>Boulogne</u>	<u>30/9/18</u>	<u>HA 29656</u>
	<u>12 Ausen Sp</u>		<u>Amungue</u>	<u>5/10/18</u>	<u>HA 3000</u>
	<u>10 G.W.S.</u>	<u>Arrived</u>	<u>Rouen</u>	<u>2/10/18</u>	<u>Roe</u>
	<u>OC</u>	<u>Regd Br</u>	<u>Field</u>	<u>3/10/18</u>	<u>B213</u>
		<u>Transferred to U. K.</u>			
	<u>Int</u>	<u>for Re-patriation</u>			<u>Capt 3/6 Lt Col</u>
			<u>Officer i/c</u>		<u>Npl Infantry Section</u>
			<u>G.H.Q.</u>		<u>3rd Echelon</u>

(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) Signaller, Shoemaking, &c. (P.T.O.)

Next of Kin: Father: - Frank James English Rt. I.D. Mch.

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Rank Pte Surname Joany Christian Name Louis
 Religion Methodist Age on Enlistment 22 years 2 months
 Enlisted (a) 18-11-16 Terms of Service (a) Duration Service reckons from (a) 18-11-16
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation Machinist L. Joany



Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks * Taken from Army Form B.213, Army Form A.36 or other official documents
Date	From whom received				
			Embarked <u>Hampton</u>	<u>11.6.17</u>	
			Disembarked... <u>Rouen</u>	<u>12.6.17</u>	
			Joined Battalion	<u>2 JUL 1817</u>	<u>B 213</u>
<u>27/10/17</u>	<u>88 FA</u>	<u>Admitted "Scabies"</u>		<u>25/10/17</u>	<u>B 213</u>
<u>3/11/17</u>	<u>C. Myers</u>	<u>Repaired Battering</u>		<u>30/10/17</u>	<u>B 213</u>
<u>10/11/17</u>	<u>88 FA</u>	<u>Old P.A. Off/Trans</u>	<u>20 CCS</u>	<u>12/11/17</u>	<u>E.O. 3261-2337</u>
	<u>1st Aust Coy</u>	<u>" "</u>	<u>Rouen</u>	<u>15/11/17</u>	<u>AD 16379</u>
	<u>Sp. "Exequibo"</u>	<u>Transferred to England</u>		<u>22-11-17</u>	<u>W 3003</u>
			<u>J. Joany</u> MAJOR		
			i/c No. 1 Infantry Section		
			G.H.Q. 3rd Division		

(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) Signaller, Shoeing-Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheets *First*
Signature of O. C. Company *Chas. Aye Capt.*

Regiment of *1st Newfoundland*

Regimental Number and Name <i>No. 3262 Ivany L</i>		Enlistment Age on <i>22</i> years <i>7</i> months	Trade <i>Blacksmith</i>	Good Conduct Badges, Service pay or proficiency pay
Joined _____ Date _____	Place and Date of Enlistment <i>St. John's Nfld 18.11.16</i>	Religion <i>Meth.</i>		
Joined _____ Date _____	Period of { with Colours <i>2nd</i> years. with Reserve <i>3rd</i> years.	Place of Birth		
Joined _____ Date _____				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Demobilized St. John's 13th 19</i>									
To be carried over									

Army Form B. 121.

The Royal Newfoundland Regiment

D 3262

DEMOBILIZATION OF

Reg. No. 3262 Rank. Plt Name James Lewis
 Date of Enlistment 17-11-16 Address English St. District N.B.
 Occupation Machanic Classification for Discharge F Medical Category F.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 27-3-19

J. Lewis
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

L. Lewis

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied *J. Lewis*

Date 28-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1026* to his home at *Unity East* and Release Certificate No. *1817* issued.

Date *28-3-19* *J.A. Crawford*
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 *13-4-19*

Date *28-3-19* *J. Mrs. H.*
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT. Depot Paymaster.

Discharge approved for *30-3-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *28-3-19* *J.A. Crawford*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *MAR 30 1919* *R.H. Lait Capt.*
O. C. Discharge Depot.

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

Date *Apr 11 1919* *W.D. Field*
Sect Records

EXTRACT FROM STATEMENT OF ACCOUNT TO 31-1-19 FROM PAY

AND RECORD OFFICE, LONDON

3262 Pte. Ivany, L.

Cr. Bal. £2-6-5

This transferred to Pay Office 11-4-19

Reg. No. 3262 Rank PLT Name Mary Lewis

Attested Address English Hr. H.B.

Allotment..... Allottee

Date of Allotment..... Returned from Overseas..... 2-19

Embarked for Overseas Cause Discharge

MAR 28 1919 PASSED TO DEMOBILIZATION OFFICER

36. 3.19

DISCHARGE APPROVED BY DEMOBILIZATION:



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 *Lewis Evans*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *3262*
 Intended address *English Hs J.B*
 Height on discharge *5* Feet *8*
 Color of hair on discharge *Black*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *—*
 Figure on discharge *Medium*
 Christian name of Father *James*
 Christian name of Mother *—*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*

Place and date of soldier's birth *English Hs, Sept 12, 1895*
 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) *Pte L Evans* *Pte*
(Rank)

Station *St Johns* Date *26-3-19*

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

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

Station _____ Date _____

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3262 Rank Private Name Loamy Lewis
 Intended place of residence English Harbour

2. Occupation Machinist
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of DEMOBILIZATION

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date MAR 28 1919

H. M. S. Grant
 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
28-3-19

L. Lewis
 Signature of soldier

J. A. [unclear]
 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 ST. JOHN'S
28.3.19

L. Lewis
 Signature of soldier

[unclear]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-11-16 No of days on Military
 Discharged from service 30.3.19. Plus 14 days Service 878

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date MAR 30 1919

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

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.
 Date April 18/1919

[unclear]
 Officer in Charge Records
 The Royal Newfoundland Regiment

AD B 207 9/1810

Report of Medical Board

Station St. John's Nfld. Date **JULY 7, 1925.**
 No. and Rank **3262--PRIVATE** Age **30YEARS** Height **5'4"**
 Name **LEWIS IVANY** Complexion **FAIR**
 Unit Royal Newfoundland Eyes **BLUE** Hair **BLACK**
 Address **15, Charlton Street, City.**
 Former Trade (The Board will please note how the soldier's appearance corresponds with above description).
 Enlisted at On
 Disease or Disability Original

Subsequent

Present Condition (Compare with previous Board)

Wt. 106 lbs. See report from Dr. Knight at Sudbury.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board.

This can be brought before
 Special Medical Board to decide
 whether condition due to Military
 Service?

Members of Board

J. B. O'REILLY

CCO/McN. -3262

1st. March 1949.

Mr. Lewis Ivany,
7 Morris Avenue,
St. John's.

Dear Sir:-

Reference to the Medical Certificate from Dr. O'Regan on your behalf, I have to inform you that your case has been considered by the Medical Adviser to the Pensions Board, who has ruled that there is nothing in your medical history to indicate that your present condition is due to war service.

It is regretted, therefore, that you do not qualify for consideration under the War Pensions Act. I would suggest, however, that if and when Confederation is in effect that you get in touch with the Department of Veterans' Affairs, Nfld. District Office. In the meantime you might contact the G.W.V.A. they may be in a position to give you some temporary assistance.

Yours very truly,

War Veterans Allowance

Name: *Lewis Ivany*

No: *3262*

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I *Newfoundland. U.K. France*

IF CANADA	}	Date(s) disembarked in U.K.
AND		Date(s) S.O.S. in U.K. for Canada
U.K. ONLY	}	Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:

18 November 1916. St. John's. Nfld.

3. Date of all discharges and reason:

13 April 1919 Demob.

4. Date and place of birth as per attestation paper:

12 September 1895 English Harbour. Nfld.

5. Marital status: If married, name in full of wife:

Single

6. Any other military service:

Nil

7. Decorations, if any.

Nil -

Clerk's Initials:

*Toronto
29/10/59*